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ABSTRACT

THE DEVELOPMENT AND IMPLEMENTATION  
OF A GRIEF SUPPORT PROGRAM  
AT FLORIDA HOSPITAL

by

Michael R. Lombardo

Adviser: James J. North, Jr.

ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

Seventh-day Adventist Theological Seminary

Title: THE DEVELOPMENT AND IMPLEMENTATION OF A GRIEF SUPPORT PROGRAM AT FLORIDA HOSPITAL

Name of researcher: Michael R. Lombardo

Name and degree of faculty adviser: James J. North, Jr., D.Min.

Date completed: July 2004

Problem

With little or no formal grief support provided at Florida Hospital, an intentional bereavement facilitation program was needed. Many of the problems individuals face can be traced back to unresolved loss.

The grief support program at Florida Hospital provides numerous avenues for the grief process to take place. This study describes the development and implementation of a comprehensive grief support program at Florida Hospital designed to enhance the bereavement process for those in grief and to provide assistance to care-givers involved in bereavement facilitation.

## Method

There were various methods used to evaluate the effectiveness of this program. All 219 students who completed the weekly Grief Recovery program were invited to complete an evaluation. Two hundred twenty clergy who attended the 2003 and 2004 Clergy Bereavement Conference were invited to complete an evaluation. Thirty-five students who attended the 2003 and 2004 NAD Bereavement Facilitation Training were invited to complete an evaluation. The Hogan Grief Reaction Checklist was administered to two Grief Recovery support groups in 2002. The Grief Pattern Inventory was administered to two different Grief Recovery support groups in 2003.

## Results

The results showed the positive effect that the grief support program has had on the community that Florida Hospital serves. This community includes the staff, patients, their families, and the broader central Florida community itself. Death education and support to the bereaved and to those who support the bereaved were shown to impact our society and the individuals in our society spiritually, emotionally, mentally, and physically. Scores in the Hogan Grief Reaction Checklist showed dramatic improvement. Evaluations indicated positive benefit and personal growth as a result of attending the support group or training seminar.

## Conclusion

The grief support program at Florida Hospital is an effective program that provides necessary support and education to those who utilize this service. Until Jesus comes, there will continue to be a need to provide support to those who experience loss.

The various pieces of the overall program at Florida Hospital work together to help build a necessary network of support for the community it serves.

Andrews University

Seventh-day Adventist Theological Seminary

THE DEVELOPMENT AND IMPLEMENTATION  
OF A GRIEF SUPPORT PROGRAM  
AT FLORIDA HOSPITAL

A Dissertation

Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Ministry

by

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July 2004



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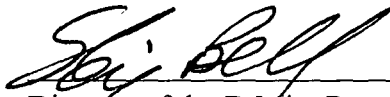
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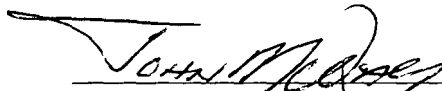
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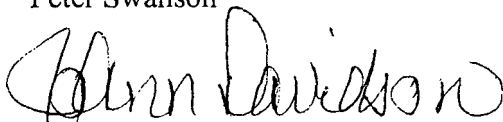
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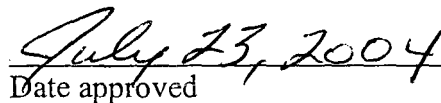
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Date approved



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## LIST OF ABBREVIATIONS

ADEC	Association for Death Education and Counseling
GPI	Grief Pattern Inventory
HGRC	Hogan Grief Reaction Checklist
KJV	King James Version
NAD	North American Division of the Seventh-day Adventist Church
NIV	New International Version
NKJV	New King James Version

## CHAPTER I

### INTRODUCTION

#### **Purpose of Study**

The first purpose of this project is to develop a comprehensive grief support program at Florida Hospital. This program will be twofold in nature. It will first focus on providing opportunities for grieving staff and community to share their pain and to find healing in a safe environment.

Second, this program will focus on providing education and support to hospital staff and community individuals involved in providing bereavement care to others in need. I approach this field with the view that hospital staff and clergy receive very little preparation for the losses they experience.<sup>1</sup>

The second purpose of this project is to further my pastoral formation in the area of grief support.

#### **Project Statement**

The project described in this paper is developmental in nature. The goal is to develop and implement a grief support program at Florida Hospital and to facilitate my growth in the area of bereavement support. This dissertation describes the process of implementation.

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<sup>1</sup>Hannelore Wass, "A Perspective on the Current State of Death Education," *Death Studies* 28 (2004): 289-303.

### Justification

An important reason for taking on this project is to provide an alternative to the lack of societal and familial support typically available to individuals who are in the midst of loss.<sup>1</sup> Florida Hospital is a place of healing. Its motto is “The skill to heal. The spirit to care.”<sup>2</sup> While medical interventions are developing at an accelerated rate and longevity is on the rise, the death rate is still 100 percent. Over two thousand individuals die each year at Florida Hospital<sup>3</sup> leaving a large number of family members and friends in grief. Each of these individuals needs to be able to grieve in his/her own way,<sup>4</sup> preferably in an atmosphere of acceptance and support.<sup>5</sup> Ideally, this environment should be provided naturally through the home, the neighborhood, and the workplace. But the societal landscape has moved away from social and emotional support. Even if there is a good social support network for particular individuals in grief, studies show that an additional support group process can be a welcome supplement.<sup>6</sup>

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<sup>1</sup>Larry Yeagley, *Grief Recovery* (Charlotte, MI: by the author, 1998), 7-10.

<sup>2</sup>[Http://www.floridahospital.org/index.html](http://www.floridahospital.org/index.html)

<sup>3</sup>This number does not take into consideration the untold numbers who were regularly cared for at Florida Hospital but died at home or somewhere else.

<sup>4</sup>Charles Meyer, *Surviving Death* (Mystic, CT: Twenty-Third Publications, 1988), 6-8.

<sup>5</sup>J. William Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 3rd ed. (New York: Springer Pub., 2002), 43.

<sup>6</sup>The research behind this statement will be covered in chapter 4.

We live in a “death denying, death defying society.”<sup>1</sup> Society affirms those who appear emotionally strong. Therefore, many people feel the need to hide their feelings.<sup>2</sup> While 2.4 million or one out of 114 people die in the United States each year,<sup>3</sup> it is almost as though there is this idea that death happens to the other person or to someone else’s family.<sup>4</sup>

Death is constantly in our view, through instant media exposure of tragedies,<sup>5</sup> yet we spend little time discussing death and loss with our family and friends. It has been estimated that one out of four people are experiencing grief at any one time.<sup>6</sup> But with the onset of medical advances and the scientific age, there has come a certain level of denial about the reality of death.<sup>7</sup> Denial and the removal of death from our view has characterized much of the twentieth century. This denial has effected a temporary misconception about death.<sup>8</sup>

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<sup>1</sup>Cheryl R. Staats, *The News - Uthscsa*, University of Texas Health and Science Center, 2000, <http://www.uthscsa.edu/opa/issues/new33-34/staats.htm> (February 25, 2004).

<sup>2</sup>Joyce Ashton and Dennis Ashton, *Loss and Grief Recovery: Help Caring for Children with Disabilities, Chronic, or Terminal Illness* (Amityville, NY: Baywood Pub. Co., 1996), 70.

<sup>3</sup>Infoplease, *Deaths, by State*, 2003, <http://www.infoplease.com/ipa/A0005128.html> (January 6, 2004).

<sup>4</sup>Charles A. Corr, Clyde Nabe, and Donna M. Corr, *Death and Dying, Life and Living*, 4th ed. (Belmont, CA: Wadsworth, 2003), 75.

<sup>5</sup>Michael R. Leming and George E. Dickinson, *Understanding Dying, Death, and Bereavement*, 5th ed. (Fort Worth, TX: Harcourt College Publishers, 1998), 6-8.

<sup>6</sup>Ashton and Ashton, 69.

<sup>7</sup>Ira Byock, "The Meaning and Value of Death," *Journal of Palliative Medicine* 5, no. 2 (2002): 281.

<sup>8</sup>Corr, Nabe, and Corr, 82.



It used to be that death and the funeral took place at home. A part of the home, the parlor, was even designed to hold the casket so that neighbors could come and view the body. Sometime after the Civil War a gradual process of change began. Even though death still occurred at home, the funeral was gradually moved out of the home and the parlor received a new name: the “living room.”<sup>1</sup>

Then with the advent of the modern hospital and all of the technological advances that have come with it, death has moved out of the home as well. Today, death often occurs in the midst of life-prolonging machinery rather than among familiar, caring hands and faces. Health professionals, trained and dedicated to preserve life, often abandon dying patients emotionally because these patients represent defeat to the health professional. Clergy are then called in when all else has failed, sometimes offering conventional formulas that mask the expression of true feelings.<sup>2</sup>

The generally preferred manner of dealing with a bereaved person is to not talk to them about their loss for fear of upsetting them or oneself. Before and after death, families often fail to communicate honestly about their feelings out of a false notion of protecting one another from pain. Even our funeral customs seem to hide the reality of death under cosmetics, literally and figuratively.<sup>3</sup>

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<sup>1</sup>Leming and Dickinson, 406-408.

<sup>2</sup>Lynne Ann DeSpelder and Albert Lee Strickland, *The Last Dance: Encountering Death and Dying*, 6th ed. (Boston: McGraw Hill Higher Education, 2002), 142.

<sup>3</sup>Leming and Dickinson, 408.

It is in this context that people must suffer through the bereavement process.<sup>1</sup> Frequently, the context does not provide support. There is a form of institutionalized denial, fostered by a positive characterization of people who push on despite loss.<sup>2</sup>

It should also be noted that the built in support group network is almost gone. In the past, most families were larger in size and family members lived in close proximity to each other.<sup>3</sup> Now, in this mobile, uprooted society where moves are frequent and very few people work or live in the same place all their life, the natural level of support is not there. Thus there is a need for a more intentional support group network when loss occurs.<sup>4</sup>

The feelings of grief last much longer than society in general allows. Even close friends expect things to be back to normal just a few weeks after the death. But living with loss is not so simple.<sup>5</sup> The death of someone close may cause emotional pain and confusion for months or even years.<sup>6</sup> Losing someone we love through death is one of the most traumatic of life's experiences.

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<sup>1</sup>Froma Walsh, "Loss and the Family," in *Living Beyond Loss: Death in the Family*, eds. Froma Walsh and Monica McGoldrick (New York: Norton, 1991), 20-26.

<sup>2</sup>Joseph McBride, "Death in the Family: Adapting a Family Systems Framework to the Grief Process," *American Journal of Family Therapy* 29, no. 1 (2001): 59.

<sup>3</sup>Earl A. Grollman, *Living When a Loved One Has Died* (Boston: Beacon Press, 1997), 1-9.

<sup>4</sup>Larry Yeagley, *Grief Support Manual* (Charlotte, MI: by the author, 2000), 6.

<sup>5</sup>Therese A. Rando, *Grieving: How to Go on Living When Someone You Love Dies* (Lexington, MA: Lexington Books, 1988), 5-9.

<sup>6</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 45-46.

It is encouraging to see the advances that are being made in the field of bereavement support. Slowly but surely, people are appreciating the need for extended support for those who have lost a loved one. Many funeral homes have become more supportive of the grief process by offering aftercare services.<sup>1</sup> Hospice organizations are being utilized to provide not just physical care for the dying but also emotional and spiritual support of the dying and the bereaved survivors.<sup>2</sup>

### **Assumptions**

My philosophy underlying this project is that people need to be supported and validated in their grief journey. It is my belief that providing this comfort and support in an appropriate manner will soften the intensity of grief and lead to a swifter resolution. I want to discover what works best in facilitating a person's grief.

Though progress is being made with regard to the availability of community grief support programs,<sup>3</sup> I believe that there are still huge gaps where grieving individuals do not receive the support necessary to comfortably journey through their grief. And even where support is available, it is an uphill battle to get individuals to come to a group where they are expected to talk about their pain.<sup>4</sup> My purpose in developing this program

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<sup>1</sup>Corr, Nabe, and Corr, 287.

<sup>2</sup>Leming and Dickinson, 242-243.

<sup>3</sup>Center for the Advancement of Health, "Report on Bereavement and Grief Research," *Death Studies* 28 (2004): 560.

<sup>4</sup>Marylou Hughes, *Bereavement and Support: Healing in a Group Environment* (Washington, DC: Taylor & Francis, 1995), 39-41.

at Florida Hospital is to look for ways to help people deal with the emotional and practical problems following the loss of a loved one.<sup>1</sup>

Based on a needs assessment of the hospital and community, it is my goal to develop a program designed to provide comfort and support. I enter into this project with the assumption that there is a great deal of misunderstanding about the way people grieve. A big piece of the grief support program at Florida Hospital will need to be educational in nature.<sup>2</sup>

### **Description**

This project includes one-on-one and group support and the development of training modules designed with the purpose of providing education and support to hospital staff and community groups as needed.

Chapter 2 gives a brief theological overview regarding the experience of grief and specifically address the question of whether it is permissible for a person of faith to grieve. A brief theology of support groups will also be provided.

Chapter 3 looks at various perspectives on grief. This survey of some of the research going on in the field of thanatology will be helpful to me as I seek to become more aware of various trends and approaches to providing grief support.

Chapter 4 addresses the need and benefit of grief support groups and the role that a group and group facilitator can play in an individual's healing process. Some clarification between support and psychotherapy will also be examined in this chapter. A review of relevant literature on this topic will be included in this chapter.

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<sup>1</sup>H. Schut and others, "The Efficacy of Bereavement Interventions: Determining Who Benefits, in *Handbook of Bereavement Research: Consequences, Coping, and Care*. (Washington, DC: American Psychological Association, 2001).

<sup>2</sup>Hughes, 20-22.

Chapter 5 details the step-by-step process used to start and maintain a grief support program at Florida Hospital.

Chapter 6 recounts some of the experiences encountered during implementation of the grief support program over a three-and-a-half-year period and will report on findings from the evaluations that will place. A discussion of subsequent changes that were made to improve the program's effectiveness will also be discussed in this chapter. A report will also be given on two different grief assessments that will be utilized to try and understand the effectiveness of the Grief Recovery program at Florida Hospital.

Chapter 7 provides a summary and some conclusions that highlight the most effective points of the grief support program and will also offer implications for grief support programs in the future.

### **Limitations**

This paper will cite a number of authors, many of whom are considered authorities in the field of thanatology. However, the overwhelming amount of research and writing that is now taking place in the field makes a thorough review impractical for this paper. I will focus predominantly on sources which address one-on-one and group support. This study will not address the development of grief therapy, which is typically provided by licensed mental health professionals.<sup>1</sup>

I have chosen to delimit my work as it pertains to my religious worldview. This is a paper on the topic of grief and loss. Therefore, the doctrine of death is understandably interrelated. My religious world-view is rooted in the Judeo-Christian perspective of death. However, my understanding differs from most Christians in that I

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<sup>1</sup>Chapter 4 discusses the differences between grief therapy and grief support.

believe a person does not go to heaven at death but rather remains in the grave till the resurrection.<sup>1</sup> This belief contradicts the ancient Greek view of the duality of the nature of humanity. I believe that scripture shows a unity of body and soul.

For this reason, I will not examine the growing research that is being published on the supposed benefits of communicating with the dead.<sup>2</sup> This is viewed by some as an attractive approach to arriving at some level of grief resolution. This is a larger topic that extends beyond the limits of this study.

The project reported in this paper will focus on the development and implementation of a grief support program for Florida Hospital and the NAD Health Department. The weekly support group process that is described in this paper is one way a support group can be designed and implemented. It is obviously not the only way a support group can be facilitated. The Grief Recovery groups themselves will be limited to individuals age fifteen and older because of the developmental differences that are difficult to address in a cross-generational setting.

### **Expectations**

As I approach this task, I feel inadequately prepared. I have found that my seminary education and years spent in the pastoral ministry have not helped me to

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<sup>1</sup>A few of the key Bible references supporting this view are: Eccl 9:5, 10; John 11:11-14,23-25; 1 Thess 4:13-16; 1 Cor 15:51-55; 15:20-23. For a discussion on the doctrine of death as described, see chapter 25 of the book *Seventh-day Adventists Believe . . . A Biblical Exposition of 27 Fundamental Doctrines and Is Your Soul Immortal?* by Robert L. Odom. These references are listed alphabetically in the bibliography at the end of this paper.

<sup>2</sup> See two examples of the attention being given to this approach in: “Psychomanteum Research: Experiences and Effects on Bereavement” in *Omega: Journal of Death and Dying*, 45:3 (2002), pp 211-228; “Near-Death Experiences with reports of meeting Deceased People” in *Death Studies*, 25:3 (2001), pp. 229-249.

develop the tools necessary to provide adequate grief support. So I intend to approach this project with the expectation that I will need to read widely and participate in various training opportunities. With this foundation, and with the aid of a needs assessment, I will begin to develop an evolving program.

I assume that there will be measurable benefits to those this project is designed to serve. Therefore, along with implementing this program, I will search for instruments that can measure its effectiveness.

It is my hope that out of this work a useful model will be provided for other individuals and institutions to draw from as they look to design their own grief support programs.

### **Definitions**

*Anticipatory grief* is “an experience of grief that occurs prior to the death of a loved one and emanates from the expectation of emotional pain and the life changes the loss will bring.”<sup>1</sup>

*Bereavement* is defined as “the period of time following a death that an individual grieves or suffers the emotional loss of another person.”<sup>2</sup> It is a global term that describes a vast array of experiences, changes, and conditions that take place after the

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<sup>1</sup>Alicia Skinner Cook and Daniel S. Dworkin, *Helping the Bereaved: Therapeutic Interventions for Children, Adolescents, and Adults*, (New York: Basic Books, 1992), 21.

<sup>2</sup>Bryce M. Herkert, "Communicating Grief," *OMEGA: The Journal of Death and Dying* 41 (2000): 93.

loss.<sup>1</sup> Colin Parkes has described bereavement as “a process of realization, of making real inside the self, events which have already occurred outside.”<sup>2</sup>

A *bereavement facilitator* is a person who helps a grieving person work through his/her grief. The facilitator seeks to journey with the griever and provide guidance, not control.<sup>3</sup> See chapter 4 for a more thorough discussion of the role of a bereavement facilitator.

*Chronic grief* is when grief becomes excessive in duration and never comes to a satisfactory conclusion.<sup>4</sup>

*Cumulative grief* is when a person experiences several losses so close together that there is no time to recover from one loss before the next occurs. Thus, one unresolved loss is added to another.<sup>5</sup>

*Complicated grief* is a term used to describe grief reactions “that are not only unusual but also abnormal in the sense of being deviant and unhealthy.”<sup>6</sup> It refers to the process in which certain factors are keeping the griever from moving through the grief

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<sup>1</sup>Catherine M. Sanders, *Grief: The Mourning After; Dealing with Adult Bereavement*, 2nd ed. (New York: J. Wiley, 1999), 11.

<sup>2</sup>M.L. Vachon and others, "A Controlled Study of Self-Help Intervention for Widows," *American Journal of Psychiatry* 137 (1980): 1384.

<sup>3</sup>Wayne Edward Oates, *Grief, Transition, and Loss: A Pastor's Practical Guide*, Creative Pastoral Care and Counseling Series (Minneapolis: Fortress Press, 1997), 19.

<sup>4</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 89.

<sup>5</sup>James J. North, Jr., *Grief and Loss*, <http://project-care.org/grief-loss.htm> (July 7, 2004).

<sup>6</sup>Charles A. Corr, Clyde Nabe, and Donna M. Corr, *Death and Dying, Life and Living*, 3rd ed. (Belmont, CA: Wadsworth Pub. Co., 2000), 241.



process in a healthy way.<sup>1</sup> There are a number of ways that complicated grief can show itself such as in the form of chronic grief, delayed grief, or masked grief. Definitions for these types of grief are listed elsewhere in this list of definitions.

*Delayed grief* is when reactions to loss are inhibited, suppressed, or postponed. It can potentially surface at a time of subsequent loss and appear abnormal or excessive for the loss currently being experienced.<sup>2</sup>

*Disenfranchised grief* is a phrase that was first used by Kenneth Doka in 1989.<sup>3</sup> It has to do with grief that cannot be openly acknowledged. It is grief that has not been socially sanctioned and publicly shared.<sup>4</sup>

*Dissonant Grief* is when grief is expressed differently from how it is experienced. There is typically a great deal of internal conflict associated with this form of grief.<sup>5</sup>

*Exaggerated grief* is when a person experiences an intensification of a normal grief reaction and becomes either overwhelmed or exhibits maladaptive behavior.<sup>6</sup>

The term *grief* refers to “the normal and natural reaction to loss of any kind.”<sup>7</sup>

Doug Manning speaks of grief as the way we work through loss. Grief is nature’s way of

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<sup>1</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 88-89.

<sup>2</sup>Ibid., 90-91.

<sup>3</sup>Kenneth J. Doka, *Disenfranchised Grief: Recognizing Hidden Sorrow* (Lexington, MA: Lexington Books, 1989), 4.

<sup>4</sup>Leming and Dickinson, 500.

<sup>5</sup>Terry L. Martin and Kenneth J. Doka, *Men Don't Cry-Women Do: Transcending Gender Stereotypes of Grief*, Series in Death, Dying, and Bereavement (Philadelphia, PA: Brunner/Mazel, 2000), 58.

<sup>6</sup>Ibid., 92.

<sup>7</sup>John W. James and Frank Cherry, *The Grief Recovery Handbook: A Step-by-Step Program for Moving Beyond Loss* (New York: Harper & Row, 1988), 3.

healing a broken heart.<sup>1</sup> Grief is the feeling of sorrow and distress that results from bereavement.<sup>2</sup>

Therese Rando, another noted author in the field of thanatology, refers to grief as a process of experiencing the psychological, behavioral, social, and physical reactions to the perception of loss.<sup>3</sup>

Grief reactions also occur when losses other than the death of a loved one take place. For example, close parallels exist in regard to the grief symptoms experienced when a divorce takes place.<sup>4</sup> Grief also occurs with the loss of pets or the loss of material possessions such as the loss of a home through fire or natural disaster. Grief refers to the intrapsychic process of regaining equilibrium after a loss and requires reorganization on both emotional and cognitive levels.<sup>5</sup>

*Grief support* is the term I will use in this paper to describe assistance given by a non-licensed professional. See chapter 4 for a discussion on the difference between grief therapy and grief support.

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<sup>1</sup>Doug Manning, *Don't Take My Grief Away: What to Do When You Lose a Loved One* (San Francisco: Harper & Row, 1984), 60.

<sup>2</sup>Aiken, 325.

<sup>3</sup>Therese A. Rando, *Loss, Grief & Mourning* (Champaign, IL: Research Press Company, 1993), 47.

<sup>4</sup>C. Charles Bachmann, *Ministering to the Grief Sufferer*, Successful Pastoral Counseling Series (Englewood Cliffs, NJ: Prentice-Hall, 1964), 71.

<sup>5</sup>Cook and Dworkin, 28.

*Grief therapy* is a term reserved for what professional therapists do. It relies on “therapeutic methods based on the human behavior theory and professional skills as introduced by a professional therapist.”<sup>1</sup>

*Masked grief*, also termed “absent grief” or “repressed grief,” is where grief appears not to be present in an individual. Later on, symptoms, especially physical, may appear, but no tie-in to a recent loss is immediately made.<sup>2</sup>

*Mourning* is a social expression of grief. Mourning is the culturally prescribed behavior pattern for expressing grief.<sup>3</sup> It is the public expression or sharing of the feelings of grief and usually takes the form of a ritual such as a funeral service or some change in the daily pattern of the mourner for a period of time.<sup>4</sup> The period of mourning can vary significantly by culture, and considerable variation is seen among individuals and families within the same culture.<sup>5</sup> According to Corr, mourning “indicates a process of coping with loss and grief and thus an attempt to manage those experiences or learn to live with them by incorporating them into ongoing living.”<sup>6</sup>

*Resolution of grief* is the result of accepting the reality of the loss both cognitively and emotionally and reorganizing the many facets of one's life to accommodate the

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<sup>1</sup>Linda Farris Kurtz, *Self-Help and Support Groups: A Handbook for Practitioners* (Thousand Oaks, CA: SAGE Publications, 1997), 6,7.

<sup>2</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 94-95.

<sup>3</sup>Lewis R. Aiken, *Dying, Death, and Bereavement*, 4th ed. (Mahwah, NJ: Lawrence Erlbaum Associates, 2001), 325.

<sup>4</sup>DeSpelder and Strickland, 250-252.

<sup>5</sup>Ester R. Shapiro, *Grief as a Family Process: A Developmental Approach to Clinical Practice* (New York: Guilford Press, 1994), 226.

<sup>6</sup>Corr, Nabe, and Corr, 220.

absence of the deceased. It is not a return to one's old self, because the death of a loved one changes our world and us profoundly and permanently. Resolution is referred to as a process because the efforts to adjust never really end and require continuing energy, albeit to varying degrees.<sup>1</sup>

A grief *ritual* is a behavior that is performed to move one out of an ordinary awareness and into the experience of the pain of grief. Rituals are mechanisms that help grievers to deal with a portion of their grief. A grief ritual can be as simple as leafing through a photo album or gathering at the gravesite with friends to reminisce. The purpose of a ritual activity is to connect with the pain of grief so that healing can be the eventual result.<sup>2</sup>

*Shrine building* generally refers to a grieving individual developing an unhealthy relationship with the memory of a deceased loved one through reverence for that person's possessions. While some shrines can simply be reminders or mementos to the love that endures for the lost individual, the shrine-building spoken of here can cause a person to become stuck in their grief. This level of ritual may promote the fantasy that the deceased may one day return.<sup>3</sup>

*Thanatology* is the study of death-related behavior including actions and emotions concerned with dying, death, and bereavement.<sup>4</sup>

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<sup>1</sup>J. William Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 3rd ed. (Hove, East Sussex: Brunner-Routledge, 2002), 45-47.

<sup>2</sup>Thomas R. Golden, *Swallowed by a Snake: The Gift of the Masculine Side of Healing* (Kensington, MD: Golden Healing Pub., 2000), 30-32.

<sup>3</sup>University of Alberta Student Helpers, *Loss and Rituals*, Case Western Reserve University, 2000, [http://www.cwru.edu/orgs/peerhelp/Loss\\_info.html](http://www.cwru.edu/orgs/peerhelp/Loss_info.html) (May 16, 2004).

<sup>4</sup>Leming and Dickinson, 34.

*Uncomplicated grief* has to do with the natural, healthy process of gradual healing from the traumatic wound of loss. While everyone grieves differently, uncomplicated grief refers to the ordinary, appropriate reaction to loss that a griever goes through.<sup>1</sup>

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<sup>1</sup>Corr, Nabe, and Corr, *Death and Dying, Life and Living*, 216, 264.

## CHAPTER II

### A THEOLOGICAL PERSPECTIVE OF GRIEF AND THE SUPPORT GROUP PROCESS

#### **A Biblical Overview of Grief**

In the Bible we find many examples of individuals and groups of individuals who have experienced significant losses. Their grief and sorrow are recorded in the Bible. In fact, the Bible is amazingly practical as it shares numerous examples and guidelines on how to grieve. Richard Winter contends, “many of the basic principles of grief therapy as spelled out in modern psychological and clinical research are already present in scripture.”<sup>1</sup>

In the Bible there are many places where people were moved to tears in their grief. Tears should not be considered wrong or bad or a sign of weakness. Instead they are the way God has made for us to express our sad (and sometimes happy) emotions.<sup>2</sup>

When Abraham lost his wife, he mourned and wept for her: “So Sarah died in Kirjath Arba (that is, Hebron) in the land of Canaan, and Abraham came to mourn for Sarah and to weep for her” (Gen 23:2 NIV). Scripture also recorded when the Israelites wept over Moses: “And the children of Israel wept for Moses in the plains of Moab thirty

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<sup>1</sup>Richard Winter, "A Biblical and Theological View of Grief and Bereavement," *The Journal of Psychology and Christianity* 18 (1999): 367.

<sup>2</sup>*Ibid.*, 370.

days. So the days of weeping and mourning for Moses ended” (Deut 34:8 KJV). When Jacob died Joseph “fell on his father's face, and wept over him, and kissed him” (Gen 50:1 KJV). Joseph openly and privately wept over his brothers (Gen 42-50). And Gen 50:10 says that the family and friends of Jacob “lamented loudly and bitterly” (NKJV).

And there is a whole book of the Bible that is devoted to weeping. Lamentations is one long grief dirge with Jerusalem described as a sorrowing widow (Lam 1:1) who is experiencing intense pain, even questioning God and feeling totally abandoned.

In 1 Sam 1:15 Hannah is in grief over her infertility when she says, “I am a woman of sorrowful spirit” (NKJV). King David devotes two whole chapters to grieving over his failures and sins (Pss 32 and 51). In Jesus’ parable of the prodigal son, the father grieved over his prodigal son (Luke 15:24).

There are many Psalms that speak very frankly about the reality of grief: “My eyes grow weak with sorrow; they fail because of all my foes” (Ps 6:7 NIV); “How long must I wrestle with my thoughts and every day have sorrow in my heart? How long will my enemy triumph over me?” (Ps 13:2 NIV); “Be merciful to me, O Lord, for I am in distress; my eyes grow weak with sorrow, my soul and my body with grief” (Ps 31:9 NIV); “The length of our days is seventy years--or eighty, if we have the strength; yet their span is but trouble and sorrow, for they quickly pass, and we fly away” (Ps 90:10 NIV); “Then their numbers decreased, and they were humbled by oppression, calamity and sorrow” (Ps 107:39 NIV); “The cords of death entangled me, the anguish of the grave came upon me; I was overcome by trouble and sorrow” (Ps 166:3 NIV).

The inclusion of these texts in the Bible reveals that God does not condemn our grief and sadness but understands that it is a normal part of the human experience. The

use of sacred poetry or prose such as this can give understanding and hope to people of all religious persuasions and help them to healthfully express their grief.

Paul, commenting on almost losing his friend Epaphroditus, after acknowledging God's goodness for bringing healing, said, "lest I should have sorrow upon sorrow" (Phil 2:27 KJV). He goes on to give counsel regarding Christians and grief. He acknowledges the normalcy of grief and does not suggest that Christians should hold a stiff upper lip and avoid the pain associated with loss. Rather, Christians are reminded that while we grieve, we do not have to grieve as "those who have no hope" (1 Thess 4:13 NIV). We know a better day is coming, a resurrection day (vss. 16,17; John 5:28,29; 11:23, 24). But until then, we will endure the pain of separation, "the sting of death" (1 Cor 15:56) until that "last trumpet" (vs. 52; 1 Thess 4:16). We are even encouraged to "comfort one another with these words" (1 Thess 4:17 NIV). Jesus himself chose to comfort Martha with the words, "thy brother will rise again" (John 11:23 KJV).

So when we lose a loved one who has died in the blessed hope, we can take sweet consolation that we will see them again and know that they are not suffering but simply waiting in an unconscious sleep (John 11:11; Dan 12:2; 1 Cor 15:51) which for them lasts but a moment, and their very next thought will be to wake up to Jesus' calling them to come forth (1 Thess 4:16; John 5:28, 29). And at the same time we can acknowledge the fact that we hurt because we miss them (John 11:35) and are enduring that sting which will one day come to an end.

There are those Christians who have the mistaken idea that it is inappropriate or a demonstration of weak faith to be sorrowful and express feelings of hurt.<sup>1</sup> This is not

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<sup>1</sup>William Cutler and Richard Peace, *Dealing with Grief and Loss: Hope in the Midst of Pain* (Littleton, CO: Serendipity House, 1990), 11.



biblically supported. Solomon in Ecclesiastes bluntly reminds us that in this life we will face the reality of death. There is “a time to be born, and a time to die . . . a time to weep, and a time to laugh; a time to mourn, and a time to dance” (Eccl 3:2-4 KJV). Christians are not to live in a fantasy world.<sup>1</sup>

Christians should not be expected to suppress their grief over the loss of their loved ones. The consequence of their faith is that they “do not grieve as others do who have no hope” (1 Thess 4:13 NIV). In other words, the Christian's response to bereavement includes both grief and hope.<sup>2</sup>

Until recently, very little scientific research on whether spiritual or religious beliefs alter the process of grief has been carried out. However, a study completed in 2002 and reported in the *British Medical Journal* found that people who profess stronger spiritual beliefs seem to resolve their grief more rapidly and completely after the death of a close person than do people with no spiritual beliefs. The authors of this study concluded that spiritual beliefs might provide an existential framework in which grief is resolved more readily. Most spiritual beliefs, whether or not associated with religious practice, contain tenets about the course of human life and existence beyond it.<sup>3</sup>

Oftentimes when significant loss occurs, the bereaved persons feel that their faith has been shaken or even shattered. Religious or spiritual people may find themselves

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<sup>1</sup>Richard Winter, "A Biblical and Theological View of Grief and Bereavement," *The Journal of Psychology and Christianity* 18 (1999): 368.

<sup>2</sup>J. Donald Bane, *Death and Ministry: Pastoral Care of the Dying and the Bereaved* (New York: Seabury Press, 1975), 125-126.

<sup>3</sup>Froma Walsh, "Spiritual Beliefs May Affect Outcome of Bereavement: Prospective Study," *Death Studies* (2002): 1554.

questioning their entire belief structure and doubting all that has been the foundation of their past life. This would be a normal consequence of grief.<sup>1</sup>

A significant aspect of the grief support process is the freedom to express feelings.<sup>2</sup> According to Robb Nigel, "mourning in the biblical tradition is very clearly something to be acknowledged and valued as religiously appropriate and psychologically effective."<sup>3</sup>

Granger Westberg in his classic book on the grief process says:

There are those who think that a person with strong faith does not grieve. He should be "above this sort of thing." And there is the belief that a strong faith and stoicism go hand in hand. Some people have even used the two words of scripture, "Grieve not" as a basis for this understanding. They, of course forget to quote the rest of the verse which goes on to say "as those who have no hope."<sup>4</sup>

Derek Nuttal agrees with Westberg and Nigel when he says "having a religious belief will not necessarily reduce the pain of loss nor remove the need to work through the stages of grief. Such belief, however is an aid to grieving."<sup>5</sup> In bereavement we need to know we are not alone, that our pain is understood and in some way shared. Nuttal

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<sup>1</sup>Marta Felber, *Finding Your Way after a Spouse Dies* (Notre Dame, IN: Ave Maria Press, 2000), 20.

<sup>2</sup>G. Walker Hansen, "The Emotions of Jesus," *Christianity Today*, February 3, 1997, 42.

<sup>3</sup>Robb Nigel, *A Time to Die and a Time to Live* (Dundee, Scotland: Prontaprint, 1996), 9.

<sup>4</sup>Granger E. Westberg, *Good Grief: A Constructive Approach to the Problem of Loss*, 1st large-print ed. (Philadelphia: Fortress Press, 1979), 2.

<sup>5</sup>Derek Nuttal, "Christian Theology and Pastoral Practice," in *The Needs of Bereaved People in Interpreting Death*, ed. Peter Jupp and Tony Rogers (Herndon, VA: Wellington Publishers, 1997), 27.

says “at the heart of Christianity is faith in a God who through his son has shown he loves us and shares in what we experience and through the cross suffers with us.”<sup>1</sup>

A passage in Paul’s second letter to the Christians in Corinth says it well:

Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God. (2 Cor 1:3-4 KJV)

To say that a person who is deeply religious will not face grief situations is unrealistic and emotionally unhealthy.<sup>2</sup> Jesus, our example, modeled for us an appropriate response to loss: “Jesus wept” (John 11:35 KJV).

Chen furthers this thought when he says “grief appears to have a transcendent function and can in the end enhance spiritual growth of bereaved people as it awakens them to existential and spiritual essence of life.”<sup>3</sup>

A belief in the afterlife and a future resurrection has been found to be important ingredients in a good adjustment to bereavement.<sup>4</sup> Where we go wrong sometimes as Christians is we use the hope of the life to come to mask our present feelings of pain, which must have expression. Not continuous expression as if we had no hope, but feelings that we have must be expressed in order to get past them through to healing.<sup>5</sup>

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<sup>1</sup>Ibid.

<sup>2</sup>Westberg, 6-7.

<sup>3</sup>Li-chu Chen, "Grief as a Transcendent Function and Teacher of Spiritual Growth," *Pastoral Psychology* 46 (1997): 79.

<sup>4</sup>Timothy N. Willoughby, "A Solid and Thorough Resource," *Death Studies* 17 (1993): 457.

<sup>5</sup>Winter, "A Biblical and Theological View of Grief and Bereavement," 369.

### Jesus and Grief

The Gospel writers describe a Jesus who had feelings.<sup>1</sup> There were times when He was angry and showed it: “He looked around at them in anger and, deeply distressed . . .” (Mark 3:5 NIV). Jesus could also be indignant: “When Jesus saw this, he was indignant” (Mark 10:14 NIV).

There were moments when Jesus was troubled and full of sorrow: “Surely he took up our infirmities and carried our sorrows” (Isa 53:4 NIV). “Then he said to them, ‘My soul is overwhelmed with sorrow to the point of death’” (Matt 26:38 NIV). “He [Jesus] . . . began to be deeply distressed and troubled” (Mark 14:33 NIV). Jesus knew how to cry: “As he approached Jerusalem and saw the city, he wept over it” (Luke 19:41 NIV).

Jesus experienced anguish: “And being in anguish, he prayed more earnestly, and his sweat was like drops of blood falling to the ground” (Luke 22:44 NIV). “After he had said this, Jesus was troubled in spirit” (John 13:21 NIV).

Jesus experienced and displayed the full range of emotions including joy, love, and compassion (Luke 10:21; Heb 12:22; John 15:10-11; 17:13; Mark 10:21; 1:40-41; Luke 7:13; Mark 1: 35-42; Matt 14:13-14).

The Bible says that Jesus was “a man of sorrows, and acquainted with grief” (Isa 53:4 KJV). He displayed the deep emotion of anguish and despair in a time of impending loss when he said, “My God, why have you forsaken me?” (Matt 27:46 NIV). Jesus’ questioning and despair are one of the common faces of grief. Jesus showed grief over His beloved city Jerusalem (Matt 23:37).

Jesus grieved at the time of Lazarus’ death (John 11). In that chapter, Jesus cried and others observed “how much he loved him” (11:35-36 NIV). The passage goes on to

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<sup>1</sup>Hansen, 42.

say that Jesus was “deeply moved in spirit and troubled” (11:33, 38 NIV). In a classic commentary on the life of Christ, the author notices how Jesus felt every bit of the “pang and anguish as he said to his disciples, ‘Lazarus is dead.’”<sup>1</sup> Although Jesus was aware that he would raise Lazarus in a short while, he grieved for the pain and anguish that Mary and Martha had to experience.<sup>2</sup> In human sympathy He wept for those in sorrow. He also wept for those who would plan his own death because of their unbelief and hatred for Jesus.<sup>3</sup>

The intent of sharing these passages is to say that if Jesus, our model and example, can grieve and be human, then humans in this world of sin and woe can also hurt and grieve. The key is in allowing others to witness our pain and support us in our grief.<sup>4</sup> Grief unsupported and unexpressed will eventually take its toll.<sup>5</sup>

### **Theological Reflections About Small Groups**

The philosophy of being in a group where support can take place goes all the way to the beginning of time. From Eve making the decision to eat of the tree when she left her husband’s side<sup>6</sup> to the Israelites being gathered together in the wilderness and organized into groups (1 Chron 23:6), to the disciples being sent out two by two (Matt

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<sup>1</sup>Ellen G. White, *The Desire of Ages* (Mountain View, CA: Pacific Press Publishing Association, 1940), 528.

<sup>2</sup>Ibid., 528, 533.

<sup>3</sup>Ibid., 533, 534.

<sup>4</sup>Felber, 14-19.

<sup>5</sup>Alan D. Wolfelt, *Healing Your Traumatized Heart* (Fort Collins, CO: Companion Press, 2002), 8.

<sup>6</sup>Ellen G. White, *Patriarchs and Prophets* (Omaha, NE: Pacific Press Publishing Association, 1958), 53.

6:7), the concept of group support has always been God's method of assisting mankind in the course of the human journey.

Even Jesus, as He faces the difficult experience of Gethsemane and the cross, asks His closest disciples to "watch with" Him: "He took Peter and the two sons of Zebedee along with him, and he began to be sorrowful and troubled. Then he said to them, 'My soul is overwhelmed with sorrow to the point of death. Stay here and keep watch with me'" (Matt 26:37-38 NIV).

We have the admonition of Paul to "carry each other's burdens, and in this way you will fulfill the law of Christ" (Gal 6:2 NIV). Speaking in another place about the importance of support, Paul says: "Therefore encourage one another and build one another up" (1 Thess 5:11 NIV). In commenting on these passages, Cloud and Townsend stipulate that everyday burdens should be shouldered individually (Gal 6:5) so that responsibility is learned and cultivated. But when the crushing boulder-like burdens come along, individuals should not be expected to carry them alone. They need support.<sup>1</sup>

In regard to support groups for the bereaved, it is interesting to read how the friends of Job spent their first week with him:

When Job's three friends, Eliphaz the Temanite, Bildad the Shuhite and Zophar the Naamathite, heard about all the troubles that had come upon him, they set out from their homes and met together by agreement to go and sympathize with him and comfort him. When they saw him from a distance, they could hardly recognize him; they began to weep aloud, and they tore their robes and sprinkled dust on their heads. Then they sat on the ground with him for seven days and seven nights. No one said a word to him, because they saw how great his suffering was. (Job 2:11-13 NIV)

In describing the benefits of appropriate grief support, it may seem odd to the reader to offer the interaction of Job's friends at his time of loss. I refer only to the first

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<sup>1</sup>Henry Cloud and John Townsend, *Boundaries* (Grand Rapids, MI: Zondervan Publishing, 1992), 30-31.

seven days, however. Notice during that first week they did not try to solve all of Job's problems and minimize his grief by saying everything was okay. Nor did they rush to admonish Job as he rambled through his anger, depression, and questioning of God. Instead they were there with him. They were quiet except for their tears. So often the way people try to help when they see others in pain over their loss is to say something hoping to be helpful.<sup>1</sup> But Job's friends did the best thing that can be done for a person in intense grief and anguish especially in the initial period of grief. Whether this was an intentional plan based on Jewish custom, or it came about because they were overwhelmed with the enormity of Job's loss is not important. Whatever the reason for remaining quiet, once they did begin to speak, the benefits of the ministry of presence declined.

At times of intense grief expression, individuals wishing to provide support will not help the griever by resorting to problem solving or seeking to answer their questions. A quiet presence and a sympathetic look and touch can generally "say" all that needs to be said. For an example of poor grief support, read what Job's friends had to say to him after the week was over. Eliphaz informs Job that his losses are a punishment from God as a result of his disobedience (Job 4:6-9). He goes on to speak about the need to trust God but does not temper his statements with sympathy, kindness or human understanding.<sup>2</sup> Job attempts to set his friends straight when he says in chapter 6, verse 14: "To him that is afflicted pity should be shewed from his friend . . ." (KJV). But the accusing and condemning continues with Bildad in chapter 8 of Job. Job counters with

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<sup>1</sup>Leming and Dickinson, 489.

<sup>2</sup>"Job," *SDA Bible Commentary*, ed. F.D. Nichol (Washington DC: Review and Herald Pub. Assn., 1953-57), 3: 511.

the idea that bad things happen to the good and the bad (Job 9:22) followed by some very descriptive but normal expressions of grief. He says “My soul is weary of my life . . .” (Job 10:1 KJV). He speaks of “the bitterness of my soul” (Job 10:1 KJV). He continues to ask the question, “Why?” (Job 10:7).

Then it is Zophar’s turn to try to diminish Job’s grief (chapter 11). This exchange goes on for a few chapters. Then in chapter 16 Job sums up his three friends’ support by saying: “. . . miserable comforters are you all! Will your long-winded speeches never end? What ails you that you keep on arguing?” (vs. 2 NIV). He goes on to say what he would do if he were in their place: “But my mouth would encourage you; comfort from my lips would bring you relief” (vs. 5 NIV).

Support groups help to fulfill the admonition found in Rom 12:15 to “rejoice with those who rejoice, weep with those who weep” (NIV). In a support group, there is a certain sense in which “we who are many form one body, and each member belongs to all the others” (Rom 12:5 NIV). This support in the Grief Recovery program, for many, lasts not just six weeks but months and even years through follow-up support groups and self-initiated contact between group participants by phone or in person.

Being heard and understood helps people. They need support as they come to terms with what has happened to them.<sup>1</sup> “Support groups empower persons to cope with social crisis and loss in a dealienating environment.”<sup>2</sup> There is much more to be said about the benefit of support groups. This will be covered in chapter 4. But at least part of the key to the strength exhibited by the early church came as a result of being

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<sup>1</sup>Thomas Attig, *How We Grieve: Relearning the World* (New York: Oxford University Press, 1996), 6.

<sup>2</sup>Leming and Dickinson, 490.



“together” (Acts 2:1, 44 NKJV). Jesus sent His disciples out “two by two” (Matt 6:7; Luke 10:1) for the support and encouragement that was derived from this arrangement.<sup>1</sup>

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<sup>1</sup>Ellen G. White, *The Desire of Ages*, 350.

## CHAPTER III

### PERSPECTIVES ON THE GRIEF PROCESS

#### Grief as a Process

Modern study has pointed to grief as a process or journey.<sup>1</sup> It is the most intense process one will usually ever go through in a lifetime.<sup>2</sup> Grief is a natural experience, a natural reaction to loss of any kind.<sup>3</sup> It is normal and inevitable.<sup>4</sup> In fact, the absence of some form of grief expression may be considered “abnormal and indicative of pathology.”<sup>5</sup>

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<sup>1</sup>Jan C. Nelson and David A. Aaker, *The Bereavement Ministry Program: A Comprehensive Guide for Churches* (Notre Dame, IN: Ave Maria Press, 1998), 6.

<sup>2</sup>Candy Lightner and Nancy Hathaway, *Giving Sorrow Words: How to Cope with Grief and Get on with Your Life* (New York, NY: Warner Books, 1990), 205.

<sup>3</sup>Therese A. Rando, *Grief, Dying, and Death: Clinical Interventions for Caregivers* (Champaign, IL: Research Press Co., 1984), 15.

<sup>4</sup>Nigel Robb, *A Time to Die and a Time to Live* (Dundee, Scotland: Prontaprint, 1996), 19.

<sup>5</sup>Therese A. Rando, *Grief and Mourning: Treatment of Complicated Mourning* (Champaign, IL: Research Press, 1993), 47.

Grief is complex and complicated.<sup>1</sup> Grief is unique for every person who experiences it.<sup>2</sup> Grief is a process that interrupts or alters all other processes to some degree.<sup>3</sup> It “creates different needs at different points in the process.”<sup>4</sup>

Researcher Terry Martin describes grief as a process of adaptation or adjusting to the loss.<sup>5</sup> Each grief experience is different because each death is different. Earl Grollman said, “When a parent dies, one loses the past. When a spouse dies, one loses the present. When a child dies, one loses the future. Even though grief is a common human experience, it is as individual as fingerprints—it shows itself in widely differing ways.”<sup>6</sup>

Dennis Klass conceptualizes the grief process as “the unfolding, the progression, and the working through of a host of intense affect, cognition, activities, and physiological sensations until a certain degree of resolution and closure has been reached and a level of inner balance reestablished.”<sup>7</sup>

Walter Wangerin describes grief as pain. He says “grief begins with the first raw awareness of the change but then becomes a terrific struggle: a violent disputing of the

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<sup>1</sup>Dennis Klass, "Toward a Model of Parental Grief," *Omega: Death and Dying* 19 (1988): 31.

<sup>2</sup>Robb, 54-55.

<sup>3</sup>Lightner and Hathaway, 205.

<sup>4</sup>Nelson and Aaker, 6.

<sup>5</sup>Martin and Doka, 25.

<sup>6</sup>Earl A. Grollman, "Death and Dying: Pastoral Psychological Perspective," in *Coping with Death and Dying: An Interdisciplinary Approach*, ed. John T. Chirban (Lanham, MA: University Press of America, 1985), 58.

<sup>7</sup>Dennis Klass, "Self-Help Groups for the Bereaved: Theory, Theology, and Practice," *Journal of Religion and Health* 21 (1982): 310.

facts, a striving for life again, a revising of terms by which we know ourselves, a surrender to despair, finally a conscious acceptance of the change. . . . This is painful and difficult but when accomplished, brings rebirth and growth.”<sup>1</sup>

Therese Rando describes the grief process further as a “continuing development. It is not a static state; rather, it involves many changes over time.”<sup>2</sup> And Nelson describes the whole grief recovery process as “not a station you arrive at, but a manner of traveling.”<sup>3</sup>

Thomas Attig in his book, appropriately named, *How We Grieve: Relearning the World*, speaks of the process of grief as a time to relearn the world. It is a time of adjusting to a world that has greatly changed due to the loss of a loved one. Therefore the bereaved must relearn their physical surroundings from a new and altered viewpoint as well as their relationship with fellow survivors. They must relearn themselves in an all new context. Everything has to be reviewed and adjusted to their new perspective.<sup>4</sup> And Barbara Backer says that, “grief is a process through which the bereaved must go if they are to become whole persons again.”<sup>5</sup>

Esther Shapiro in her book, *Grief as a Family Process: A Developmental Approach to Clinical Practice*, describes grief as “the reconstruction of a sense of new

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<sup>1</sup>Walter Wangerin, *Mourning into Dancing* (Grand Rapids, MI: Zondervan, 1992), 150-151.

<sup>2</sup>Rando, *Grief and Mourning: Treatment of Complicated Mourning*, 47.

<sup>3</sup>Nelson and Aaker, 28.

<sup>4</sup>Attig, 99-127.

<sup>5</sup>Barbara A. Backer, Natalie Hannon, and Noreen A. Russell, *Death and Dying: Understanding and Care*, ed. Constance Hoenk Shapiro, 2nd ed. (Albany, NY: Delmar, 1994), 251.

normal that must be put in place so that the bereaved may have a predictable and orderly world in which to function.”<sup>1</sup> Therefore, resolution of grief involves “the integration of the loss experience and reconstruction of oneself, one’s identity and role, and the meaning of one’s life.”<sup>2</sup>

Grief affects us in every aspect of life. “Grief is experienced psychologically (through affects, cognitions, perceptions, attitudes, and philosophy/spirituality), behaviorally (through personal action, conduct, or demeanor), socially (through reactions to and interactions with others), and physically (through bodily symptoms and physical health).”<sup>3</sup> Grief recovery has been described as “finding one’s way back to self or as reconstructing one’s own world.”<sup>4</sup>

Recent research points to the idea that the bereavement process includes personal growth as an outcome of suffering.<sup>5</sup> Nancy Hogan has proposed a “grief to personal growth theory” which differs from the traditional grief theory. Historically, it was taught that after individuals have worked through their grief, they return to normal. She says that rather than turn to normal, “the bereft are transformed by the experience in essential ways resulting in the creation of a new identity and revising of their worldview.”<sup>6</sup> A new normalcy is the result.

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<sup>1</sup>Shapiro, 271.

<sup>2</sup>Jane Campbell, Paul Swank, and Ken Vincent, "The Role of Hardiness in the Resolution of Grief," *Omega: The Journal of Death and Dying* 23 (1991): 53.

<sup>3</sup>Rando, *Grief and Mourning: Treatment of Complicated Mourning*, 47.

<sup>4</sup>Naji Abi-Nashem, "Grief, Loss and Bereavement: An Overview," *Journal of Psychology and Christianity* 18 (1999): 321.

<sup>5</sup>N. S. Hogan and L. A. Schmidt, "Testing the Grief to Personal Growth Model Using Structural Equation Modeling," *Death Studies* 26 (2002): 616.

<sup>6</sup>*Ibid.*, 629.

It has been long recognized in church circles that going through a trial can strengthen faith and one's hold on God. To find resolution from the pain of loss, one must go through the grief.<sup>1</sup> How the grief will be experienced is dependent on the person going through it and a host of other variables.<sup>2</sup> C.S. Lewis said "grief is like a long valley, a winding valley where any bend may reveal a totally new landscape."<sup>3</sup>

The most valuable asset to a grieving person is to have someone who will allow you to grieve, who will sit quietly with you and listen as you pour out your heart. Frequently well-intended people will try to "smother the expression of a griever's emotions with words. When grief is suppressed, it is not dispelled, it is turned inward to work havoc that may last for years, even a lifetime."<sup>4</sup> Allowing the grief process to naturally progress is one of the greatest gifts that can be given to someone.

### **From Stages, to Phases, to Tasks of Grief**

Grief was first described as a process that took place in stages when Eric Lindemann published his landmark article, "Symptomatology and Management of Acute Grief," in *The American Journal of Psychiatry*, in the fall of 1944.<sup>5</sup>

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<sup>1</sup>Bill Flatt, "Some Stages of Grief," *Journal of Religion and Health* 26 (1987): 143.

<sup>2</sup>Rando, *Grief, Dying, and Death: Clinical Interventions for Caregivers*, 43-57.

<sup>3</sup>C.S. Lewis, *A Grief Observed* (New York: Harper and Row, 1961), 71.

<sup>4</sup>Robert B. Reeves, "On Helping Another Mourn," in *Religion and Bereavement*, ed. Austin H. Kutscher and Lillian G. Kutscher (New York: Meilen Press, 1972), 187.

<sup>5</sup>Eric Lindemann, "Symptomatology and Management of Acute Grief," *The American Journal of Psychiatry* 101 (1944): 141.

In 1952 Robertson and Bowlby observed a distinctive pattern of grief moving in sequence from separation anxiety to a period of disorganization and despair to a final phase of recovery.<sup>1</sup>

Elisabeth Kübler-Ross popularized the field of thanatology with her landmark 1969 book, *On Death and Dying*. Written in plain language, the book introduced stages of dying or stages of grief. According to the Kübler-Ross model, there are five stages that a dying person goes through when they are told that they have a terminal illness. The five stages go in progression through denial, anger, bargaining, depression, and acceptance.<sup>2</sup> The Kubler-Ross model was widely received by other authors and applied to many other situations where someone suffers a loss or change in social identity.

However, not all workers in the field agreed with the Kübler-Ross model or at least the literalizing of the stages in a way that she may have never intended. As early as 1970, Bowlby and Parkes both observed a lot of variation in that not everyone went through the phases in the same way or in the same sequence.<sup>3</sup>

The concept of linear stages continued to be propounded in various circles. Each author had his or her perspective on the specific stages and their order. Wayne Oates's list of stages included shock, numbness, a struggle between fantasy and reality, acceptance of reality, selective memory, and recovery.<sup>4</sup>

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<sup>1</sup>J. Robertson and J. Bowlby, "Responses of Young Children to Separation from Their Mothers," *Courier of the International Children's Centre* 2 (1952): 140.

<sup>2</sup>Elisabeth Kübler-Ross, *On Death and Dying* (London: McMillan Company, 1969), 51-146.

<sup>3</sup>J. Bowlby and Colin Murray Parkes, "Separation and Loss in the Family," in *The Child in His Family*, ed. E.J. Anthony (New York: Wiley, 1970), 197-216.

<sup>4</sup>Wayne Edward Oates, *Your Particular Grief* (Philadelphia: Westminster Press, 1981), 102-103.

Granger Westberg described the stages as that of shock and denial, emotional expression, depression/loneliness/isolation, physical symptoms of distress, panic, guilt, hostility/resentment, lassitude or a difficulty in returning to usual activities, followed by a gradual feeling of hopefulness, and eventually leading to a successful return to reality.<sup>1</sup> Kreis and Pattie have a simpler list. They describe the stages of grief as shock, suffering, and recovery.<sup>2</sup>

Bill Flatt in his article, *Some Stages of Grief*, lists shock and numbness, a venting of anger and resentment, a period of withdrawal, an experiencing of frustration, panic, depression, detachment, adaptation, reinvesting, and growth as the stages that people go through.<sup>3</sup>

Tyndale Publishers published a book in 1997, which included a chapter entitled "The Ten Stages of Grief." The stages consisted of loneliness and vulnerability, tears and weeping, pain and hurt, panic and anxiety, guilt and regret, anger and frustration, depression and sadness, hope and fulfillment, and recovery and readjustment.<sup>4</sup>

More and more, thanatologists are voicing opposition to the description of grief in terms of stages that people go through one after the other like sections of a train with the caboose symbolizing the recovery stage. The concept of linear stages is considered too

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<sup>1</sup>Granger E. Westberg, *Good Grief: A Constructive Approach to the Problem of Loss* (Rock Island, IL.: Augustana Press, 1962), 11-51.

<sup>2</sup>Bernadine Kreis and Alice Pattie, *Up from Grief: Patterns of Recovery* (New York: Seabury Press, 1969), 33-89.

<sup>3</sup>Flatt, 143-148.

<sup>4</sup>Linda Baynes Layman, "The Ten Stages of Grief," in *Helping a Neighbor in Crisis*, ed. Linda Baynes Layman (Wheaton, IL: Tyndale Publishers, 1997), 18-21.



rigid a model.<sup>1</sup> One cannot impose a particular model on a grieving person. People will grieve in her own way and in his own time.<sup>2</sup>

All experts in the field of thanatology tend to accept that there are grief experiences that many people face at times of loss. Helping those in grief to be aware of these grief reactions can aid in validating their experience and help them to not feel so alone or abnormal. People just need to be told what to expect with grief so they can understand that what they are going through is normal. It gives permission to feel the way they may need to feel.<sup>3</sup>

The concept of stages can cause trouble when there is the suggestion that a progression of specific stages will take place for all who experience loss. This can potentially cause a problem for the grieving person whose progression does not match the prescribed stages. They may feel there is something wrong with themselves. Leick and Davidson-Nielsen argue that the grief process is never linear. The bereaved will cycle and recycle through various grief reactions, handling them differently at different times, and sometimes tackling more than one at the same time.<sup>4</sup>

A study done by the Institute of Medicine of the National Academy of Sciences concluded that "bereavement is associated with measurable distress in everyone, but that

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<sup>1</sup>J. William Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 2nd ed. (New York: Springer Pub. Co., 1991), 13.

<sup>2</sup>C.B. Wortman and R.C. Silverman, "The Myths of Coping with Loss," *Journal of Consulting and Clinical Psychology* 57 (1989): 349.

<sup>3</sup>Grollman, "Death and Dying: Pastoral Psychological Perspective," 59.

<sup>4</sup>Nini Leick and Marianne Davidsen-Nielsen, *Healing Pain: Attachment, Loss, and Grief Therapy* (New York: Routledge, 1991), 10-11.

the distress can range greatly in intensity and duration.”<sup>1</sup> These reactions, the report says, “cannot be neatly plotted in a series of well-defined stages, nor is the progression from the time of death to the resolution of bereavement likely to be in a straight line. There are a number of psychological, social and biological processes that interact and make it difficult to define a normal reaction to bereavement.”<sup>2</sup>

Doug Manning says he hesitates to use the word “stage” because it connotes “definite movements from one phase to another.” But in reality, people will “vacillate between stages. They can be in stage three in the morning and stage two in the afternoon. Often they can be in two stages at once.”<sup>3</sup>

Therese Rando and others have suggested phases rather than stages as a less rigid, more broad way of describing the process of grief.

Rando calls the first phase the avoidance phase where the griever struggles to recognize and acknowledge the death. The second phase is called the confrontation phase where the griever reacts to the separation, experiencing the pain and expressing it in various forms. This second phase includes with it a time for reminiscing over the loss and eventually relinquishing attachments to the deceased and the way things used to be. The third phase, called the accommodation phase, is a time of adjusting and adapting to the new world without forgetting the old. In this phase a new identity is formed and the griever begins to reinvest in life.<sup>4</sup>

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<sup>1</sup>Christopher Joyce, "Grief Does Not Follow a Predictable Pattern," in *Death and Dying*, ed. David L. Bender and Bruno Leone (San Diego, CA: Greenhaven Press, 1987), 25.

<sup>2</sup>Ibid.

<sup>3</sup>Doug Manning, *Comforting Those Who Grieve: A Guide for Helping Others* (San Francisco: Harper & Row, 1985), 15.

<sup>4</sup>Rando, *Grief and Mourning: Treatment of Complicated Mourning*, 45.

Colin Parkes said that “though the concept of stages or phases has been misused, they served the purpose of helping to understand grief as a process of change from the ‘way it was’ to a new normalcy.”<sup>1</sup>

Grief has been described as a “multidimensional experience.”<sup>2</sup> Rando divides this reaction into three groups: the psychological, the social, and the physical. The psychological reactions include: anxiety, anger, fear, guilt, relief, sadness, depression, yearning, and a search for meaning. The social or behavioral reactions can be lack of concentration, lack of energy, and an inability to sustain relationships or to nurture. The physical reactions can also vary a great deal but can include eating or sleeping disorders, heart palpitations, sickness, or death possibly by suicide.”<sup>3</sup>

Mitchell in his grief support resource book for pastors says that grief is unique and unpredictable and each person will experience it in his or her own way. While there are common elements in grief, it is “anything but systematic.” He says that the emotions experienced “are likely to occur in many unpredictable patterns.”<sup>4</sup>

Mitchell goes on to say that, “recognition of the unpredictability of grief leads to the realization that it is not useful to define grief in terms of stages except in the broadest possible way.”<sup>5</sup>

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<sup>1</sup>Colin Murray Parkes, “Grief Lessons from the Past, Visions for the Future,” *Death Studies* 26 (2002): 371.

<sup>2</sup>Estelle Hoppmeier and Annette Werk, “A Comparative Study of Family Bereavement Groups,” *Death Studies* 18 (1994): 244.

<sup>3</sup>Rando, *Grieving: How to Go on Living When Someone You Love Dies*, 25-46.

<sup>4</sup>Kenneth R. Mitchell and Herbert Anderson, *All Our Losses, All Our Grievs: Resources for Pastoral Care* (Philadelphia: Westminster Press, 1983), 61.

<sup>5</sup>*Ibid.*, 84.

Mitchell makes an equally valid point when he talks about maintaining a balance between generalizing or pointing out the common elements in grief and the particularizing of grief. Both extremes can be detrimental. Particularizing one's grief has to do with making the grief experience out to be so unique that the griever can become overly self-absorbed. On the other hand, generalizing one's grief can potentially inhibit grief expression.<sup>1</sup>

While there are no exact stages or phases with grief and no particular right way to experience grief, there is also a certain degree of commonality in grief expression that gives the mourner comfort in knowing he or she is not alone and not going crazy!<sup>2</sup>

Aiken makes the point that "stage theories of grief are probably best viewed as descriptive accounts of emotional reactions experienced by grieving people rather than fixed sequences which all people must follow on their way to recovery."<sup>3</sup> With the wide individual differences that exist, "the intensity and quality of reactions to bereavement will be dependent on factors such as age, sex, culture, ethnicity, social class, and personality."<sup>4</sup>

Thus when talking about grief experiences, it may be preferable to refer to them as "faces" or reactions rather than stages or phases because order, sequence, and period have been found to be irrelevant. "Grief is the process of an ebb and flow, bouncing from one reaction to another and back again."<sup>5</sup> When grief is looked at in terms of faces, one

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<sup>1</sup>Ibid., 84-85.

<sup>2</sup>Ibid., 84.

<sup>3</sup>Aiken, *Dying, Death, and Bereavement*, 326.

<sup>4</sup>Ibid.

<sup>5</sup>Abi-Nashem, 318-320.

can see and experience a different face or side of grief in any order and know that this too is part of the grief process.<sup>1</sup>

To take it a step further, J. William Worden has devised an approach that can help individuals take more control in their grief journey. He suggests focusing on grief recovery through the performance of tasks. Worden's four tasks of mourning are accepting the reality of the loss, working through the pain of grief, adjusting to an environment in which the deceased is missing, and emotionally relocating the deceased and moving on with life.<sup>2</sup>

The idea of "tasks" for the griever to do rather than stages or phases that happen to the griever has had a revolutionary impact on the field of thanatology. Worden says that "'phases' imply a certain passivity, something the mourner must pass through. The task concept, on the other hand, . . . implies that the mourner needs to take action and can do something."<sup>3</sup> In fact, Worden makes the case that "the tasks approach gives the mourner some sense of leverage and hope that there is something he or she can actively do."

Alicia Cook and Daniel Dworkin endorse Worden's task model, saying that the healing process is a "developmental sequence of activities, one building on the other."<sup>4</sup> This is not to say that the grief journey is somehow a linear progression. Rather the

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<sup>1</sup>Teresa McIntyre, "The Ten Faces of Grief," in *Bereavement Certification Conference* (Atlanta, GA: The American Academy of Bereavement, 1997).

<sup>2</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 25-37.

<sup>3</sup>Ibid., 26.

<sup>4</sup>Cook and Dworkin, 16.

bereaved will “cycle and recycle through the tasks, handling them differently at different times, and sometimes tackling more than one task at the same time.”<sup>1</sup>

Different variations of Worden’s four tasks have found their way into many grief support publications including Larry Yeagley’s Grief Recovery program.<sup>2</sup>

Abi-Nashem describes these four tasks as steps toward recovery. He describes step one as “helping the bereaved to admit that the loss has taken place and is final.”<sup>3</sup> This helps to reverse the tendency toward denial. He describes step two as “helping the bereaved to experience and express all range of emotions including the pleasant and unpleasant ones.”<sup>4</sup> Step three is to help “the bereaved to release the lost object or deceased person by letting go, setting free and saying goodbye.”<sup>5</sup> And step four is “helping the bereaved to reinvest the mental and emotional energy consumed earlier in unsuccessful resolution of grief in new relationships, endeavors, people, and projects.”<sup>6</sup> These steps are very close to Worden’s original tasks of mourning.

Alan D. Wolfelt has also echoed Worden’s four tasks and termed his contribution “The Mourner’s Six Reconciliation Needs.” Wolfelt argues “while everyone’s grief journey will be a unique personal experience, they must yield to a set of six basic human needs, if they are to heal.”<sup>7</sup> They include acknowledging the reality of the death,

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<sup>1</sup>Ibid., 17.

<sup>2</sup>Yeagley, *Grief Recovery*, 26-28.

<sup>3</sup>Abi-Nashem, 318.

<sup>4</sup>Ibid., 319.

<sup>5</sup>Ibid.

<sup>6</sup>Ibid., 320.

<sup>7</sup>Alan D. Wolfelt, *The Journey through Grief* (Fort Collins, CO: The Center For Loss and Life Transition, 1997), 20-27.

embracing the pain of the loss, remembering the person who died, developing a new self-identity, searching for meaning, and receiving ongoing support from others.<sup>1</sup>

Worden's original fourth task of mourning spoke of "withdrawing emotional energy from the deceased and reinvesting it in another relationship."<sup>2</sup> He later altered this task because, in his words, "we now know that people do not emotionally disconnect from the dead but find ways to develop 'continuing bonds' with the deceased."<sup>3</sup> So in his second and third edition, Worden altered the wording of this task to read, "to emotionally relocate the deceased and move on with life." In this fourth task, Worden is suggesting that we "find a place for the deceased that will enable the mourner to be connected with the deceased but in a way that will not preclude him or her from going on with life."<sup>4</sup> Esther Shapiro agrees with this concept and proposes that it is best to not pull this prop out completely. She says "it is considered emotionally advantageous now to encourage a survivor to consider that their loved one does live on in their *memory* and not to feel like they have to let that love and fondness for their loved one go. This is very much different from trying to continue a relationship through investing emotional energy and pretending one still has their loved one literally with them."<sup>5</sup>

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<sup>1</sup>Alan D. Wolfelt, *The Understanding Your Grief Support Group Guide: Starting and Leading a Bereavement Support Group* (Fort Collins, CO: The Center For Loss and Life Transition, 2004), 78-79.

<sup>2</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 35.

<sup>3</sup>Ibid.

<sup>4</sup>Ibid.

<sup>5</sup>Shapiro, 166-167.

While Freud was one of the first proponents of the idea that grief resolution takes place when detachment from the deceased is achieved,<sup>1</sup> Bowlby and others have contended that, far from harmful, it actually can be an aid to the recovery process to be permitted to maintain an attachment to the deceased.<sup>2</sup> And modern research seems to bear this out as well.<sup>3</sup>

This attachment or connection can appear in the form of the survivor looking to the deceased as a role model, or looking for guidance from the deceased through memories or envisioning what the deceased loved one would say in certain situations, through reminiscing and remembrance of past memories, and through reflecting on the death itself to clarify one's current values.<sup>4</sup> Klass and his associates observed in their extensive research that it was common for bereaved individuals to remain connected and these connections "provided solace, comfort and support and eased the transition from the past to the future."<sup>5</sup>

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<sup>1</sup>Sigmund Freud, "Mourning and Melancholia," in *Standard Edition of Complete Psychological Works of Freud*, ed. J. Stachey (London: Hogarth Press, 1957), 152-170.

<sup>2</sup>John Bowlby, *Attachment and Loss* (New York: Basic Books, 1980), 98-99, 128, 140.

<sup>3</sup>N.P. Field and others, "The Relation of Continuing Attachment to Adjustment in Conjugal Bereavement," *The Journal of Consulting and Clinical Psychology* 67 (1999): 212-215.

<sup>4</sup>S.J. Marwit and Dennis Klass, "Grief and the Role of the Inner Representation of the Deceased," in *Continuing Bonds: New Understandings of Grief*, ed. Dennis Klass, Phyllis R. Silverman, and Steven L. Nickman (Washington, DC: Taylor & Francis, 1996), 300-302.

<sup>5</sup>Dennis Klass, Phyllis R. Silverman, and Steven L. Nickman, "Continuing Bonds: New Understandings of Grief," in *Series in Death Education, Aging, and Health Care*, ed. Dennis Klass, Phyllis R. Silverman, and Steven L. Nickman (Washington, DC: Taylor & Francis, 1996), xvii.



### Variables in Grief

Therese Rando says in her book, *Grief, Dying and Death*, that "each person's grief will be idiosyncratic, determined by a unique combination of psychological, social and physiological factors."<sup>1</sup> The experience of grief is unique for each person because we each attach our own unique understanding of the loss we have encountered.<sup>2</sup>

Some psychological factors that can affect a person's grief experience include (1) the nature of the relationship and the strength of the attachment,<sup>3</sup> (2) the role(s) that the deceased occupied in the family or social system of the griever,<sup>4</sup> (3) the individual's coping behaviors, personality, and mental health,<sup>5</sup> (4) the individual's level of maturity and intelligence,<sup>6</sup> (5) the individual's past experience with loss and death,<sup>7</sup> (6) the individual's social, cultural, ethnic, and religious/philosophical backgrounds,<sup>8</sup> (7) the

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<sup>1</sup>Rando, *Grief, Dying, and Death: Clinical Interventions for Caregivers*, 43.

<sup>2</sup>John Archer, *The Nature of Grief: The Evolution and Psychology of Reactions to Loss* (New York: Routledge, 1999), 26.

<sup>3</sup>Robb, 21.

<sup>4</sup>Brian DeVries, "Long-Term Psychological and Somatic Consequences of Later Life Parental Bereavement," *OMEGA: Journal of Death and Dying* 35 (1997): 113.

<sup>5</sup>Louis Gamino, Kenneth W. Sewell, and Larry W. Easterling, "Scott and White Grief Study Phase II: Toward an Adaptive Model of Grief," *Death Studies* 24 (2000): 657.

<sup>6</sup>Richard A. Dersheimer, *Counseling the Bereaved*, Psychology Practitioner Guidebooks (New York: Pergamon Press, 1990), 77.

<sup>7</sup>Parkes, 373.

<sup>8</sup>Dorothy Stroh Becvar, *In the Presence of Grief: Helping Family Members Resolve Death, Dying, and Bereavement Issues* (New York: Guilford Press, 2001), 39.

individual's sex-role conditioning,<sup>1</sup> (8) the individual's age,<sup>2</sup> (9) the amount of unfinished business between the griever and the deceased,<sup>3</sup> (10) the individual's perception of the deceased's fulfillment in life,<sup>4</sup> (11) the immediate circumstances of the death including location, type of death, and reason for death,<sup>5</sup> (12) the timeliness of the death,<sup>6</sup> (13) the individual's perception of preventability of the death,<sup>7</sup> (14) the sudden versus expected death,<sup>8</sup> (15) the length of the illness prior to death,<sup>9</sup> (16) the amount and type of caregiving involvement with the dying patient,<sup>10</sup> (17) the number, type, and quality of secondary losses,<sup>11</sup> (18) the presence of concurrent stresses or crises,<sup>12</sup> (19) the

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<sup>1</sup>Walsh, "Spiritual Beliefs May Affect Outcome of Bereavement: Prospective Study," 15-22.

<sup>2</sup>Margaret S. Stroebe, "Who Suffers More? Sex Differences in Health Risks of the Widowed," *Psychological Bulletin* 93 (1983): 290.

<sup>3</sup>Corr, Nabe, and Corr, *Death and Dying, Life and Living*, 218.

<sup>4</sup>Hughes, 106-17.

<sup>5</sup>Parkes, 373.

<sup>6</sup>H. Norman Wright, *Recovering from the Losses of Life* (Grand Rapids, MI: Revell Publishing Company, 1993), 68-69.

<sup>7</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 40.

<sup>8</sup>Gamino, Sewell, and Easterling, 658.

<sup>9</sup>Robb, 21.

<sup>10</sup>Meyer, 13.

<sup>11</sup>Corr, Nabe, and Corr, *Death and Dying, Life and Living*, 218.

<sup>12</sup>Rando, *Grief, Dying, and Death: Clinical Interventions for Caregivers*, 45-46.

level of self-esteem of bereaved,<sup>1</sup> and (20) the mental health of the bereaved<sup>2</sup> can affect the adjustment process that takes place.

Some social factors that affect the grief process include (1) the individual's social support system, and the acceptance and assistance of its members,<sup>3</sup> (2) the individual's socio-cultural, ethnic, and religious/philosophical backgrounds,<sup>4</sup> (3) the family's degree of openness in grieving,<sup>5</sup> (4) the educational, economic, and occupational status of the bereaved, (5) the stigma attached to the loss event,<sup>6</sup> (6) and the funerary rituals.<sup>7</sup>

A few of the physiological factors that affect the grief process are (1) drugs and sedatives, (2) nutrition, (3) rest and sleep, (4) physical health,<sup>8</sup> (5) and level of exercise.<sup>9</sup> Many of these factors can be negative or positive over the course of one's grief process. Nevertheless, they are the package that each individual grieves with and is the reason why each person's grief is unique.<sup>10</sup> An understanding of these variables and how they

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<sup>1</sup>Elsie Palmer and Jill Watt, *Living and Working with Bereavement* (Calgary, Alberta: Detselig Enterprises, 1987), 117.

<sup>2</sup>Susan Nolen-Hoeksema and Judith Larson, *Coping with Loss*, Lea Series in Personality and Clinical Psychology (Mahwah, NJ: Erlbaum, 1999), 40-55.

<sup>3</sup>Jane Littlewood, *Aspects of Grief: Bereavement in Adult Life* (New York: Tavistock/Routledge, 1992), 79.

<sup>4</sup>Marian Osterweis, Fredric Solomon, and Morris Green, *Bereavement: Reactions, Consequences, and Care* (Washington, DC: National Academy Press, 1984), 41.

<sup>5</sup>Mitchell and Anderson, 98-99.

<sup>6</sup>Leming and Dickinson, 472-473.

<sup>7</sup>Rando, *Grief, Dying, and Death: Clinical Interventions for Caregivers*, 52-53.

<sup>8</sup>Attig, 87.

<sup>9</sup>Rando, *Grief, Dying, and Death: Clinical Interventions for Caregivers*, 56.

<sup>10</sup>Archer, 255.

can affect a person's reaction to their particular loss can be very instructive to the bereavement facilitator. The extensiveness of this list demonstrates how complex the grief experience is and serves as a caution to not look at a person's grief experience too simplistically.<sup>1</sup>

### **The Dual Process Model of Coping with Bereavement**

Much research has been done to understand the grief process. This process, termed "adaptive coping," has been theorized in many ways.<sup>2</sup> For a long time, the emphasis was on helping the bereaved constantly move *toward* grief rather than away from it. Considering the natural inclination to want to avoid the pain, this made sense. However many modern thanatologists have discovered the benefit of what Margaret Stroebe describes as oscillation.<sup>3</sup>

The latest research seems to point to a back and forth pattern with respect to the grieving process. Stroebe observed that most people needed to grieve in doses. The bereaved would work on their grief, followed by taking a break. All of this was a part of the process of adapting to the loss through "confronting and avoiding."<sup>4</sup> Called the dual-process model of coping with bereavement, Stroebe described one side of this model as consisting of focusing on the grief work.<sup>5</sup>

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<sup>1</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 45.

<sup>2</sup>Margaret S. Stroebe, *Handbook of Bereavement Research: Consequences, Coping, and Care* (Washington, DC: American Psychological Association, 2001), 383-394.

<sup>3</sup>*Ibid.*, 394-395.

<sup>4</sup>Margaret S. Stroebe and Henk Schut, "The Dual Process Model of Coping with Bereavement: Rationale and Description," *Death Studies* 23 (1999): 211.

<sup>5</sup>*Ibid.*, 213.

The other side of the model had to do with engaging in activities that would distract from grief. This denial/avoidance phase of the model provided for a break from the anguish of grief. This going back and forth between the two models takes place in everyday life experience. Stroebe contends that while running from grief may not be good if prolonged, running in the short term may be helpful mentally.<sup>1</sup> Stroebe and Schut propose that the griever will typically give time to “loss-orientation” followed by time devoted to the “restoration-oriented” patterns.<sup>2</sup>

John Archer describes this same oscillating process that included regression and moving forward along with the overlapping of a mixture of reactions that he called the different faces of grief.<sup>3</sup> Colin Parkes, commenting on the oscillation model, says that both facing loss and turning away from it are appropriate responses so long as they do not last too long. Becoming preoccupied with the loss, which is typically called chronic grief, can be a problem as much as with the person who spends all his time running from or avoiding the grief. Parkes suggests that the providing of a “secure base in which people can feel safe enough, either to let go of the person ‘out there’ and move into the restoration mode or to relinquish avoidance and begin to face the pain of loss orientation would be very healing.”<sup>4</sup>

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<sup>1</sup>Ibid., 214-216.

<sup>2</sup>Stroebe, *Handbook of Bereavement Research: Consequences, Coping, and Care*, 395.

<sup>3</sup>Archer, 25.

<sup>4</sup>Parkes, 378-379.

Richard Winter corroborates this idea when he says "bereaved people often oscillate between two extremes, from complete suppression to full expression of feelings and emotions."<sup>1</sup> Grief recovery is a back and forth process.<sup>2</sup>

### **Families and Grief**

Only recently has literature on loss and grief begun to acknowledge the need to consider both individual and family processes, and not just the family, the entire social and cultural context within which grieving occurs.<sup>3</sup> For much of the twentieth century, grief was viewed as an individual response to loss, and little attention was given in the research or clinical literature to family and social factors that affect the grieving process.<sup>4</sup>

Loss and grief are by nature imbedded in a social and relational context. The loss of a significant person in our lives results not only in a personal experience of pain but also in a shattering of our social networks, our perception of family, and even our worldview.<sup>5</sup>

The feeling today is that with the death of a family member, bereavement cannot be limited to the study of the individual's loss because the individual is part of a family system and is affected by the grief of everyone in the system.<sup>6</sup> What differentiates a

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<sup>1</sup>Winter, "A Biblical and Theological View of Grief and Bereavement," 369.

<sup>2</sup>Wright, 119.

<sup>3</sup>Sarah Brabant, Craig J. Forsyth, and Glenda McFarlain, "Defining the Family after the Death of a Child," *Death Studies* 18 (1994): 197-198.

<sup>4</sup>E. Gelcer, "Dealing with Loss in the Family Context," *Journal of Family Issues* (1986): 321.

<sup>5</sup>Ester R. Shapiro, "Family Bereavement and Cultural Diversity: A Social Developmental Perspective," *Family Process* 35 (1996): 315.

<sup>6</sup>Bryce Herkert, "Communicating Grief," *OMEGA: Journal of Death and Dying* 41 (2000): 99.

family perspective on grief from the individual approach is the interactional component of grief. Even though each member of the family has his or her own grief response, family members will react to situations as a unit.<sup>1</sup>

Because the family is an interactional unit in which all members influence each other, the death of an individual cannot be treated as if it happened in a vacuum. While the individual family members are affected individually, the family system, which is more than the sum of its parts, is also impacted.<sup>2</sup>

The death of a family member affects the entire family structure, the family's identity, and the family's purposes. All facets of the family structure are imbalanced and require redefinition and reorganization.<sup>3</sup>

Research indicates that interpersonal relationships with peers, family, and friends change following the death of a family member.<sup>4</sup> The individual and family grief processes are intertwined and very complex in nature.<sup>5</sup>

Therefore, loss cannot be studied only as an individual phenomenon, because the family system affects and is affected by the grief of its members. When a family member

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<sup>1</sup>Nancy Moos, "An Integrative Model of Grief," *Death Studies* 19 (1995): 337.

<sup>2</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 118.

<sup>3</sup>Froma Walsh and Monica McGoldrick, "Loss and the Family: A Systemic Perspective," in *Living Beyond Loss: Death in the Family*, ed. Froma Walsh and Monica McGoldrick (New York: Norton, 1991), 17-19.

<sup>4</sup>Nancy S. Hogan and Lydia DeSantis, "Things That Helped and Hindered Adolescent Sibling Bereavement," *Western Journal of Nursing Research* 16 (1994): 133.

<sup>5</sup>Moos, 362.

dies, part of the structure is no more and the resultant structure and patterns of interaction change.<sup>1</sup>

While it can be argued that family units do not grieve per se, individuals do grieve in the context of a family system. Understanding the effects of the loss on the family will facilitate individual and family healing.<sup>2</sup>

Gilbert says that "grief within the family consists of the interplay of individual family members grieving in the social and relational context of the family, with each member affecting and being affected by the others."<sup>3</sup>

The response of the family system to loss can help or hinder the grief process of each individual within the family system. In fact, the family unit often holds the key to individual grief resolution or the blocking of the grief process. Families can grow stronger or weaker as a result of their response to loss. "Individual grief is often profoundly shaped by the family context in which it occurs and often has profound effects on the bereaved person's family."<sup>4</sup>

A study completed by Hogan and DeSantis in 1994 revealed that children pointed to their family as the greatest resource for their recovery. This same study also showed

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<sup>1</sup>Carol M. Detmer and Joseph W. Lamberti, "Family Grief," *Death Studies* 15 (1991): 373.

<sup>2</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 150-152.

<sup>3</sup>Kathleen R. Gilbert, "We've Had the Same Loss, Why Don't We Have the Same Grief? Loss and Differential Grief in Families," *Death Studies* 20 (1996): 269-275.

<sup>4</sup>Paul C. Rosenblatt, "Grief in Families," *Mortality* 7 (2002): 125.



that dysfunctional family settings were the best indicator for those children who had a poor resolution of grief.<sup>1</sup>

Detmer and Lamberti argue that the loss of a family member and the loss of relationships affect the level of anxiety in the family, and the resulting grief response is related to the degree to which the subsystem becomes imbalanced at the time of a death crisis. These new behavior patterns that emerge may be healthy for resolving the grief or dysfunctional, making some family members vulnerable to pathological grief reactions.<sup>2</sup>

There are many variables that can affect a family's ability to cope with a loss. These are very similar to those an individual will face but with more complexity.

The first variable is found in the family's cultural viewpoint regarding expression of the loss. This can even vary with regard to the couple who have come from two different family cultural perspectives. This cultural viewpoint includes everything from gender role constraints to religious belief systems.<sup>3</sup>

Differences may result from the unique character of relationships between individuals in the family and their previous history together. Then there are developmental and age differences among family members to consider.<sup>4</sup>

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<sup>1</sup>Hogan and DeSantis, "Things That Helped and Hindered Adolescent Sibling Bereavement," 137.

<sup>2</sup>Detmer and Lamberti, 373.

<sup>3</sup>Froma Walsh and Monica McGoldrick, "A Family Systems Perspective on Loss, Recovery and Resilience," in *Working with the Dying and Bereaved*, ed. Pauline Sutcliffe (New York: Routledge Publishing, 1998), 10-13; W.C. Fish, "Differences of Grief Intensity in Bereaved Parents," in *Parental Loss of a Child*, ed. Therese A. Rando (Champaign, IL: Research Press, 1986), 418-423.

<sup>4</sup>R. Schwab, "Parental Mourning and Children's Behavior," *Journal of Consulting and Development* 75 (1997): 263.

Other variables that can affect both individual and family grief include the circumstances surrounding the death. This includes timing of the loss, its concurrence with other losses or transitions, or the existence of a history of unresolved or traumatic loss.<sup>1</sup>

Then there is the nature of the loss, the role and function of the individual lost, and the relationship of each family member to the individual lost.<sup>2</sup>

Therese Rando gives a list of additional variables that can influence the response to loss:

- The unique nature and meaning of the loss.
- The individual qualities of the relationship lost.
- The roles that the deceased occupied in the family or social system of the griever.
- The amount of unfinished business between griever and the deceased.
- The individual's perception of the deceased's fulfillment in life.
- The nature of the death.
- The timeliness of the death.
- The individual's perception of preventability.
- The amount, type and quality of secondary losses.
- The presence of concurrent stresses or crises.
- The individual's social support system and the acceptance and assistance of its members.
- The funerary rituals.<sup>3</sup>

All of these variables can affect the impact of the event on the family as well as affect the family's adaptation to the loss.

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<sup>1</sup>Monica McGoldrick and Froma Walsh, "Death and the Family Lifecycle," in *The Expanded Family Life Cycle: Individual, Family, and Social Perspectives*, ed. Brian Carter and Monica McGoldrick (New York: Allyn & Bacon, 1999), 22.

<sup>2</sup>Fish, 427-428.

<sup>3</sup>Therese A. Rando, "Differences of Grief Intensity in Bereaved Parents," in *Parental Loss of a Child*, ed. Therese A. Rando (Champaign, IL: Research Press, 1986), 53-54.

Included in Rando's list of variables that may affect a family member's response to loss is the level of social support available to those in grief. In most world cultures the extended family live together or very close by so when a crisis such as a death takes place, the extended support network buffers and facilitates the grief.

But in American culture where the extended family is often spread across the country, there is less of a built-in network to support its individual members through the pain of loss. With smaller family units, the emotional focus is more concentrated and, when a key part of that support network, say a spouse or parent or child dies, the grief is harder to bear.<sup>1</sup>

The existing or remaining family network and the level of communication and structure will impact the resolution of loss. Some variables from this perspective include:

1. Level of family cohesiveness vs. differentiation. Both are needed in balance. Mutual support along with toleration for different responses to the loss is needed.
2. Openness facilitates processes of recovery and reorganization.
3. Availability of family network for social, emotional and economic support is crucial. The loss of a family member can be buffered by a strong support network. Lack of community and other resources can make the loss difficult to bear.<sup>2</sup>

Pre-loss families all have developed, through time, a unique level of family support. That family support structure can potentially make the families vulnerable to schism or some other reaction to severe boundary dysfunction when a crisis such as the death of a close family member occurs.<sup>3</sup>

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<sup>1</sup>Sanders, 164.

<sup>2</sup>Walsh and McGoldrick, "A Family Systems Perspective on Loss, Recovery and Resilience," 13-15.

<sup>3</sup>Michael Kerr and Murray Bowen, *Family Evaluation* (New York: W.W. Norton and Company, 1988), 59-111.

All of the variables and multiple combinations that are possible in human experience result in a grief journey that is quite unique to each member of the family. What is crucial in terms of resolving grief, then, is not for families to go through the same grieving process but rather for them to accept the differences in experiences of loss and grieving styles among family members.<sup>1</sup>

Even within immediate families, there is considerable individual variability with regard to response to loss not only with regard to ability to cope, but also in the mode of expression and duration of different grief reactions.<sup>2</sup>

This has been seen as one of the greatest obstacles to successful grieving in families. Oftentimes the assumption made by both family members and clinicians is that because family members have lost the same individual, they will experience the same loss and go through a similar grieving process.<sup>3</sup> In reality, incongruent or dissimilar experiences have been found to be the norm in families.<sup>4</sup>

Families need to affirm the differences that exist in the experience of loss and styles of grieving.<sup>5</sup>

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<sup>1</sup>Gilbert, 278.

<sup>2</sup>Gerd Inger Ringdal and others, "The First Year of Grief and Bereavement in Close Family Members to Individuals Who Have Died of Cancer," *Palliative Medicine* 15 (2001): 92.

<sup>3</sup>Kathleen R. Gilbert and Laura S. Smart, *Coping with Infant or Fetal Loss: The Couple's Healing Process*, Brunner/Mazel Psychosocial Stress Series; No. 22 (New York: Brunner/Mazel, 1992), 85-89.

<sup>4</sup>Paul C. Rosenblatt and others, "Difficulties in Supporting the Bereaved," *Omega: Journal of Death and Dying* 23 (1991): 119-121.

<sup>5</sup>*Ibid.*, 123.

Therefore, family members need an environment where they can mourn "in safety." That is, an environment where acceptance and an attitude of toleration toward variant grief responses is cultivated.

The encouraging of expression and having family members validate each other's thoughts and feelings without judging one another is critical. All of this will stimulate openness and a freedom to explore the pain that individuals need to experience. This is so much the better when experienced within the family system where support is typically available.

Family systems generally operate to keep the emotional tension down and the equilibrium stabilized. Since death disturbs the equilibrium, families typically react in a way that will be least disruptive to themselves and each other.

Therefore, it is not surprising that at a time when openness would be so beneficial, families tend to shut down even more.<sup>1</sup> Many long-term difficulties and adverse family emotional reactions arise from families who lack openness in their family structure.<sup>2</sup>

Most important in facilitating the mourning process is the ability of family members to listen to each other and to communicate openly and honestly about their loss.<sup>3</sup> So often, family members do not feel safe in freely expressing their pain associated with the loss because of the perceived need to protect one another.

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<sup>1</sup>Fredda Herz, "The Impact of Death and Serious Illness on the Family Life Cycle," in *The Family Life Cycle*, ed. Elizabeth A. Carter and Monica McGoldrick (New York: Gardner Press, 1980), 223-224.

<sup>2</sup>Gilbert and Smart, *Coping with Infant or Fetal Loss: The Couple's Healing Process*, 111-115.

<sup>3</sup>Walsh and McGoldrick, "A Family Systems Perspective on Loss, Recovery and Resilience," 7-10.

First on Walsh and McGoldrick's list of essential tasks that need to take place for families to successfully grieve the loss of a significant member is the recognition of the loss and an acknowledgment of each member's unique experience of grief.<sup>1</sup> The stimulating of memories can precipitate necessary expression of feelings and may result in a more efficient handling of the grief that will lead to a quicker resolution.<sup>2</sup>

The key to good family support is communication. Flexibility and openness are important ingredients in facilitating a move to restabilization of the family unit.<sup>3</sup> Encouraging communication at the time of loss can also assist the family in finding meaning for the loss both to the individual and to the family system as a whole.

Bereavement support for the family should help to facilitate simple open communication about the loss. It should emphasize the need to share feelings and experience the pain together as much as possible. It should facilitate a review of the lost relationship and look at ways the family can adapt to the loss.<sup>4</sup>

Helping a family's built-in resources for coping with crisis such as previously learned coping skills can positively or negatively affect the grief process.

In time of stress or bereavement, the usual response is to turn to the coping mechanisms learned previously. In regard to the crisis of death in a family, those coping mechanisms may be healthy and helpful, or they may not be.<sup>5</sup>

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<sup>1</sup>Ibid.

<sup>2</sup>Rando, *Grief, Dying, and Death: Clinical Interventions for Caregivers*, 362-363.

<sup>3</sup>Ibid., 354.

<sup>4</sup>Beverley Raphael, *The Anatomy of Bereavement: A Handbook for the Caring Professions* (London: Hutchinson, 1984), 389-390.

<sup>5</sup>Stephen R. Shuchter, *Dimensions of Grief: Adjusting to the Death of a Spouse*, The Jossey-Bass Social and Behavioral Science Series (San Francisco: Jossey-Bass, 1986), 73.

Grief unresolved can lead to a whole host of problems: physical, mental, social, spiritual. Therefore it is critically important to assess and take into consideration the family's sociocultural context when attempting to facilitate the grieving process. Shapiro recommends that families "receive help in identifying resources congruent with their cultural background, resources that can enhance the process of grief resolution while meeting the specific needs of the family and supporting ongoing family development."<sup>1</sup>

Resource building and collaborative meaning-making are emphasized as useful strategies to help families explore their strengths and recognize realistic stressors encountered in the face of significant losses.<sup>2</sup>

"Loss modifies family structure, often requiring major reorganization of the family system."<sup>3</sup> So Walsh and McColdrick point to the need among families for "reorganization of the family's structure, roles, and identity"<sup>4</sup> as critical to a family's success. Shapiro says that, "the family's first priority after the loss of a family member is to reestablish emotional equilibrium and find stability. At this time of overwhelming emotional despair, families struggle to cope, to find stability. This often happens at the expense of emotional expressiveness."<sup>5</sup>

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<sup>1</sup>E. Imber-Black, "Rituals and the Healing Process," in *Living Beyond Loss: Death in the Family*, ed. Froma Walsh and Monica McGoldrick (New York: Norton, 1991), 219-222.

<sup>2</sup>Shapiro, "Family Bereavement and Cultural Diversity: A Social Developmental Perspective," 317.

<sup>3</sup>Walsh and McGoldrick, "A Family Systems Perspective on Loss, Recovery and Resilience," 5.

<sup>4</sup>*Ibid.*, 7-10.

<sup>5</sup>Shapiro, *Grief as a Family Process: A Developmental Approach to Clinical Practice*, 160.

Sanders points out that “when members can share thoughts or feelings without fear of rejection or abandonment--even when these thoughts and feelings are negative--there is a good probability that even the most intense grief can pull the family closer together than they were before.”<sup>1</sup>

The psychological makeup of any individual family member is derived from jointly created patterns of relationship. These shared structures can provide the family with the continuity and stability needed to negotiate the instability and change typically generated in an ongoing family setting.<sup>2</sup>

A family can respond to the need for role changes by role reorganization. This will ideally take place through open communication. A second response will be solidarity. There is usually a heightened sense of need for each other and a uniting when in trouble that brings this about.<sup>3</sup>

The goal of family bereavement is to restore the flow of developmental time and resume ongoing family development. While healthy grief reactions will involve growth-constraining strategies for stability that can interfere with ongoing family development,<sup>4</sup> the necessary flow of grief will not only lead to a greater sense of resolution, but also increase family members' empathy towards each other leading to greater family functioning.<sup>5</sup>

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<sup>1</sup>Sanders, 173.

<sup>2</sup>Ibid., 159.

<sup>3</sup>Rando, *Grief, Dying, and Death: Clinical Interventions for Caregivers*, 363.

<sup>4</sup>Shapiro, *Grief as a Family Process: A Developmental Approach to Clinical Practice*, 18.

<sup>5</sup>Raphael, 390.



The shock and pain of loss can be shattering to a family's cohesion, leaving individual members isolated and unsupported in their grief.<sup>1</sup> In the midst of the upheaval that a loss can produce, promoting cohesion and flexibility in the family is critical to stable reorganization and re-establishment. This will come with patience and awareness of how the loss has affected everyone.<sup>2</sup>

A return to adequate functioning requires family members to absorb the permanency of the loss, to reapportion roles within the family unit, and to integrate individual internal meaning of the loss. Once channels of clear communication are opened, the surviving family members can confront the reality of the loss in an environment of family support. And this support fosters adaptation to the loss.<sup>3</sup> Having successfully handled a grief event in the family's history can make families and their individual family members hardier or more prepared for the next crisis event that inevitably will come.<sup>4</sup>

The experience of pulling together in dealing with a loss will strengthen a family's ability to deal with other problems that may come.<sup>5</sup> When families face losses together, they are enabled to face future life challenges with a greater depth of resiliency.

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<sup>1</sup>Walsh and McGoldrick, "A Family Systems Perspective on Loss, Recovery and Resilience," 9.

<sup>2</sup>J.A. Forte, "Patterns of Connectedness and Shared Grief Work: A Symbolic Interactionist Perspective," *Social Work With Groups* 19 (1996): 39.

<sup>3</sup>David Farrugia, "The Experience of the Family When a Child Dies," *Family Journal* 4 (1996): 36.

<sup>4</sup>Walsh and McGoldrick, "A Family Systems Perspective on Loss, Recovery and Resilience," 21.

<sup>5</sup>*Ibid.*, 9-10.

### Consequences of Unresolved Loss

Grief is a natural response to loss. Failure to work through one's grief can lead to psychological and behavioral problems down the road. Sooner or later, "those who try to avoid at all costs the experience of grief will usually break down with some form of depression."<sup>1</sup>

David Balk and others discovered that "the effects of bereavement are severe, and unresolved bereavement has been linked to agitated depression, chronic illness, enduring and intense clinical reactions such as guilt and significant disturbances in interpersonal relationships, in job and school performance, and in self-esteem."<sup>2</sup>

Past experience with loss and death has a profound effect on the grief process. Past experiences will not only set up expectations, but will also influence the coping strategies and/or defense mechanisms used by the griever. Previous unresolved losses generally hinder effective grief resolution. The issues that were not dealt with tend to arise and complicate the current situation. If one experiences too many losses in a relatively short period of time, one may be too emotionally depleted to manage a current loss. This unfinished grief in one loss experience is generally carried into the next grief situation, making for a more complicated process.<sup>3</sup>

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<sup>1</sup>Colin Murray Parkes, *Recovery from Bereavement* (New York: Tavistock Publications, 1983), 329.

<sup>2</sup>David E. Balk, Kirsten Tyson-Rawson, and Jerie Colletti-Wetzel, "Social Support as an Intervention with Bereaved College Students," *Death Studies* 17 (1993): 430.

<sup>3</sup>Thomas R. Cobb, "An Investigation of the Dynamics of Grief and Its Resolution in the Works of Edgar N. Jackson to Determine Possible Implications for Pastoral Ministry to the Bereaved" (Ed.D. dissertation, Baptist Theological Seminary, 1988), 34.

Grief that is not expressed may become disguised and manifest itself in a variety of ways. It may take the form of a physical symptom or illness or be manifested as an emotional problem. The individual may harbor a fear of another loss, that becomes a problem in itself and may interfere with forming new relationships. It takes considerable energy to ignore feelings, so sufficient energy may not be available for everyday tasks and relationships.<sup>1</sup>

Silverman reasons that

grief must be expressed or there may be serious consequences. So many people say, "I know it's selfish of me to weep, but . . ." If someone hits you over the head with a baseball bat and tears come to your eyes no one is going to say, "You're being selfish to cry." No! You've been hurt. So it is with grief. Deep ties of a relationship have been severed. You have been deeply wounded in your loss and you need to cry. Grief is a normal and necessary part of life, and so are tears.<sup>2</sup>

After one sustains a loss, there are certain tasks of mourning that must be accomplished for equilibrium to be reestablished and for the process of mourning to be completed. Worden says that, "it is essential that the grieving person accomplish the tasks of mourning before mourning can be completed. Uncompleted grief tasks can impair further growth and development."<sup>3</sup>

Clear evidence has shown that there is an increased mortality rate during the first year of bereavement.<sup>4</sup> Studies show that an increase in physical and psychiatric

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<sup>1</sup>Ibid., 95.

<sup>2</sup>William B. Silverman and Kenneth M. Cinnamon, *When Mourning Comes: A Book of Comfort for the Grieving* (Chicago: Nelson-Hall, 1982), 5.

<sup>3</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 27.

<sup>4</sup>Parkes, "Grief Lessons from the Past, Visions for the Future," 369.

conditions can occur as a result of bereavement.<sup>1</sup> Bereavement is described as “a life stressor that has been demonstrated to increase the risk of physical, psychological, and social impairment.”<sup>2</sup>

Abi-Nashem states that, “unresolved grief can cause serious emotional, mental, behavioral, physical, spiritual, and social disruptions.”<sup>3</sup>

Friedman and Russell contend that “unresolved grief is a major underlying issue in most people's lives.” They go on to say that this “lack of knowledge and accompanying inability to grieve and complete unfinished emotions leads to a build up of emotional ‘crud’ around the human heart.”<sup>4</sup>

The feelings we experience when we are bereaved are healthy, normal, and part of the healing process. Failure to express them will often lead to more intense reactions, including physical illness and sometimes death. In fact, research shows that when bereaved individuals do not receive support and permission to grieve openly, their sickness and death rates are increased significantly.<sup>5</sup>

Larry Yeagley speaks of the dangers of running from grief and encourages grief facilitators to point out possible detrimental results of running such as physical and

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<sup>1</sup>Clive Seale, *Constructing Death: The Sociology of Dying and Bereavement* (New York: Cambridge University Press, 1998), 195.

<sup>2</sup>Ira Glick, Robert Stuart Weiss, and Colin Murray Parkes, *The First Year of Bereavement* (New York: John Wiley & Sons, 1974), 11.

<sup>3</sup>Abi-Nashem, 321.

<sup>4</sup>John W. James and Russell Friedman, *Recovering from Loss & Adapting to a New Reality*, 2002, [http://www.grief-recovery.com/Articles/recovering\\_from\\_loss.htm](http://www.grief-recovery.com/Articles/recovering_from_loss.htm) (September 19, 2003).

<sup>5</sup>Robb, 3-9.

emotional illness, broken marriages and families, alcoholism and drug addiction, eating disorders, promiscuity, job loss, truancy, delinquency, and violent behavior.<sup>1</sup>

Doug Manning comments that “unresolved grief can be the cause of many ills that plague society. . . . Many of the things we call social problems had their beginnings in grief or trauma that was never faced and, therefore, never resolved.”<sup>2</sup> Unresolved grief is believed to be responsible for a large number of divorces and alcoholism.<sup>3</sup>

### **Complicated Grief**

Colin Parkes shares types of losses that can trigger a more complicated bereavement: multiple losses, sudden, unexpected loss, violent/horrific types of loss, losses for which the person feels responsible, and disenfranchised losses which are losses that society makes it hard to acknowledge or mourn.<sup>4</sup>

Other risk factors for complicated grief include the level of dependency on the deceased person (or vice versa), or if the bereaved person is lacking in self-esteem and/or trust in others, or if the bereaved person has a previous history of psychological vulnerability. In families where there is a lack of social support, this can also be a trigger for hard-to-resolve grief.<sup>5</sup>

A number of studies have uncovered a list of predisposing factors that can put an individual at risk for unresolved grief:

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<sup>1</sup>Yeagley, *Grief Support Manual*, 9-10.

<sup>2</sup>Manning, *Comforting Those Who Grieve: A Guide for Helping Others*, 3.

<sup>3</sup>*Ibid.*, 4.

<sup>4</sup>Parkes, "Grief Lessons from the Past, Visions for the Future," 373.

<sup>5</sup>*Ibid.*

1. Unexpectedness of the death and/or violence or trauma
2. Death from an overly lengthy illness (emotional depletion and stress in caregiver)
3. Death of child or generally younger-aged person (contrary to life cycle expectations)
4. Ambiguous losses such as MIA, kidnapping, or mysterious disappearance
5. Mourner's perception of the death as preventable, might have been averted
6. Premorbid relationship with the decedent characterized by conflict, ambivalence, or excessive dependency
7. Multiple losses especially if bunched closely together
8. History of mental health problems such as depression or psychosis
9. History of family dysfunction, which can result in a lack of coping skills and may also result in low self-esteem
10. A mourner's lack of perceived social support that may lead to sense of isolation or disenfranchisement
11. History of drug abuse or addiction, indicating a limited repertoire of coping behaviors and poor impulse control.<sup>1</sup>

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<sup>1</sup>Louis Gamino, Kenneth W. Sewell, and Larry W. Easterling, "Scott & White Grief Study Phase I: An Empirical Test Predictors of Intensified Mourners," *Death Studies* 22 (1998): 335; Colin Murray Parkes, *Bereavement: Studies of Grief in Adult Life*, 3rd ed. (Madison, CT: International Universities Press, 1998), 56-74; Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 83-99; Rando, *Grief and Mourning: Treatment of Complicated Mourning*, 44-47; Aiken, *Dying, Death, and Bereavement*, 326.

Cook and Dworkin believe that when complicated grief is present, this usually indicates that the individual had developmental or emotional issues that were unresolved prior to the current crisis and/or the circumstances of the loss are unusual.<sup>1</sup>

Thanatologists have offered possible warning signs for complicated grieving. The first is avoidance of grief through mummification (the deceased's room is left unchanged long after the death), through persistent idealization (exaggerating the positive qualities of the deceased, which maintains a fixation on the magnitude of the loss), or by simply holding on to anger or guilt rather than saying good-bye and forgiving oneself and others.<sup>2</sup>

The second warning sign involves chronic or prolonged grief. Signs of this include the individual's inability to speak of loss without intense overwhelming pain, although the loss was years before, or unrelated events still trigger intense grief responses years after the loss occurred. Other warning signs include multiple themes of loss recurring in daily conversation or the bereaved has not resumed normal day-to-day functioning years after the death.<sup>3</sup>

A third warning sign has to do with grief becoming delayed and may show up through an abnormally exaggerated response to a current loss or other significant unresolved loss from the past.<sup>4</sup>

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<sup>1</sup>Cook and Dworkin, 11.

<sup>2</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 95-97.

<sup>3</sup>Rando, *Grief and Mourning: Treatment of Complicated Mourning*, 47-48.

<sup>4</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 90-92.

A fourth area of caution has to do with signs of inhibited or masked grief.

Masked grief can display itself in a myriad of ways such as neglect of health, drug abuse, including alcohol and medication, extended preoccupation with suicidal thoughts, acting out in self-destructive ways, for example, promiscuity or legal violations, persistent psychosomatic complaints, including chronic pain, development of physical symptoms similar to that of the deceased if he or she had been ill, and impulsive decision making such as sudden radical changes in lifestyle. A person stuck in complicated grief may exhibit psychiatric disorders such as clinical depression, anxiety, brief psychosis, eating disorders, or post-traumatic stress.<sup>1</sup>

### Different Styles of Grieving

Recent research has examined the ways men and women grieve differently.

Books such as *When Men Grieve: Why Men Grieve Differently and How You Can Help* by Elizabeth Levang portray a clear distinction between the ways men grieve in comparison with women. Another book that makes the same distinction is Tom Golden and James Miller's book, *When a Man Faces Grief*. While endorsing the need to let individuals grieve the way they need to grieve,<sup>2</sup> Golden and Miller speak of the "more commonly accepted feminine mode" of grieving versus the "masculine style" of grieving.<sup>3</sup> They argue that, "it would be a mistake to say that all men heal in one way

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<sup>1</sup>Corr, Nabe, and Corr, *Death and Dying, Life and Living*, 241-242.

<sup>2</sup>Thomas R. Golden and James E. Miller, *When a Man Faces Grief* (Fort Wayne, IN: Willowgreen Publishing, 1998), 5.

<sup>3</sup>Ibid.



and all women another. . . . The truth is that we use both sides. . . . It is how we blend the masculine and feminine sides that makes us unique.”<sup>1</sup>

Tom Golden’s revised edition of *Swallowed by a Snake: The Gift of the Masculine Side of Healing* speaks to the gender differences but leaves room for gender crossover in styles of grieving. While attributing action-oriented grieving primarily to men, Golden says that, “some women use action-oriented healing as well.”<sup>2</sup> Golden goes on to say that

one of the dangers is that we will lump all men into one pile and all women into another. This is obviously not helpful nor is it accurate. The fact is that we are all unique in our chosen path toward healing, and finding our individual process is a sign of maturity. There are probably more similarities in the way we process grief than there are differences, but there are some significant differences.<sup>3</sup>

Terry Martin and Kenneth Doka take this whole study an important step further in their research regarding two distinct styles of grieving.

Their original intention was to look more in depth into the differences between men and women and their grief.<sup>4</sup> In the course of their research, Martin and Doka realized that there were indeed two different styles of grieving. But they contended that these two styles could not be categorized as male and female or even masculine and feminine. As a result of their research, they chose to use the terms “instrumental grieving” and “intuitive grieving” to describe what they saw.<sup>5</sup> They say that “we all have

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<sup>1</sup>Ibid., 6.

<sup>2</sup>Golden, *Swallowed by a Snake: The Gift of the Masculine Side of Healing*, 82-83.

<sup>3</sup>Ibid., 129.

<sup>4</sup>Martin and Doka, 4.

<sup>5</sup>Ibid., 5.

both masculine and feminine within; it is our unique balance that makes each of us different. Usually (and I emphasize the usually), men have more of the masculine side and less of the feminine, while for women it tends to be the opposite. But most of us also use both sides of our nature.”<sup>1</sup> This use of terminology could prove to be offensive and so the new use of terms as derived by Martin and Doka I find more comfortable.

Martin and Doka describe the two styles of grieving in this way:

Instrumental grievers tend to have tempered affect to a loss. While intuitive grievers are more likely to experience their grief as waves of affect, instrumental grievers are more likely to describe it in physical or cognitive terms. While intuitive grievers often need to express their feelings and seek the support of others, instrumental grievers are more likely to cognitively process or immerse themselves in activity.<sup>2</sup>

Though men may be predominantly in the instrumental camp and women in the intuitive camp, there are significant percentages of crossover between genders. There are significant numbers of blended grievers who experience both styles in their grief process.<sup>3</sup> When people are characterized as instrumental grievers, this is not to say that they do not experience feelings.<sup>4</sup> Intuitive grievers are not devoid of cognitive processing and process through activity. The two differing styles are meant to describe one’s dominant style of grieving. The entire spectrum of grieving styles is on a continuum with intuitive on one end and instrumental on the other. No one is totally intuitive or totally instrumental in their approach to grieving.

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<sup>1</sup>Golden, *Swallowed by a Snake: The Gift of the Masculine Side of Healing*, 129.

<sup>2</sup>Martin and Doka, 5.

<sup>3</sup>Ibid., 51.

<sup>4</sup>Ibid., 43.

What Golden, Miller, Doka, Martin, and others have contributed through their approach to grief is to help validate those who have hitherto been made to feel that they were poor grievers. So much of clinical psychological work has been tilted toward the affective oriented approach, but research is indicating that this is not the best way for everyone.<sup>1</sup> People need to be allowed to grieve in the way that fits best for them and know that their style of grief is just as effective and healthy.<sup>2</sup>

There is debate as to how much society and cultural expectations affect one's grieving style. Regardless, there are those who do not fit into the norm and can feel invalidated in their style of expressing grief. Perhaps the most disenfranchised individual would be the female instrumental griever. While society is becoming more accepting of men who show an intuitive approach to grieving, women who do not show emotions at times of loss and demonstrate a more instrumental approach to grieving are generally rejected.<sup>3</sup>

One of the benefits to understanding that there are distinctive styles of grieving is that, when working with individuals in grief, the coping strategies can be adapted to the grieving style. For those who are intuitive in their grieving, it would be more beneficial to facilitate a strong expression of feelings, allowing the person time to ventilate. This person will benefit more from support networks.

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<sup>1</sup>David Meagher and Terry Martin, *Gender Influences on Grieving Styles*, 2003, [http://thethanatologynewsletter.com/gender\\_influences.htm](http://thethanatologynewsletter.com/gender_influences.htm) (January 19, 2004).

<sup>2</sup>Christopher Hall, *Grief and Bereavement* Better Health Channel, 2000, <http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/TopicsDateKey/Sep2000> (January 19, 2004).

<sup>3</sup>Meagher and Martin, *Gender Influences on Grieving Styles*.

On the other hand, an instrumental griever would generally not benefit from being asked, "How do you feel?" What works better is to ask the instrumental griever, "What were your reactions?" "What kinds of things were you thinking about at the time of your loss?" Or, "What kinds of things did you do immediately after the death of your loved one?"<sup>1</sup>

Instrumental grievers generally will have a need to know and act on their own strengths in times of crisis. They will link their action to their pain and be more future oriented and independent minded. Intuitive grievers on the other hand will gain benefit from a community of support and will need to verbally share their pain openly.<sup>2</sup>

### **Journaling as an Aid to Processing Grief**

During the difficult times of grief, human beings use certain coping skills or activities to express and ease their pain. Writing has been found to be a very helpful and healing coping skill.<sup>3</sup>

The objective of journaling is to discover the true emotions and give them credence.<sup>4</sup> It is a therapeutic means of discovering the self. The journal can be "self-healing and is an effective tool for emotional, spiritual growth."<sup>5</sup> Marguerite Bouvard calls one's journal "a daily companion and an impartial listener."<sup>6</sup> Journaling is a way of

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<sup>1</sup>Ibid.

<sup>2</sup>Golden, *Swallowed by a Snake: The Gift of the Masculine Side of Healing*, 129.

<sup>3</sup>Charlotte Greeson, Mary Hollingsworth, and Michael Washburn, *The Grief Adjustment Guide* (Sisters, OR: Questar Publishers, 1990), 89-91.

<sup>4</sup>Tristine Rainer, *The New Diary* (Los Angeles: J.P. Tarcher, 1978), 9-10.

<sup>5</sup>Ibid., 10-12.

<sup>6</sup>Marguerite Guzman Bouvard and Evelyn Gladu, *The Path through Grief: A Compassionate Guide* (Amherst, NY: Prometheus Books, 1998), 242.

“expressing the significance of one’s loss and a way of holding onto the memory of our loved one.”<sup>1</sup>

A study was conducted in Boulder, Colorado, as a follow-up to bereavement care by a hospice program there. Recognizing certain limitations on the use of writing during bereavement, the results of this study pointed to some potential benefits for bereaved persons to write about their loss. Most respondents considered writing about their loss a valuable coping tool.<sup>2</sup>

It is generally acknowledged that the expression of grief can soften the impact and contribute to the management of the experience.<sup>3</sup> One person who journaled about his grief said, “It stirred up pain to write about it but that eventually helped me to let it go.”<sup>4</sup>

Although not all surveyed in the Colorado study expressed benefit, most griever felt that it helped them. One writer said it helped him complete his grieving. Another said getting it on paper was easier than keeping it in her head. Another writer said it helped her understand herself better. Another spoke about how her frustrations and anger were relieved when she had a chance to express them. And another said that through his writings, he was able to release a lot of feelings.<sup>5</sup>

Another griever said,

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<sup>1</sup>Ibid.

<sup>2</sup>Mary Lattanzi and Mary Ellis Hale, "Giving Grief Words: Writing During Bereavement," *Omega: Death and Dying* 15 (1985): 45.

<sup>3</sup>Eva Shaw, *What to Do When a Loved One Dies* (Irvine, CA: Dickens Press, 1994), 281.

<sup>4</sup>Lattanzi and Hale, 49.

<sup>5</sup>Ibid.

During the bittersweet days before Bob's death and the bitter, bitter days after his death, I wrote. I didn't want to keep my emotions bottled up, and when there wasn't a listening ear available, I wrote to my journal, Bob, and God. The sentences were often incomplete and incoherent, but I wrote, knowing the act of writing was more important than what I wrote.<sup>1</sup>

One griever said that when he goes back over his journal, he sees how much progress he has made. "Painful but growth producing . . ."<sup>2</sup> Journaling is an excellent way to see the progress being made in the grief process because looking back at a previous entry can help one see the progress even if feelings say otherwise. Past journal entries can also provide inspiration when the griever is going through a low time.<sup>3</sup>

Author and poet Rukeyser believed that "one writes in order to feel."<sup>4</sup> Felber adds that worries can get stuck going around and around with no escape. Writing them down can help a person to let go of these anxious thoughts and have the freedom to think about something else.<sup>5</sup>

Larry Yeagley presents some effective pointers when one is attempting to establish a grief journal. He suggests having a section in the journal where the pain that is experienced is written down. He also recommends using a journal to do a lot of reminiscing. Another section of the journal should be reserved for writing about one's strengths and how they can help one in making the adjustment to the loss. A journal can be a great place to set some recovery goals and record the progress. Another task that can

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<sup>1</sup>Joyce Rigsby, *My Grieving Heart* (Hagerston, MD: Autumn House Publishing Company, 1991), 46.

<sup>2</sup>Wright, 119.

<sup>3</sup>Ibid.

<sup>4</sup>M. Rukeyser, *The Life of Poetry* (New York: William Morrow Co., 1974), 12.

<sup>5</sup>Felber, 24.

be worked on with journaling is to write farewells to activities or dreams that you know will never be a reality. Yeagley recommends reading journal entries aloud regularly. And when journaling brings tears, let them fall.<sup>1</sup>

Greeson and his fellow associates suggest a list of can openers that can get the thoughts and writing going. Sentence starters can be: "My biggest struggle right now is . . ."; "The thing that really gets me down is . . ."; "The worst thing about my loss right now is . . ."; "When I feel lonely . . ."; "The thing I most fear is . . ."; "The most important thing I've learned . . ."; "The thing that keeps me from moving on is . . ."; and "I seem to cry most when. . ."<sup>2</sup>

In the six-week support group I conduct, journaling is discussed at length and three different handouts are shared with participants.<sup>3</sup>

### Summary and Remarks

In this chapter we have seen that grief is complex--a much more complex experience than I had originally expected. I have come to look at grief as a cyclical process rather than a linear series of stages or phases. I disagree with those who look at Kubler-Ross' stages of grief as invariable sequential steps to recovery. I believe that it is more helpful to refer to the experiences associated with grief as the faces of grief or reactions to a loss. While I recognize that there are areas of commonality in the grief experience, I agree with modern thinking that says each person grieves in her/his own way.

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<sup>1</sup>Yeagley, *Grief Support Manual*, 62.

<sup>2</sup>Greeson, Hollingsworth, and Washburn, 90, 91.

<sup>3</sup>See Appendix B, C, D, and F for more on the topic of journaling.

Along with the majority of modern thanatologists, I concur with J. William Worden's perspective on the four tasks of mourning as a more useful way to facilitate the grief process.

I agree with many current thinkers on the topic of grief that removing death from our focus (as was the case in the early to mid 1900's) was not helpful. I believe talking about grief is more beneficial. However, I am even more comfortable with Margaret Stroebe's dual process mode of coping, otherwise called oscillation. I see her view as a more natural, indirect, client driven approach to grief. People need to take their grief in doses, taking breaks from their grief in order to have the energy to continue their grief.

Adding to the complexity of the grief is the reality that grief takes place in the context of the family. I agree with the systems theory view that says what happens to one member of the family affects the rest of the family. I believe that the complexity of family grief is best addressed through open communication among family members and encouragement to accept the different styles of grieving within the family unit.

I believe that loss can best be addressed in three ways: (1) one-on-one support, (2) group support, and (3) referral to a grief therapist, as appropriate.

I agree with the growing research that points to the benefit of group support for those experiencing uncomplicated grief and with the evidence that suggests group support may sometimes prevent grief from getting complicated.<sup>1</sup>

I used to think that there was only one way to express grief: through the free and open display of emotions. Now I see a lot of wisdom in the findings of the research that has been done by Kenneth Doka and Terry Martin in which equally acceptable differing

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<sup>1</sup>See earlier remarks in this chapter and in the following chapter on the benefits of group support.



styles of grief are identified. I disagree with Thomas Golden and others who choose to describe these styles as “masculine” and “feminine.” I believe a more accurate way to differentiate styles is with the terms: instrumental, intuitive and blended styles grief.

While I like the direction this research is taking, I recognize that more research is needed to corroborate and further explain how these differing styles of grieving affect the person’s eventual resolution.<sup>1</sup>

One of the under-researched questions is how people grieve effectively without help from a church community, support group, or grief therapist. An investigation of the process through which these individuals pass may be instructive to facilitators of support groups. However, this is beyond the scope of this study.

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<sup>1</sup>Ronald K. Barrett, Review of *Men Don’t Cry . . . Women Do? Transcending Gender Stereotypes*, by Terry Martin and Ken Doka, *Omega: Journal of Death and Dying* 46 (2002):172-173.

## CHAPTER IV

### PERSPECTIVES ON THE GRIEF SUPPORT PROGRAM

#### **The Need for Grief Support Groups**

In the segment on consequences regarding unresolved grief, it was established that although grief is a normal and natural event that occurs when loss takes place, it is still one of the most difficult life stressors a person can face. Bereavement has been demonstrated to increase the risk of physical, psychological, and social impairment.<sup>1</sup> In fact, there are numerous statistical studies that indicate that the first year of bereavement is a difficult one from a morbidity standpoint.<sup>2</sup> Studies show that the powerful emotional state experienced after a significant loss can actually jeopardize an individual's life. In an article by Stouter and Moore, their findings point to a deterioration of health and even a higher death rate for those who have lost a loved one within the last twelve months.<sup>3</sup>

Picton and others point out that, "many people have difficulty adjusting to the death of someone close and are at risk of experiencing a variety of psychological problems including depression, anxiety, reduced self-esteem, guilt, and feelings of

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<sup>1</sup>J. Rodin, "Aging and Health: Effects of the Sense of Control," *Science* 233 (1986): 1271-1272.

<sup>2</sup>Stroebe, *Handbook of Bereavement Research: Consequences, Coping, and Care*, 692.

<sup>3</sup>Susan J. Souter and Timothy E. Moore, "A Bereavement Support Program for Survivors of Cancer Deaths: A Description and Evaluation," *OMEGA: Journal of Death and Dying* 20 (1989): 31-32.

isolation.”<sup>1</sup> Picton goes on to report that, “although most people are able to progressively resolve their grief, a significant minority of bereaved individuals and families are reported to be at risk of maladaptive or complicated grief, characterized by high rates of grief symptomatology and depression.”<sup>2</sup>

About four to ten weeks after the initial shock of death, the bereaved are likely to be flooded with emotion. The initial numbness has worn off and the reality of the loss sets in. It is in this period that the bereaved need considerable emotional and social support. Yet at the time of greatest need, the bereaved’s support network is typically all but gone.<sup>3</sup>

The more support a grieved person experiences, the easier it is to express grief and experience healing.<sup>4</sup> In fact, a lack of support for the bereaved individual can potentially “trigger a whole host of dysfunctional coping mechanisms such as alcoholism, drug abuse, suicide, divorce, premature marriage, hypochondria, sleep disturbances, chronic sickness, bitterness, isolation, and psychiatric problems.”<sup>5</sup> Leavy reported from his extensive review of literature on social support and mental health that the absence or inadequacy of social support is associated with psychological distress.<sup>6</sup> And Stroebe

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<sup>1</sup>Cliff Picton and others, "Bereavement Support Groups: Timing of Participation and Reasons for Joining," *OMEGA: Journal of Death and Dying* 43 (2001): 247.

<sup>2</sup>Ibid., 248.

<sup>3</sup>Fred Sklar and Kathleen D. Huneke, "Bereavement, Ministerial Attitudes, and the Future of Church-Sponsored Bereavement Support Groups," *OMEGA: Journal of Death and Dying* 18 (1987): 94.

<sup>4</sup>Bouvard and Gladu, 257.

<sup>5</sup>Nelson and Aaker, 9.

<sup>6</sup>R. L. Leavy, "Social Support and Psychological Disorder: A Review," *Journal of Community Psychology* 11 (1983): 3.

points to studies indicating that, "social support both reduces the risk of bad outcome and shortens the duration of grief."<sup>1</sup>

A high level of social support has been described as the single most consistent predictor of better psychological adjustment post-bereavement.<sup>2</sup> Thus support systems are essential to recovery, but in our mobile, uprooted, spread-out, fast-paced world, it is simply not there.<sup>3</sup> In a study on bereavement, it was reported that "of the 340 participants over the age of 65 who were surveyed, 87 percent responded that in times of bereavement they had no one to turn to or simply said, 'myself.'"<sup>4</sup> In fact, Grollman noticed that

not long after the loss of a loved one, mourners are often disappointed in the reactions of their friends who just don't want to hear about it anymore. Individuals will frequently act awkward and uneasy to be around the bereaved perhaps because of a fear of what may come up. So whatever support system may have existed before the loss tends to dwindle after the loss.<sup>5</sup>

Reilly-Smorawski and others report that studies have demonstrated that grievers who attend a grief support program typically do so three to five months after the loss. This happens about the time that most natural support systems consisting of friends, neighbors, and family members pull back from the bereaved expecting that grief should

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<sup>1</sup>Wolfgang Stroebe and Margaret S. Stroebe, *Bereavement and Health: The Psychological and Physical Consequences of Partner Loss* (New York: Cambridge University Press, 1987), 230.

<sup>2</sup>Robbie Gass, "The Health of Conjugally Bereaved Older Widows: The Role of the Appraisal," *Research in Nursing and Health* 10 (1987): 45-47.

<sup>3</sup>John D. Spangler and Grief Education Institute, Board of Trustees, *Bereavement Support Groups: Leadership Manual*, 3rd ed. (Denver, CO: Grief Education Institute, 1988), 21-22.

<sup>4</sup>Mary Jane Van Meter and Ronald K. White, "The Death Crisis and Pastoral Counseling," *Journal of Religion and Health* 21 (1982): 241.

<sup>5</sup>Earl A. Grollman, *What Helped Me When My Loved One Died* (Boston: Beacon Press, 1981), 10.

be completed by them. In fact, support group "participants report being given clear messages, spoken or unspoken, that they should be 'moving on with their lives.'"<sup>1</sup>

Scwhab studied why some bereaved parents participated in self-help support groups while others did not. He found that "when people experience a high level of stress and their usual social support is not sufficient relative to their given circumstance and degree of distress, they seek help from outside sources such as professionals as well as self-help/support groups."<sup>2</sup>

Clearly, there is a need that is being met with the offering of community grief support groups.

### **The Benefit of Attending a Grief Support Group**

At bereavement support group meetings, grieving persons meet with others who understand what they are experiencing. "It is a place where when they say 'I know just how you feel,' a newcomer knows they truly do."<sup>3</sup>

One of the benefits of participating in a support group is the opportunity to understand the process of grief and the fact of being with others who are hurting. The experience can help one to remember that he/she is not alone and that others are feeling some of the same pain.<sup>4</sup>

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<sup>1</sup>Bernadette Reilly-Smorawski, Anne V. Armstrong, and Elizabeth A. Catlin, "Bereavement Support for Couples Following Death of a Baby: Program Development and 14-Year Exit Analysis," *Death Studies* 26 (2002): 26.

<sup>2</sup>Reiko Schwab, "Bereaved Parents and Support Group Participation," *OMEGA: Journal of Death and Dying* 32 (1996): 51.

<sup>3</sup>June Cerza Kolf, *When Will I Stop Hurting?* (Grand Rapids, MI: Baker Book House, 1987), 43.

<sup>4</sup>Cutler and Peace, 10.

Through the research of Vachon and Stylianos and others, it has been suggested that support groups primarily facilitate emotional and social support, especially by alleviating potential deficits in the bereaved person's own support network.<sup>1</sup> Grief support groups have been successful in providing necessary emotional intervention at a critical period in a person's life. Mourners, after coming to a support group, often comment that they no longer feel alone. One mourner said: "It's hard to talk to other people. They change the subject. But in our support group we can talk to each other. We can shed tears without fear of rejection. It's a safe place to go."<sup>2</sup> About the time the bereaved are ready to work through their grief, the natural support group consisting of family and friends has often moved on and the needed support is not there. This is the biggest benefit of community support groups.<sup>3</sup>

A number of studies have been conducted regarding the effectiveness of grief support groups. The results of one study indicated that grief reactions in the participants had somewhat lessened three months after the program. The comments given in subsequent surveys from the participants indicated that taking part in the support group was a beneficial experience as well.<sup>4</sup>

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<sup>1</sup>M. L. Vachon and S.K. Stylianos, "The Role of Social Support in Bereavement," *The Journal of Social Issues* 44 (1988): 179.

<sup>2</sup>Grollman, *What Helped Me When My Loved One Died*, 11.

<sup>3</sup>Hopmeyer and Werk, 252.

<sup>4</sup>Alice J. Longman, "Effectiveness of a Hospice Community Bereavement Program," *OMEGA: Journal of Death and Dying* 27 (1993): 173-174.

Cleiren found that being in the presence of others and having “confidential interaction” helped “ameliorate the negative effects of bereavement.”<sup>1</sup> In fact, one of the main reasons for abnormally lengthy periods of grieving, according to McIlwraith, is a lack of support.<sup>2</sup>

In another study, three reasons were given for joining a support group:

1. Participants perceived they would be helped by others with like experiences.
2. Most participants were not comfortable expressing their grief with family or friends. This is the reasoning behind seeking out a support group where experiences and expressions of grief could be shared with others who had suffered similar loss.
3. Many attendees reported “strong feelings of isolation, hopelessness, low self-esteem, depression, or suicidal ideation as their motivating reasons for joining a group.”<sup>3</sup>

In a comparative study completed on family bereavement groups, some of the benefits that participants received were (1) a feeling of validation and acceptance, (2) an instilling of hope for their future after seeing how others were surviving, (3) a feeling of normalization. Seeing others with similar grief reactions helped members recognize that their own responses were neither crazy nor unnatural, (4) a sense of belonging, fellowship, and solidarity, and (5) a boost to their self-worth that occurred as participants reached out to each other.<sup>4</sup>

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<sup>1</sup>Marc P. H. D. Cleiren, *Bereavement and Adaptation: A Comparative Study of the Aftermath of Death*, Series in Death Education, Aging, and Health Care (Washington, DC: Hemisphere Pub. Corp., 1993), 73.

<sup>2</sup>Hamish McIlwraith, *Coping with Bereavement* (Oxford, England: Oneworld Publishing, 1998), 39.

<sup>3</sup>Picton and others, 255.

<sup>4</sup>Hopmeyer and Werk, 243-253.

In one two-year study of 162 widows, minimal improvement in adaptation to the loss was witnessed in the support group compared to the control group until they reached the one-year mark. From that point on, those who had participated in the support group showed marked improvement over the control group. Though this improvement appeared delayed, the skills learned and support gained early on by participating in the group process seemed to pay off.<sup>1</sup>

A hospital in Toronto developed a comprehensive bereavement program. Results of a study showed this bereavement support program to be beneficial to the survivors and very well received in the community.<sup>2</sup> In my research, I was unable to find any other specific references that referred to hospital based bereavement programs.

Dennis Klass and Beth Shinnars found that grief support groups could be a very useful aid to the bereaved. They said that "the support group movement does for the bereaved what the development of the hospice program did for the dying a few years ago, in that it creates community, puts the locus of control on the individual, and emphasizes interaction and growth."<sup>3</sup>

There even appears to be a significant improvement in the psychological status as well as the neuroendocrine and immunological measures with those who utilize support groups.<sup>4</sup> The typical trend of physical health decline in the first year after loss tends to be reversed when bereavement groups are used.<sup>1</sup>

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<sup>1</sup>M. L. Vachon and others, "A Controlled Study of Self-Help Intervention for Widows," *The American Journal of Psychology* 137 (1980): 1381-1384.

<sup>2</sup>Souter and Moore, 31.

<sup>3</sup>Dennis Klass and Beth Shinnars, "Professional Roles in a Self-Help Group for the Bereaved," *OMEGA: Journal of Death and Dying* 13 (1983): 364.

<sup>4</sup>Karl Goodkin and others, "Physical Effects of Bereavement and Bereavement Support Group Interventions," in *Handbook of Bereavement Research: Consequences*,



In a report on a controlled group study comparing those who had no support group intervention versus those who did, the second group had significantly better outcomes. This was found to be especially true for the at-risk participants.<sup>2</sup>

Empirical research tends to support the efficacy and value of support groups and points to the conclusion that a large segment of bereaved individuals can have their social and psychological needs met through participation in said groups.<sup>3</sup>

### **The Role and Function of Support Groups in Bereavement**

Support groups provide an environment for healing to take place. In the group, individuals begin to “connect over the feeling of similarity in suffering with respect to a specific common problem (their loss). This creates an environment with a high frequency of expressed empathy.”<sup>4</sup> This is the genius of the support group process. This feeling of being understood and the natural open lines of communication between people with similar experiences are what make the support group process so effective.<sup>5</sup>

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*Coping, and Care*, ed. Margaret S. Stroebe (Washington, DC: American Psychological Association, 2001), 691.

<sup>1</sup>Ibid., 690-691.

<sup>2</sup>Parkes, *Bereavement: Studies of Grief in Adult Life*, 185.

<sup>3</sup>Margaret S. Stroebe, Wolfgang Stroebe, and Robert O. Hansson, *Handbook of Bereavement: Theory, Research, and Intervention* (New York: Cambridge University Press, 1993), 426.

<sup>4</sup>George Goodman and Melvin K. Jacobs, *The Handbook of Group Psychotherapy* (New York: Wiley, 1994), 501.

<sup>5</sup>Klass, "Self-Help Groups for the Bereaved: Theory, Theology, and Practice," 309.

The group is a safe place for people to express feelings of grief and talk about ways of coping.<sup>1</sup> The goal of a support group is to help the bereaved to complete the mourning process by receiving nurture and support and to return to a certain degree of normal functioning. The goal is not to sever the connection between the survivor and deceased loved one or to lead a person to forget or detach themselves from their loved one. Rather the goal is to "help the bereaved transform, reshape, reframe, and reinterpret the former relationship by giving the loss a new value or meaning."<sup>2</sup>

The primary purpose for grief support groups should be to establish a forum for open, nonjudgmental exchange and sharing of feelings, ideas, and information about one's own grief and the loss of loved ones.<sup>3</sup> The environment created by a support group can encourage participants to begin facing the realities of their loss little by little.<sup>4</sup>

Research on group processes show that there are typically five processes common in support groups. They are giving support, imparting information, conveying a sense of belonging, communicating experiential knowledge, and teaching coping methods.<sup>5</sup>

Speaking on the role and function of a support group, Briggs says,

A support group is a gathering of individuals who've had a common experience and want to share their own needs and offer understanding and compassion to other participants who have similar needs. A group can be a way of coping with the

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<sup>1</sup>Bouvard and Gladu, 259.

<sup>2</sup>Klass, "Self-Help Groups for the Bereaved: Theory, Theology, and Practice," 321.

<sup>3</sup>George M. Burnell and Adrienne L. Burnett, "The Compassionate Friends: A Support Group for Bereaved Parents," *The Journal of Family Practice* 22 (1986): 295.

<sup>4</sup>Cutler and Peace, 21.

<sup>5</sup>Kurtz, 21.

complexities of a particular experience which no one else seems to understand. It is a place where feelings can be expressed and will be understood.<sup>1</sup>

Caserta and Lund found that bereavement self-help groups tend to aid those individuals who are deficient in coping skills more than those with a higher competence.<sup>2</sup> One of the most valued aspects of support groups is the opportunity to learn new adaptive strategies from others.<sup>3</sup> When a loss takes place, individuals will typically use coping strategies that they have learned to use from previous experience. These strategies may be healthy, or they may not be. Strategies like humor, problem solving, and denial have their time and place but are not extremely useful in times of significant loss. Support groups can help move members to more helpful coping strategies.<sup>4</sup>

Therese Rando sums it up when she says that the "reason for going to all the trouble of providing a grief support program is to facilitate the grief process. To assist individuals from getting stuck in grief."<sup>5</sup>

### **The Role and Characteristics of the Group Facilitator**

The role of the group facilitator is to support and facilitate others as they themselves relearn the worlds of their own experience.<sup>6</sup> Robb said that, "grief is a unique

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<sup>1</sup>Lauren Briggs, *What You Can Say . . . When You Don't Know What to Say* (Eugene, OR: Harvest House Publishers, 1985), 163-164.

<sup>2</sup>Michael S. Caserta and Dale A Lund, "Intrapersonal Resources and the Effectiveness of Self-Help Groups for Bereaved Older Adults," *The Gerontologist* 33 (1993): 619.

<sup>3</sup>Martin and Doka, 26.

<sup>4</sup>Moos, 356.

<sup>5</sup>Rando, *Grief, Dying, and Death: Clinical Interventions for Caregivers*, 43.

<sup>6</sup>Attig, 124.

process for each individual on the journey. Therefore, it is the task of a facilitator to assist people in the particular process that will enable them to heal most effectively.”<sup>1</sup>

Wayne Oates has some poignant words to share about the role of grief facilitators:

Facilitators need to be persons of sorrows, acquainted with grief (Isaiah 53:3). Our sorrows prompt us to revisit our own histories and to disentangle them from the stories of the people we serve. Their suffering is like but not the same as ours. Our histories create empathy for them. Nonverbally people will sense that their facilitator is a fellow sufferer. We are acquainted with sorrows. We are no strangers to grief. Our job is to get people to their own story of grief and loss.<sup>2</sup>

Dennis Klass and Beth Shinnars observed through their research five ways that the facilitator seemed to benefit the group: (1) intermediary between the group and the professional community; (2) articulating the group's ideology to the group itself; (3) resource person in program planning; (4) facilitator of group processes and organization; and (5) research.<sup>3</sup>

Part of the job of facilitator is to identify those at high risk and recommend resources for counseling.<sup>4</sup> Some of the indicators for high risk were covered earlier in chapter 3.

The facilitator needs to remember that he/she is not feelingless. So there needs to be an awareness of one's own attitudes regarding the grieving process and of being sensitive to one's own personal experiences of loss. A group facilitator can provide for group members “a sense of hope an appreciation of the dignity and courage they bring to

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<sup>1</sup>Robb, 16.

<sup>2</sup>Oates, *Grief, Transition, and Loss: A Pastor's Practical Guide*, 19.

<sup>3</sup>Klass and Shinnars, "Professional Roles in a Self-Help Group for the Bereaved," 365.

<sup>4</sup>Stroebe and Stroebe, *Bereavement and Health: The Psychological and Physical Consequences of Partner Loss*, 226.

their struggles and a renewal of their determination to integrate their losses into the tapestry of their lives.”<sup>1</sup>

Facilitators must work to provide an environment where individuals feel safe to share feelings, thoughts, and ideas without feeling condemned. The atmosphere of the group is determined by the example and leadership style demonstrated by the facilitator. This atmosphere must be that of freedom and voluntary participation. Grievors already feel out of control by the other aspects of grief they are facing. They have already experienced no control in the death and with regard to legal matters thrust upon them. So they need to feel some sense of control with this group process and their individual grief journey.<sup>2</sup>

With many grievors, the major struggle is in the search for appropriate behavior. They deal with questions like “How am I supposed to act?” and “How long am I allowed to mourn?” The group process can help to alleviate much of the anxiety surrounding the grief process.<sup>3</sup>

In his book, *Christian Caregiving: A Way of Life*, Haugk said that, “by helping and ministering to the needs of the grieving, facilitators are actually touching the very spiritual depths of people.”<sup>4</sup>

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<sup>1</sup>Sharon M. Janowiak, Rena Mei-tal, and Rita G. Drapkin, "Living with Loss: A Group for Bereaved College Students.," *Death Studies* 19 (1995): 63.

<sup>2</sup>Yeagley, *Grief Support Manual*, 7.

<sup>3</sup>Manning, *Comforting Those Who Grieve: A Guide for Helping Others*, 65.

<sup>4</sup>K.C. Haugk, *Christian Caregiving: A Way of Life* (Minneapolis, MN: Augsburg Press, 1984), 124.

### Differentiating Between “Grief Support” and “Grief Therapy”

Support groups are ideal for individuals going through uncomplicated normal grief with no significant blocks to the task of bereavement. Alicia Cook says “they are ones who can benefit from education about the grief process, problem solving around adjustment issues, help with expression of emotional reactions, advice about unique concerns and guidance about decision making through this difficult time.”<sup>1</sup> Dealing with these areas in a caring and supportive manner will “keep the normal grieving process moving forward and act as a preventative measure keeping the grief from becoming complicated or blocked.”<sup>2</sup>

Of Irvin Yalom’s eleven therapeutic factors for group psychotherapy, there are five that appear to be most applicable to the support group model. They are group cohesiveness, instillation of hope, universality, imparting knowledge, and altruism. The other six, “corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, catharsis, and existential factors . . . need to be addressed in the presence of a licensed therapist. That is not to say that some of these factors do not naturally occur in grief support groups but they should not be developed without the presence of a licensed therapist.”<sup>3</sup>

Kurtz, a long-time authority on self-help and support groups, warns that there is always the legitimate concern that group leaders who are not professionally trained may seek to provide therapy, for which they are not prepared. “Support groups are not

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<sup>1</sup>Cook and Dworkin, 11.

<sup>2</sup>Ibid., 12.

<sup>3</sup>Irvin D. Yalom, *The Theory and Practice of Group Psychotherapy*, 4th ed. (New York: Basic Books, 1995), 5, 100-103.

therapy groups,” she says, “and for that reason group leaders should not offer therapeutic interventions such as exploration of feelings, interpretations of unconscious material, and encouragement to examine interpersonal relationships within the group.”<sup>1</sup>

While support groups meet for the purpose of “giving emotional support and information to persons with a common problem,”<sup>2</sup> “psychotherapy groups seek to produce individual growth and change through the relationships established among members with the help of a psychotherapist. . . . Psychotherapy relies on “therapeutic methods based on the human behavior theory and professional skills as introduced by a professional therapist.”<sup>3</sup> Stroebe and others contend, however, that though support groups are not therapy, the social support that takes place can have “a therapeutic effect on individual members.”<sup>4</sup>

The most important fact about support groups is that they are made up of fellow sufferers. There is a very genuine belief that getting upset is bad for people. Often however it is the only healthy way to heal effectively from our grief. Support groups are the ideal place for this to happen.<sup>5</sup>

Grief support has to do with "helping people facilitate uncomplicated, or normal, grief to a healthy completion of the tasks of grieving within a reasonable time frame."<sup>6</sup>

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<sup>1</sup>Kurtz, 30.

<sup>2</sup>Ibid., 4.

<sup>3</sup>Ibid., 6-7.

<sup>4</sup>Stroebe and Stroebe, *Bereavement and Health: The Psychological and Physical Consequences of Partner Loss*, 316.

<sup>5</sup>Robb, 17.

<sup>6</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 51.

As Raphael stated it, it "is general support, support that offers human comfort and care and that accepts and encourages appropriate grief and mourning."<sup>1</sup>

Grief therapy, on the other hand, refers to those specialized techniques "which are used to help people with abnormal or complicated grief reactions."<sup>2</sup> Thus, generally speaking, the support group process would be appropriate for normal grief, whereas grief therapy would be indicated for pathological grief. Clearly, "at times this distinction is not an easy one to judge, and expert knowledge may be needed to assess whether the special techniques of therapy are necessary in a particular case, or whether the bereaved person's grief will be alleviated with the aid of grief support."<sup>3</sup> Most experts see grief therapy as appropriate in cases where the grief process itself has gone wrong, when grief work fails to be undertaken and completed successfully, that is, when the normal reactions of shock, despair, and recovery are . . . distorted, exaggerated, prolonged, inhibited, or delayed."<sup>4</sup>

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<sup>1</sup>Raphael, 162.

<sup>2</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 51.

<sup>3</sup>Stroebe and Stroebe, *Bereavement and Health: The Psychological and Physical Consequences of Partner Loss*, 233.

<sup>4</sup>Ronald W. Ramsay and Rene Noorbergen, *Living with Loss: A Dramatic New Breakthrough in Grief Therapy* (New York: Morrow, 1981), 225.



## CHAPTER V

### DEVELOPMENT OF THE GRIEF SUPPORT PROGRAM

#### **The Grief Recovery Program**

This project looks at grief support or bereavement facilitation as an individual process that takes place in different venues. From one-on-one informal counseling to organized groups, support is provided so that grief work can take place. In the overall scope of things, the grief support program at Florida Hospital was designed to provide support to those in grief and assistance to those who provide the grief support.

At Florida Hospital, a weekly program, initially five weeks in length, was initiated in 2001. This five-week program became a six-week program after the fourth group was organized. Twenty-one of these programs have taken place as of June 2004.

A new group was formed at the beginning of every other month (January, March, May, July, September, November) during 2000-2004. The weekly group started typically on the first Wednesday of every other month. The only exception was when the first Wednesday came too close to a holiday.

In the beginning, an invitation was given at the last session of the weekly group meetings for participants to come back for a reunion approximately six weeks later. This was well received. In 2002, the reunion was replaced by a monthly follow-up group that takes place the first Tuesday of every month so that those in need of further group support could attend as long as they felt the need. There have also been a number of individuals who have opted to attend a second six-week group.

All meetings have been held at 7:00 p.m. All groups have taken place in the hospital conference room on the first floor not far from the main entrance of the hospital. All groups end after one-and-a-half-hours and the group is informed of this at the beginning of the sessions.

### **Marketing the Grief Recovery Program**

The title that was chosen for this group is "Grief Recovery at Florida Hospital." With grief, "recovery" does not mean a once-and-for-all type of closure. It does not mean that one forgets the person who died. It does not mean that one gets rid of the pain and ache of the loss. It does mean that one eventually regains the ability to function at certain levels and to have successfully integrated one's loss. Recovery means that one learns to live with the mourning in ways that do not interfere with ongoing life functions.<sup>1</sup>

An early one-color brochure was designed and tested<sup>2</sup> and after a few groups were conducted, a nicer two-color brochure was prepared.<sup>3</sup> Both brochures are used depending on the need. The Grief Recovery brochure was designed with a partially blank panel and left unfolded so that specific information could be imprinted regarding upcoming Grief Recovery programming.

These brochures were sent to virtually every family who lost a loved one at Florida Hospital approximately six weeks after the loss and then again three months after the loss. Sometimes the brochure is sent by itself. Other times it is sent in an envelope

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<sup>1</sup>Rando, *Grieving: How to Go on Living When Someone You Love Dies*, 279 - 283.

<sup>2</sup>See Appendix A for the earlier designed and still used one-color brochure.

<sup>3</sup>See Appendix A for a copy of the permanent two-color brochure.

along with a letter.<sup>1</sup> Along with brochures to the families of loved ones, a supply of brochures and a letter is periodically sent to area churches<sup>2</sup> and funeral homes.<sup>3</sup> Face-to-face meetings with funeral home managers and church pastors have also taken place. Brochures are placed in strategic locations around the hospital campuses including chapel areas and some waiting areas. Postcards were also designed and used to invite individuals to the Grief Recovery seminar.<sup>4</sup>

Information about our Grief Recovery program has also been placed in various community resource publications such as *Community Resources*, a pamphlet listing Central Florida area grief support resources.<sup>5</sup>

A Grief Recovery business card was also designed and printed for use in a number of ways.<sup>6</sup> These cards are given out individually to individuals who are grieving or who know someone who is grieving. They are given out in various quantities to clergy, health-care professionals, and funeral home managers for when they encounter individuals who are grieving. This business card is also included in a sympathy card that goes to families who lose a loved one at Florida Hospital.<sup>7</sup>

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<sup>1</sup>See Appendix A for a copy of the letter sent to grieving individuals.

<sup>2</sup>See Appendix A for a sample letter that was sent to area Churches.

<sup>3</sup>See Appendix A for a sample letter that was sent to area Funeral Homes.

<sup>4</sup>See Appendix A for a copy of the Grief Recovery postcard.

<sup>5</sup>See Appendix A for a copy of the two-sided Community Resources pamphlet.

<sup>6</sup>See Appendix A for a two-sided copy of the Grief Recovery business card.

<sup>7</sup>See Appendix A for a copy of the sympathy card sent to families who lose a loved one at Florida Hospital.

A small poster for bulletin board use was also designed and used especially for church settings.<sup>1</sup>

A video commercial was made in 2003 and is aired in a continuous loop format along with other hospital services on the TV's of many of Florida Hospital's waiting areas and on one of the Florida Hospital channels in the patient rooms.

The Florida Hospital Pastoral Care main number for all seven campuses (407-303-1553) has an automated attendant system. The message that has been recorded for play includes an option that directs the caller to an exclusive Grief Recovery line that then gives the opportunity of finding out more about the Grief Recovery program at various Florida Hospital campuses. This line can also be called directly at 407-303-2670.

When hospital chaplains in any one of our seven hospital campuses encounter families in grief over past losses, information about the Grief Recovery program is frequently communicated to them.

The Florida Hospital Pastoral Care website has a page devoted to the Grief Recovery program and gives information about the program and how to get more information.<sup>2</sup> The Grief Recovery program is also listed on other websites as well.<sup>3</sup>

The hospital-sponsored grief support program is also advertised periodically in the local newspaper<sup>4</sup> and in the hospital newsletter, *The Times*.<sup>5</sup> Articles and

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<sup>1</sup>See Appendix A for a copy of the Grief Recovery poster.

<sup>2</sup>Florida Hospital, *Grief Recovery Website*, 2002, <http://www.flhosp.org/pastoralcare/grief.htm> (January 30, 2004).

<sup>3</sup>VITAS Health-care Corporation, *Griefhelps-Centfl.org*, 2003, [http://www.griefhelps-dentfl.org/hospital\\_spon.htm](http://www.griefhelps-dentfl.org/hospital_spon.htm) (January 30, 2004).

<sup>4</sup>See Appendix A for sample press releases sent to area newspapers.

<sup>5</sup>See Appendix A for a copy of the article in the hospital newsletter, *The Times*.

announcements have also appeared in the newsletter that targets area seniors entitled *Premiere Health*.

Testimonials from previous attendees of the program and from employees making referrals have also attracted individuals to the program.<sup>1</sup> Emails, faxes, and mailings are periodically sent to area churches and clergy encouraging bulletin announcements for the upcoming Grief Recovery groups.<sup>2</sup>

### **Phone Registration**

Though it is not required, the majority of people who attend the seminar call ahead and pre-register. They generally ask to know more about the program including the exact location and how long the seminar will last. They will also ask what goes on at the seminar. They are told that the time together is made up of brief instructional segments followed by time for sharing, but that no one is ever put on the spot or made to talk. There are handouts and optional homework assignments as well.

Most people are calling for themselves; others call for a friend or family member that they are concerned about. During the phone conversation, if the individual begins to emote, I listen and will make the comment, "I am so sorry your loved one died." The caller is allowed to talk about their loss and to cry as much as they need to. However, most of the time, the discussion is brief and to the point. Not knowing whom they are speaking with, most callers are hesitant to express their emotions over the phone. Only a

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<sup>1</sup>See chapter 6 regarding results of Registration questionnaires concerning breakdown of how participants were drawn to the group.

<sup>2</sup>See Appendix A for a sample of Church Bulletin announcements sent to area churches.

name and phone number is taken down for the purpose of reminding the registrant approximately twenty-four hours before the start of the group.

### **Weekly Programming**

Each session consists of a time for welcome, introduction, and overview of that session's activities. The balance of the time is used in information sharing from the facilitator, personal sharing from the participants, and group discussion. Each group will have different dynamics and a different personality. Though each group has the same basic goals, the specific needs of a particular group will need to be revised or contextualized to meet the needs of that particular group.<sup>1</sup>

#### First session

In the first session, a folder for holding handouts and an ink pen are given out. A registration sheet is given to each person to fill out and turn back in by the end of the class. This registration sheet has been modified and adjusted through the years to obtain helpful information while not making participants too anxious.<sup>2</sup>

As attendees wait for the session to begin, the first handout, "What Is Grief?" is distributed.<sup>3</sup>

In the first session only, the group starts a few minutes late to give extra time for people trying to find their way. The hospital information desk is notified where the Grief Recovery class is meeting so directions can be given to individuals as they arrive.

Temporary signs are also placed at each corner directing the way.

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<sup>1</sup>Yeagley, *Grief Support Manual*, 12.

<sup>2</sup>See Appendix B for a copy of the Grief Recovery Registration form.

<sup>3</sup>See Appendix B for a copy of the handout, "What Is Grief?"

The class starts with a welcome and I introduce myself. This is followed by a brief history and overview of the Grief Recovery program. This time is important in setting the tone of the meeting and creating a safe, comfortable environment for group members to be able to begin sharing. The handout, "Ground Rules," is given to each participant and the group's ground rules are explained.<sup>1</sup> Then each participant is invited to share their name and the loss or losses that have led them to want to come to Grief Recovery. The participants are reassured that they do not have to talk if they do not want to.<sup>2</sup>

After the first time for sharing, participants are affirmed for their courage in coming to the group. More introductory remarks about the benefit of being in a support group are discussed.

Next the handout, "Group Goals," is given out.<sup>3</sup> These group goals are the four tasks of mourning by J. William Worden.<sup>4</sup> After reading and elaborating on the four goals, questions are entertained. To get into a discussion on the normalcy of what everyone is feeling, the handout, "Normal Grief Reactions," is given out.<sup>5</sup> Everyone is invited to take a pen and check boxes in the section, which is a list of possible physical sensations grievers can experience. After a few moments, participants are asked to share any of the reactions they have checked.

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<sup>1</sup>See Appendix B for a copy of the handout, "Ground Rules."

<sup>2</sup>Janowiak, Mei-tal, and Drapkin, 62.

<sup>3</sup>See Appendix B for a copy of the handout, "Group Goals."

<sup>4</sup>Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 25-37.

<sup>5</sup>See Appendix B for a copy of the handout, "Normal Grief Reactions."

The first word on this handout is “normal.” This word is stressed. After some discussion, the group is directed to look at and check off the statements in the second section that looks at typical thoughts experienced by grievors after they experience their loss. After more discussion, the same process is repeated with the behaviors section, and finally feelings. Another opportunity for questions is given and the participants are validated for the grief experience they are going through. While each grief journey is unique, there will be a thread of common experiences that will begin to bind the group together as they share with one another.<sup>1</sup>

The handout, “Responding To Our Feelings,” is given to the participants as a homework assignment.<sup>2</sup> Along with this handout, a seventy-page spiral notebook is made available to each participant, at no charge, for the purpose of starting a journal. Section two of the “Responding To Our Feelings” handout explains how to break the notebook down into five sections. The first section will be entitled “NOW.” In that section, the griever is encouraged to make a daily entry of whatever thoughts or feelings are felt during that day. The second section is entitled “LOSSES.” Each person is asked to begin a loss history starting with losses as a child all the way to the current loss. They are to list all types of loss that come to mind with the idea that they can go back and keep filling in losses they remember later on. Section three is “HURTING” and is a place to write about the pain they go through during the grief seminar and beyond. The idea is to let the pain flow. Section four is entitled “HEALING” because participants will begin to discover that healing happens as they go through the process of grief. Section five is entitled “BEYOND NOW.” Here they are to write about their plans, hopes, and dreams

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<sup>1</sup>Vachon and Stylianos, "The Role of Social Support in Bereavement," 179.

<sup>2</sup>See Appendix B for a copy of the handout, “Responding to Our Feelings.”



for the rest of their life. This is a hard section to write in during the early stages, but it is important to the healing process.

Journaling has been shown to benefit a large percentage of those who try it and are experiencing grief.<sup>1</sup> In future sessions, handouts regarding the benefits of and suggestions for journaling are shared with those in attendance.<sup>2</sup>

If the group numbers less than eight, extra Grief Recovery brochures are made available and group members are invited to bring a friend or family member if they so desire. Everyone is informed that, after the second session, the group is closed to newcomers so the group experience can move along without the need to back up for new attendees. It is difficult for a group to share if there is a constant influx of new people.<sup>3</sup>

The importance of "group" is stressed. Each participant plays an integral part in the overall healing process. Through the course of six weeks, there may be times when a group member will not feel like coming to a meeting. These are the times when they need to come more than any other time. Not only would they benefit from coming, but others in the group will benefit from their attendance as well.<sup>4</sup>

The negative consequences of unresolved grief are discussed during the first session of the group.<sup>5</sup> There is discussion of how resolution and healing take place most

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<sup>1</sup> See chapter 3 of this paper for a discussion on the benefits of journaling during grief.

<sup>2</sup> See Appendixes C, D, and F for handouts on journaling.

<sup>3</sup> Janowiak, Mei-tal, and Drapkin, 63.

<sup>4</sup> Klass, "Self-Help Groups for the Bereaved: Theory, Theology, and Practice," 308.

<sup>5</sup> See chapter 3 for a discussion on the consequences of unresolved grief.

effectively in the midst of support and experiencing the pain. Participants are encouraged to take this opportunity to “move toward” their grief.<sup>1</sup>

As a general statement to the entire group, participants are cautioned that they may look back at the last meeting attended and remember only the pain they experienced and become uncomfortable with the idea of returning. They are informed that this is normal and are encouraged to not let this feeling keep them from returning, because the way to healing is through the pain. They are told that the support group is a safe place to come and share thoughts and feelings.<sup>2</sup>

Session one closes with reading the handout, “The After Loss Credo.”<sup>3</sup> This handout discusses the needs of individuals who have suffered loss and along with affirming the group members in their need to grieve the way they need to grieve, also provides a nice reading to give to friends and neighbors who may not be able to understand what a person in grief is going through.

After the first session, a welcome letter is sent to all who have attended. This letter is sent to help allay fears regarding the pain getting worse for coming to Grief Recovery.<sup>4</sup>

My business card is also given out so participants can contact me between sessions.

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<sup>1</sup>Wolfelt, *The Journey through Grief*, 27.

<sup>2</sup>Felber, 104.

<sup>3</sup>See Appendix B for a copy of the handout, “The After Loss Credo.”

<sup>4</sup>See Appendix A for a copy of the letter sent to seminar attendees after the first session.

## General issues

If during any session, an attendee appears to withdraw and be disconnected from the group, they are gently asked to stay behind after the session is over. This person will be asked how things are going and if there is anything they would like to talk about. Depending on how the conversation goes, the person may be asked if he/she has considered speaking to someone one-on-one, and the listing of area grief counselors will be made available if the person wants information on how to get in touch with one.<sup>1</sup> This listing is not generally given out to the group as a whole till the third week, unless circumstances point to the need of giving this out sooner.<sup>2</sup>

Occasionally participants are called between group meetings especially if they seemed to have a difficult experience in the group. If group members miss a session without calling in, they receive a courtesy call to let them know they were missed.

People are not permitted to attend the Grief Recovery seminar for observation purposes. They must have a loss that they want to process in the group. This way people do not feel awkward around the nongrieving observer. This is not a lecture but a support group.

A general plan of what and when handouts will be given out is listed in this chapter for all six sessions of the seminar. However, not all handouts are necessarily given out as dictated in this outline. Judgment is used, and deviation from the plan is allowed as circumstances warrant. In other words, sometimes a handout is left out or given out at a different session to meet the needs of the group.

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<sup>1</sup>Stroebe and Stroebe, *Bereavement and Health: The Psychological and Physical Consequences of Partner Loss*, 226.

<sup>2</sup>See Appendix D for a list of area grief counselors.

The purpose of handouts is to stimulate discussion and give participants something to read and reflect on between meetings that will encourage the grief process along.

From session to session, titles of books for those who feel like reading and going deeper into the self-help process are shared with the group. An actual bibliography is handed out at the fifth session.<sup>1</sup> Occasionally a paragraph or two will be read out loud. Participants are also encouraged to share any resources that have helped them in their grief.

Periodically, general announcements about the availability and benefit of seeing a grief counselor one-on-one are shared with the group. At the third session, a handout listing area grief counselors is passed out to every participant.<sup>2</sup>

At each session, Care Notes are given to all members of the group just before they leave.<sup>3</sup> The stories and concepts shared in these brief pamphlets help to normalize a person's grief and provide an opportunity to reflect on their own grief journey as they identify with the experience of another grief sojourner.<sup>4</sup>

Opportunities for questions are given frequently. An announcement is made to stay by after the group is over if anyone desires a one-on-one discussion.

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<sup>1</sup>See Appendix F for a bibliography of helpful grief books given to Grief Recovery participants at the fifth session.

<sup>2</sup>See Appendix D for a list of area grief counselors.

<sup>3</sup>See Appendix B for a list of the Care Notes used for each evening of the six-week session.

<sup>4</sup>A catalog of Care Notes is available from Abbey Press at <http://www.carenotes.com>, by calling 1-800-325-2511, or by writing to: One Caring Place, Abbey Press, St. Meinrad, IN 47577.

## Second session

In the introduction, group members are commended for coming back to the group, and time is given for each member to check in and share where they are with their grief journey. Then the handout “Myths and Unrealistic Expectations Regarding Grief” is handed out and discussed as a group.<sup>1</sup>

The handout, “The Journey of Grief,” is shared next and each participant is given the opportunity to talk about where they see themselves in the journey.<sup>2</sup> The limitations of this visual handout are discussed. But one of the purposes of this exercise is to help participants see that relief is on the way. With time, support, and the willingness to move toward their grief, the bereaved will eventually come to a place of healing.<sup>3</sup>

A handout with “All My Losses” on one side and “Some Losses and Causes of Loss” on the backside is given to the group<sup>4</sup> because it is important to understand that the loss of a loved one includes many other losses that must all be grieved. The backside of this handout also points to the importance of reflecting on past losses that may have not been completely resolved. These past unresolved losses can sometimes get in the way of grieving the current loss or combine with the current loss to make the whole grief experience complicated. Any significant loss also brings up secondary losses that need to be grieved as well.<sup>5</sup> Each participant is encouraged to take time in their journal to write a

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<sup>1</sup>See Appendix C for a copy of the handout “Myths and Unrealistic Expectations Regarding Grief.”

<sup>2</sup>See Appendix C for a copy of the handout “Journey of Grief.”

<sup>3</sup>Attig, 55, 58.

<sup>4</sup>See Appendix C for a copy of the handouts “All My Losses” and “Some Losses and Causes of Loss.”

<sup>5</sup>Thomas R. Golden and James E. Miller, *A Man You Know Is Grieving* (Fort Wayne, IN: Willowgreen Publishing, 1998), 26.

loss history and look at past experiences that may need to be grieved. They are also invited to bring any of these experiences to the group that they would like to talk about and are also encouraged to talk to a counselor if they feel the need.

Alan D. Wolfelt's list of "Six Reconciliation Needs" is passed out and discussed.<sup>1</sup> The participants are then asked to do an exercise in improving their self-esteem. This exercise is performed using their next handout in which they write in the blank spaces at the top of the page: "\_\_\_\_\_ [participant's name] is a very special person."<sup>2</sup> Under this quote they are encouraged to write down strengths or positives about themselves in one column and opportunities for growth in the other column. After some time is given for this, the next section of the exercise is explained. Using the strengths and opportunities for growth they have written, group members are asked to jot down a few short-term and long-term goals. After they have completed the exercise, they are asked to share with the group.

On the flip side of this handout is a handout entitled "I Am Special."<sup>3</sup> The participant is encouraged to write their name in the blanks provided. Then the handout is read to the group plugging their name in each place where "me" or "I" appears. The reason for doing this self-esteem exercise is because grievors will often have low self-esteem because of how they identified themselves with their loved one who is now dead.<sup>4</sup>

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<sup>1</sup>See Appendix C for a copy of the handout "Six Reconciliation Needs."

<sup>2</sup>See Appendix C for a copy of this handout.

<sup>3</sup>See Appendix C for a copy of the handout "I Am Special."

<sup>4</sup>Flatt, 144-145.

A handout on the “Benefits of Journaling” is given out with an admonition to continue writing about their grief.<sup>1</sup> As a way of wrap-up, the handout “Mourners Bill of Rights” is given out and closing words of comfort are shared with the group.<sup>2</sup>

### Third Session

During session three we start again with each member checking in with any thoughts, feelings, ideas, or journal entries that they would like to share with the group. Then there is discussion regarding the various reactions and experiences that may be part of their grief journey using the handout “The Ten Faces of Grief.”<sup>3</sup>

Following this discussion, a handout on “Emotions and Grief” is distributed with each member picking a feeling that currently fits them or is one they have experienced recently.<sup>4</sup> A discussion follows regarding the importance of acknowledging their feelings regarding loss and how going through the grief rather than running from it will help them arrive at healing.<sup>5</sup> Group members are informed that this handout works well as a “journal starter.” Journal entries can begin with “I feel . . .” In conjunction with this, a handout entitled “Instrumental Grief” is shared with the group.<sup>6</sup> This handout helps to

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<sup>1</sup>See Appendix C for a copy of the handout “Benefits of Journaling.”

<sup>2</sup>See Appendix C for a copy of the handout “Mourners Bill of Rights.”

<sup>3</sup>See Appendix D for a copy of the handout “The Ten Faces of Grief.”

<sup>4</sup>See Appendix D for a copy of the handout “Emotions and Grief.”

<sup>5</sup>Rando, *Grieving: How to Go on Living When Someone You Love Dies*, 226 - 229.

<sup>6</sup>See Appendix D for a copy of the handout “Instrumental Grief.”

validate the instrumental grievers who are less affective and more activity or cognition based on their grieving versus the intuitive style of grieving.<sup>1</sup>

The handout on “Dealing with Guilt” is passed out along for the purposed of stimulating a discussion.<sup>2</sup> If there is time or the need, the handout regarding “What We Can Expect During Grief” is given out and discussion takes place.<sup>3</sup> Time is allowed for looking at the handout entitled “Taking Care of Yourself.”<sup>4</sup> It is normal to have a general lack of interest in taking care of oneself after loss. But it is very important. The importance of taking care of oneself physically, mentally, and spiritually while grieving cannot be stressed enough. The interconnectedness of these three dimensions and the influence that one dimension has on the other are covered during this part of the group discussion.<sup>5</sup> For example, grief takes energy. And without taking care of oneself physically, the energy to grieve will not be there, so grief can get stuck. Participants are asked if they have any questions and to also share an area of struggle and a goal for taking care of themselves.

Another handout on journaling entitled “Suggestions for Journaling” is passed out along with another appeal to keep writing about one’s grief.<sup>6</sup> The last handout for the session is a resource listing grief counselors that individuals are encouraged to call for

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<sup>1</sup>See chapter 3 for more on instrumental versus intuitive grieving.

<sup>2</sup>See Appendix D for a copy of the handout “Dealing with Guilt.”

<sup>3</sup>See Appendix D for a copy of the handout “What We Can Expect During Grief.”

<sup>4</sup>See Appendix D for a copy of the handout “Taking Care of Yourself.”

<sup>5</sup>Rando, *Grieving: How to Go on Living When Someone You Love Dies*, 86, 255.

<sup>6</sup>See Appendix D for a copy of the handout “Suggestions for Journaling.”



one-on-one grief therapy as they have need.<sup>1</sup> At this juncture, an attempt is made to reassure members that seeing a counselor is not just for crazy people but is really for individuals needing a check-up similar to a physical check-up. One should not feel embarrassed for needing to see a counselor for emotional needs any more than seeing a medical doctor for some physical ailment.<sup>2</sup>

Before ending the third session of the group, an announcement is made about bringing something to the next group that reminds them of their loved one. During this show-and-tell period, we invite each participant to share memories about their loved one.

#### Fourth session

Session four starts with a show-and-tell that was announced in the last group. During this time, each participant who wants to is allowed to share any picture and/or memorabilia that they have brought and are encouraged to share memories or stories about their loved one. If anyone forgets to bring something, they are invited to still share a story and/or bring something to the next meeting. Then the handout "Cherishing the Memories" is given out and other ways of cherishing the memories are discussed among the group.<sup>3</sup> The group is reminded that this exercise fits with goal number four of Grief Recovery, which has to do with emotionally relocating the deceased and moving on with life.<sup>4</sup>

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<sup>1</sup>See Appendix D for a copy of the handout "Bereavement Counselors."

<sup>2</sup>Alan D. Wolfelt, *Healing Your Traumatized Heart* (Fort Collins, CO: Companion Press, 2002), 76.

<sup>3</sup>See Appendix E for a copy of the handout "Cherishing Memories."

<sup>4</sup>Rando, *Grieving: How to Go on Living When Someone You Love Dies*, 233 - 235.

Then the discussion is directed toward families and grief and the handout "Family Grief Questionnaire" is handed out.<sup>1</sup> Participants are asked if they have anything they would like to share regarding their family's grief journey. Then a handout entitled "Parents and Grief"<sup>2</sup> and two handouts concerning "Children and Grief"<sup>3</sup> are briefly discussed.

If time allows, the last part of the session is spent reflecting on the handouts, "Grief Is 24 Hours A Day"<sup>4</sup> and "Suggestions for Healing."<sup>5</sup>

#### Fifth session

Session five starts with checking in with each participant. Members are invited to share any feelings or experiences they have encountered over the past week. They are asked to share any journal entries or thoughts about their grief journey that they would like to share with the group. Their experiences are validated and group members are typically very supportive of one another. Group goals are reviewed.

A bibliography is given to the group advertising certain books that can potentially help individuals with their grief journey.<sup>6</sup> Also, an "Internet Resources" handout is shared with the group for those who are Internet active.<sup>7</sup>

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<sup>1</sup>See Appendix E for a copy of the handout "Family Grief Questionnaire."

<sup>2</sup>See Appendix E for a copy of the handout "Parents and Grief."

<sup>3</sup>See Appendix E for two handouts concerning "Children and Grief."

<sup>4</sup>See Appendix E for a copy of handout "Grief Is 24 Hours a Day."

<sup>5</sup>See Appendix E for a copy of the handout "Suggestions for Healing."

<sup>6</sup>See Appendix F for a copy of the handout "Bibliography."

<sup>7</sup>See Appendix F for a copy of the handout "Internet Resources."

The discussion is then turned toward taking care of oneself during the long haul of grief. A handout on “Loneliness and Grief”<sup>1</sup> is discussed, and members are encouraged to describe the loneliness they have experienced and what they have done to counteract it.

The handout “Stress Survival” is shared and discussed.<sup>2</sup> Also the handout “How to Know If You Need Extra Help” is shared and briefly discussed.<sup>3</sup> One more handout on journaling is given out<sup>4</sup> and before session five comes to a close, a sign-up sheet entitled “Signup for Keeping in Touch” is passed around for those comfortable with sharing their phone number and email with others in the group.<sup>5</sup> Copies are made and given to everyone in the group.

#### Sixth session

At the last session of the six-week group, the time is less structured. Group members are encouraged to share any concerns or experiences with the group that they care to share. A handout entitled “Count on Grief” is briefly looked at and usually helps the group to bond over experiences commonly experienced.<sup>6</sup>

A segment of the last session is reserved for discussing the handout “Holiday and Anniversary Grief”<sup>7</sup> since anniversaries and holidays will typically be the most difficult

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<sup>1</sup>See Appendix F for a copy of the handout “Loneliness and Grief.”

<sup>2</sup>See Appendix F for a copy of the handout “Stress Survival.”

<sup>3</sup>See Appendix F for a copy of the handout “How to Know if You Need Extra Help.”

<sup>4</sup>See Appendix F for a copy of the handout “Journal Starters.”

<sup>5</sup>See Appendix F for a copy of the “Signup for Keeping in Touch.”

<sup>6</sup>See Appendix G for a copy of the handout “Count on Grief.”

<sup>7</sup>See Appendix G for a copy of the handout “Holiday and Anniversary Grief.”

times for grief in the coming months. Group members are cautioned that they may feel like they are backsliding in their grief experience.

If it feels appropriate, the handout “Signs You Are Healing”<sup>1</sup> is shared with the group as a form of encouragement to keep moving through the grief process so that healing can take place. Group members are reminded that everyone is at a different place in their grief experience and will move at a different pace.

A “Community Resources” handout is distributed so group members can be aware of other community grief support programs available to them and/or their loved ones.<sup>2</sup> The group is then asked to take a few minutes to fill out a “Seminar Evaluation” so that future groups can benefit from their feedback.<sup>3</sup> This exercise also helps individuals reflect on what they have learned and how they have grown over the previous weeks.

An opportunity is given for group members to share goodbyes with each other and the group is encouraged to come to the monthly follow-up group that takes place each first Tuesday of the month. They are also encouraged to come to the next six-week group if they have an interest in doing so. Participants who have come to a second six-week group have indicated that they did not realize the fog they were living in during the first time through. They report being more able to face their grief and work through the process. Brochures are shared with the group in case they know someone who would benefit from attending a future support group.

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<sup>1</sup>See Appendix G for a copy of the handout “Signs You Are Healing.”

<sup>2</sup>See Appendix G for a copy of Community Resources.

<sup>3</sup>See Appendix G for a copy of the Seminar Evaluation.

A follow-up letter is sent to group members after the last session, thanking them for their participation and inviting them to the upcoming monthly group meeting.<sup>1</sup>

### **Monthly Follow-up Support Group**

Studies show that people derive the greatest benefit from a support network that lasts a few months rather than just a few weeks.<sup>2</sup> Yet participants appear to wear down with weekly meetings of much more than six weeks. Thus we provide a monthly follow-up group.

In the monthly support group, there is less structure and fewer handouts<sup>3</sup> and more time is spent in simply checking in with everyone. Sometimes a topic will be discussed at the request of returning alumni.<sup>4</sup> But usually the time is spent just talking about where everyone is in their grief journey and sharing various coping skills that help one to get through the inevitable grief upsurges.<sup>5</sup> Sometimes a brief video will be shown to the group and discussed.

While the weekly support group is a more of a closed structure with no new participants allowed after the second session, the monthly group is open-ended, meaning people can come and go as needed. Open-ended also refers to the content being less structured.<sup>6</sup>

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<sup>1</sup>See Appendix G for a copy of the letter sent to group members after the last session of the Grief Recovery group.

<sup>2</sup>Caserta and Lund, 627.

<sup>3</sup>See Appendix H for handouts available for use during the monthly follow-up group meeting.

<sup>4</sup>Hopmeyer and Werk, 256.

<sup>5</sup>Yeagley, *Grief Support Manual*, 48.

<sup>6</sup>Hopmeyer and Werk, 248.

The monthly group will frequently have attendees from the last three or four six-week groups. Consequently, everyone does not know each other, but there seems to be an almost immediate bond since attendees have all gone through the same material and similar discussions, not to mention the common thread of their loss.

A Care Note is given to everyone to close the session.<sup>1</sup> A postcard or letter is routinely sent to Grief Recovery alumni regarding the monthly follow-up support group.<sup>2</sup> On occasion, a mass mailing is also sent to the grief support alumni informing them of an upcoming memorial service or related event in the community.

Individuals who have not yet attended the weekly group are also allowed to come to the monthly group. When new attendees come to the monthly group, they are given extra attention. And those who have already gone through a group are invited to share with the new attendees how the weekly group has helped them personally. Usually, these new attendees will then come to the next weekly support group.

### **Bereavement Facilitation Conference for Clergy**

In 2003 the Bereavement Facilitation Training for Clergy was designed and implemented. The half-day conference took place on January 8, 2003.<sup>3</sup> It was so well received that another was planned and implemented January 27, 2004.<sup>4</sup> In 2004 it was called a Bereavement Facilitation Conference for Clergy.

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<sup>1</sup>See Appendix H for Care Notes typically given out at the monthly sessions.

<sup>2</sup>See Appendix A for a copy of this reminder postcard.

<sup>3</sup>See Appendix K for a cover sheet of the 2003 Clergy Bereavement Training.

<sup>4</sup>See Appendix K for cover sheet of the 2004 Clergy Bereavement Conference.

This has now become an annual Florida Hospital event with the third conference scheduled for January 25, 2005. The objective of these conferences has been to provide affirmation for the work that clergy do in supporting their parishioners at times of loss and to give insight into ways they can further assist them in working through the grief.

Each year a brochure was designed<sup>1</sup> and sent to 1,200 churches in the Orlando area. A follow-up flyer was also distributed to district headquarters and area Seminaries for various denominations.<sup>2</sup> Clergy were invited to register via phone, fax, email, or regular mail.

Various local experts on grief have been invited to speak from their standpoint on the process of grief. In 2003, there were nine presenters<sup>3</sup> and in 2004, eleven presenters.<sup>4</sup> In 2003, topics included general grief introductions, a discussion of the role that clergy play in bereavement facilitation for the parishioner, family grief issues, identifying complicated grief, and knowing when to refer to another professional. During the complimentary lunch, a discussion of available community resources took place.

In 2004, topics included a spirituality and grief component, a foundational grief presentation, and presentations on what grief is like from different perspectives. There was a focus on the experience of the bereaved senior, the young widow, the bereaved child, and the bereaved parent. Other topics included perinatal loss, suicide grief, and

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<sup>1</sup>See Appendix K for a two-sided brochure of the 2003 and 2004 Clergy Bereavement Conferences.

<sup>2</sup>See Appendix K for a copy of the follow-up flyers sent to clergy before the 2003 and 2004 Clergy Bereavement Conferences.

<sup>3</sup>See Appendix K for a list of the 2003 Seminar Presenters and a Seminar Schedule.

<sup>4</sup>See Appendix K for a list of the 2004 Seminar Presenters.

how clergy and counselors can work together to provide bereavement care to the community. The seminar concluded with a complimentary lunch and panel question-and-answer period.<sup>1</sup> At each conference, a Certificate of Attendance was given to all attendees.<sup>2</sup>

In chapter 6, valuable evaluation and feedback information from both conferences is given.<sup>3</sup> The feedback from the 2003 Conference helped us to better plan for the 2004 Conference.<sup>4</sup> Feedback from the 2004 Conference will help us plan for the 2005 Conference.

### **NAD Bereavement Facilitation Training Seminar**

In 2003 and 2004, the North American Division asked me to teach a five-day Bereavement Facilitation Training Seminar for clergy and lay leaders as part of their annual NAD Health Summit.<sup>5</sup> Brochures were sent out across the country<sup>6</sup> and a local flyer was also printed and distributed.<sup>7</sup> Over a dozen various topics were offered. A

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<sup>1</sup>See Appendix K for a Seminar Schedule and a Seminar Manual Table of Contents.

<sup>2</sup>See Appendix K for a copy of the Certificate of Attendance.

<sup>3</sup>See Appendix K for a copy of the Evaluation form used for the Clergy Bereavement Conferences.

<sup>4</sup>See chapter 6 for a discussion of the evaluation feedback.

<sup>5</sup>See Appendix L for the cover sheet of the NAD Bereavement Facilitation Training seminar.

<sup>6</sup>See Appendix L for excerpts from NAD Health Summit brochure for 2003 and 2004.

<sup>7</sup>See Appendix L for a copy of a local flyer advertising the NAD Bereavement Training Seminar and the Forgiveness Seminar by two Florida Hospital professionals.



curriculum was prepared along with a manual for this 18-hour seminar.<sup>1</sup> A compact disk containing all the handout materials was also provided to the students.

As important as the group process is, there is also a great need in the church family to provide one-on-one support to members long after the funeral is over with. Thus, discussion that includes facing one's own mortality and one's own unresolved grief issues is addressed so facilitators can be more present and able to provide support to others in need of help.

The goal of the eighteen hours of training is to provide individuals with the tools needed to start a grief support group, educate a congregation on the ministry of bereavement, and have an understanding as to what it means to be a Bereavement Ministries Coordinator for a local church.<sup>2</sup> Each student completed a registration form and their responses gave good insight into their expectations.<sup>3</sup>

The first part of the week focused on having the students begin processing their own grief over past losses and then exposed them to a variety of grief responses and grieving styles that they may encounter in their bereavement ministry. There was an emphasis during the first two days of preparing the individual to be a facilitator. The next two days focused on development of a program. The final day covered ethical issues, taking care of the caregiver, and any areas the group wanted to spend time with.

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<sup>1</sup>See Appendix L for Bereavement Facilitation Training Seminar manual Table of Contents and Daily Overview.

<sup>2</sup>See Appendix L for the Bereavement Facilitation Training Seminar Course Objectives.

<sup>3</sup>See Appendix L for the registration form used at the Bereavement Facilitation Training Seminar.

Chapter 6 examines student evaluations and feedback that helped me to prepare for the 2004 Conference. The feedback from the 2004 Conference will assist in the planning of the 2005 Conference.

### **Hospital In-Service on Bereavement Facilitation**

Various hospital departments from time to time have need of a staff in-service on the topic of grief support. Depending on the request, the in-service will be tailored to the needs of the group and the time given. Handouts and the discussion itself center on encouraging staff to be in touch with their own grief needs and the needs of others and to understand that resources are available to them and those they care for.

The main focus is on helping staff see their role as supporters, not problem solvers. So much of their work is focused on problem solving through medical interventions. But when it comes to death or other losses, patients and fellow staff need support and compassionate care. They need to be heard and to have their feelings validated and accepted.

Frequently, staff are uncomfortable around the death of a patient because of unresolved grief issues from their own past. In this in-service, staff are encouraged to not feel uncomfortable about seeing a counselor or chaplain about their own grief.

Some meetings were more structured and instructional, while others were more unstructured and discussion-focused. The time allotted for this ranged from 10 minutes to 45 minutes.

Medical staff come and go during clinical in-services and team meetings, therefore handouts were always available to those who missed part of the discussion so

they would have something for further reflection.<sup>1</sup> Topics included care for the dying and the bereaved, and care for the caregiver.

### **Bereavement Facilitation Training for Parish Nurses**

A training program for new Parish Nurses takes place twice a year at Florida Hospital. During these one-week sessions, a two-hour section is reserved for bereavement facilitation training. The two-hour session is tailored to helping parish nurses become facilitators of grief in their congregational setting. The key points covered are validating a person's grief, honoring their particular form of grieving, and being aware of one's grief and mortality issues while providing support to another person.

Along with helping the parish nurses learn ways they can provide grief support one-on-one, they are also given resource materials to aid them in teaching their congregations how to be more supportive of fellow members and friends in times of loss.

A compilation of sixty-seven handouts is given to each nurse along with a compact disk of the documents so they can modify them to fit their own personal needs.<sup>2</sup>

### **Bereavement Training for the Church Community**

Invitations have also come in from area churches to provide training to ministry groups and/or speak to the entire congregation regarding ways to provide support to individuals in and outside the congregation at times of loss.

In the church setting, the first topic covered is that of "Faith and Grief." Then we move to a discussion of practical ways to provide support. The church is encouraged to look at appointing a Bereavement Coordinator who can overlook the support given by the

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<sup>1</sup>See Appendix M for Hospital In-Service handouts.

<sup>2</sup>See Appendix N for a copy of the Parish Nurse Training cover sheet and for a list of handouts given to parish nurses.

church. This Bereavement Coordinator is to do more than schedule a lunch for the family after the funeral.<sup>1</sup>

Grief Recovery brochures<sup>2</sup> and a few pertinent handouts<sup>3</sup> are provided for the congregation. Since some of the church settings were not always conducive to open discussion, contact information is given out for those wanting to follow-up with questions.

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<sup>1</sup>See Appendix O for a proposed “Bereavement Ministries Coordinator” job description.

<sup>2</sup>See Appendix A for a copy of the brochure given to church members regarding the Grief Recovery seminar.

<sup>3</sup>See Appendix O for handouts given to church members at a bereavement facilitation presentation.

## CHAPTER VI

### IMPLEMENTATION AND EVALUATION OF THE GRIEF SUPPORT PROGRAM

#### The Grief Recovery Program

Two hundred and nineteen individuals have attended the Grief Recovery seminar over the past 3.5 years. Most attendees come to Grief Recovery within the first six months after loss, which appears to be the ideal time to attend for most grievers.<sup>1</sup>

The size of the groups ranged from 4 to 19 and averaged 10.4. Figure 1 shows the attendance at Grief Recovery over the past 3.5 years.

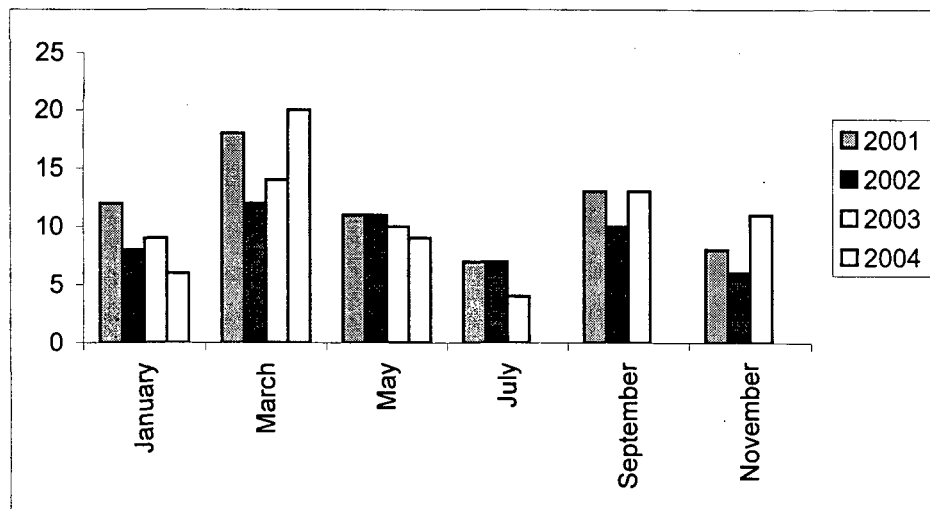


Figure 1. Attendance at Grief Recovery 2001-2004.

<sup>1</sup>Picton and others, 256.

In a study of twenty-one Grief Recovery groups conducted from 2001 to 2004 at Florida Hospital, 73 percent or 159 out of the 219 individuals who attended had experienced loss within six months of attending their first session. Figure 2 displays the breakdown of when individuals came to Grief Recovery after their most recent losses.

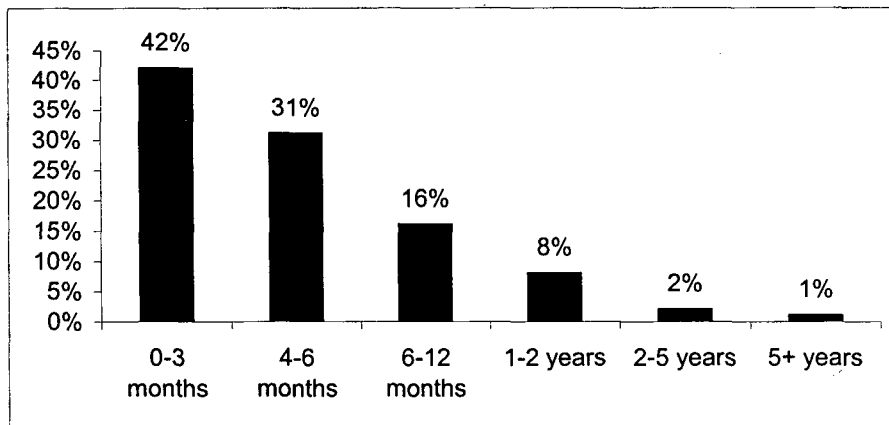


Figure 2. Time between loss and attendance at Grief Recovery.

Of the number of people who come to the first session of the Grief Recovery group, 88 percent return the second session. And of those who come back after the first session, 86 percent come to at least three of the remaining five sessions. Many of the group members have let me know at the group or by phone if they were going to miss a session. In turn this is shared with the group so as to set them at ease.

Each of the twenty-one groups has displayed different dynamics and different personality. Seeing this has been very helpful to me as I grow in my ability to facilitate groups. I have found that the exact format for each support group has to be adjusted to meet the needs of the particular group. The overall goals apply, but how they fit the

specific group and the individuals within that group varies. So there have been continuous adjustments to meet the group's particular needs.

The genius of the self-help or support group model is the emphasis on the individual members having the ability or power to assist one another toward resolution.<sup>1</sup> This transpired very frequently during the groups I facilitated. After a foundation is laid, I found my role as facilitator to be that of getting out of the way and letting the group take care of themselves. This happened in some groups more than in others. For example, during one session, a group member was sharing a dilemma she was facing with her son who was not grieving his father's (her husband's) death as she thought he should. One fellow group member asked how she knew he was not grieving. After discussion, another group member suggested that she ask her son directly what it was like for him after his dad had died. Another group member wondered out loud what she wanted from her son. With each statement or question, it appeared that the widow got to process some of her feelings regarding the death of her husband and her desire to be able to grieve with her son.

Another example of group functioning was when there would be a sharing of feelings from one person and the response from others in the group would echo a similarity of experience around the circle. Group members frequently commented how it was comforting to know they were not alone in what they were experiencing.

The group typically begins to develop cohesiveness by the end of the second session, sometimes sooner, sometimes later. The indicators for this include a natural turning to each other rather than to me all the time when sharing in the group.

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<sup>1</sup>Klass, "Self-Help Groups for the Bereaved: Theory, Theology, and Practice," 308.

From time to time, there is the need to interject a thought or two to keep the group moving in a healthy direction. If a group member attempts to solve another person's problems for them and the level of listening is not there, the person who started the sharing is asked to share how it feels for them at that moment, or to share what it is like for them. The member trying to do the fixing might be approached with the statement, "Let's see what \_\_\_\_\_ is needing from us right now." After the person has shared, this time will often be turned into a teachable moment and a principle of grief work is shared to help keep the group moving toward their grief. Or we might turn to the group and see if they have similar experiences to share. It has been important for the group to grow in their understanding of how they can benefit each other and thus themselves as well.

As groups progress from week to week, less acceptable feelings begin to surface. Members are willing to express feelings of guilt and selfishness, as well as envy of those who had moved on with their lives and anger at family members who pretend that everything was okay. Other grief support groups have also reported this.<sup>1</sup> And when these feelings are expressed after a few weeks of meetings, there has generally been an atmosphere of support and acceptance for the person who is sharing. Whenever there was not a unanimous feeling of support, the group was gently reminded of the ground rules shared at the first session. Those rules included having a nonjudgmental acceptance of each other in the grief process.

It has been especially interesting to observe how individuals struggling to find a coping strategy for their particular loss experience can learn helpful new ways of coping from others in the group. When a loss takes place, it is typical to use coping strategies from one's own previous experience. These strategies may be healthy, they may not be.

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<sup>1</sup>Janowiak, Mei-tal, and Drapkin, 60.



Strategies like humor, problem solving, and denial have their time and place but are not always useful in times of significant loss. That is where support groups can help move members to more helpful coping strategies.<sup>1</sup> While this kind of problem solving can sound like the problem solving referred to earlier, it is different in that it comes after the person has adequately shared feelings and thoughts and it has come when asked for.

One of the key principles in effective group functioning is to learn to let people be where they are in their grief instead of coming to their rescue. Some group members catch on to this quicker than others.

It was interesting for me to realize that the support initiated in the group sessions continues after hours. Through the sharing of phone numbers and email addresses, support and sharing between group members has continued in the time span between group sessions and well after the six-week sessions are finished. On numerous occasions, when I have called graduates of the Grief Recovery, they have reported how they have kept in touch with other individuals from their group. Phone calls and getting together for coffee has often revolved around one or the other having a difficult episode with their grief and reaching out for support.

The calls I receive from group members are usually at a low time for them. My goal when in discussion with these group members was to provide a listening ear and encouragement to keep moving through the grief journey.

About 35 percent of group members who complete the weekly support group, return for at least one monthly follow-up session. Some have attended for up to a year, but the average attendance for those who come to the monthly follow-up group is two to three sessions.

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<sup>1</sup>Moos, 356.

Grief Recovery is not a static program. The design and implementation of the Grief Support group is a continuous process. There is a constant need to adjust and improve the program. Through observation, evaluation, feedback, and ongoing study, the program is adapted to meet the group's needs.<sup>1</sup> It is an invigorating and very rewarding experience because the program makes such a difference in people's lives and enriches my own as well.

There were 219 individuals who attended at least one session of the Grief Recovery seminar over the course of the first twenty-one groups. That is an average of 10.4 per class. In actuality, the groups ranged in size from 5 to 19.

The registration sheet<sup>2</sup> filled out by attendees asked a marketing question: "How did you learn about this seminar?" Forty-three percent checked the card or brochure from the hospital selection, 23 percent said from friend or family, 10 percent from a hospital newsletter such as *The Times* or *Premier Health*, 9 percent responded with selecting Church Bulletin, 6 percent from people calling the hospital for more information, 5 percent from the Internet, and 4 percent from a hospice or funeral home. Figure 3 displays this breakdown in a visual form.

Some of the written responses given in the registration sheet for what they wanted to receive as a result of attending the seminar were:

1. "To learn to share and to understand myself better."
2. "I want to experience wholeness again."
3. "I want to get over my feelings of anger."

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<sup>1</sup>Dale A. Lund and Michael S. Caserta, "Future Directions in Adult Bereavement Research," *Omega: Death and Dying* 36 (1998): 299.

<sup>2</sup>See question three in Appendix B for the question registrants were asked to write an answer to.

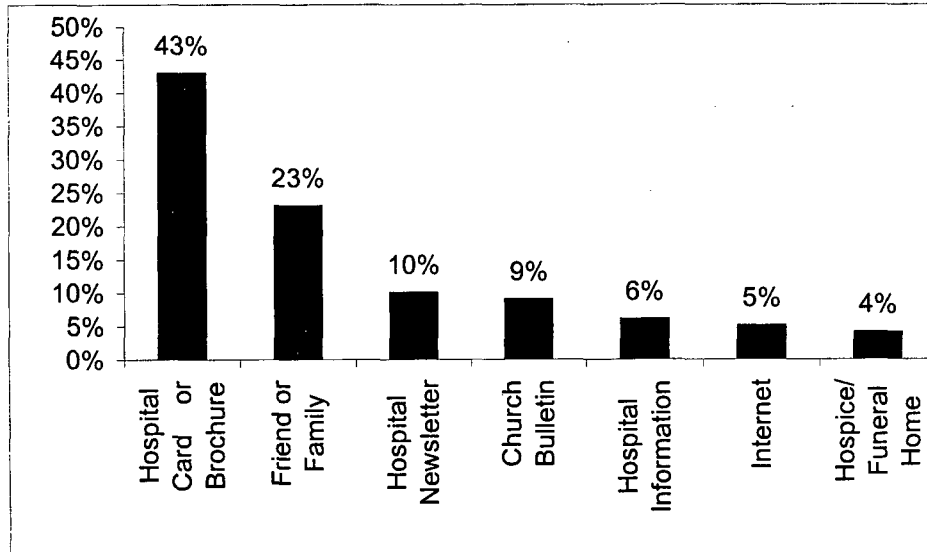


Figure 3. Breakdown on marketing results for the Grief Recovery Seminar.

4. "Peace of mind."
5. "Direction and guidance to a complete and speedy recovery."
6. "I need support to get through this. Maybe peers to talk about things with if I need to."
7. "I want to learn to accept the losses."
8. "Not sure."
9. "Comfort."
10. "I just need help on how to deal with this."
11. "It's time for me to put closure to my continued grief."
12. "I'm completely paralyzed by his death. We were together all the time because of his many illnesses. I don't know what to do with myself now."
13. "An understanding of the grieving process, helpful advice on surviving it."
14. "I need help understanding death."
15. "Peaceful acceptance on my part."

16. "How to move on in life without my partner."
17. "Strength to go on and heal in the grieving process, especially by sharing and listening to others."
18. "Healing."
19. "To be around others who have lost."
20. "Help with the process I am going through."
21. "Learn about the process of grieving."
22. "How to get back to normal."
23. "Acceptance."
24. "How to continue with my life."
25. "To be able to cope with my loss and go on with life."
26. "Get through the anniversary of losing my loved one without losing it."
27. "Moral support to get me through this."
28. "I don't know."
29. "Help me and my friend through the grieving process."
30. "I would like to talk with others who have gone through similar circumstances. Also would like to feel more peaceful."
31. "Help me so I don't cry so much."
32. "Help in coping and to start the healing process."
33. "Deal with my grief."
34. "Learn how to manage my grief."
35. "Everything."
36. "Support."

37. "A better understanding of certain emotions as well as lack of certain emotions."
38. "To not miss her so much."
39. "How to continue living."
40. "How to deal with grief the appropriate way."
41. "How to deal with death of my child."
42. "Comfort and support."
43. "Learn to cope with feelings."
44. "I'm here to support my father."
45. "Work through the stages of loss."
46. "To quit hurting."
47. "Get one new aid to help me cope with loss."
48. "To come to grips and address loss."
49. "Healing so I can stop getting depressed."
50. "To work through the disbelief."
51. "Help with feeling that I could have done something more to prevent his death."
52. "Learn to cope with this loss so I can return to being productive and positive again."
53. "Work through the process."
54. "I want to know what I should do."
55. "To keep myself in control of my grief."
56. "Meet people in situations similar to mine."

57. "To understand the grieving process and how to deal with my mother's suffering."
58. "Better handle my loss."
59. "Continue to learn how to live with my loss."
60. "Maintain some contacts with people who have been experiencing similar losses."
61. "Relieve aloneness and irritability."
62. "I need a coping mechanism."
63. "Lessening of guilt and sadness I am experiencing."
64. "Healing and resolution."
65. "Help in coping."
66. "What is grieving and how long does the process go on?"
67. "Not sure what to expect but am open minded."
68. "A sense of wellness."
69. "Dealing with being alone."
70. "Help to alleviate the pain I have with the loss of my wife."
71. "To accept the reality and keep on living."
72. "I feel I will be helped by being in a meeting with others suffering the loss of their loved one."
73. "How to accept what has happened and find a way to get beyond the loneliness I feel daily."
74. "It is hard for me to explain this situation. I cannot get her off my heart and mind."
75. "Help getting through the holidays."

76. "Letting go."
77. "I need to learn to grieve. I'm not really doing it."
78. "To move on and forward with a healthy attitude and to understand and resolve issues."
79. "To be able to not break down when I speak with strangers."
80. "Help in decreasing the pain redefining myself."
81. "Healing my feelings and begin to move forward."
82. "Have my feelings identified and receive comfort from others."
83. "To understand that I am not alone and my feelings are normal."
84. "Insight and support during grief process."
85. "Come to a resolution of my first stages of grieving."
86. "Help with sorting out my feelings and be able to live with great memories."
87. "To make each day a little easier."
88. "Recovery and acceptance."
89. "Getting to know myself better through my grief over my dear mother."
90. "Be able to think about my mother without feeling so sad."
91. "Understanding."
92. "How to deal with others and with family members."
93. "Learn how to deal with loss of my husband and how to now live alone."
94. "To better understand how I am supposed to feel, live and survive the emptiness of her being removed from me."
95. "Identify supportive resources for promoting positive grief processing."
96. "The pain is more than I expected and the hole is bigger."
97. "How to not hurt so much all the time."

98. "Since the death of my loved ones, I want to stop thinking about my dying so much. I want to live."

99. "Help me to resolve this and stop dwelling on my losses."

100. "How to handle and overcome my grief."

101. "Help me be in touch with my feelings and be able to go on."

102. "Coping skills to help me prevent depression and work through grief so marriage will be healthy."

103. "My children signed me up for this."

104. "To be able to deal with all the responsibilities of family."

105. "Need friendship and support."

106. "Support from others."

107. "To get strengthened sufficiently to be able to accomplish necessary goals and tasks."

108. "Just to feel better."

109. "Any kind of help I can get."

110. "Dump the anger and hopelessness"

111. "Understand myself and others in my family who are grieving."

112. "How to stop struggling with the "if onlys."

113. "Accept the losses and remember the good times and focus on the future."

114. "Reduce my anger."

115. "I'm still very upset and angry."

116. "How to properly channel my own grief into a positive experience for myself."

117. "I need to be able to scream at someone who knows why I am screaming."



118. "Get off Prozac and feel better on my own."
119. "See how others cope."
120. "Learn new ways to better cope with this loss."
121. "Give and receive comfort and support in a group."
122. "Help me and my daughter better come to terms with the death of my mother and grandmother."
123. "Need help because I just can't stand it."
124. "Help me with my denial and inability to focus."
125. "Came to see what help I can receive."
126. "Relief from the pain of my loss."
127. "I want to stop feeling guilty."
128. "I want to be able to get on with my life and still enjoy life."
129. "I need to know that I will be okay through all of this."
130. "How to help other family members through it all."
131. "To get stronger and healthier socially, emotionally and spiritually."
132. "To be able to stand on my own because my husband was my rock."

After the beginning session of each new group, the completed registration forms are looked over to glean any information that would be helpful to know before the next session. Individual registration forms are also looked at for indicators of potential complicated grief such as sudden, traumatic loss, and multiple losses. Also, the responses to the religious preference question are studied in an effort to anticipate what may come up in subsequent discussions. For example, we have averaged one Jewish person in attendance in every other group. On two different occasions, Jewish attendees have expressed thanks for the inclusive language used in the presentations. On a couple

of occasions atheists have called wanting to know ahead of time if Grief Recovery was going to be a religious program. The registration form helps me to be aware of potential sticky spots when people of non-Christian or no faith preference are in attendance.

Looking back at all the responses from twenty different groups has also been helpful in seeing trends and general needs and expectations that the average attendee brings to Grief Recovery. At the conclusion of each seminar, the completed evaluation forms are studied to see if there are any changes that need to be incorporated into the program.

In the evaluation form filled out at the last session of the seminar,<sup>1</sup> some of the responses to the question, “What was most helpful to you?” included:

1. “Hearing other people going through the same thing and the literature.”
2. “Knowing that everyone had something in common.”
3. “Comforting to know other people have some of the same crazy thoughts I have had.”
4. “Talking about my feelings to people going through the same thing I am and who understand.”
5. “Sharing our experiences.”
6. “The reading material also very helpful.”
7. “Learning how similar our grief journeys are.”
8. “Interaction with others.”
9. “Listening to other participants.”
10. “Hearing others’ stories and being able to share mine.”
11. “Being with others who were grieving.”

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<sup>1</sup>See Appendix G for a copy of the Grief Recovery Evaluation form.

12. "Finding out I was normal."
13. "Seeing progress in my journey."
14. "Knowing that I was not alone in my feelings."
15. "I felt that I was able to face each day easier."
16. "Good discussion topics by presenter."
17. "Hearing others talking assured me I was not so abnormal."
18. "Being able to express our feelings in a safe environment."
19. "Learning how to face my grief."
20. "Everything."
21. "That I am not alone in my suffering."
22. "Thought provoking subjects."
23. "Preparation for the holidays."
24. "Your presentations were so meaningful."
25. "Feeling like part of a group and that I was not alone."
26. "Meeting people with similar needs."
27. "Hearing the presenter's encouraging thoughts."
28. "The open discussions."
29. "Interaction."
30. "Realizing that all the feelings I have are okay."
31. "The group sharing."
32. "Hearing how each person shared their grief and that I was normal in how I am grieving."
33. "Talking, sharing, understanding you are not the only one feeling this way."
34. "All the group opened their hearts to one and all."

35. "Talking and listening."

36. "The handouts were great."

37. "Sharing my pain and embracing others."

38. "Being around other people who were feeling the same and understood how I felt."

In response to the question, "What part of the seminar was least helpful to you?" very few answers were given. Of 209 evaluations actually collected, only three negative comments were given. One hundred sixty-seven evaluations were blank. Thirty-nine wrote something similar to: "it was all helpful" or "nothing." Two of the negative comments to this question had to do with fellow group members talking too long. One of these participants, referring to this problem, said, "When people would go on too long, Mike controlled it pretty well." The other negative response was: "the video." The video referred to was a particular grief video that was used only that one time. I was not impressed with using it again even before this constructive feedback was given and so it was discontinued.

In the question where suggestions for improving the seminar were asked for, 159 left this question blank or wrote "no." One person wrote, "Maybe say a prayer at the end." Another person wrote, "Limit the size to 15 so there will be enough time to discuss things." Another participant wrote, "At the last night, have a social with everyone bringing a dish to share." Another person wrote, "More sessions."

One early evaluation gave this suggestion, "More opportunity to share my feelings." Reflecting back on the earlier groups, I was less adept at encouraging group sharing. More focus on discussion and sharing has increased with time and experience.

In response to the question, "What changes did you notice as a result of attending the group?" some of the answers given were:

1. "More comfortable and confident. I am not so afraid. I can do this!"
2. "I feel I have a reason to go on, something positive to look forward to."
3. "I am feeling more able to face my loss and am feeling better about myself."
4. "That there is hope, faith, love and some sunshine to be had in the days to come."
5. "I am now able to share my emotions and feelings."
6. "I have opened up to me family and friends about my grief."
7. "I am able to handle my grief a little better."
8. "I have a better understanding of my feelings."
9. "I am in a better place with my grief."
10. "My attitude is getting better. I am getting over my anger."
11. "I have more strength to improve my everyday life."
12. "I am able to face each day easier."
13. "I'm feeling normal again."
14. "I am more comfortable with the challenges I'm facing."
15. "Now I can go out which I had not been able to do."
16. "I feel like I'm doing better."
17. "I can now forgive myself."
18. "I have learned to live with my feelings."
19. "Though there are still a lot of ups and downs, I can see that I am getting better."

20. "I have a sense of belonging and companionship with those in similar situations to mine."

21. "I became stronger in my ability to face life without my husband."

22. "I can now talk openly about my mother's death."

23. "I came out knowing that I would be able to go on with life."

24. "I can listen better to other people and their conversations now."

25. "I am crying less and have less depression."

26. "I am sleeping all night and food is starting to taste good again."

27. "I can talk about my loss to others outside the group."

28. "I open up more and don't feel guilty or as self-conscious when I cry."

29. "I am open to more group sessions."

30. "I don't cry as much now."

31. "I understand better how to cope."

32. "I'm still too much in my grief to see any change."

33. "I understand that grief is a process that I am going through."

34. "I have learned that grief is not something you can tuck away."

35. "I am better able to make sense of things."

Not all questions were answered in each evaluation that was filled out. When participants were asked in the evaluation about the length of each session, of the 207 who chose to answer this question, 188 or 91 percent indicated that it was "just right," 17 or 8 percent said "too short," and 2 or 1 percent said "too long." The length of the sessions has always been 1.5 hours.

With regard to the question concerning the actual number of sessions, keep in mind that the original Grief Recovery group consisted of five sessions with no monthly

follow-up group. After feedback both verbally and in the evaluation form, the number of sessions changed to six with a monthly follow-up group added as well. From early evaluations (before above changes), 31 or 64 percent said there were too few sessions, 17 or 36 percent said "just right." There were no responses that said "too many."

In later evaluations after the change was made to six weeks and a monthly follow-up, 37 or 24 percent checked the box for "too few," 117 or 76 percent checked the box for "just right." Again, no one checked the box for "too many." Consideration has been given to the idea of extending the sessions past six, but it appears that participants begin to wear out after five or six sessions in a row. During some experimentation with extending the class past six sessions in early 2002, the attendance dropped and the group cohesiveness suffered. It is also important to note that this evaluation is completed at the sixth session before participants have had a chance to come to the monthly follow-up group which meets just two to three weeks later.

Tabulating the results from the question that asks how the attendee learned about the seminar, the data showed that 85 of the 203, or 42 percent of those who responded to this question said they learned about the Grief Recovery program through a brochure or card. Twenty-one, or 10 percent, learned about Grief Recovery from a Church Bulletin. Forty-seven, or 23 percent of the participants reported a friend or family member informed them. The friend or family member obviously learned about the program some way, most likely from one of the means listed here. Twenty, or 10 percent, of those who responded came after reading a hospital newsletter such as *The Times* or *Premier Health*, 10 or 5 percent read about it on our Internet website, and 9 or 5 percent called the hospital for more information. In addition, 7 or 3 percent found out through a hospital

employee, and 4 or 2 percent from hospice or funeral home referrals. These results were very revealing and helpful to know how to direct marketing efforts for future seminars.

A survey of the 205 evaluations that answered the denominational preference question revealed that 174 or 85 percent listed "Christian" as their preference, 21 or 10 percent gave the answer "no preference," and 9 or 4.5 percent said "Jewish." In addition, one Hindu attended.

### **The Hogan Grief Reaction Checklist**

The Hogan Grief Reaction Checklist (HGRC), developed by Nancy Hogan and others, was used to measure the multidimensional nature of the bereavement process. There were many grief instruments to pick from.<sup>1</sup> I chose this instrument because it was recently developed,<sup>2</sup> easy to administer and was developed empirically from data collected from bereaved adults.<sup>3</sup> This is in contrast to other instruments that have been developed using the rational methods of instrument construction.<sup>4</sup> After comparing the Texas Revised Inventory of Grief,<sup>5</sup> the Grief Experience Questionnaire,<sup>6</sup> the Grief

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<sup>1</sup>N. S. Hogan, D. B. Greenfield, and L. A. Schmidt, "Development and Validation of the Hogan Grief Reaction Checklist," *Death Studies* 25 (2001): 2,3.

<sup>2</sup>Ibid., 1.

<sup>3</sup>Ibid., 1-8.

<sup>4</sup>Ibid.

<sup>5</sup>Mary Jo Roach, *Improving Care of the Dying*, <http://www.gwu.edu/~cicd/toolkit/grief.htm> (July 22, 2004).

<sup>6</sup>Louis Gamino and others, "Factor Structure of the Grief Experience Questionnaire," *Death Studies* 24 (2000): 735-738.



Experience Inventory,<sup>1</sup> and the HGRC, I chose the HGRC because I agree with Gamino and others who say that the HGRC appears to be “a more sensitive instrument.”<sup>2</sup>

Nancy Hogan and others’ analysis revealed six factors in the normal trajectory of the grieving process: despair, panic behavior, blame and anger, detachment, disorganization, and personal growth. Early use of this instrument showed that it had the ability to discriminate variability in the grieving process as a function of the cause of death and time lapsed since the loss. Their research also gave support to the idea that personal growth is an integral part of the grief process.

The decision was made to use this questionnaire with two Grief Recovery groups to see if it could determine if participants benefited from attending the six-week support group.

The HGRC consisted of 61 questions<sup>3</sup> and the person filling out the questionnaire was asked to rate each statement with a numerical value between 0 and 4 with 0 meaning “Does not represent me at all” and 4 meaning “Describes me very well.”<sup>4</sup>

The HGRC was used in two Grief Recovery groups in late 2002. The groups were asked to voluntarily take this test at the beginning of the six-week session and then take the test again after the Grief Recovery sessions were over. One group consisted of 6 individuals and the other, 10 individuals.

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<sup>1</sup>Louis Gamino and others, “Scott and White Grief Study—Phase 2: Toward an Adaptive Model of Grief,” *Death Studies* 24 (2000): 663.

<sup>2</sup>*Ibid.*, 657.

<sup>3</sup>Hogan and others, “Development and Validation of the Hogan Grief Reaction Checklist,” *Death Studies* 25 (2001): 28-30.

<sup>4</sup>See Appendix I for the HGRC questionnaire and for a breakdown of the six factors this checklist evaluates.

The "Despair" scale included questions relating to an individual's self-report on their shattered hopes, level of loneliness, feeling hopeless, frequency of crying, and heaviness of heart.<sup>1</sup>

"The Panic Behavior" scale had to do with experiencing panic attacks, heart racing, frequently frightened, headaches and other physical pains, excessive worry, and shortness of breath.<sup>2</sup>

The "Personal Growth" scale looked for indications that the individual reported coping better with life, was showing compassion for others, was having a better outlook on life, was feeling stronger, more tolerant of others and self, expressing hope for future, and having more good days than bad.<sup>3</sup>

The "Blame and Anger" scale had to do with the individual having moments of bitterness, resentment, vengefulness, anger, hostile feelings, wanting to blame and/or harm others.<sup>4</sup>

The "Detachment" scale looked at feelings of worthlessness, loss of confidence, confusion regarding self-identity, feeling unable to cope, fear of losing control, and an avoidance of tenderness.<sup>5</sup>

The "Disorganization" scale evaluated the level of forgetfulness and difficulty concentrating and the ability to get tasks accomplished.<sup>6</sup>

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<sup>1</sup>Hogan, Greenfield, and Schmidt, "Development and Validation of the Hogan Grief Reaction Checklist," 18, 19, 30, 31.

<sup>2</sup>Ibid., 19, 20, 31.

<sup>3</sup>Ibid., 14, 17, 22, 23, 31.

<sup>4</sup>Ibid., 20, 32.

<sup>5</sup>Ibid., 20, 21, 32.

<sup>6</sup>Ibid., 21, 22, 32.

The participants completed the questionnaire at the first session and then again at the last session. The scores of the two Grief Recovery groups were compared before and after to see if being in the group helped the participant do better in these five areas. A limitation to the testing is that there was no "baseline" score before the loss occurred. The six-week time period was not, in my opinion, a long enough time period for the study. However, getting these volunteers back to take the test at a later date would have been extremely difficult.

This study was carried out with the highest possible ethical standards which includes (1) doing no harm, (2) informed consent, (3) freedom to withdraw, and (4) confidentiality.<sup>1</sup>

There were some individuals in this study who actually scored higher in some of the five grief reaction categories and lower in the personal growth category when taking the test for the second time. This can be explained by studies that show the benefits from attending a grief support group typically do not become apparent for as much as a year.<sup>2</sup> But, overall, most of the participants in this study showed improvement in all factors and some showed a dramatic increase in their individual scores.

The average Despair score for both groups before the sessions began was 2.1 (all scores are on a scale of 0 to 4). The average Denial score after the groups completed the six-week seminar was 1.3. This change in score represented a drop of 31 percent as shown in Figure 4.

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<sup>1</sup>American Psychological Association, *Ethical Principles of Psychologists and Code of Conduct*, 2002, <http://www.apa.org/ethics/code2002.html> (May 16, 2004).

<sup>2</sup>Vachon and others, "A Controlled Study of Self-Help Intervention for Widows," 1381-1384.

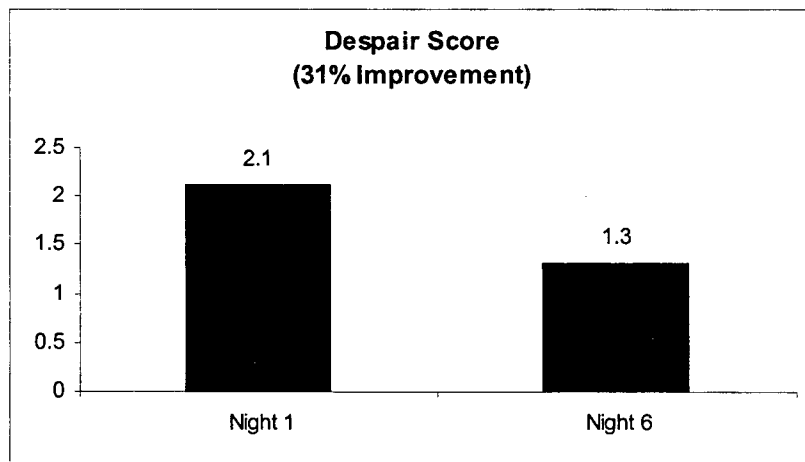


Figure 4. Comparison of Despair score from session 1 to session 6.

The average Panic Behavior score for group one before the sessions began was 1.7. The average Panic Behavior score after the group completed the six-week seminar was 1.5. The average score had come down 12 percent as shown in Figure 5.

Incidentally, Hogan observed that this score was a high predictor of individuals who had experienced traumatic grief.<sup>1</sup> All 16 subjects who participated in this study lost their loved ones to natural causes. This could explain the low initial and subsequent scores.

The average Blame and Anger score before the sessions began was .8. The average Blame and Anger score after the groups completed the six-week seminar was .3. This constituted a drop of 62 percent as shown in Figure 6. Again, natural causes for death and a largely Christian group may have contributed to a low initial and subsequent score in this category.

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<sup>1</sup>Hogan, Greenfield, and Schmidt, "Development and Validation of the Hogan Grief Reaction Checklist," 19-20.

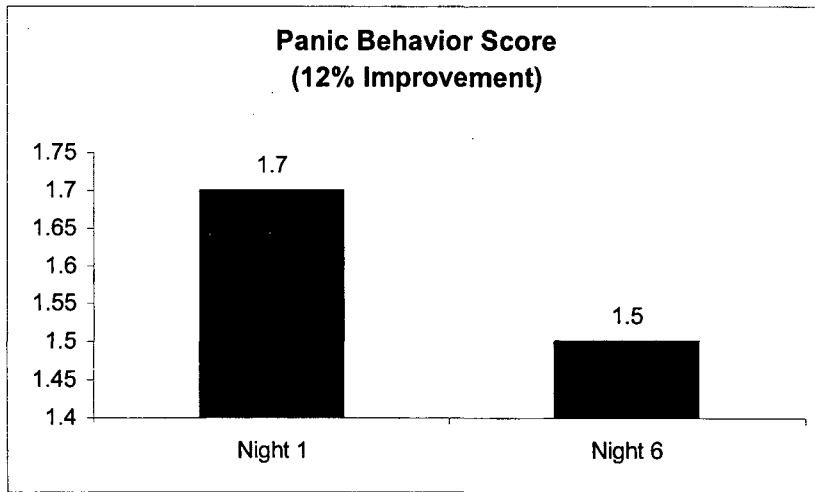


Figure 5. Comparison of Panic Behavior score from session 1 to session 6.

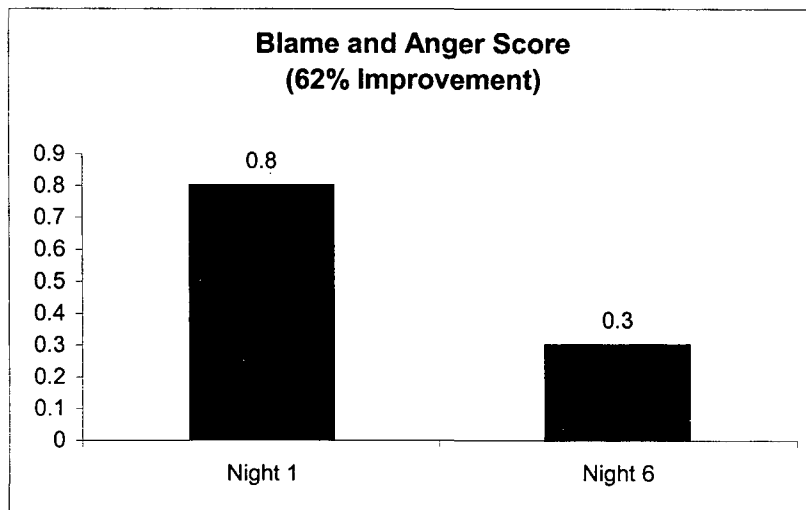


Figure 6. Comparison of Blame and Anger score from session 1 to session 6.

The Detachment scale was designed to measure the griever's level of social detachment after loss. The average Detachment score before the sessions began was 1.4. The average Detachment score after the groups completed the six-week seminar was .8. Overall, the participants had 43 percent less indication of detachment after six weeks as shown in Figure 7. This agrees with some of the feedback from the evaluations where individuals reported greater ease in talking with family and friends regarding their loss and grief journey.

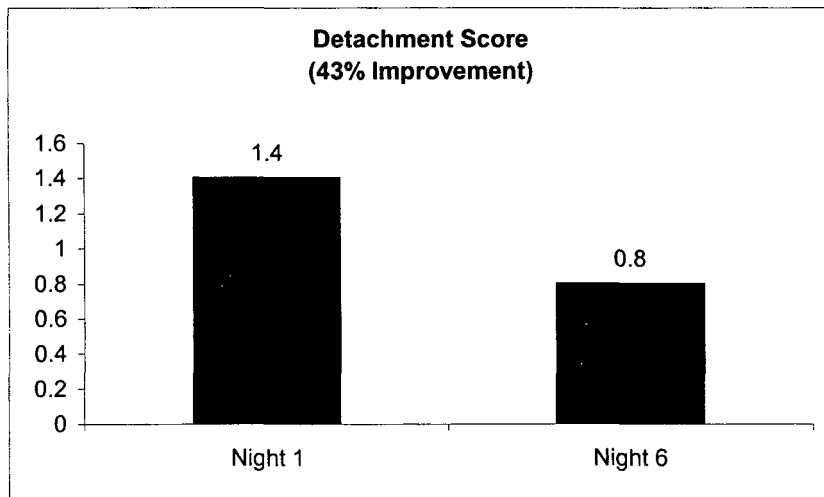


Figure 7. Comparison of Detachment score from session 1 to session 6.

The average Disorganization score before the sessions began was 1.5. The average Disorganization score after the groups completed the six-week seminar was 1.3. This is a 13 percent improvement in this score as shown in Figure 8.

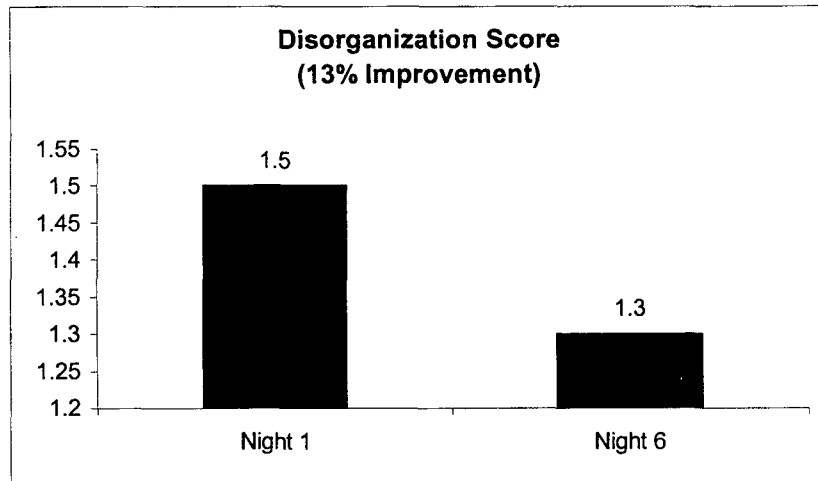


Figure 8. Comparison of Disorganization score from session 1 to session 6.

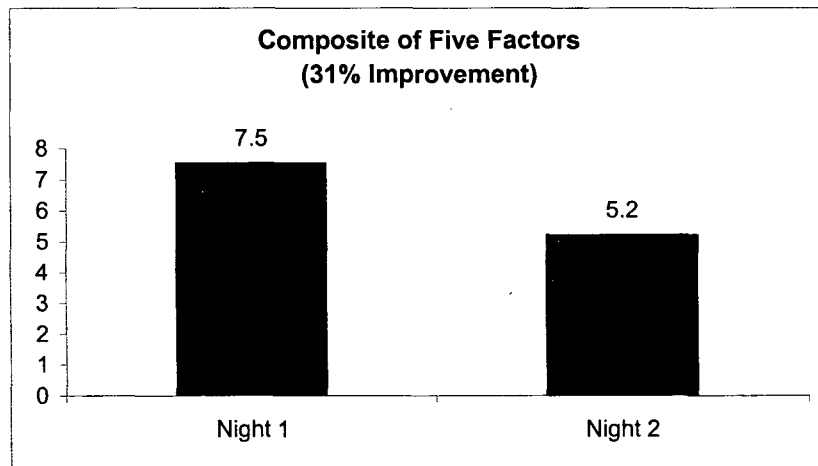


Figure 9. Comparison of combined score from session 1 to session 6.

The composite score of the five factors (denial, panic behavior, blame and anger, detachment, and disorganization) for the first group before the sessions began was 7.5. The score after the six-week Grief Recovery group was 5.2, which showed a 31 percent improvement in their overall scores as shown in Figure 9. This score was better than

anticipated and seems to bolster the idea that providing intentional support and education regarding the grief process helps grievers move toward healing.

The Personal Growth score before the sessions began was 1.6. The score after six weeks was 2.3, showing an overall improvement of 30 percent during that time period as in Figure 10. This confirms Stroebe's point earlier discussed that grief processed leads to personal growth.

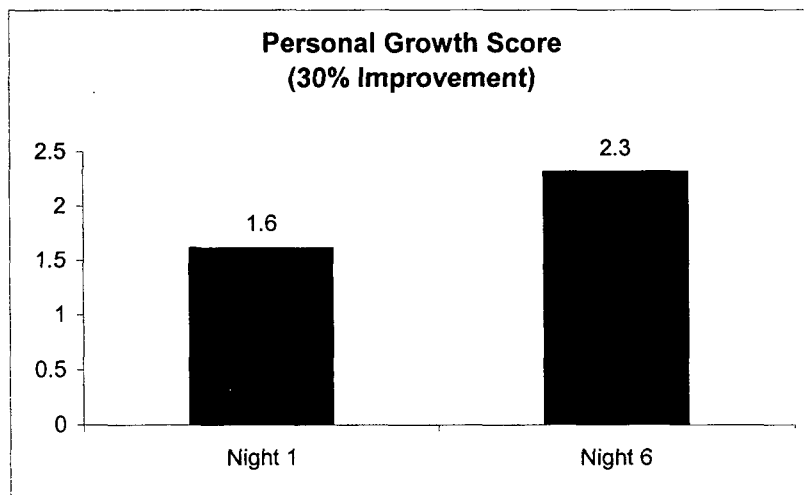


Figure 10. Comparison of Personal Growth score from session 1 to session 6.

Although this instrument was administered to only two support groups that totaled a mere 16 participants, the results seem to imply a direct benefit derived from participation in a grief support group. This study does not have a control group to compare with and would need wider testing to confirm its veracity. However, my intention was not to test the instrument but to get a glimpse of how group participants rated themselves before and after a six-week support group. Even if the before and after scores were not considered, the initial scores were a helpful tool to me in my research.



In order to provide greater validity to this approach, I see the need to do some long range testing of outcomes. I plan to administer evaluative questionnaires and the HGRC at the six-month, one-year, and two-year points after attendance of the Grief Recovery program.

### **The Grief Pattern Inventory**

In chapter 3 the two styles of grieving observed by Ken Doka and Terry Martin were discussed. In late 2003, two Grief Recovery groups participated in a study to try to determine the benefit of using the Grief Pattern Inventory in assisting the support group participants in understanding their particular style of grieving. There were 13 participants in one group and 11 in the other group. Both groups took the Grief Pattern Inventory at the second session of the seminar and then helped score their answers to see how they rated on the Intuitive versus Instrumental continuum.<sup>1</sup>

Group one had 11 women and 2 men. Group two had 9 women and 2 men. As expected, the results of the testing showed that the women overall scored higher in the intuitive category and men scored higher in the instrumental. The low number of men in the study made the results less reliable. However, the purpose was not to verify that men typically respond to grief instrumentally and women intuitively. The purpose of the study was to observe the reactions of the class members to their discovery of their individual scores and to raise their awareness of the two styles of grieving so that they might better understand why they reacted to loss the way they did in contrast to how others react.

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<sup>1</sup>See Appendix J for a copy of the Grief Pattern Inventory and for instructions on scoring the inventory.

Many participants expressed positive feedback in discovering their style of grieving. Most participants had a blended score. Combining the two groups together, Figure 11 shows the results in a continuum ranging from profoundly intuitive to profoundly instrumental.

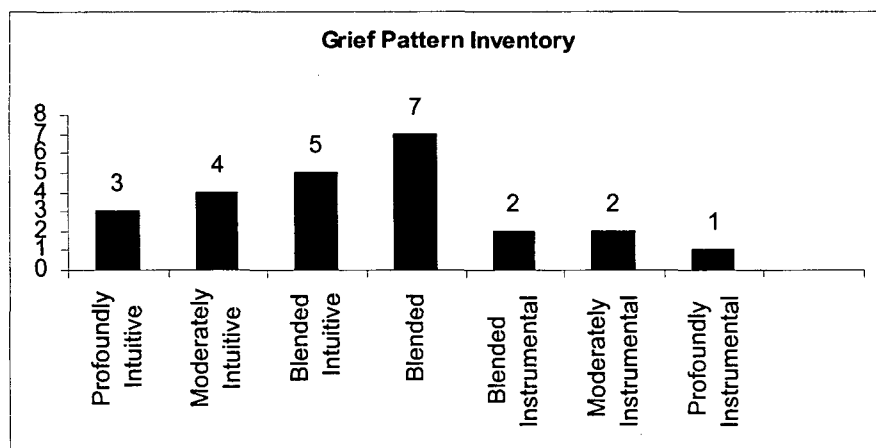


Figure 11. Continuum breakdown of Grief Pattern Inventory scores.

The findings revealed almost a bell curve with more individuals in the blended or middle segment of the continuum than any other segment. These findings speak to the need to provide support to individuals from both an instrumental and intuitive angle. Therefore, I have added an additional handout to the third session of the Grief Recovery Seminar. Along with the "Emotions and Grief" handout<sup>1</sup> that gives the participants some feeling words to work with in describing their grief experience, the next handout is entitled "Instrumental Grief."<sup>2</sup> This handout helps to validate the other grief pathway and

<sup>1</sup>See Appendix D for a copy of the handout, "Emotions and Grief."

<sup>2</sup>See Appendix D for a copy of the handout, "Instrumental Grief."

provides suggested ways to work through grief from an action/thought-oriented approach. See chapter 3 for a discussion on the different styles of grieving.

### **The Clergy Bereavement Conference**

The Clergy Bereavement Conference was well received in both 2003 and 2004. In 2003, 105 clergy representing 79 different congregations were in attendance at each conference.

An evaluation form was given to each clergy person in attendance.<sup>1</sup> Some of the reasons they gave for attending the conference included:

1. "To help those left behind."
2. "Concern and compassion for all humanity."
3. "Understand bereavement better."
4. "Desire to help others."
5. "Be a better pastor."
6. "Expand my view so I can facilitate caring for others."
7. "Further knowledge about grief."
8. "Brochure in the mail interested me."
9. "Desire to be better equipped to direct parishioners through grief process."
10. "My ministry to grieving families in community."
11. "Increase ministry skills so I can better support others."
12. "Deaths in my family."
13. "No cost."
14. "Location."

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<sup>1</sup>See Appendix K for a copy of the Clergy Bereavement Conference Evaluation form.

15. "Sense of inadequacy to help bereaved in church."
16. "Because of world situation."
17. "Many recent deaths in my congregation and my need to grieve."
18. "Heard FH provides helpful seminars."
19. "Want to start a grief support program at church."
20. "Helpful to clergy to hear responses of participants in bereavement support groups."
21. "Ministry goal to be more effective in serving congregants and community."
22. "People are hurting and need spiritual support."

Attending clergy were also asked what they liked about the seminar. Some of their answers were:

1. "Enjoyed varied content and presenters."
2. "Accommodations good."
3. "Dinner was great."
4. "Practical ideas."
5. "Helpful info."
6. "Helped me be a better equipped pastor."
7. "Important concept of listening."
8. "Resources made available."
9. "Red Flags for referral was very helpful."
10. "Clarification over the clergy role in bereavement."
11. "Resource materials and handouts. "
12. "Sharing of actual experiences."
13. "Well presented."

14. "Well planned and orchestrated."
15. "Complicated grief discussion helpful."
16. "Enjoyed case vignettes."
17. "Theological depth of presentations."
18. "Tables to write on."
19. "Beverages."
20. "Reminder that grief takes time and people grieve differently."
21. "It gave me new ideas to better serve people who are grieving."
22. "Good overview of subject."
23. "Liked slide and discussion combo."
24. "Very comprehensive."
25. "Good Grief Charlie Brown presentation."
26. "Nice refresher."
27. "Learned what not to say."

Some areas for improvement suggested by clergy in attendance included:

1. "Need discussion on children and grief."
2. "Auditorium too cold."
3. "Use some video clips."
4. "Have a booklet prepared."
5. "Have handouts of *all* material shared."
6. "Avoid conflict of interest."
7. "Promotions by Funeral Home and private counseling."
8. "Too much time for give aways and too many give aways."
9. "Vocabulary changes which seemed euphemistic."

10. "Need discussion on men and grief."
11. "Need speakers of varied traditions."
12. "Need organ donation discussion."
13. "Need breakfast because of early start."
14. "Needs to be more Scriptural."
15. "Allow speakers to be more creative."
16. "Allow for more discussion, involvement."
17. "Allow for more focus on each topic."
18. "Need more restrooms."
19. "Extend time to be more in depth."
20. "Too much focus on abnormal grief process."
21. "Too much information crammed in such a small amount of time."
22. "Need short testimonies and experiences related to topics."
23. "Provide more of the verbal info in the handouts."
24. "Allow more time for questions."
25. "Have actual family interviews."
26. "Avoid repetition and provide for more depth."
27. "Family grief good but too fast-unpack more."
28. "More time for discussion and small group interaction."
29. "Cover suicide."

The overall experience from the 105 clergy in attendance was an 8.9 on a scale of 1 to 10 with 10 being the highest possible score.

With feedback from the 2003 conference, a planning committee was organized to develop and implement the 2004 Clergy Conference. Many of the above suggestions were incorporated into the 2004 conference.

According to registration records, there were 115 clergy in attendance from 91 different congregations.

In response to the question, "What triggered your decision to attend this seminar?" clergy provided the following responses:

1. "My many experiences in dealing with loss and grief."
2. "Topics listed in brochure."
3. "Because of my ministry is to visit the sick."
4. "A colleague suggested I come."
5. "My church is interested in growing in this area."
6. "Holy Spirit."
7. "Good location."
8. "To examine where I can improve my ministry."
9. "Reputation of Florida Hospital."
10. "Want to be more supportive."
11. "A desire to improve my skills."
12. "Felt I would benefit from topics discussed and resources available."
13. "Improve pastoral care skills."
14. "Needed to learn more about resources of community."
15. "I'm a new pastor needing information so I can minister to my congregation more effectively."
16. "Recent grief and evaluation of my own bereavement ministry."

17. "A lot of people experiencing loss in my congregation."
18. "A need to improve grief seminars that I conduct."
19. "Personal difficulty in finding words to say to people at times of loss."
20. "Good experience from previous year's seminar."
21. "Large number of elderly members in my church."
22. "Can't get around grief, it is inevitable."
23. "Difficulty in personal grief experiences."
24. "My church is in the process of establishing bereavement department."
25. "I'm a widow."
26. "As clergy, I deal with this on a daily basis."

In response to the question, "Which part of today's discussion was most useful to you and your ministry?" the following answers were given:

1. "Very well coordinated/put together."
2. "I liked all of it. Every topic extremely valuable."
3. "Very useful."
4. "Younger widowed lecture."
5. "Helped me to be more sensitive to those going through loss."
6. "Gave me new ideas."
7. "Ministry to widowed lecture."
8. "Children's grief lecture."
9. "Loss of child lecture."
10. "Perinatal loss lecture."
11. "Gave me further insight on bereavement."
12. "Great handouts and resources tremendous."



13. "Topics not normally addressed such as young widows, perinatal loss, suicide."
14. "Learning about resources that are available."
15. "Suicide lecture."
16. "Covered areas of real life concerns."
17. "Like the fast pace and variety of subjects."
18. "Comfortable and enjoyable experience."
19. "Lots of deaths in congregation and personal life."
20. "Well qualified and useful presenters."
21. "Faith and grief discussion."
22. "Diversity of loss experiences."
23. "Wide range and diverse topics covered."
24. "Discussion groups."
25. "Made me think about things differently."
26. "Outline of presentation when it was provided."
27. "Good introduction to various aspects of grief and resources for follow-up if desired."
28. "Very informative."
29. "Do's and don'ts very beneficial."
30. Excellent, well prepared speakers.
31. "The segment in each topic about how the church can help people dealing with particular loss."
32. "Brought areas of bereavement to forefront that are often overlooked."
33. "How to handle initial visit and what to say."

34. "The need of and emphasis on when to refer out."

35. "Personal experience of some of the presenters made presentation more meaningful."

36. "Presentation clear and to the point."

In response to the statement, "Please share your suggestions for improving this seminar," the following responses were given:

1. "Screen not big enough to read all slides."
2. "Auditorium too cold."
3. "Wished had more time."
4. "Make it whole day seminar."
5. "Power Point Slides at higher angle to be able to see from rear of auditorium."
6. "Don't show video during break."
7. "Location hard to get to at time seminar scheduled to begin. Terrible traffic."
8. "Allow more time for group discussion."
9. "More resource agencies represented."
10. "Need larger location."
11. "Advertise more."
12. "Most of seminar directed toward Christian religion."
13. "Better parking facilities."
14. "Religious diversity not addressed."
15. "Involve pastors that come to seminar to share own experiences."
16. "Lack of handouts for some presentations."
17. "Provide more pastoral training and less time plugging organizations."
18. "Take this seminar to the local churches."

19. "Brief video clips would be nice."
20. "After discussions, list answers and ideas from groups so all can benefit."
21. "Refer to handouts when appropriate."
22. "Have more time in groups to share personal experiences of loss."
23. "Location hard to find."
24. "Less presentations and more time for discussion."
25. "Better signage in order to find the meeting room more easily."

Clergy who attended the 2004 Bereavement Facilitation Conference were asked to rate their experience on a scale of 1 to 10 with 1 being very displeased and 10 being very pleased. Scores ranged from 8 to 10 with the average score being 9.2.

This evaluation feedback from 2004 will be studied as plans are made for the 2005 Bereavement Conference for Clergy.

The goal for both conferences was to affirm clergy and further educate them in their role of supporting parishioners at times of loss. This goal was reached as evidenced by the verbal and written feedback received.

### **NAD Bereavement Facilitation Training Seminar**

In the 2003 NAD Bereavement Facilitation Training Seminar, the group consisted of 12 laypersons and ministers from states across the U.S. as well as two other countries. In 2004 the group had grown to 23 participants. This group consisted of laypersons, ministers, teachers, counselors, and conference administrators from the U.S. and four other countries. The location for both of these seminars was the Hilton Hotel in Orlando, Florida.

Improvements were made from 2003 to 2004 based on feedback from the first training. One of the adjustments was to allow time for more group discussion and

questions in 2004. Better retention of information and techniques is achieved when time is allowed for discussion, role-playing, and processing the meaning of what was shared. Some days, a brief film clip was used to stimulate discussion. While the class did not function as a grief support group per se, we did sit around a circle and share grief experiences and intermingled teaching and discussion with personal sharing of thoughts and feelings.

Some of the reasons students gave for coming to the Bereavement Facilitation Certification Training classes were:

1. "Increase education in area of grief and loss."
2. "Because, as a pastor, I face it in my church."
3. "Because I never know what to say to those who have lost a loved one."
4. "My desire to minister to those who have lost a loved one."
5. "I have experienced the loss of family and this has increased my interest in wanting to understand the grief process and how I can in turn help others."
6. "A desire to help people in their time of greatest loss."
7. "A natural part of helping individuals and groups in their depression recovery."
8. "I've been working in Grief Recovery for years and wanted to continue my learning in this area."
9. "Further my training and facilitation skills in this area."
10. "Loss of my son."
11. "My own losses and requests from church members for Grief Recovery Seminars."

12. "I have to deal with this topic in my work for the conference. Want to be able to help."

13. "I am conducting Grief Recovery seminars and need a refresher and to increase my skills."

14. "I need this and my community needs this. I want to have the tools necessary to equip me to start a bereavement support group."

15. "I want to know how to comfort people at the time of their loss. "

16. "A need in my church. I want to be able to facilitate parishioners and community in dealing with loss and grief."

The NAD distributed an evaluation form at the conclusion of the Health Summit listing a number of statements. Students were asked to rate these statements in regard to their learning experience. They rated the statements on a scale of 1 to 5 with 1 being very dissatisfied and 5 being very satisfied.

On the statement, "Grief Recovery Seminar met my expectations," the average score was a 4.5. With respect to the item, "Presenter's knowledge of subject," the score average was a 4.8. For the statement, "Contributed to my professional development," the average score was a 4.6. Their overall evaluation of the seminar came to an average of 4.5. Some of the specific comments on the evaluation sheets were:

1. "Good job! Thank you very much. If participants would have been questioned in the beginning of the seminar about their expectation, this would have helped answer questions and needs a little better."

2. "Lots of great information."

3. "I thought it was excellent and Mike equipped us very well. Would suggest more group work."

4. "At times the presenter moved too quickly and participants were not able to ask questions or make comments. However, overall, very well run."

5. "It was profitable to me and will be beneficial to my ministry."

6. "I was blessed by the presenter's demeanor. He is excellent. Shows good Christian character."

At the conclusion of the seminar, an evaluation form was given out and students responded to the questions. In response to the question, "What did you find most helpful?" students wrote:

1. "The opportunity to speak openly and the bonding which resulted from the guidance of the facilitator."

2. "The knowledge gained and how aware I became as a result."

3. "The interaction and open discussions."

4. "The openness of the presenter and the interaction with other people in attendance."

5. "Realizing that all feelings are okay and that is true for any seminar participants."

6. "The group sharing."

7. "The specific discussion and examples to help assist in facilitation."

In reference to the question, "What changes did you notice in yourself as a result of attending the group?" respondents wrote:

1. "I have learned to appreciate the need for Grief Recovery Seminar. I continue to appreciate the fact of allowing people to do what they want to."
2. "A great change. I am seeing many things differently now."
3. "Learning to listen how others were coping."
4. "Was able to start facing my brother's death."
5. "More in touch with pain of losses."
6. "I have a better understanding of grief."
7. "More understanding of the need to allow people to grieve."
8. "Deeper thinking about grief. I am open to more points of view now."
9. "I had a good breakthrough."
10. "My level of comfortableness with becoming a facilitator."

As a result of the feedback from the 2003 group and through my observations and growth in this area, many modifications were made to the five-day certification training for 2004.

In the 2004 group, attendance nearly doubled to 23 students. The makeup consisted of clergy, lay people, licensed counselors, and active grief support facilitators. This makeup greatly enriched the interactive learning process. There was much verbal feedback and appreciation for the structure and content of the group. Unfortunately, the NAD did not provide an evaluation tool for participants of the 2004 Bereavement Facilitation Certification Seminar as they did in 2003.

There was a lot of affirmation and positive feedback that was shared. But this is hard to quantify, so an attempt was made a couple months after the training to get feedback from the group. An evaluation was sent by email to seminar graduates.<sup>1</sup> Only

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<sup>1</sup>See Appendix L for a copy of the NAD Bereavement Facilitation 2004 Email Evaluation that was sent to graduates of the 2004 Conference.

four responses were received. Nevertheless, the feedback received was helpful. In answer to the question, "Was the seminar content helpful?" answers included:

1. "I was not only blessed in ideas and materials to use in a future grief seminar but this group and facilitator personally blessed me with working on my own grief issue(s)."

2. "Because it really helped me to understand the grieving process better and freed me to be more "silently supportive" rather than the talker I naturally am."

3. "It answered questions for my personal grief and also gave me tools to know how to deal with others gently and more comfortably."

To the question, "Was the resource manual and CD a helpful resource to your ministry?" responses included:

1. "Michael went to a lot of work to place in our hands resources, topics for weekly meetings, etc."

2. "Because it gave me clear outlines and reminders and guidelines and was something I could share, in part, with other people."

3. "I know where to go when I don't know or remember the answers."

Responses to the question, "Which part of the seminar was most useful to you and your ministry?" included:

1. "Both listening to his advice and counsel plus being in the small groups."

2. "Probably listening to the practical experiences of other people and watching you direct and control the flow of information, conversation, and instruction."

3. "How to listen and be . . . rather than to always feel I have to fix it all."

In response to the question, "Which part of the seminar was least useful to you and your ministry?" some of the responses were:



1. "None that I can think of."
2. "Some of the student input was not as focused and practical as it could have been, but all in all, not bad and not a waste of time by any means."
3. "All of it was very helpful!!!"

In response to a request to share suggestions for improving the seminar, responses included:

1. "Nothing except maybe I would like to see a few actual Grief Recovery group sessions, but that's difficult within the time constraints, etc."
2. "I felt that you had a well-balanced approach and wished that all the seminars could be that way. I enjoyed the sharing of the group."
3. "What triggered your decision to attend this seminar?"
4. "I attended a previous grief seminar a couple of years ago and then held one seminar. I knew I wanted more help and information in order to improve on my next seminar I hope to hold plus to feel more comfortable in doing so."
5. A lot of pain and loss in my life and a physical ministry for people that hears and sees the results of pain and loss in the physical as well as spiritual and emotional life of family, friends, students and patients and people in general whom you may only meet in passing.
6. "My own loss and family grief issues, and the church's lack of follow-up after a member has a loss. Not because they don't want to but because they don't know how.

Other suggestions and comments included:"

1. "I was very pleased with the practical side of this seminar. Not only listening to Michael present material but to listen to others share in the large group plus being involved in a small group myself. Thanks so much!"

2. "A bit more spiritual focus. It doesn't need to be "doctrinal" to be general and effective. God bless you in your work. Hope to see you next year!"

3. "To have a better understanding of how to reach out to the grieving. I was really looking for help in working with those grieving from loss in relationships as well. But I think the principles are the same."

### **Hospital In-Service on Bereavement Facilitation**

Seven in-service sessions for various hospital departments have taken place over the last three years. Most of these in-services were in answer to a felt need after the staff in a particular department experienced a difficult loss. Sometimes the loss was that of a staff member, other times, that of a patient.

During these in-service sessions, open discussion took place over the loss and subsequent grief experienced. Outcomes included one-on-one discussions with employees and created more opportunities for me as Chaplain to provide ministry to patients and employees.

No formal evaluations were conducted. However, individuals shared how the class helped them to understand what was going on with their patients and themselves in times of loss. Feedback from fellow employees indicated that they experienced a significant level of care and compassion for those experiencing loss during my talks.

Another benefit is that the word has gotten out about the Grief Recovery seminar. A number of staff members and individuals from the community who were referred by staff members have come to the six-week support group to work through personal losses they have experienced.

### **Bereavement Facilitation Training for Parish Nurses**

The two-hour bereavement facilitation training for parish nurses was well received with groups ranging from 10 to 25. The time was used to encourage and instruct parish nurses in ways to provide much needed presence and support to parishioners during times of loss. Three two-hour training sessions have taken place at Florida Hospital over the past two years. Attendees came from all over Florida and other states as well.

Various topics were discussed including faith and grief, coming to terms with one's own past grief issues, screening for complicated grief, and knowing when and how to refer to a grief counselor. The last half hour was spent in a question and answer period.

Feedback from the group came in the form of applause at the end of the group and through individuals making contact by phone and email sharing what they liked about the discussion. There were also referrals to the Grief Recovery program. No formal evaluation results were shared. However, invitations to do the training for the next class have continued to come in.

### **Bereavement Training for the Church Community**

The church community is an ideal setting for where bereavement facilitation over the long haul can be provided. Yet, after the funeral dinner, church members and many pastors act the way the rest of society does in pretending that everything is back to normal. Studies indicate that individuals in grief continue to need support for their grief over an extended period of time.

The presentations have ranged from ten minutes to one hour and have included various size groups. In these church settings, the session is started from a scriptural basis

for grief. Then the discussion moves into the need to provide support through presence long after the funeral is over. The appointment of a “Bereavement Services Coordinator” was encouraged and the ways this person could help to strengthen the church’s ministry overall were discussed.<sup>1</sup>

Feedback as to the effectiveness of the presentation consisted of individuals sharing their appreciation for the information shared. There were those who expressed a new feeling of empowerment for helping fellow church members work through their losses. Another form of feedback came in the form of individuals who signed up for the next Grief Recovery group as a result of hearing the presentation.

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<sup>1</sup>See Appendix O for Bereavement Ministries Coordinator Job Description.

## CHAPTER VII

### SUMMARY AND CONCLUSIONS

Grief is inevitable. Grief is painful. Studies indicate that education and support help to make the grief process less traumatic and serve as a safeguard against grief becoming complicated.

This dissertation describes the development and implementation of a grief support program at Florida Hospital over a three-and-a-half-year period from 2000 to 2004. This program was designed to (1) provide one-on-one support and group support to those in grief and (2) provide education, affirmation, and support to individuals working with the bereaved.

Grief is a natural reaction to loss of any kind. In a perfect environment, the bereaved receive adequate support from family and friends that leads them to gradually move to a state of recovery and healing. In reality, a significant number of individuals get stuck in their grief. Their grief becomes complicated and leads to an inability to function in a desirable manner. Many significant problems stem from unresolved loss.

The grief support program at Florida Hospital attempts to address this problem by intentionally and proactively providing opportunities for individual and group grief facilitation for the staff and community of Florida Hospital. Grief Recovery at Florida Hospital was designed to provide support one-on-one and in-group gatherings to facilitate the process of grief for those who have experienced significant loss in their lives. Grief support groups are a great place for “those who have had a common experience and want

to share their own needs and offer understanding and compassion to other participants who have similar needs. A group can be a way of coping with the complexities of a particular experience that no one else seems to understand. It is a place where feelings can be expressed and will be understood.”<sup>1</sup>

Two hundred nineteen individuals have attended one of the twenty-one support groups offered at Florida Hospital Altamonte over the past three and one-half years. Their testimonials and the use of the Hogan Grief Reaction Checklist<sup>2</sup> revealed that those who chose to be part of a support group benefited from their participation.

When I started this project, I had no idea what interest there would be with clergy and bereavement. When we chose to target the clergy and lay ministry of central Florida with the intent of raising awareness of the needs surrounding the grieving individual, the response was overwhelming. An annual Clergy Bereavement Conference has now been established.

In the two years, 2003 and 2004, 220 clergy from 100 congregations around Orlando have attended the one-day conference. This conference came about as a result of a pressing need that was observed by clinical chaplains in Florida Hospital and in response to numerous requests for bereavement training held exclusively for clergy. Evaluations and feedback point to an increase in self-awareness and awareness of what mourners are going through at the time of loss.<sup>3</sup> The next conference is set for January 25, 2005.

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<sup>1</sup>Lauren Briggs, *What You Can Say . . . When You Don't Know What to Say* (Eugene, OR: Harvest House Publishers, 1985), 163-164.

<sup>2</sup>See chapter 6 and Appendix I for more on the “Hogan Grief Reaction Checklist.”

<sup>3</sup>See chapter 6 for evaluation feedback from the Clergy Bereavement Conference.

In 2003 and 2004, the Grief Support Program at Florida Hospital also worked in cooperation with the NAD Health Ministries Department to provide a five-day certification-training seminar in the area of bereavement facilitation using Florida Hospital's Grief Recovery program as a model of how to provide help to those enduring the pain of loss. Thirty-five individuals attended from all over the U.S. and from other countries as well. These individuals showed marked improvement in their understanding of the grief process and how to support person(s) in grief. Evaluation responses provided additional confirmation of progress.<sup>1</sup> The next five-day training conference is set for January 31 to February 4, 2005.

Other ways the grief support program at Florida Hospital reached into the community was through a bereavement facilitation module that was developed and incorporated into the Florida Hospital Parish Nurse program. Approximately 50 Parish Nurses took part in this training during three different seminars over the past two years. After the training, nurses reported that they felt better equipped to address the needs of their grieving parishioners.

Hospital and church-based presentations were also requested and provided over the past three and a half years. A better appreciation for, and understanding of, the grief support process was indicated by post-presentation interviews.

Now that this project has been successfully implemented, it is my hope that it will continue to be developed based on the needs of the people it serves and in conjunction with the latest research in the field of thanatology.

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<sup>1</sup>See chapter 6 for evaluation feedback regarding the NAD Bereavement Training Certification Seminar.

Intentional grief support and grief education are beneficial to the community in many ways. Getting stuck in grief can inhibit spiritual functioning and affect one's physical and emotional health. Receiving permission to grieve and discovering ways to process the grief can be a very freeing and empowering experience.

Each individual grieves uniquely, and education about the variables that affect the grief experience can help caregivers to validate the needs of those they are ministering to. As feedback from seminar attendees indicated,<sup>1</sup> people in the caring professions want to be of help. It is just a matter of discovering effective ways to help those in need.

Chapter 3 presented a brief survey of some of the discussions going on in the world of thanatology including current thinking on the different styles of grieving. This was a key segment of discussion at the ADEC National Conference in Pittsburgh, Pennsylvania, held April 27-30, 2004.<sup>2</sup> More research combined with effective avenues of communication will help caregivers and grievers alike understand better ways to work through grief.

In regard to the gap between research and practice that often exists in this field, Kathleen Moore, immediate past president of the Association for Death Education and Counseling (ADEC), recently shared a report from a group of thanatology professionals brought together to formulate recommendations for practitioners, researchers, educational

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<sup>1</sup>See chapter 6 for evaluation feedback from the caregiver bereavement training modules that were sponsored by Florida Hospital.

<sup>2</sup>Kathleen Moore, "National ADEC Board Report." *The Connection 13* (Summer 2004): 5 [newsletter on-line]; available from <http://www.cfcadec.org/summer2004newsletter.pdf>, Internet.



organizations, and training programs. This should prove to be a tremendous resource to those caregivers in the trenches.<sup>1</sup>

As research continues in this field, and as more effective means are employed to get it to the practitioners, the impact on the practical care given to the bereaved will be enhanced. The challenge is for the caregiver to keep up with the research and find ways to translate it into effective one-on-one care to the bereaved. One of the reasons for writing this paper was to encourage growth in this field, especially within the church and hospital settings.

Research has confirmed that each individual's grief is unique and this suggests that needs will vary. More practical research is needed to help caregivers know which interventions would benefit a particular person in grief.

This project has been a blend of research and practice. Research is helpful in validating practice, challenging what is known, providing a basis for change, and helping to make assessments. Where research often falls short is when its questions are irrelevant to practice and when false generalizations are made from the collected data. Evidence-based practice is difficult to find. The grief support program at Florida Hospital has been a continually evolving program fueled by research from the current field of thanatology and the feedback of individuals receiving bereavement care. This balance will be important to maintain as one continues to provide bereavement care.

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<sup>1</sup>A paper entitled "Bridging the Gap between Research and Practice in Bereavement: Report from a Research Exploration and Dialogue" was prepared in 2004 that describes the work and recommendations of the committee, established by ADEC, to discover ways to bridge the gap between research and practice in the field of bereavement. This paper can be obtained by contacting ADEC, 342 North Main Street, West Hartford, CT 06117-2507, (860) 586-7503.

I have grown personally in my ability to provide grief support and to assist others as they provide care to the bereaved. The experience of personal preparation and training and then the process of developing and implementing this program over an extended period of time have had a significant and beneficial impact on my ministry.

The key factors that influenced me in my journey to become a bereavement facilitator were (1) reflections on my own grief experiences through the means of participation in a unit of clinical pastoral education at Florida Hospital, and through (2) one-on-one counseling with a grief counselor; (3) my past experience as a church pastor and prison chaplain, as well as my recent experience as a hospital chaplain; (4) the studies involved in the doctoral intensive, "Family Counseling," in which I focused primarily on family counseling from a bereavement perspective; (5) an extensive survey of journals and textbooks in the field of thanatology in preparation for writing this paper, (6) association with other bereavement facilitators in the Orlando area through organizations like the Central Florida Chapter of ADEC; (7) the study of other grief support programs such as Larry Yeagley's Grief Recovery program, H. Norman Wright's Recovering from the Losses of Life Workshop, Marilou Hughes Bereavement Support Group model, Alan D. Wolfelt's Bereavement Support Group model, Linda Lehman's Grief Support Group Curriculum, Harriet Schiff's Support Group model,<sup>1</sup> and the American Bereavement Academy's Bereavement Facilitation program; (8) my own continual experience with facilitating Grief Recovery groups, and (9) my personal one-on-one discussions with individuals at different points in their grief journey.

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<sup>1</sup>See books by all of these authors outlining their specific grief support programs in the bibliography at the end of this paper.

On the basis of what has been learned through the dissertation process, the following recommendations are presented for consideration:

I recommend that educational institutions, such as nursing schools, medical schools, and other educational facilities focused on preparing individuals for direct patient care, provide adequate education in thanatology. This education could include a module dealing with the need for processing one's own mortality. This will then free the caregiver to be more present to individuals who are approaching death and to their families as they experience their grief. It is not so much having the right word to say as being able to be connected to and comfortable with individuals who are in need of support during times of loss or impending loss. Having a certain comfort with the reality of death will likely reduce the chance of burnout. It will also help the caregiver be more alert to the patients' needs and be ready to refer them to pastoral care professionals who are trained in bereavement facilitation. In the end, caregivers will be delivering true whole-person care to the patient.

I would recommend that seminaries incorporate teaching modules that help equip pastors to better understand the grief process and how crucial their impact on grieving church members are. Pastors will be remembered for their pastoral presence (or lack of presence) at times of loss. While hospital chaplains receive grief training as part of their clinical pastoral education, pastors who are expected to meet their members' needs at the most critical times in their life experience are often without adequate training.

Pastors, by job description, bear the responsibility of companioning with their members through the dark days of grieving. But they frequently lack the desire, comfort, or ability to stay with the members through the entire grief journey. This teaching module could include self-examination about the reality of death and loss, assistance in

processing past loss issues, and a practicum for providing care to individuals who have experienced loss followed up by instructor-led peer interaction and processing.

One of the greatest lessons I learned in the process of developing this project is that the principle of bereavement facilitation can be applied to almost any setting and not just in a formal support-group or a one-on-one consultation with someone who has lost a loved one. Loss takes various forms and grief is a natural response to loss. When grief goes unacknowledged and a person feels invalidated in what he/she is experiencing, this has the potential of limiting their growth and progress. As children of God we are called to carry one another's burdens. One of the best ways to do this is to be present and attentive. People do not need to have their problems solved as much as they need to be listened to and affirmed in their journey.

## APPENDIXES

## APPENDIX A

### MARKETING THE GRIEF RECOVERY PROGRAM

1. One Color Grief Recovery Brochure
2. Two Color Grief Recovery Brochure
3. Grief Recovery Individual Letter
4. Grief Recovery Church Letter
5. Grief Recovery Funeral Home Letter
6. Grief Recovery Postcard
7. Community Resources
8. Grief Recovery Business Card
9. Sympathy Card
10. Grief Recovery Poster
11. Grief Recovery Press Release-1
12. Grief Recovery Press Release-2
13. Grief Recovery Press Release-3
14. Grief Recovery Press Release-4
15. The Times Advertisement
16. Bulletin Announcements
17. Grief Recovery First Session Follow-up Letter
18. Grief Recovery Monthly Reminder Postcard



You are invited  
to the next

# Grief Recovery Seminar

*At one of these Florida  
Hospital locations:*

*Altamonte  
East Orlando  
Kissimmee*

Call **407-303-2670** for  
more information.

*A community service of*



**FLORIDA HOSPITAL**  
*Pastoral Care*



**FLORIDA HOSPITAL**  
*Pastoral Care*

601 East Altamonte Drive  
Altamonte Springs, FL 32701



# Grief Recovery

At Florida Hospital

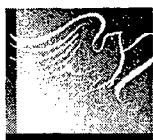
*Seminars Designed  
To Provide Comfort  
And Support*



**FLORIDA HOSPITAL**  
*Pastoral Care*

*The Skill To Heal. The Spirit To Care.*





# Grief Recovery

At



FLORIDA  
HOSPITAL



## **Grieving is natural**

The death of a friend or loved one evokes a variety of emotional responses-doubt, helplessness, hopelessness, anger, anxiety, confusion, fear, depression and loneliness.

These emotions which you may now be experiencing are natural. You need to understand them and find a way to cope with them before your life can return to a more normal state.

Grief Recovery at Florida Hospital is designed to help you cope with the death of a relative or friend through the support group process.

Grief Recovery at Florida Hospital provides you with an accepting climate while maintaining confidentiality and dignity.

## **Creating a healing environment**

With Grief Recovery at Florida Hospital you are allowed to choose your level of participation. This approach helps you cope in your own way as you develop your own emotional, spiritual and social resources.

Grief Recovery at Florida Hospital is a community service for those who are mourning the death of a loved one. As such, it is open to everyone - regardless of religion, sex or nationality.

Grief Recovery at Florida Hospital is led by a qualified bereavement facilitator to help you through the process of healing.

Classes take place at Florida Hospital Altamonte, East Orlando, Winter Park and Kissimmee (Spanish Speaking).

## **What other participants are saying**

*"I have gained a better understanding of myself and have already taken a new interest in life."*

*"I have learned much from these sessions. I now feel better about myself."*

*"Just knowing that I am normal in what I'm feeling has helped me. It was good to learn that I will enjoy life again."*

*"It was comforting to hear that the pain of grieving will become less and that I will be able to form new friendships."*



For information on the next class at all locations, please call  
**407-303-2670.**

*Providing Support and Guidance*



You are invited  
to the next  
Grief Recovery Seminar

Call 407/303-2670 to register or  
for more information.

A free community service of



**FLORIDA HOSPITAL**  
*Pastoral Care*



**FLORIDA HOSPITAL**  
*Pastoral Care*



## Grief Recovery at Florida Hospital

*A Weekly Seminar  
Designed to Provide  
Comfort and Support.*



T H E S P I R I T U A L C A R E

T H E S P I R I T U A L C A R E

T H E S P I R I T U A L C A R E



**FLORIDA HOSPITAL**  
*Pastoral Care*



# Grief Recovery

## Grieving is natural

The death of a friend or loved one evokes a variety of emotional responses — doubt, helplessness, hopelessness, anger, anxiety, confusion, fear, depression and loneliness.

These emotions which you may now be experiencing are natural. You need to understand them and find a way to cope with them before your life can return to a more normal state.

Grief Recovery is designed to help you cope with the death of a relative or friend through the support group process. Grief Recovery provides you with an accepting climate while maintaining confidentiality and dignity. Grief Recovery is led by a certified bereavement facilitator to help you through the process of healing after an emotional crisis.

## Creating a healing environment

With Grief Recovery you are allowed to choose your level of participation. This approach helps you cope in your own way as you develop your own emotional, spiritual and social resources. The approach is non-denominational and includes small group discussions, brief lectures and take home material.



Grief Recovery is a free community service for those who hurt. As such, it is open to everyone — regardless of age, religion, sex or nationality.

## What other participants are saying...

*"I have gained a better understanding of myself and have already taken a new interest in life."*

*"I have learned much from these sessions. I now feel better about myself."*

*"Just knowing that I am normal in what I'm feeling has helped me. It was good to learn that I will enjoy life again."*

*"It was comforting to hear that the pain of grieving will become less and that I will be able to form new friendships."*

**For information on the next class, please call 407-303-2670.**

FLORIDA HOSPITAL GRIEF RECOVERY PROVIDING SUPPORT AND GUIDANCE 407/303-2670

Providing Support and Guidance



# FLORIDA HOSPITAL

## *Pastoral Care*

601 East Altamonte Drive  
Altamonte Springs, FL 32701  
407/303-2202

[INDIVIDUAL LETTER]

February 2, 2004

Dear Friend,

I am writing to inform you of a Grief Recovery Seminar to take place on the campus of Florida Hospital *Altamonte* beginning Wednesday, March 3, at 7:00 pm in the Executive Conference room.

This letter is your invitation to come and receive some extra support in the grief process you have been engaged in since the loss of your loved one. In this seminar you will come to understand the process of grief and how you can walk "through the valley of the shadow of death" to face life anew.

To pre-register for this free seminar, or for more information, call 407-303-5101. This seminar is a free community service of the Florida Hospital Pastoral Care Department.

Sincerely,

A handwritten signature in cursive script that reads "Michael Lombardo".

Michael Lombardo, M.Div., N.C.B.F.  
Chaplain



**FLORIDA HOSPITAL**  
*Pastoral Care*

601 East Altamonte Drive  
Altamonte Springs, FL 32701  
407/303-2202

[CHURCH LETTER]

February 2, 2004

Dear Pastor,

I am writing to let you know about a Grief Recovery Seminar to take place at Florida Hospital Altamonte beginning Wednesday, March 3, at 7:00 pm in the Executive Conference room.

We would appreciate it if you would be willing to spread the word at your church. In this seminar your parishioners will come to understand the process of grief and how they can walk "through the valley of the shadow of death" to face life anew. Feel free to share the brochures and post the flyer that is enclosed as well as put an announcement in your church bulletin.

For more information you can call 407-303-5101. Grief Recovery is a free community service sponsored by the Pastoral Care Department at Florida Hospital.

Thank you very much,

*Michael Lombardo*

Michael Lombardo, M.Div., N.C.B.F.  
Chaplain



**FLORIDA HOSPITAL**  
*Pastoral Care*

601 East Altamonte Drive  
Altamonte Springs, FL 32701  
407/303-2202

[FUNERAL HOME LETTER]

February 2, 2004

Dear Director & Staff,

I am writing to let you know about our next Grief Recovery program that is being offered at a number of our Florida Hospital campuses in the Orlando area. We currently have ongoing programs at Florida Hospital Altamonte, East Orlando, Kissimmee and Winter Park Memorial Hospital.

I would appreciate it if you would be willing to notify families that you think would benefit from this free program. In this seminar your clients will come to understand the process of grief and how they can walk "through the valley of the shadow of death" to face life anew. The biggest benefit that I hear participants talk about is that of support. Attendees often say they don't feel so alone in their feelings after coming to the support group.

Brochures and business cards are enclosed for your use. If you need more of these at any time, please call me. For more information, you can call 407-303-2670. Grief Recovery is a free community service sponsored by the Pastoral Care Department at Florida Hospital. Thank you for your help.

Sincerely,

*Michael Lombardo*

Michael Lombardo, M.Div., N.C.B.F.  
Chaplain

Grief Recovery Postcard



601 E. Altamonte Drive  
Altamonte Springs, FL 32701

Address side of Postcard.



**GRIEF RECOVERY**  
**At Florida Hospital**

*A Six Week Seminar Designed  
To Provide Comfort & Support*

Meets Wed. at 7:00 pm during the month  
of Jan, March, May, July, Sep. and Nov.



at Florida Hospital-Altamonte  
Executive Conference Room

601 E. Altamonte Drive (Hwy 436)  
Altamonte Springs, FL 32701

*A free community service. Call 407-303-2670 for more info.*

Message side of postcard.



## SPECIALIZED SUPPORT

**INFANT LOSS GROUP:** Bereavement support for parents who have experienced the death of an infant. Meets 7-9 P.M. the third Tuesday of every month at Prince of Peace Lutheran Church, 436 at Curry Ford Road. Contact Char Melcher (407) 380-2441.

**CENTRAL FLORIDA SIDS FAMILIES:** Offers one on one support to families who have had a baby die due to Sudden Infant Death Syndrome (SIDS). [www.sidsfamilies.com](http://www.sidsfamilies.com) (407) 380-2441

**THE COMPASSIONATE FRIENDS:** Offers local chapters of a national organization offering friendship and understanding to bereaved parents through ongoing support group meetings.

Orlando Chapter - 7:00 P.M. on the 1<sup>st</sup> Tuesday of each month at the Central Christian Church, 250 West Ivanhoe Blvd., 24 hour line (407) 974-9933.

Heart of Florida Chapter: 7:00 P.M. on the 2<sup>nd</sup> Tuesday of each month in the sanctuary of Sanlando United Methodist Church, 1890 W.S.R. 434, Longwood. Call Vida or Lindsay Baker (407) 788-2746

**GRIEF SUPPORT FOR PARENTS:** For parents who have lost their only child or all their children. Meets the 3<sup>rd</sup> Wednesday of every month at 7:00 P.M., 405 Valencia Court, Longwood. Contact Ron or Pat Klair (407) 332-6493

**PARENTS OF MURDERED CHILDREN:** Support for families and friends of those who have died by violence. Support group meetings are held the 4<sup>th</sup> Wednesday of each month from 7:00 - 9:00 P.M. at the University Congregational Church, 9300 University Blvd., Orlando. Call (407) 657-4278.

**BEREAVED SURVIVORS OF HOMICIDE INC.:** Support group meetings for families of homicide victims 6:30 - 8:30 P.M. the 1<sup>st</sup> and 3<sup>rd</sup> Wednesdays at the Voters Registration Building, 119 West Kaley. Call (407) 836-4028 or (407) 351-9368.

**HOMICIDE GRIEF SUPPORT GROUP:** Meets the last Monday of every month, 6:30 - 8:00 P.M., Juvenile Assessment Center, 181 Bush Loop, Sanford. Contact Seminole County State Attorney's Office (407) 665-6113.

**M.A.D.D.:** Mothers Against Drunk Driving, an outreach program assisting victimized families through bereavement and adjudication. Call (407) 246-1331.

**CENTRAL FLORIDA CONCERNS OF POLICE SURVIVORS, INC. (C.O.P.S.):** Offers one on one outreach and monthly group support meetings to assist survivors of law enforcement officers killed in-the-line-of-duty. For more details call Tom Gillan at (407) 658-1818.

**SURVIVORS OF SUICIDE:** Groups are open to any family member or friend (18 years or older) who has been touched by the suicide of a loved one.

Monthly support group meetings combining grief education and emotional support. For more information contact Lifeline of Central Florida at (407) 425-2624.

**HOPE AND HELP CENTER OF CENTRAL FLORIDA** is an information, referral and resource agency for anyone affected by HIV and AIDS. Call (407) 645-2577, 1935 Woodcrest Drive, Winter Park, Florida 32792.

LIFELINE OF CENTRAL FLORIDA:  
The Community Crisis Line is available  
24 hours a day for crisis counseling and  
resource information assistance. Call  
(407) 425-2624.

**SOCIAL OPPORTUNITIES FOR  
WIDOWS AND WIDOWERS**

L.I.F.T.: Social Support Program for widowed  
persons. Monthly luncheons and day trips. Call  
(407) 228-4075.

REBOUNDERS/VITAS: Monthly breakfast /  
luncheons / dinners. Call (407) 875-0028.

WIDOWS & WIDOWERS SOCIETY OF  
CENTRAL FLORIDA: 1<sup>st</sup> Friday each month  
- 7:30P.M. Social outings planned weekly.  
Meetings held at the Goldenrod Civic Center,  
4763 Palmetto Avenue, Winter Park. More  
Information call (407) 382-0607.

GRIEF LINE: The Grief Line - Caring  
listeners who do not judge where you are in  
your grief, are available 24 hours a day and  
have referrals to support groups - or therapy  
options if needed. (407) 447-3388.

# COMMUNITY RESOURCES FOR THE BEREAVED



186

Compiled By:  
Central Florida Association  
for Death Education  
and Counseling

Printing Funded by:  
Baldwin-Fairchild  
Cemeteries & Funeral Homes  
(407) 898-8111

July 2003

## GENERAL GRIEF SUPPORT

**GRIEF SHARE:** Ongoing Christian based grief recovery support group. Meets weekly for 13-week video series. First Baptist Central Florida, 8800 West Colonial Drive, Ocoee. For more information call Phillipia Turner (407) 293-4571 x220.

**HOSPICE OF THE COMFORTER:** Bereavement program for adults, includes grief counseling, support groups and social activities. Meetings are held at Hospice of the Comforter, 595 Montgomery Road, Altamonte Springs (407) 682-0808.

**VITAS:** Offers a variety of general and specific bereavement support groups for a 6 week period, offered continuously through the year. Previous enrollment in the program is not a requirement for participation in the support meetings. Call Vitas at (407) 875-0028 for information.

**BEREAVEMENT SUPPORT:** A 12-week program looking at the grief process through a Catholic/Christian perspective. Open to everyone. For information please call Pat Jacks, at (407) 679-6583. A ministry of St. Margaret Mary Catholic Church, 526 North Park Avenue, Winter Park.

**HOSPICE OF ORANGE-OSCEOLA:** Grief support groups offered for adults at the Hospice Office, 4111 Metric Drive, Winter Park. For more information call (407) 599-5079.

**GRIEF SUPPORT GROUP:** Open to any bereaved individual. Meets 1<sup>st</sup> and 3<sup>rd</sup> Thursday at 7:30 P.M. at the St. Mary Magdalen's Parish Life Center (Gold Room), 861 Maitland Ave., Altamonte Springs (407) 831-1212.

**GRIEF SUPPORT:** Open to anyone who is grieving the death of a loved one. Meetings are held each Thursday at 7:00 P.M. in the Religious Education Building of St. Augustine Catholic Church, 375 Sunset Drive, Casselberry (407) 331-2829

**GRIEF RECOVERY:** A variety of weekly support programs are available at four Florida Hospital locations: Altamonte, Winter Park Memorial, East Orlando, and Kissimmee (Spanish Speaking). Please contact the Pastoral Care Department at (407) 303-2670 for additional information.

**WALKING THE MOURNER'S PATH:** This is an eight-week, Christ-based support group for those who have recently faced the death of a loved one. All Saints Episcopal Church. Call (407) 599-4327 (Fee Based)

**JEWISH BEREAVEMENT SUPPORT:** Jewish Family Services offers support groups, resources and individual counseling for those who have lost a loved one. (407) 644-7593

**"TURNING TEARS INTO HOPE":** Support group meetings are held the 2<sup>nd</sup> and 4<sup>th</sup> Thursday of every month. 7:00 P.M. Parkway Baptist Church, 9000 Lake Underhill Road, Orlando - Main Building - Room C-115. (407) 273-0511

**GRIEF SUPPORT FOR  
WIDOWS AND WIDOWERS**

WIDOWED PERSONS SERVICE OF GREATER ORLANDO, INC.: This is a one-to-one outreach to newly widowed in Orange and Seminole counties. Support group meetings and social events are held at various locations. Call (407) 649-9209.

WIDOWED SUPPORT GROUPS sponsored by Baldwin-Fairchild. Call (407) 898-8111 for more information on the following groups:

SENIOR WIDOWED: An 8-week structured series offered three times a year offering grief education and practical support in the rebuilding process.

NEW BEGINNINGS: Monthly meetings for senior widowed offering fellowship and information. Meets 2<sup>nd</sup> Thursday of each month from 10:00 A.M. - Noon followed by a covered dish lunch. North Park Baptist Church, 741 North Mills Avenue, Orlando.

WINGS: Widowed In Need of Group Support. Ongoing support for widows and widowers under the age of 60. Meets the 2<sup>nd</sup> and 4<sup>th</sup> Wednesdays of each month from 7:00P.M. - 9:00P.M. at First Congregational Church, 215 New England Ave., Winter Park.

**GRIEF SUPPORT FOR  
CHILDREN**

NEW HOPE FOR KIDS: New Hope is a support center for grieving children and for those who are a part of their lives. Call (407) 599-0909 for age appropriate group times. Located at 900 North Maitland Ave., Maitland.

RAINBOWS: An organization to help children of all ages who have experienced loss through death or divorce. Sponsored by the Catholic Diocese of Orlando. Call Terry O' Sullivan, Director (407) 246-4868.

THE HORIZONS CHILDREN'S PROGRAM: Children's multi-arts program facilitated through school counselors under the direction of *Hospice of the Comforter*. Call (407) 682-0808.

**GRIEF SUPPORT FOR PARENTS**

H.E.A.L.: Helping Endure infant Loss for parents who have experienced miscarriage, stillbirth or newborn death. Sponsored by The Florida Hospital Women's Center. Call (407) 897-5715.

PERINATAL BEREAVEMENT SUPPORT GROUP: This program at Arnold Palmer Hospital for Children and Women offers groups for parents who have experienced miscarriage, ectopic pregnancy, still birth, or newborn death. Call (407) 649-6947.

One Color Grief Recovery Business Card



**Grief Recovery**  
**At Florida Hospital**

*Support groups designed to provide comfort and support*


**407-303-2670**

*Grief Recovery is a community service of Florida Hospital*

Front of Business Card

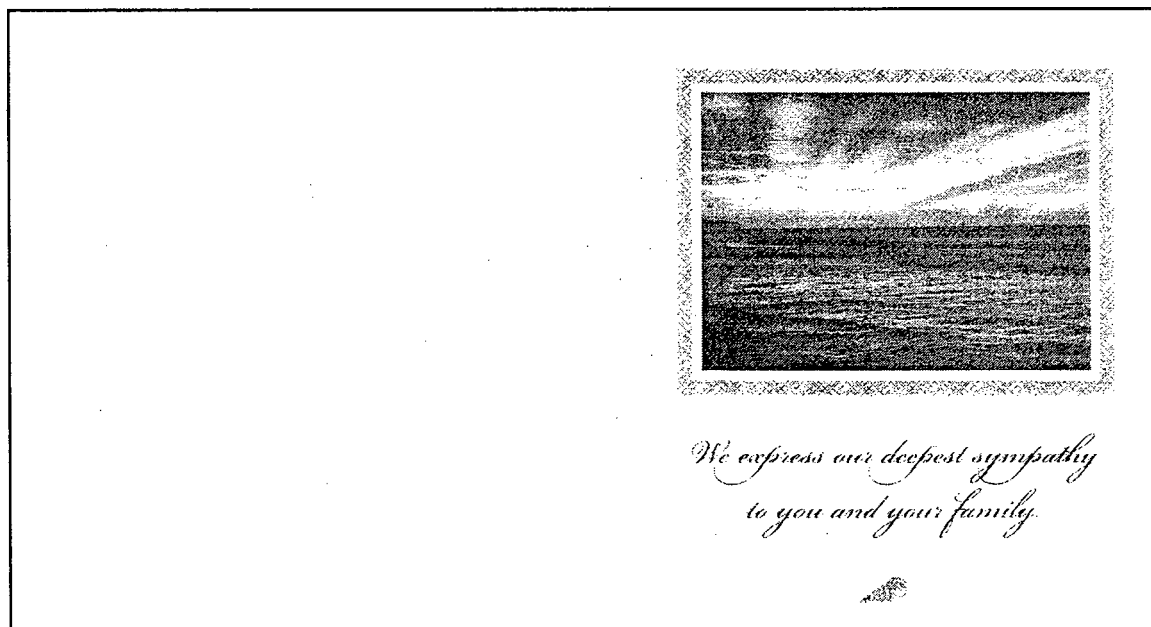
**GRIEF RECOVERY**

- Grief Recovery is designed to help you cope with the death of a relative or friend through the support group process.
- Grief Recovery provides you with an accepting climate while maintaining confidentiality and dignity.
- Grief Recovery is led by a certified bereavement facilitator to help you through the process of healing after an emotional crisis.
- Grief Recovery is a six week program with monthly follow up support.

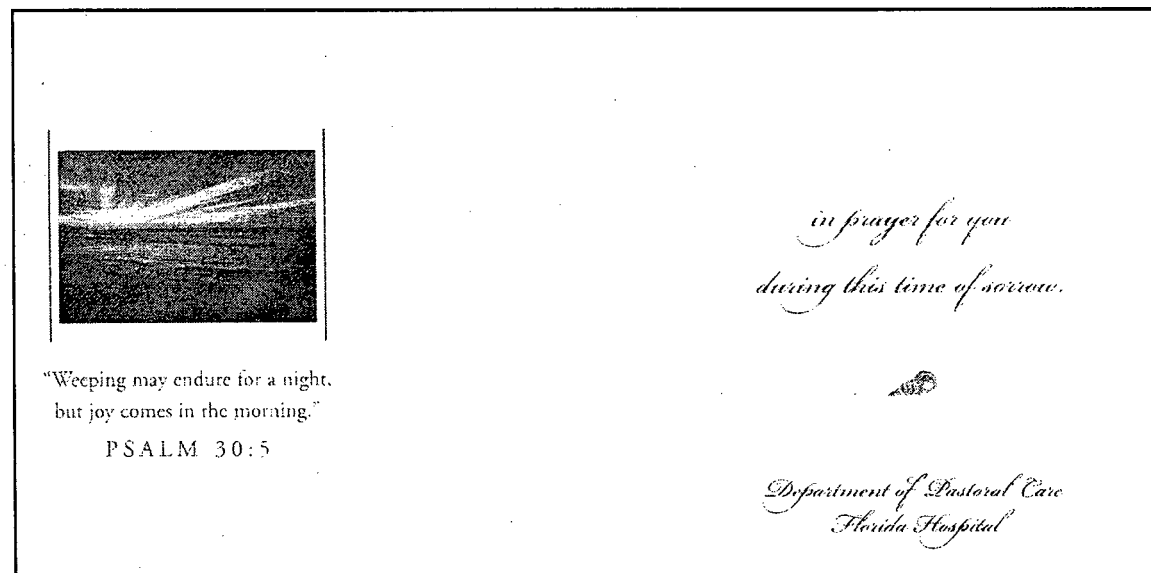
Sponsored by  **FLORIDA HOSPITAL**  
*Pastoral Care*

Back of Business Card

Florida Hospital Pastoral Care Sympathy Card



Outside of card



Inside of card



# Grief Recovery

At Florida Hospital

Trying to work through your grief alone without the support of others is extremely difficult. Grief Recovery can help you face your feelings and work through them.

You are invited to attend the next  
**Grief Recovery Program**  
*At one of these locations:*

Florida Hospital Altamonte  
Florida Hospital East Orlando  
Florida Hospital Kissimmee

---

*Call*  
**407-303-2670**  
*for more information.*



*A community service of*

**FLORIDA HOSPITAL**  
*Pastoral Care*

---

*Providing Support and Guidance*



## PRESS RELEASE - 1

The death of a friend or loved one evokes a variety of emotional responses. Everything from doubt, helplessness and hopelessness to anger, anxiety, confusion and fear. These emotions and others are the natural reaction to a loss. We need to understand them and find a way to cope with them before life can return to a more normal state.

Grief Recovery is designed to help individuals cope with the death of a relative or friend through the support group process. Grief Recovery provides participants with an accepting climate while maintaining confidentiality and dignity. Grief Recovery, led by Mike Lombardo, M.Div., was developed to help you through the process of healing after an emotional crisis.

"With Grief Recovery you are allowed to choose your level of participation. This approach helps you cope in your own way as you develop your own emotional, spiritual and social resources," says Mike Lombardo. A nationally certified bereavement facilitator, Lombardo has conducted Grief Recovery groups in various locations throughout the southeast over the past 15 years. Besides leading out in these support groups, Lombardo is a hospital chaplain with Florida Hospital – Seminole Division. The approach he uses is non-denominational and includes small group discussions, brief lectures, video presentations and homework assignments.

Grief Recovery is a free community service for those who hurt. As such, it is open to everyone - regardless of age, religion, sex or nationality. This informal program is offered in Executive Conference room of Florida Hospital *Altamonte* weekly for 6 weeks.

A recent graduate of the Grief Recovery Seminar said: "I have gained a better understanding of myself and have already taken a new interest in life." Another participant commented: "I have learned much from these sessions. I now feel better about myself." Lombardo has heard many a participant say after the first session that they feel so much better just knowing they were normal feeling the way they felt.

Classes begin anew on the first Wednesday of every other month (ie. March 3, May 5, July 7, Sep. 1, Nov. 3) at 7 pm. Classes meet for six weeks and are held at the Chatlos Conference Center on the campus of Florida Hospital – Altamonte. To get to FH – Altamonte: from I-4 take exit 91 and go east on 436. Hospital is on the left.

Grief Recovery is a free community service of Florida Hospital Pastoral Care Department. For information on the next class, please call 407-303-5101.





## PRESS RELEASE - 2

Grief Recovery is a six week support group process for those who have lost a loved one. It is offered as a free community service and is available to everyone regardless of age, religion, sex or nationality. The approach used is non-denominational and includes small group discussions, brief lectures, video presentations and homework assignments.

A recent graduate of the Grief Recovery Seminar said: "I have gained a better understanding of myself and have already taken a new interest in life." Another participant commented: "I know now that I am not alone in my feelings. I have learned much from these sessions. I now feel better about myself."

"The death of a friend or loved one evokes a variety of emotional responses" says Mike Lombardo, Grief Recovery coordinator at Florida Hospital Altamonte. "These emotions can range from doubt and hopelessness to anger, anxiety, and confusion." Lombardo says "these emotions and others are the natural reaction to a loss. We need to understand them and find a way to cope with them before life can return to a more normal state."

To join the next Grief Recovery group or to learn more about Grief Recovery, call 407-303-2670. Grief Recovery is sponsored by the Florida Hospital Pastoral Care department.



## Press Release - 3

### *Grieving is natural*

The death of a friend or loved one evokes a variety of emotional responses-doubt, helplessness, hopelessness, anger, anxiety, confusion, fear, depression and loneliness. These emotions which you may now be experiencing are natural. You need to understand them and find a way to cope with them before your life can return to a more normal state.

Grief Recovery is designed to help you cope with the death of a relative or friend through the support group process. Grief Recovery provides you with an accepting climate while maintaining confidentiality and dignity. Grief Recovery is led by a certified bereavement facilitator to help you through the process of healing after an emotional crisis.

### *Creating a healing environment*

With Grief Recovery you are allowed to choose your level of participation. This approach helps you cope in your own way as you develop your own emotional, spiritual and social resources. The approach is non-denominational and includes small group discussions, brief lectures and take home material.

Grief Recovery is a free community service for those who hurt. As such, it is open to everyone - regardless of age, religion, sex or nationality. This informal program is offered in the Chatlos Conference Center of Florida Hospital - Altamonte, East Orlando and Kissimmee (Spanish Speaking) weekly for 6 weeks.

### What other participants are saying

*"I have gained a better understanding of myself and have already taken a new interest in life."*

*"I have learned much from these sessions. I now feel better about myself."*

*"Just knowing that I am normal in what I'm feeling has helped me. It was good to learn that I will enjoy life again."*

*"It was comforting to hear that the pain of grieving will become less and that I will be able to form new friendships."*

Grief Recovery is a free community service of Florida Hospital Pastoral Care Department. For information on the next class, please call 407-303-2670.



## PRESS RELEASE - 4

When you lose someone you love, it can be very hard to sort out your feelings. Trying to work through your grief alone and without the support of others is extremely difficult. Even friends and family members cannot always help. Sometimes you need someone who can help you deal with your grief and work toward resolution.

Grief Recovery, can help you face your feelings and work through them, helping you to accept death and regain a commitment to living. The Program's informal meetings provide information and answers to your questions, as well as support, comfort and guidance.

Although group sessions are headed by a Florida Hospital chaplain, they are guided by the needs and desires of the participants. You are encouraged to confront your situation openly and honestly and to deal with it in a positive way. Although you will be encouraged to talk about your feelings, you will not be pressured to do so.

By sharing your thoughts and experiences with others who are experiencing grief, you can face the cause of your grief, examine the effects on your life, and work through problems constructively. Group support can help you cope during the days of pain, loneliness and helplessness. It can help you heal.

### Grief - A Response to Loss

Dealing with the loss of a loved one is probably one of the most difficult challenges you will endure in a lifetime. You may not know what to expect when someone very close to you dies. You may feel denial, isolation, anger, guilt, or depression.

What you are feeling is grief, the human response to loss. Each of us experiences grief differently:

You may have feelings of numbness, yearning, restlessness and protest.  
You may suffer deeply or feel like running away.  
You may wonder how you should act or what is normal.

These are all natural reactions to loss.

### Grieving - A Healing Process

Death is not something any of us can easily accept. But it doesn't go away if you ignore it. The expression of grief helps you to accept death and mourn completely. It also helps you to heal, allowing you to live again fully.

Grieving is healthy and normal, It's a healing process essential to your well-being and for continuing life. But grief takes time; it can last several days or weeks, or even several years. It also involves work and pain.

You can resolve your grief sooner and more successfully if you understand, accept and display your grief rather than deny it. You shouldn't try to protect yourself or others from the pain; this only prolongs the process. It is important to face death straightforwardly in order to deal with it positively.

Grief Recovery is a free community service of Florida Hospital. Grief Recovery is a six-week program designed to help facilitate the grieving process for you and your family.

## Sample Grief Recovery Ad in The Times

FLORIDA HOSPITAL  
The Skill to Heal. The Spirit to Care.

February 12, 2004

# the times

A PUBLICATION FOR THE EMPLOYEE FAMILY AT FLORIDA HOSPITAL

## FH Nights with the Magic

Don't forget the special FH employee discounts on the **February 18 and February 24 Orlando Magic** games. For more information flyers are available in HR at FHO, executive office at the other campuses and Centra Care and FPMG administrative offices. Tickets can also be reserved by contacting Jessica Fernandez at 407/916-2912 or via email at [jfernandez@orlandomagic.com](mailto:jfernandez@orlandomagic.com).



## Grief Recovery Seminar

The next Grief Recovery Seminar begins March 3 at FH Altamonte. This six-week seminar will take place in the executive conference room on Wednesdays at 7 pm and is designed to provide comfort and support to anyone who is grieving. For more information on the Grief Recovery Seminar, call 407/303-2670.

## Run Around the Pines

On **Sunday, February 29**, join the Bob Mosher Memorial 5K presented by FH and "Run Around the Pines." The race will begin at 7:30 a.m. at Showalter Field in Winter Park, with the Florida Children's Hospital Kids Run at 8:45 a.m. The entry fee through February 21 is \$15, \$17 until February 28, and \$25 on race day.

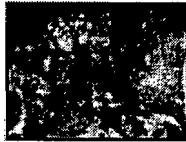
To register, go on line at [www.trackshack.com](http://www.trackshack.com) or at Track Shack, 1104 North Mills Avenue, Orlando, FL 32803

## AROUND EAST ORLANDO

### Wombs with a View

*4D Ultrasound Now Available at FHEO*

Expectant moms in East Orlando can now see real-time 3D images of their unborn babies at FHEO.



The 4D ultrasound, which uses painless sound waves to create enhanced images never before possible, is offering expectant couples their very first baby pictures.

With 4D imaging, patients and physicians can view 3D images of anatomy in motion. By obtaining up to 16 scan volumes per second, images are displayed on a monitor in real time, going far beyond the boundaries of traditional ultrasound imaging.

Prenatal ultrasound has been used for years as a diagnostic tool. But, the standard 2D ultrasound creates an abstract image with barely definable features. Now, with 4D technology, parents can see a 3D picture detailing the baby's features and facial expressions. And, with the addition of the fourth dimension of real time, they can actually see the fetus move in the womb in 3D.

"The 4D images are truly remarkable and we are pleased to be able to offer 4D technology to our patients in East Orlando."

said Kimberly Eisen, manager of ultrasound at FHEO.

### Building a Better Workplace

The FHEO Employee Recruitment and Retention Committee is working hard to help build a better workplace. Each month, the committee will have some type of event or project that ties back to the mission and vision as well as focuses on how we can make FHEO a better place to work. In January we asked for employees to share how satisfied they were with their organization as a place to work. A sports theme as well as a drawing for sports memorabilia and tickets, was used to help motivate everyone to share their suggestions. All departments were encouraged to participate by decorating their areas and wearing special attire. We would like to give Nutritional Services a special thank you for providing daily "tailgating" food items.

In February, we are focusing on how we *Extend the Healing Ministry of Christ*. Please see your department director or manager to pick up your "hand" form and indicate how you personally *Extend the Healing Ministry of Christ* at work. All "hand" forms need to be placed in your departmental box or returned to your manager by Friday, February 20. The

department with the highest percentage of participation will be acknowledged!

### Team Chimes

Transportation calls are now being directed through the dispatch center department at the FHO campus. To better serve your needs, please dial the following number and have the following information ready for the dispatcher and give it to them in this order:

- Dial 831-3025
- State your name and where you are calling from (example: This is Jane from East Orlando)
- Give the room or department the patient is coming from
- Give the room or department the patient is going to
- State the last name of the patient
- State the mode of transportation (example: stretcher, wheelchair, bed)
- Inform them of extra equipment that the transporter will need (example: IV pole, oxygen tank, etc.)
- Inform them of any additional information that the transporter or dispatcher might need to know



**Grief Recovery**  
At Florida Hospital

407-303-2670

## BULLETIN/NEWSLETTER ANNOUNCEMENTS

**Grief Recovery is a community service of the Florida Hospital Pastoral Care department. Please help us get the word out by inserting these announcements in your bulletin, Our next seminar starts Wednesday, March 3 at 7 pm at Florida Hospital Altamonte.**

*Week 1* A free community service of Florida Hospital, Grief Recovery provides the support that people need to work through their grief. Grief Recovery is a six week seminar that meets on Wednesday evenings at 7 pm at Florida Hospital *Altamonte*. The next class will begin March 3. Call 407-303-5101 for more information.

*Week 2* The death of a friend or loved one evokes a variety of emotional responses. Everything from doubt and hopelessness to anger, confusion and fear. These emotions and others are the natural reaction to a loss. We need to understand them and find a way to cope with them before life can return to a more normal state. Grief Recovery is designed to help individuals cope with loss through the support group process. Grief Recovery meets on Wednesday evenings at 7 pm at Florida Hospital *Altamonte* and will begin on March 3. Call 407-303-5101 for more information.

*Week 3* Grief Recovery is designed to help individuals cope with the death of a relative or friend through education and support. Grief Recovery provides participants with an accepting climate while maintaining confidentiality and dignity. Grief Recovery is a five week seminar that meets on Wednesday evenings at 7 pm in the executive conference room on the first floor of Florida Hospital *Altamonte* and will begin on March 3. Call 407-303-5101 for more information.

*A free community service of*



**FLORIDA HOSPITAL**  
*Pastoral Care*



**FLORIDA HOSPITAL**  
*Pastoral Care*

601 East Altamonte Drive  
Altamonte Springs, FL 32701  
407/303-2202

[AFTER FIRST NIGHT LETTER]

February 2, 2004

Dear \_\_\_\_\_,

I really appreciate the courage you displayed in coming to Grief Recovery last Wednesday night. I know it wasn't the easiest thing to do.

I hope this next week will be a little easier. Along with new handouts and helpful information we will do a little review. And there will be opportunity for questions and sharing.

Meanwhile, please remember that if you need somebody to talk to, you can call my office and make an appointment to see me or we can talk by phone. There is no charge. My phone number is 407/303-5101.

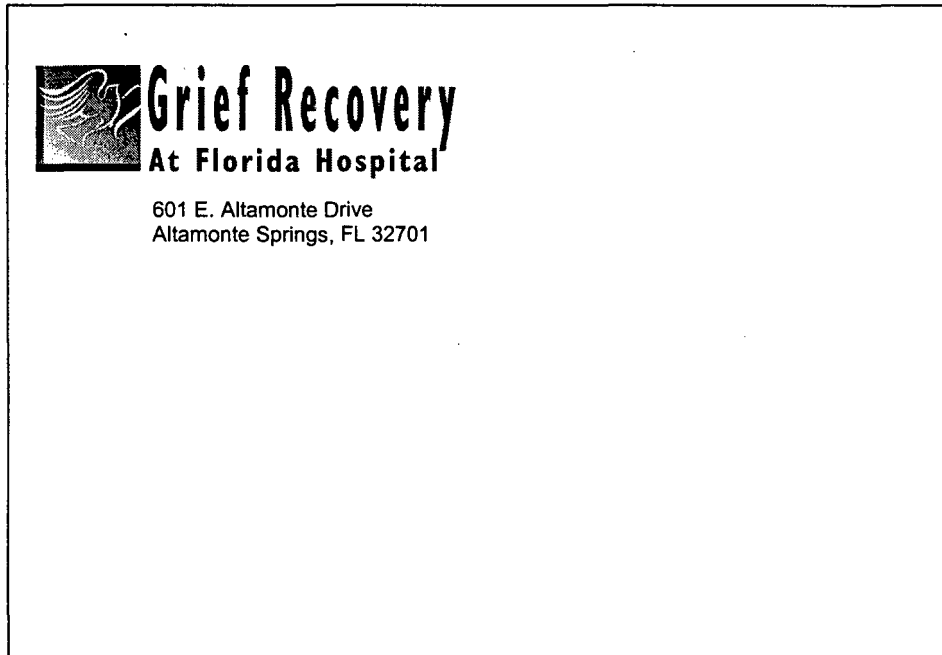
Looking forward to seeing you on Wednesday at 7 p.m.

Sincerely,

*Michael Lombardo*

Michael Lombardo, M.Div., N.C.B.F.  
Chaplain

Reminder card for Monthly Support Group



Address side of Postcard



Message side of Postcard

## APPENDIX B

### GRIEF RECOVERY HANDOUTS — SESSION ONE

1. Grief Recovery Registration
2. What is Grief?
3. Our Ground Rules
4. The Four Goals of Grief Recovery
5. Normal Grief Experiences
6. Responding to our Feelings
7. The After Loss Credo
8. Care Note Handouts





# REGISTRATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

1. Describe briefly the loss or losses you have had that have led you to want to attend Grief Recovery:

Name of Deceased	Your Relationship to Deceased	Cause of Death	Approximate Date of Loss

2. Was the death of your loved one:  Sudden Or Unexpected?  Protracted (drawn out)?

3. Describe briefly what you would like to receive as a result of coming to this support group:

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4. Religious Preference:

No preference  Christian (please specify): \_\_\_\_\_

Jewish  Muslim  Hindu  Other (please specify): \_\_\_\_\_

5. How did you learn about this seminar?

Hospital Newsletter  Church Bulletin  Card from the Hospital  Friend

Mailed Brochure from the Hospital  Other (please specify): \_\_\_\_\_



407-303-2670

## WHAT IS GRIEF?

1. GRIEF is the normal and natural reaction to loss of any kind.
2. GRIEF is the pain and desperate longing you feel when you lose someone who has given meaning and purpose to your life.
3. GRIEF is that silent, night life terror and sadness that comes a hundred times a day when you start to speak to someone who is no longer there.
4. GRIEF is the helpless wishing that things were different, when you know they are not and never will be the same again.
5. GRIEF is a whole cluster of adjustments, apprehensions, and uncertainties that strike life making it difficult to reorganize and redirect your energies.
6. GRIEF is like a long valley, a winding valley where any bend may reveal a totally new landscape.
7. GRIEF is the angry reaction of a man - so filled with shock, uncertainty, and confusion, that he strikes out at the nearest person.
8. GRIEF is the aching your body feels when you long to hold your baby who died after such a brief life - and you just can't anymore.
9. GRIEF is a normal and healthy sense of loss. The emotions involved are real, and they need to be recognized and expressed.
10. GRIEF is unique and unpredictable and each person will experience it in his or her own way.
11. GRIEF is a part of every life. Grief is no respecter of age or person.
12. GRIEF is an attempt to bring life back into focus after the lenses have gotten turned out of focus.
13. GRIEF is the entire range of naturally occurring human emotions that accompany loss.
14. GRIEF is pain. Grief begins with the first raw awareness of the change but then becomes a terrific struggle: a violent disputing of the facts, a striving for life again, a revising of terms by which we know ourselves, a surrender to despair, finally a conscious acceptance of the change. This is painful and difficult but when accomplished, it brings rebirth and growth.

---

*Adapted from Earl Grollman, Concerning Daeth: A Practical Guide for Living, Boston: Beacon Press, 1974. Larry Yeagley, Grief Recovery, Charlotte Michigan, 1998; Walter Wangerin, Mourning Into Dancing. Grand Rapids, MI: Zondervan, 1992; Nigel Robb, A Time to Die and a Time to Live. Dundee, Scotland: Prontaprint, 1996.*



# OUR GROUND RULES

## 1. Absolute Confidentiality

- No one will be pressured to share anything they don't want to share. And what we do share will be kept in this room! This is a safe place.

## 2. No Judging

- No two individuals are alike. Therefore everyone is unique in their grief. So, we will not compare or criticize one another's experiences or beliefs. We will not tell each other how they should or shouldn't feel.

## 3. All Members are Equal

- Everyone speaks for themselves. No speaking for the other person.

## 4. Complete Honesty

- It's so important to be honest with others as well as ourselves for healing to occur.

## 5. Hold the Advice

- Though it may be well intentioned, try to refrain from giving advice to others in the group unless it is asked for. We are gathered together to listen and be heard, not so much to problem solve.

## 6. Comfort Rather than Confront

- If someone ever needs to pass, they will not be questioned. This is not confrontive therapy. We will be gentle and kind.

## 7. Commitment

- The leader and each participant is committed to growth and healing for themselves and the others in the group.



407-303-2670

# THE 4 GOALS OF GRIEF RECOVERY

1. We must believe that the person we are grieving over is really gone. That it really happened.
2. We need to be willing to experience the pain. We have to experience the pain in order for there to be healing.
3. We need to adjust to the environment in which we once lived with the person who is now gone.
4. Emotionally relocate the deceased and move on with life.

---

*Adapted from J. William Worden,, Grief Counseling and Grief Therapy,  
New York: SpringerPublishing Company, 2002*

# NORMAL GRIEF EXPERIENCES

*It is perfectly normal to have different physical sensations and out of the ordinary behaviors after losing a loved one. And some of your thoughts and feelings may surprise you. They too are normal and are simply a reaction to the loss you have had. Check the items below that you have experienced since your loss.*

## ***Physical Sensations***

- 1. Stomach: hollowness, "butterflies," hunger, nausea, loss of appetite.
- 2. Chest, throat: pain, tightness, breathlessness.
- 3. Dry mouth, increased perspiration.
- 4. Shakiness.
- 5. Headaches.
- 6. Lack of energy; overall weakness.
- 7. Overly sensitive to noise.
- 8. Sense of depersonalization: "Nothing seems real".
- 9. Same physical symptoms as deceased's illness.

## ***Thoughts***

- 1. Disbelief: "Oh, no!" "It's not happening to me".
- 2. Confusion, forgetfulness.
- 3. Preoccupation or obsessive thinking about the deceased.
- 4. Finality: "Things will never be the same." "You can't go back".
- 5. Anger "it's not fair," "Why did it happen?"
- 6. "If only..." "I wish..."
- 7. Forging ahead: "I have to make some decisions," "I have to get through it".
- 8. Paranormal experiences: sense of presence, visual, auditory, tactile, olfactory, dreams.
- 9. Dread: fear of own or other's death.
- 10. Suicide: "Life has no meaning".

## ***Behaviors***

- 1. Sleeping and appetite disturbances.
- 2. Crying, sighing, yelling.
- 3. Absent-minded behavior.
- 4. Searching behavior; expecting the deceased.
- 5. Social withdrawal.
- 6. Activity increase/decrease, restless.
- 7. Increase in illness/accidents.
- 8. Change in work performance: late, leaving early or working late, not meeting deadlines, shutting office door, eating alone.
- 9. Increased alcohol/drug intake.
- 10. Sloppy dressing; poor hygiene.
- 11. Activity regarding the deceased: searching & calling out, visiting places or treasuring objects as reminders of the deceased, talking to deceased's picture or ashes.

## ***Feelings***

- 1. Sadness.
- 2. Anger, frustration, irritation, misdirected hostility.
- 3. Depression.
- 4. Guilt.
- 5. Victimized, helpless, out of control, futility.
- 6. Not being valued.
- 7. Loneliness.
- 8. Shock, numbness.
- 9. Yearning.
- 10. Fear.
- 11. Relief.
- 12. Peace, resolution.

## RESPONDING TO OUR FEELINGS

*Most of what people feel after they have gone through a loss is normal and healthy.  
How can we respond to them? Try these four suggestions.*

1. **THINK** Contrary to some advice you may hear, thinking should be engaged in freely. The sooner and more intensely you grieve, the sooner the recovery. Think and explore all thoughts about the immediate present. Think about all the details surrounding the loss. Think back all about your relationship with that person - over and over again until you arrive at the time in life when you were a whole person without the relationship you have lost. Review your life - go back to the very beginning. Grief is a time when you take a reappraisal of yourself and your life.
2. **WRITE** Keep a journal in which you record your life with the person who is now gone. Divide it into five sections. Include:
  1. NOW - Make a daily entry of the pain and feelings during that day. Write about all of your reactions to the changes in your life. Write about how your life is different now.
  2. LOSSES - Losses of childhood, losses of adolescence, losses of adulthood. List all losses you have had during your entire life. Not just people losses, but pets, things like a teddy bear. Whatever losses come to you from childhood on. Write about them.
  3. HURTING - Write about the pain you go through during this grief seminar. Write about your unpleasant memories. Let the pain flow.
  4. HEALING - You will discover healing happens as you go through the process of grief. Write about the healing you're experiencing.
  5. BEYOND NOW - Write about your plans, your hopes, your dreams for the rest of your life. Your dreams come from your deep unconscious. Trust them - they are trying to help you heal.

Your journal is YOU! Let it express you in any way you feel. Do a lot of thinking. You will gain insight into yourself - and grow! Until you fully explore and review your present grief - look into the past and explore your relationship with the person who is no longer in your life - you cannot move ahead into the future in a meaningful way.

3. **TALK** Tell your story over and over to some empathic listener - someone who will listen with support - *not advice*. We are a story-telling people. Talking will make your loss real to you and help you gain perspective on what has happened in your life. Gaining perspective will help you accept the change in our reality.
4. **CRY** Weeping is a wonderful release of tension when we are going through a time of stress. Do not choke back the tears. Let them flow. They "wash away" our sorrows and heal us. They acknowledge that something of real worth has been lost. Crying is not an indication of weakness. On the contrary, it takes courage and strength to get in contact with our real pain. Yet, if we lack the strength, we will never be able to get in touch with joy again. We will be unable to truly heal.



## THE AFTER LOSS CREDO

*I need to talk about my loss. I may often feel the need to tell you what happened—or to ask you why it happened.*

*I may frequently need for you to listen while I explain what this loss means to me. Each time I discuss my loss, I am helping myself face the reality of the death of my loved one.*

*I need to know that you care about me. I need to feel your touch, your hugs. I need you just to be with me. And I need to be with you.*

*I need for you to believe in me and in my ability to get through this grief in my own way - and in my own time.*

*Please don't judge me now or think that I'm behaving strangely. Remember I'm grieving. I may be in shock. I may feel afraid. I may feel deep rage. I may even feel guilty. But above all, I hurt. I am experiencing a pain unlike any I've ever felt before.*

*Don't be concerned if you think I'm getting better and then suddenly I seem to slip backward again. Grief makes me behave this way at times.*

*And please don't tell me you know just how I feel or that it's time for me to get on with my life. I am probably already saying this to myself. I just need for you to be patient now and to try to understand*

*Finally, allow me the time I need to grieve and to recover. I want to get on with my life—but I know that first I must walk through the dark shadows of my grief. Although it is almost impossible for me to believe this now, I know that one day my grief will be less painful.*

*Most of all, thank you for being my friend. Thank you for caring, for helping, for understanding. Thank you for praying for me. And remember, in the days or years ahead—after your loss—when you need me as I have needed you, I will understand, and then I will come and be with you.*

# Care Note Handouts By Night

## Night One CareNotes


Strength and help for a friend

**CareNotes**  
The only guide you need for helping someone else

### Giving Yourself Permission to Grieve

By Carol Eschenberg

"It's hard to get someone to stop it and get on with their life," someone has probably handed you that piece of advice you may never be using or hearing. And unless you're the one giving the advice, it's hard to have a good opinion of the person who says it. How hard is your opinion when it's not yours? What's the point of that?



Strength and help for a friend

**CareNotes**  
The only guide you need for helping someone else

### Losing Someone Close

By Dr. Robert Etzler

You are not prepared for the death of a loved one even when you think you are. It's a tragedy and a loss that is hard to understand. It's not just the loss of a person, but the loss of a part of your life. The death of a loved one is a tragedy that is hard to understand. It's not just the loss of a person, but the loss of a part of your life. The death of a loved one is a tragedy that is hard to understand. It's not just the loss of a person, but the loss of a part of your life.



## Night Two CareNotes


Strength and help for a friend

**CareNotes**  
The only guide you need for helping someone else

### Taking the Time You Need to Grieve Your Loss

By Judith S. Rubin

It's important to take the time to grieve your loss. It's not just about the person who has died, but about the life that was lost. It's about the memories and the love that remains. It's about the pain and the healing. It's about the time you need to take to grieve your loss.




Strength and help for a friend

**CareNotes**  
The only guide you need for helping someone else

### Dealing With the Stress That Grief Brings

By Ruth E. Hoffman

Grief brings with it a lot of stress. It's not just the loss of a loved one, but the loss of a part of your life. It's about the pain and the healing. It's about the time you need to take to grieve your loss.



## Night Three CareNotes

Strength and help for a friend

**CareNotes**  
The only guide you need for helping someone else

### Dealing With the Anger That Comes With Grief

By Joe Powell

Anger is a natural part of grief. It's not just about the person who has died, but about the life that was lost. It's about the memories and the love that remains. It's about the pain and the healing. It's about the time you need to take to grieve your loss.



Strength and help for a friend

**CareNotes**  
The only guide you need for helping someone else

### Dealing With Guilt After a Loved One's Death

By Carol Eschenberg

"What if my parents die?" says one medical professional. "And when you die, I'll be lonely when a year or two has passed and you're not here." It's a hard question to answer. It's about the pain and the healing. It's about the time you need to take to grieve your loss.





# Care Note Handouts By Night... *continued*

## Night Four careNotes


Strength and help for a friend

**CareNotes**  
The caring, compassionate care you need when you're hurting

### Cherishing Your Memories of a Loved One

**By Susan Korman**

There is no one else in the world who has lived the way you have. The memories you have of your loved one are precious and should be cherished. It is important to take time to think about the good times you had together. This is a way to keep the memory of your loved one alive in your heart. The memories you have of your loved one are a treasure that will last forever.




Strength and help for a friend

**CareNotes**  
The caring, compassionate care you need when you're hurting

### Grieving as a Family

**By David L. Lawrence**

"Grief is a family affair. It is not just the person who has died who is missed, but the family that is left behind. Grief is a shared experience that brings people together. It is a time to support one another and to share memories. Grief is a process that takes time, and it is important to be patient with oneself and with others. Grief is a journey, and it is important to take it one step at a time.



## Night Five CareNotes

Strength and help for a friend

**CareNotes**  
The caring, compassionate care you need when you're hurting

### What Everyone Should Know About the First Year of Grief

**By Kaye Mitchell, M.D.**

The first year of grief is the most difficult. It is a time of intense pain and longing. It is important to understand that grief is a process that takes time. It is not a race. It is important to be patient with oneself and with others. It is important to take time to grieve and to share memories. It is important to be gentle with oneself and with others. It is important to be kind to oneself and to others.



Strength and help for a friend

**CareNotes**  
The caring, compassionate care you need when you're hurting

### Overcoming Loneliness After Loss

**By John Plunk**

Loneliness is a common experience after loss. It is a feeling of being alone and isolated. It is important to understand that loneliness is a process that takes time. It is not a race. It is important to be patient with oneself and with others. It is important to take time to grieve and to share memories. It is important to be gentle with oneself and with others. It is important to be kind to oneself and to others.



## Night Six CareNotes


Strength and help for a friend

**CareNotes**  
The caring, compassionate care you need when you're hurting

### What a Loved One's Death Teaches Us About Life

**By Charles Martin**

The death of a loved one is a profound experience that teaches us about life. It is a time to reflect on the things that are important in life. It is a time to appreciate the time we have spent together. It is a time to cherish the memories we have shared. It is a time to be grateful for the love we have received. It is a time to be thankful for the life we have lived.




Strength and help for a friend

**CareNotes**  
The caring, compassionate care you need when you're hurting

### Using Good Memories to Help Heal Your Grief

**By Tom Shady**

Good memories are a powerful tool for healing grief. They are a source of comfort and strength. They are a reminder of the love we have received. They are a source of joy and happiness. They are a source of hope and faith. They are a source of peace and tranquility. They are a source of love and compassion. They are a source of life and hope.



## APPENDIX C

### GRIEF RECOVERY HANDOUTS — SESSION TWO

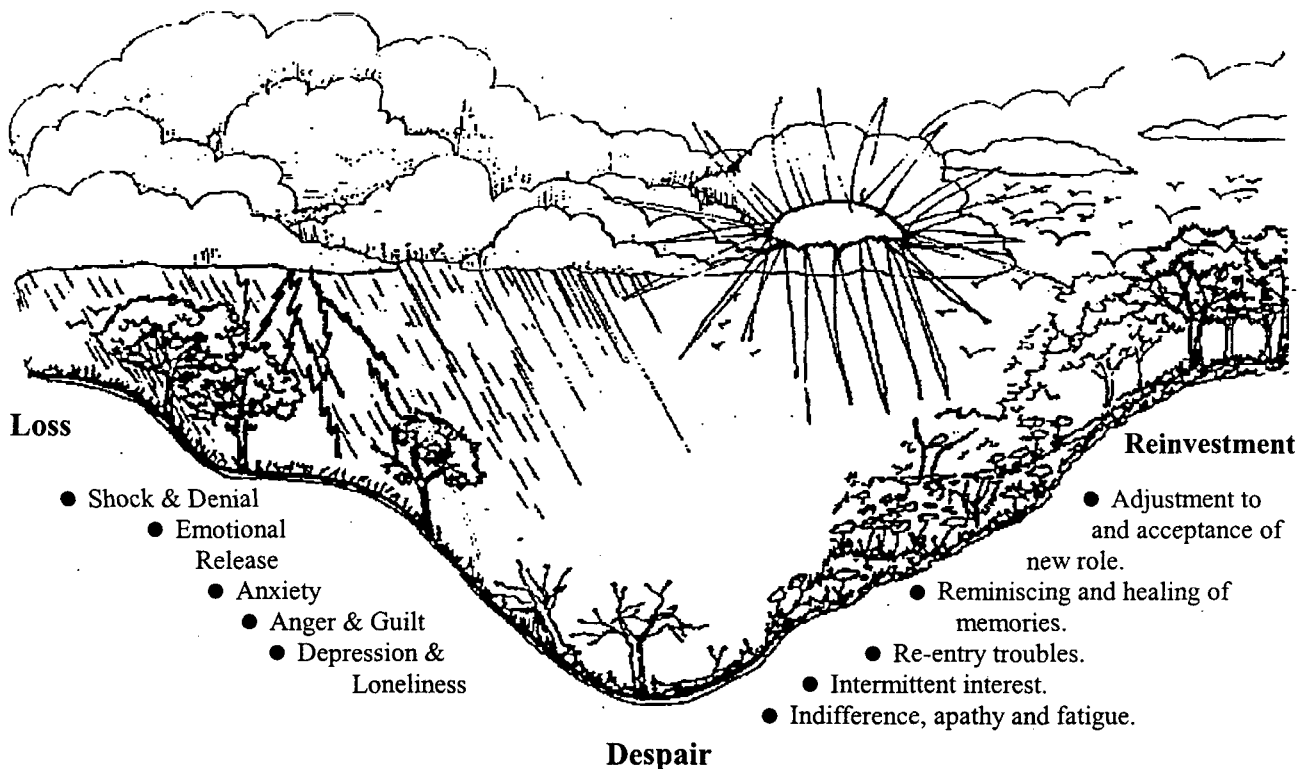
1. Myths and Unrealistic Expectations of Grief
2. The Journey of Grief
3. All My Losses
4. Some Losses and Causes of Loss
5. Six Reconciliation Needs
6. I Am Special Worksheet
7. I Am Special
8. The Benefits of Journaling
9. The Mourner's Bill of Rights



## MYTHS & UNREALISTIC EXPECTATIONS OF GRIEF

1. All losses are the same.
2. It takes two months to get over your grief.
3. All bereaved people grieve in the same way.
4. Grief always declines over time in a steadily decreasing fashion.
5. When grief is resolved, it never comes up again.
6. Family members will always help grievers.
7. It is better to put painful things out of your mind.
8. You should not think about, your deceased loved one at anniversaries or holidays because it will make you too sad.
9. Expressing feelings that are intense is the same as losing control.
10. You will be the same after the death as before your loved one died.

## THE JOURNEY OF GRIEF



### It's a Rough Journey

The illustration above depicts the griever's journey from loss to reinvestment. The limitation with any illustration such as this is the linear movement that it inaccurately depicts. In the grief journey, one can take one step forward and two steps backward at any point along the way. In fact, a person in grief can come back to the "valley" repeatedly when dormant memory patterns are triggered.

This handout is meant to illustrate the fact that growth and reinvestment will come if there is support along the way. Grief is hard work. The various reactions to grief can be experienced in a totally different order than the illustration shows and some times reactions can be experienced simultaneously.

The important thing is to feel the support you need to move toward the grief and through the grief. The sun will break through the clouds once again as you move toward the new you.



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## ALL MY LOSSES

*Someone I love has died. I not only mourn their death, but mourn who I was with them and all that would have been. Through their death part of me and the world I knew also died. Grief is work. I need you to be part of my healing. Please be patient with me as I work through all my losses:*

- 1. Loss of my loved one.
- 2. Loss of my ability to touch, hear, see, smell them (sensory loss).
- 3. Loss of friends and family because they're afraid of my pain.
- 4. Loss of my connections with life (other peoples lives go on, mine has stopped).
- 5. Loss of family structure as I have known it.
- 6. Loss of my loved one's presence on holidays and special occasions.
- 7. Loss in terms of who does what tasks - reorganization.
- 8. Loss of financial stability.
- 9. Loss of meaning in my life.
- 10. Loss of motivation.
- 11. Loss of caring - about anything.
- 12. Loss of control and the illusion of having control.
- 13. Loss of concentration.
- 14. Loss of ability to cope.
- 15. Loss of ability to make decisions - even minor ones.
- 16. Loss of energy - grief is exhausting.
- 17. Loss of health - including reduced resistance to infection - grief is stressful.
- 18. Loss of sleep and/or loss of normal sleep patterns.
- 19. Loss of normal eating patterns (eating too much or too little).
- 20. Loss of ability to function as I used to.
- 21. Loss of emotional stability.
- 22. Loss of being dependent on someone.
- 23. Loss of old values - no new values to replace them yet.
- 24. Loss due to change in priorities.
- 25. Loss of feelings of safety for myself and my family.
- 26. Loss of dreams of the future.
- 27. Loss of feeling dependable.
- 28. Loss of ability to give.
- 29. Loss of feeling able to participate in life.
- 30. Loss of feeling alive.
- 31. Loss of feelings of pleasure or enjoyment of anything.
- 32. Loss of ability to laugh.
- 33. Loss of self-esteem.
- 34. Loss of trust in self and others.
- 35. Loss of self identity -- who am I now?
- 36. Loss of heritage.
- 37. Loss of feeling of fairness and justice in my world (Why me?).
- 38. Loss of faith in God.



## SOME LOSSES AND CAUSES OF LOSS

*Here is an incomplete list of some of the losses that can take place. Examine this list and put check marks by those you have faced and add some of your own on back.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Death of loved one | <input type="checkbox"/> Growing up      | <input type="checkbox"/> Demotion        |
| <input type="checkbox"/> Heritage           | <input type="checkbox"/> Title           | <input type="checkbox"/> Freedom         |
| <input type="checkbox"/> Identity           | <input type="checkbox"/> Retiring        | <input type="checkbox"/> Body parts      |
| <input type="checkbox"/> Money              | <input type="checkbox"/> Dreams          | <input type="checkbox"/> Miscarriage     |
| <input type="checkbox"/> Roots              | <input type="checkbox"/> Things          | <input type="checkbox"/> Argument        |
| <input type="checkbox"/> Activity           | <input type="checkbox"/> Success         | <input type="checkbox"/> Challenge       |
| <input type="checkbox"/> Separation         | <input type="checkbox"/> Vision          | <input type="checkbox"/> Beauty          |
| <input type="checkbox"/> Reputation         | <input type="checkbox"/> Relocation      | <input type="checkbox"/> Graduating      |
| <input type="checkbox"/> Agility            | <input type="checkbox"/> Changes         | <input type="checkbox"/> Independence    |
| <input type="checkbox"/> Power              | <input type="checkbox"/> Time            | <input type="checkbox"/> Control         |
| <input type="checkbox"/> Culture            | <input type="checkbox"/> Fire            | <input type="checkbox"/> Distance        |
| <input type="checkbox"/> Responsibility     | <input type="checkbox"/> Failure         | <input type="checkbox"/> Bodily controls |
| <input type="checkbox"/> Divorce            | <input type="checkbox"/> Speech          | <input type="checkbox"/> Trust           |
| <input type="checkbox"/> Leadership         | <input type="checkbox"/> Loss of friends | <input type="checkbox"/> Tasks           |
| <input type="checkbox"/> Terminal illness   | <input type="checkbox"/> Promotion       | <input type="checkbox"/> Skills          |
| <input type="checkbox"/> Position           | <input type="checkbox"/> Structure       | <input type="checkbox"/> Co-workers      |
| <input type="checkbox"/> Job/Care           | <input type="checkbox"/> Theft           | <input type="checkbox"/> Family changes  |
| <input type="checkbox"/> Goals              | <input type="checkbox"/> Change          | <input type="checkbox"/> Fertility       |
| <input type="checkbox"/> Pets               | <input type="checkbox"/> Taste           | <input type="checkbox"/> Abortion        |
| <input type="checkbox"/> Faculties          | <input type="checkbox"/> Misplacement    | <input type="checkbox"/> Election        |

## SIX RECONCILIATION NEEDS

by Alan D. Wolfelt, Ph.D.

The death of someone loved changes our lives forever. And the movement from the "before" to the "after" is almost always a long, painful journey. From my own experiences with loss as well as those of the thousands of grieving people I have worked with over the years, I have learned that if we are to heal we cannot skirt the outside edges of our grief. Instead, we must journey all through it, sometimes meandering the side roads, sometimes plowing directly into its raw center.

I have also learned that the journey requires mourning. There is an important difference, you see. Grief is what you think and feel on the inside after someone you love dies. Mourning is the outward expression of those thoughts and feelings. To mourn is to be an active participant in our grief journeys. We all grieve when someone we love dies, but if we are to heal, we must also mourn.

There are six "yield signs" you are likely to encounter on your journey through grief-what I call the "reconciliation needs of mourning." For while your grief journey will be an intensely personal, unique experience, all mourners must yield to this set of basic human needs if they are to heal.

### ***Need 1. Acknowledging the reality of the death.***

This first need of mourning involves gently confronting the reality that someone you care about will never physically come back into your life again.

Whether the death was sudden or anticipated, acknowledging the full reality of the loss may occur over weeks and months. To survive, you may try to push away the reality of the death at times. You may discover yourself replaying events surrounding the death and confronting memories, both good and bad. This replay is a vital part of this need of mourning. It's as if each time you talk it out, the event is a little more real.

Remember-this first need of mourning, like the other five that follow, may intermittently require your attention for months. Be patient and compassionate with yourself as you work on each of them.

### ***Need 2. Embracing the pain of the loss.***

This need of mourning requires us to embrace the pain of our loss-something we naturally don't want to do. It is easier to avoid, repress or deny the pain

of grief than it is to confront it, yet it is in confronting our pain that we learn to reconcile ourselves to it.

You will probably discover that you need to "dose" yourself in embracing your pain. In other words, you cannot (nor should you try to) overload yourself with the hurt all at one time. Sometimes you may need to distract yourself from the pain of death, while at other times you will need to create a safe place to move toward it.

Unfortunately, our culture tends to encourage the denial of pain. If you openly express your feelings of grief, misinformed friends may advise you to "carry on" or "keep your chin up." If, on the other hand, you remain "strong" and "in control," you may be congratulated for "doing well" with your grief. Actually, doing well with your grief means becoming well acquainted with your pain.

### ***Need 3. Remembering the person who died.***

Do you have any kind of relationship with someone when they die? Of course. You have a relationship of memory. Precious memories, dreams reflecting the significance of the relationship and objects that link you to the person who died (such as photos, souvenirs etc.) are examples of some of the things that give testimony to a different form of a continued relationship. This need of mourning involves allowing and encouraging yourself to pursue this relationship.

But some people may try to take your memories away. Trying to be helpful, they encourage you to take down all the photos of the person who died. They tell you to keep busy or even to move out of your house. But in my experience, remembering the past makes hoping for the future possible. Your future will become open to new experiences only to the extent that you embrace the past.

### ***Need 4. Developing a new self-identity.***

Part of your self-identity comes from the relationships you have with other people. When someone with whom you have a relationship dies, your self-identity, or the way you see yourself, naturally changes.

You may have gone from being a "wife" or "husband" to a "widow" or "widower." You may

have gone from being a "parent" to a "bereaved parent." The way you define yourself and the way society defines you is changed.

A death often requires you to take on new roles that had been filled by the person who died. After all, someone still has to take out the garbage, someone still has to buy the groceries. You confront your changed identity every time you do something that used to be done by the person who died. This can be very hard work and can leave you feeling very drained.

You may occasionally feel child-like as you struggle with your changing identity. You may feel a temporarily heightened dependence on others as well as feelings of helplessness, frustration, inadequacy and fear.

Many people discover that as they work on this need, they ultimately discover some positive aspects of their changed self-identity. You may develop a renewed confidence in yourself, for example. You may develop a more caring, kind and sensitive part of yourself. You may develop an assertive part of your identity that empowers you to go on living even though you continue to feel a sense of loss.

#### ***Need 5. Searching for meaning.***

When someone you love dies, you naturally question the meaning and purpose of life. You probably will question your philosophy of life and explore religious and spiritual values as you work on this need. You may discover yourself searching for meaning in your continued living as you ask "How?" and "Why" questions.

"How could God let this happen?" "Why did this happen now, in this way?" The death reminds you of your lack of control. It can leave you feeling powerless.

The person who died was a part of you. This death means you mourn a loss not only outside of yourself, but inside of yourself as well. At times, overwhelming sadness and loneliness may be your constant companions. You may feel that when this person died, part of you died with him or her. And now you are faced with finding some meaning in going on with your life even though you may often feel so empty.

This death also calls for you to confront your own spirituality. You may doubt your faith and have spiritual conflicts and questions racing through your head and heart. This is normal and part of your journey toward renewed living.

***About the Author*** - Dr. Alan D. Wolfelt is a noted author, educator and practicing grief counselor. He serves as Director of the Center for Loss and Life Transition in Fort Collins, Colorado and presents more than 100 grief-related workshops each year across North America. For more information, write or call The Center for Loss and Life Transition, 3735 Broken Bow Rd, Fort Collins, CO 80526, 970-226-6050.

#### ***Need 6. Receiving ongoing support from others.***

The quality and quantity of understanding support you get during your grief journey will have a major influence on your capacity to heal. You cannot nor should you try to do this alone. Drawing on the experiences and encouragement of friends, fellow mourners or professional counselors is not a weakness but a healthy human need. And because mourning is a process that takes place over time, this support must be available months and even years after the death of someone in your life.

Unfortunately, because our society places so much value on the ability to "carry on," "keep your chin up" and "keep busy," many mourners are abandoned shortly after the event of the death. "It's over and done with" and "It's time to get on with your life" are the types of messages directed at mourners that still dominate. Obviously, these messages encourage you to deny or repress your grief rather than express it.

To be truly helpful, the people in your support system must appreciate the impact this death has had on you. They must understand that in order to heal, you must be allowed-even encouraged-to mourn long after the death. And they must encourage you to see mourning not as an enemy to be vanquished but as a necessity to be experienced as a result of having loved.

#### ***Reconciling your grief***

You may have heard-indeed you may believe-that your grief journey's end will come when you resolve, or recover from, your grief. But your journey will never end. People do not "get over" grief.

Reconciliation is a term I find more appropriate for what occurs as the mourner works to integrate the new reality of moving forward in life without the physical presence of the person who died. With reconciliation comes a renewed sense of energy and confidence, an ability to fully acknowledge the reality of the death and a capacity to become reinvolved in the activities of living.

In reconciliation, the sharp, ever-present pain of grief gives rise to a renewed sense of meaning and purpose. Your feeling of loss will not completely disappear, yet they will soften, and the intense pangs of grief will become less frequent. Hope for a continued life will emerge as you are able to make commitments to the future, realizing that the person who died will never be forgotten, yet knowing that your life can and will move forward.





“ \_\_\_\_\_ ”

My Strengths

Opportunities for Growth

Short Term Goals

Short Term Goals

Long Term Goals

Long Term Goals



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# I AM SPECIAL!

Because God made me, I am special! In all the world there's nobody like me. Since the beginning of time, there has never been another person like me. Nobody has my smile. Nobody has my eyes, my nose, my hair, my hands, my voice.

Because God made me, I am special! No one can be found who has my handwriting. Nobody anywhere has my tastes for food or music or art. No one sees things just as I do.

Because God made me, I am special! In all the time there's been no one who laughs like me, no one who cries like me. And what makes me laugh and cry will never provoke identical laughter and tears from anybody else, ever. No one reacts to any situation just as I would react.

Because God made me, I am special! I'm the only one in creation who has just my set of abilities. Oh, there will always be someone who is better at one of the things I'm good at, but no one in the universe can reach the quality of my combination of talents, ideas, abilities and feelings. Like a room full of musical instruments, some may feel alone, but none can match the symphony sound when all are played together. I'm a symphony.

Because God made me, I am special! Through all of eternity no one will ever look, talk, walk, think or do like me.

Because God made me, I am special! I'm rare. All in all, in rarity there is great value. Because of my great rare value, I need not attempt to imitate others. I will accept- yes, celebrate- my differences.

Because God made me, I am special! And I'm beginning to see that God made me special for a very special purpose. He must have a job for me that no one else can do as well as I. Out of all the billions of applicants, only one is qualified, only one has the right combination of what it takes. That one is me.

Because God made me, I am special!



## THE BENEFITS OF JOURNALING

1. Journaling is an effective method for recording one's thoughts, emotions and feelings.
2. It is a therapeutic means of discovering the self. The journal can and often is self-healing. Journaling is meant to be a gratifying experience and an effective tool for emotional, spiritual growth.
3. There are many varieties of journaling. Experimentation is a good way for one to find his/her comfort level in writing about self. It can be anything the writer wants it to be: organized, free flowing disjointed, sloppy. The method one chooses is the best for that person.
4. The objective of journaling is to discover the true emotions and give them credence. Grief does not reside in the mental dimension and therefore, cannot be repressed by intellectual boundaries.
5. The journal can comprise any of the following: letters to the deceased, a friend, oneself, or God. The journal may take the form of lyrics, poetry or prayer.
6. Spelling, grammar, punctuation and social acceptability should not restrict the writer in any way.
7. Journaling can be combined with art to further express an emotion or feeling.

### PRINCIPLES OF EFFECTIVE JOURNALING

1. **Be Spontaneous.** Follow your intuition. Refraining from self-judgment, write quickly and allow the unexpected to happen. Allow for the ebb and flow of moods.
2. **Be Honest.** Allow the "real self" to come out. Be open about what you really feel, wants, and believe. Feeling vulnerable is an indication the person is writing honestly.
3. **Write Deeply.** What is of deepest importance to you is what you want to write about. Write for self, not for others. Don't worry about style. It will take care of itself in time.
4. **Choose an Audience.** The best future audience is oneself. You may also include a section to be left for a friend or family member to read.
5. **Larger Context.** What you write is not meant to be objective truth but rather a chosen way of looking at the moment and working toward understanding it in a larger context. So don't worry about contradicting yourself.
6. **Begin Somewhere.** Give a description of yourself as you know yourself at the present time. Or begin with a more traditional type of entry such as a description of the day. Or write about your present frame of mind and go from there. The idea is to begin *somewhere* and let it lead you.

# THE MOURNER'S BILL OF RIGHTS

*As a bereaved person, you have certain rights that others must not take away from you.  
In fact, it is the very upholding of these rights that makes healing possible.*

1. ***You have the right to experience your own unique grief.*** No one else will grieve in exactly the same way you do. Don't allow others to tell you what you should or should not be feeling.
2. ***You have the right to talk about your grief.*** Talking about your grief will help you heal. Seek out others who will allow you to talk as much as you want, as often as you want, about your grief.
3. ***You have the right to feel a multitude of emotions.*** Confusion, disorientation, fear, guilt and relief are just a few of the emotions you might feel as thing as a 'wrong emotion.' Accept all part of your grief journey. Know that there is no such your feelings and find listeners who will do the same.
4. ***You have the right to be tolerant of your physical and emotional limits.*** Your feelings of loss and sadness will probably leave you feeling fatigued. Respect what your body and mind are telling you. Eat balanced meals. Don't allow others to push you into doing things you don't feel ready to do.
5. ***You have the right to experience "grief attacks."*** Sometimes, out of nowhere, a powerful surge of grief may overcome you. This can be frightening, but it is normal. Find someone who understands and will let you talk it out.
6. ***You have the right to make use of ritual.*** The funeral ritual provides you with the support of caring people. More important, it sees you off on your painful but necessary grief journey. Later, rituals such as lighting a Candle for the person who died, can also be healing touchstones. If others tell you that rituals such as these are silly or unnecessary, don't listen.
7. ***You have the right to embrace your spirituality.*** If faith is a part of your life, express it in ways that seem appropriate to you. Allow yourself to be around people who understand and support your religious beliefs. If you feel angry at God, find someone to talk with who won't be critical of your feelings of hurt and abandonment.
8. ***You have the right to search for meaning.*** You may find yourself asking, "Why did he or she die? Why this way? Why now?" Some of your questions may have answers, but some may not. Watch out for cliched responses some people may give you. Comments like, "It was God's will" or "Think of what you have to be thankful for," are not helpful and you do not have to accept them.
9. ***You have the right to treasure your memories.*** Memories are one of the best legacies that exist after the death of someone loved. You will always remember. Instead of ignoring your memories find creative ways to embrace them.
10. ***You have the right to move toward your grief and heal.*** Reconciling your grief will not happen quickly. Remember, grief is a process, not an event. Be patient and tolerant with yourself. Avoid people who are impatient and intolerant with you. Neither you nor those around you must forget that the death of someone you loved changes your life forever.

## APPENDIX D

### GRIEF RECOVERY HANDOUTS — SESSION THREE

1. The Ten Faces of Grief
2. Emotions and Grief
3. Instrumental Grief
4. Dealing with Guilt
5. What We Can Expect During Grief
6. Taking Care of Yourself
7. Suggestions for Journaling
8. Bereavement Counselors

## THE TEN FACES OF GRIEF

1. **SHOCK:** This is often an initial stage or face of grief. There is only so much physical or psychic pain which can be endured by the mind, and when that limit is reached, the mental/emotional system shuts down. In this phase there may be feelings of denial, numbness and a sense of unreality. Even though this face of grief is generally an initial stage, it can recur at a later date.
2. **EMOTIONAL RELEASE:** As the shock wears off, there is a need to release all the emotions that have been building up. This release may be verbal or physical, and while this is healthy, care should be taken to ensure the safety of the individual, others, or personal property.
3. **DEPRESSION:** Many grieverers have strong feelings of loneliness and utter isolation. The thought, "there is no help for me," is normal and very common. There is a push/pull situation, wanting to be alone and yet feeling a need for people at the same time. This frequently produces fears of panic and impending insanity.
4. **PHYSICAL SYMPTOMS OF DISTRESS:** The grieving individual may take on the physical symptoms of the illness that caused the death of the loved one. In the event of an accident, the bereaved will sometimes feel pressure in the chest or have stomach problems, and fear heart attack or cancer. This is normal and usually indicates the depth of the loss and the person wishing to "join" the deceased.
5. **ANXIETY:** A common response to loss is for the bereaved to experience vivid dreams of the deceased, so vivid that they believe they have actually seen or heard their loved one. Another common manifestation is that the bereaved will mistake another person for the deceased, usually on the street or in a store. This will sometimes cause great embarrassment as they may address the stranger, only to realize their mistake.
6. **ANGER:** When a loved one has died, it is not uncommon for the survivor to feel anger at those who were involved in the situation, especially medical personnel, clergy, family members or God. There can be thoughts like: "why did this have to happen?" or "Why wasn't more done to save my loved one?"
7. **GUILT:** This emotion can be imaginary or exaggerated, but should not be ignored. Following the death, grieverers may only remember the negative aspects of the relationship like those times of insensitivity or harsh words that were spoken in anger.
8. **HESITANCY TO RENEW NORMAL ACTIVITIES:** Many grieverers report difficulty in returning to the regular routine of living. This fear takes several aspects. There is concern about how people will respond to the bereaved; there is a desire to talk about the deceased but a fear of rejection; there is a pain that comes with hearing that "special" song, or seeing something in a store that brings back the memory of the loved one. Therefore, in an attempt to run from the pain of grief, we avoid many normal activities.
9. **HEALING OF MEMORIES:** There is a slow realization that the painful memories are part of the healing process and must be integrated into the life of the bereaved. It is a time of reaching out, however tentatively, to embrace fully all that has happened and to accept that life must change if it is to continue. The memories become less frightening, and the sky a bit brighter as the bereaved begins to face the world with more and more confidence.
10. **ACCEPTANCE OF ONE'S NEW ROLE IN LIFE:** Loss brings about changes. Whether it is the resumption of single life after years of marriage, or going on through the years without a parent, there must be the realization that a new role is to be accepted and lived. The cycle of life continues, and the bereaved can finally shed the cloak of grief and take on the robe of peace and renewal.



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## EMOTIONS & GRIEF

abandoned	embarrassed	guilty	left out	provoked
abnormal	embittered	gullible	let down	punished
aching	empathetic	hapless	lethargic	put down
afraid	empty	heartbroken	lied to	put upon
aggravated	enraged	helpless	lifeless	puzzled
agony	estranged	hesitant	listless	queasy
alienated	fatigued	hollow	loathsome	regretful
angry	fearful	hopeless	lonely	rejected
annoyed	fed up	horrible	lost	remorseful
anxious	feeble	horrified	low	repressed
apathetic	fickle	hostile	mad	reproached
blown away	fidgety	humbled	maligned	rotten
conflicted	flabbergasted	humiliated	manipulated	ruined
confused	flat	hurt	marginalized	run down
congenial	flipped-out	ignored	mean	run over
crazy	floored	impaired	miserable	sad
crushed	flustered	inadequate	misled	scared
cursed	forced	incapable	mistreated	scarred
cut-off	fore-sighted	incapacitated	misunderstood	scattered
deflated	forgetful	incomplete	mixed-up	self-destructive
demoralized	forgotten	indignant	moody	self-effacing
depressed	forsaken	infuriated	mournful	shaken
deserted	fragile	insane	mystified	shaky
despairing	fragmented	insecure	needy	shamed
despondent	frazzled	insufficient	negated	shattered
detached	frenzied	insulted	negative	slighted
devastated	frightened	intimidated	neglected	smothered
disappointed	frustrated	invalidated	nervous	spent
disconnected	fuming	invisible	numb	stomped on
discounted	furious	irritable	ostracized	stressed
discouraged	futile	irritated	out of touch	stretched
disenfranchised	glib	isolated	outraged	suffering
disgusted	gloomy	jerked around	overcome	suffocated
dismayed	glum	jilted	pained	suicidal
displeased	grief-stricken	joyless	panicky	sullen
dissatisfied	grim	kicked around	perplexed	susceptible
distracted	grumpy	knocked down	persecuted	suspicious
downtrodden	guarded	lackadaisical	perturbed	
drained	guilt-tripped	lambasted	pessimistic	



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## INSTRUMENTAL GRIEF

*"Instrumental grievers tend to have tempered affect to a loss. While intuitive grievers are more likely to experience their grief as waves of affect, instrumental grievers are more likely to describe it in physical or cognitive terms. While intuitive grievers often need to express their feelings and seek the support of others, instrumental grievers are more likely to cognitively process or immerse themselves in activity" (Terry Martin and Ken Doka).*

1. An instrumental griever's grief is usually less evident.
2. Instrumental grievers are usually less communicative about their loss.
3. Instrumental grievers are less likely to seek support.
4. Instrumental grievers don't comfort each other as much as intuitive grievers do.
5. Instrumental grievers may use aggression, anger, violence as grief substitutes.
6. Instrumental grievers are taught to mask fear and insecurity.
7. Most instrumental grievers find it easier to mourn alone.
8. Thus the reason why couples can get "out of sync" very early in the grieving process.
9. There is a "be-strong" and don't show-feelings ethic for instrumental grievers and a cultural expectation that their grief be expressive.
10. Instrumental grievers are denied the scope of comfort & support bereaved intuitive grievers are offered.
11. Instrumental grievers are expected to be a major source of support for their wives and other family members.
12. Instrumental grievers are more likely to grieve in cognitive and solitary ways.
13. In general instrumental grievers disclose far less intimate information to others than intuitive grievers do and both sexes disclose less to instrumental grievers than to intuitive grievers.
14. Instrumental grievers often find ways to handle upsetting feelings without disclosing them to other people.
15. Instrumental grievers often feel highly private about their grief.
16. Grieving instrumental grievers often get the message they are not "doing it right."
17. Feelings are limited or toned down.
18. Thinking precedes and often dominates feeling.
19. The focus is on problem-solving rather than expression of feelings.
20. The outward expression of feelings often involves anger and/or guilt.
21. Internal adjustments to the loss are usually expressed through activity.
22. Intense feelings may be experienced privately.
23. Intense grief is usually expressed immediately after the loss, often during post-death rituals.

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*Adapted from Terry L. Martin, and Kenneth J. Doka. Men Don't Cry-Women Do: Transcending Gender Stereotypes of Grief, Philadelphia, Penn.: Brunner/Mazel, 2000; Carol Staudacher, Men and Grief, 1991; Judith Cross, "Dad's Double Binds: Rethinking Fathers' Bereavement from a Men's Studies Perspective," Journal of Contemporary Ethnography, Vol. 17, No. 3, Oct. 1988, p. 285-308.*





## DEALING WITH GUILT

*Think of your loved one while she or he was alive and answer the following questions.*

1. What do you wish you had done while your loved one was alive?
2. What did you do that pleases you or makes you proud?
3. What do you wish you had said?
4. What are you glad you said?
5. What do you miss the most?
6. What do you not miss?
7. What do you wish you had asked your loved one?
8. What did you discuss with your loved one that you are glad you talked about?
9. What do you think you can never do now?
10. What can you do now that you could not do while your loved one was alive?
11. What are your regrets?
12. What do you wish your loved one had done?
13. What will you never regret?
14. What did your loved one do that made you angry?
15. What did your loved one do that made you happy?

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*Adapted from Bereavement and Support: by Marylou Hughes, Philadelphia: Taylor and Francis, 1995.*



407-303-2670

## WHAT WE CAN EXPECT DURING GRIEF

1. Your grief may take longer than most people think.
2. Your grief will probably take more energy than you would have ever imagined.
3. Your grief may involve many changes and be continually developing.
4. Your grief may show itself in all spheres of your life - psychological, social and physical. Response to a major loss is more global than we are usually prepared for.
5. Your grief may entail mourning not only for the actual person you lost but also for all of the hopes, dreams, and unfulfilled expectations you held for and with that person, and for the needs that will go unmet because of the loss.
6. The loss may resurrect old issues, feelings and unresolved conflicts from the past.
7. You may have a lack of self-concern.
8. You may experience grief spasms, acute upsurges of grief that occur suddenly with no warning.
9. You may have trouble thinking (memory, organization and intellectual processing) and making decisions.
10. You may feel like you are going crazy.
11. You may be obsessed with the death and preoccupied with the deceased.
12. You may begin a search for meaning and may question your religion and/or philosophy of life.



# Grief Recovery

At Florida Hospital

407-303-2670

## TAKING CARE OF YOURSELF

### PHYSICAL CARE

#### 1. Nutrition

- Include the foods you need. Eat a balanced nutritious diet. Avoid junk foods/empty calories.
- Drink plenty fluids: water and juices---8 glasses a day for hydration and eliminating wastes.
- Avoid alcohol & caffeine, They can cause dehydration, headaches, low-back pain. Alcohol steals vitamins, decreases circulation, can cause heart fluttering and as a depressant increases sadness.

#### 2. Exercise

- Clears the mind, improves concentration.
- Gives a feeling of accomplishment and control over your body.
- Releases chemicals to promote a feeling of well-being.
- Increases energy and enhances body's ability to fight disease.
- Strengthens heart muscle and improves flexibility.
- Helps control weight, improves muscle tone and appearance to enhance self image.
- Allows muscles to relax afterwards to promote better sleep at night.
- Reorganizes and redirects static energy to help you feel more calm.
- Exercise out of doors if possible at the same time each day.

#### 3. Sleep and Rest

- Before bed-time avoid: caffeine & heavy foods; major mental or physical tasks.
- Avoid violent TV programs late at night.
- Avoid over-use of habit-forming tranquilizers & barbiturates.
- Relax in a bubble bath.
- Read an up-beat book in bed.
- Encourage your mind to let go of your day. Be in the moment & absorb the peace.
- Listen to a meditation, relaxation or guided imagery tape,
- Practice relaxation by tensing/releasing muscles from toes upward to top of your head.

### MENTAL CARE

- Affirm to yourself that you're OK - hurting, but OK: Loss is the problem--not you!
- Keep a notebook to 'off-load" thoughts weighing on you.
- Put things--like keys and paperwork-in same place all the time so you can find them.
- Make lists to keep track of "to do's."
- Lower your expectations about how much you can do and how soon.
- Expect you will not concentrate, make decisions, remember things as well as usual.

### EMOTIONAL CARE

- Write e-mails, letters, poetry or record feelings on tape.
- Talk with others about how you feel to release bottled-up feelings and tension.
- Read books, articles, and poetry written by others who know loss to stop feeling you're alone.
- Phone a compassionate, supportive, cheerful friend.

### SPIRITUAL CARE

- Admit when you need help & accept help. You need to do this yourself, but not alone.
- Share your spiritual questions and concerns with another who will understand and accept you.
- Draw on the strength you will receive from meditating on promises from your scriptures (e.g. Psalms).



## SUGGESTIONS FOR JOURNALING

1. Acquire a notebook of your choice. Let it be an expression of you. If you are an avid computer user, your notebook can be electronic, if you prefer.
2. Don't worry about your grammar or spelling. This is for your eyes only unless you choose to share.
3. Put your saddest feelings into words.
4. Describe the pain you feel in emotional and physical terms.
5. Do a lot of reminiscing in the journal.
6. Write about the strengths you have and how they will help you adjust.
7. Set some recovery goals for yourself and record your progress.
8. As you are able, write farewells to activities or dreams that you know will never be a reality.
9. Record memories you want to treasure for the rest of your life.
10. Write about ways in which the missing person brought joy and fulfillment to your life. Express gratitude for those contributions.
11. Dream about your future and write down some of those dreams.
12. Read your journal entries aloud regularly.
13. Journaling brings tears. Let them fall.
14. Write down things you want to do in the present and record the degrees of pleasure experienced.
15. Quit journaling whenever you wish. Share life with other people. We all need confidantes with whom we can share high points and low points. That is called a living journal.



## BEREAVEMENT COUNSELORS

In Orange, Osceola, & Seminole Counties

Another Chance Counseling Center	Winter Park	407-629-6167
At Ease	Orlando	407-363-6779
Lynne Brackett, LMHC	Altamonte Springs	407-657-9433
Mary Carroll - Springside Counseling Center	Altamonte Springs	407-862-0254
Jessica Carlson, MA, MS, LMHC	Oviedo	407-365-2200
Center for Christian Counseling	Orlando	407-649-2088
Center for Counseling and Consulting	Casselberry	407-678-6655
Central Florida Counseling Associates	Kissimmee	407-944-3551
Jeri Chamberlain, PsyD.	Longwood	407-265-8714
Clinical Innovations	Kissimmee	407-933-2544
Barbara Coffee, MA, LMFT, LMHC	Winter Park	407-862-4087
Counseling Associates	Maitland	407-645-3339
Counseling Concepts	Sanford	407-302-1774
Sandra Davis, MA, LMHC, NCC, NCP	Kissimmee	407-870-5788
Episcopal Counseling Center	Orlando	407-423-3327
Esko Counseling and Consulting	Altamonte Springs	407-788-8813
Sharon Flatow, LMHC	Altamonte Springs	407-260-5666
Judy Galloway, EdD, LMHC	Winter Park	407-620-8031
Sanford Graves, Psy.D.	Apopka	407-869-0680
Martha Lisa, MED, LMFT	Winter Park	407-599-7141
Lutheran Counseling Services	Winter Park	407-644-4692
Jan Munson, LMFT	Winter Park	407-645-2077
New Hope For Kids	Maitland	407-599-0909
Rosario Ortigao	Winter Park	407-628-1009
Oviedo Counseling Center	Oviedo	407-971-6866
Reach for Hope	Winter Park	407-772-1855
Saint Andrews Counseling Center	Apopka	407-297-0704
Sanlando Christian Counseling Center	Longwood	407-339-5324
Shelba Sinsel, LMHC, CAP	Kissimmee	407-871-8616
A Turning Point in Apopka	Apopka	407-423-2388
Turning Point Counseling and Consulting	Kissimmee	407-957-4176
UCF Grief Counseling/Community Clinic	Orlando	407-823-2052
Gary Vogel, MA, NCC, LMHC	Winter Park	407-657-8555

*This list of resources is provided as a community service. It is not meant to be exhaustive. Providing this list does not constitute an endorsement of the services provided by these individuals and organizations.*

**Grief Hotline 407-447-3388**

**Provides free crisis counseling and community resource information, including counseling and support group information, 24 hours a day, 7 days a week.**

Also go to <http://www.griefhelps-centfl.org> For helpful information.

## APPENDIX E

### GRIEF RECOVERY HANDOUTS — SESSION FOUR

1. Cherishing the Memory
2. Family Grief Questionnaire
3. Parents and Grief
4. Children and Grief
5. Signs When Bereavement in Children Needs Outside Intervention
6. Grief is a 24 Hour-A-Day Job
7. Suggestions for Healing Your Grieving Heart



## CHERISHING THE MEMORY

1. Tell stories about your loved one:
2. Compile a scrapbook or collage to remind you of your loved one.
3. Attend rituals commemorating the deceased.
4. Adopt one of your loved ones' charities or special interests.
5. Visit the grave or scattering site.
6. Write a poem or song about your loved one.
7. Write a journal about your loved one.
8. Contact your loved one's family and friends and talk about his/her death and what she/he meant to you.
9. Plant or pay for the planting of a tree in honor of your loved one.
10. Watch a video of your loved one or watch a video that your loved one enjoyed watching.
11. Celebrate birthdays and anniversaries associated with your loved one.
12. Make one of your loved one's favorite recipes or eat at one of your loved one's favorite restaurants.
13. Display a photo of your loved one.
14. Donate a book or video to a local library in memory of your loved one.
15. Listen to a recording of your loved one's favorite song or request it on a radio station.
16. Go to one of your loved one's favorite places and celebrate his/her memory.
17. Honor the life lessons learned from your loved one.
18. Pray to God about the memory of your loved one.
19. Let your tears flow remembering they are just an indication of your love for the one you have lost.
20. Tackle a neglected task or project and privately dedicate its completion to the memory of your loved one.
21. Periodically look back over the ways you are cherishing the memories of your loved one.



## FAMILY GRIEF QUESTIONNAIRE

The family is an interactional unit in which all members influence each other. The death of our loved one cannot be treated as if it happened in a vacuum. Research indicates that when the death of a family member takes place, the entire family network is affected. While individual family members are affected individually, the family system, which is more than the sum of its parts, is also impacted. Here are some questions to personally consider and to use as discussion starters for your family.

1. How has the loss of my loved one affected me personally?
2. How has the death of my family member affected my family?
3. Understanding that everyone's grief experience is unique and we all grieve at different paces, how can I show respect for the different ways that my family members are grieving the loss of our loved one?
4. Do I feel safe in expressing my feelings about the death of my loved one and am I encouraging others in my family to do the same if they so desire?
5. What needs to be said in our family as a whole and/or to family members in particular that would potentially bring about healing?
6. Where do I go from here? Where do we as a family go from here?
7. Understanding that times of crisis and loss tend to stir up raw feelings and family members say things or do things that can be intentionally or unintentionally hurtful, who do I need to forgive?
8. How can I help my family to grow as we move through this time of sorrow?
9. What rituals or activities do we presently practice as a family to help us through crisis times such as this?
10. What rituals or activities would I like to suggest to my family that might help to build community and help us to grow stronger as a family?





## PARENTS AND GRIEF

Grief is an intense, lonely, and personal experience. Everyone learns about grief and grieving in the course of natural separations that occur during infancy and childhood, and through their encounters with the deaths of loved ones. The death of an elderly loved one is mourned, but is usually expected. The death of a child, however, especially the death of an apparently healthy child, is an unexpected event.

When a child dies, the death not only destroys the dreams and the hopes of the parents, but it also forces the family to face an event for which they may be unprepared. Most parents who experience the death of a child describe the pain that follows as the most intense they have ever experienced. Many parents wonder if they will be able to tolerate the pain, to survive it, and to be able to feel that life has meaning again.

The intense pain that parents experience when their child dies may be eased somewhat if they have insight into what has helped other parents overcome a similar grief. For example, one of the most important things for parents to realize is that recovery from the loss of a child takes time. Each person will have to establish his or her own method for recovery. There is no right or wrong way to grieve, but there is a pattern to the resolution of grief, and there is help available to family members: It is crucial that parents realize that they are not alone and that others have experienced such grief and have survived.

1. Realize the death of your child will hurt more than you imagined. It will rearrange your life and world view. Your relationship with your partner will be stretched. There are some things you can do to reduce strain on your relationship.
2. You and your partner will grieve differently. Let go of the assumption that you "ought" to do it alike. Respectfully make room for each other's style.
3. Increase the amount of time you spend in each other's company. Listen to each other as much as you can. Do special little things for each other.
4. Realize you cannot meet all of your partner's needs. You have limits. You are both over-extended. Do seek appropriate outside support when you need it.
5. Focus on what you need. Let go of trying to get your partner to do something different about his or her own grief.
6. Grief takes its time and is not very predictable. Let go of trying to conform to anybody else's idea of how you ought to be doing.
7. Women, if you don't see "Dad" grieving in ways you recognize, stay clear of the trap of deciding this means he doesn't care about the baby (or you) very much. Ask him what he does with his sadness and sense of helplessness. Remember you both hurt. You will both feel it and show it in different ways.
8. Men, if your partner needs to talk about the baby and her grief more than you can absorb, encourage her to find additional places to talk. Show her you care in other ways. Keep clear of the trap of thinking you aren't doing it "right". Let go of trying to get her "through it" easier or faster.
9. Remember other parents have survived this much pain. Life will be meaningful again.
10. Keep remembering life will become meaningful again.

## CHILDREN AND GRIEF

1. **Children grieve too.** A child may not appear to be grieving because there are no tears and play goes on as usual. It is normal, however, for a child to mourn a while and play a while. Sometimes children enact make-believe funerals or take turns "dying." This helps them work through feelings of grief and gives them a sense of control.
2. **Open communication needed.** How do you tell a child that a loved one has died? Being straightforward is best. Tell the truth. The child must understand that death cannot be changed back to life. Say where the body will be. Talk about the cause of death. This may be painful, but the child is entitled to know. Answer questions directly. Your own beliefs will, of course, affect what you say about the meaning of death and life after death, but be careful. Some phrases can do harm. For example, "gone to sleep" may lead to a fear of going to sleep, and "God took her" may lead to hating God. Incidentally, death in a hospital may lead to fear of hospitals unless the role of the hospital is explained.
3. **Provide love and support.** Your assurance of love and support is essential. Stress that the loss of one relationship does not mean the loss of others, including the one with you. A very young child may wonder, "Who will take care of me?" Give assurance that needs of every kind will be met.
4. **Involve them.** Let the child participate in family sorrow. Shielding may lead to feelings of rejection, of not belonging. You and your child need each other. Let your grief be seen. It maybe distressing to see father cry, but it's more distressing to see "business as usual." Let the child share in your progress. As your child sees you working through grief, your child will be helped to do the same. Often the sharing of an activity allows the sharing of feelings too.
5. **Protect them.** Protect the child from unnecessary burdens. Do not say or let others say to the child who has lost a father, "You are the man of the house now." And no child (or adult) should be told to be brave. Having to put up a false front makes grieving more difficult. Protect the child from imagined guilt. Young children often think that anything "bad" that happens in their world is their fault.
6. **Accept them.** Let the child express feelings in an accepting environment. Anger is okay. Spend time alone with the child, but don't probe. If more than one child is involved, recognize the different needs of each.
7. **Prepare them.** If possible, prepare a child for what is coming. If death has not occurred yet, prepare them for what may come. After death, prepare them for what is next. Answer their questions as best you can.



## WHEN TO REFER BEREAVED CHILDREN

*With appropriate support and understanding, children, like adults, will naturally move toward resolution of the loss. But also like adults, there is a significant percentage of children who need outside intervention to aid in the bereavement process. Here are some indicators that may mean a child needs to see a professional:*

1. If a child continues to pretend that absolutely nothing has happened.
2. If school work takes a dramatic decline or the child develops a phobic fear of school.
3. If news of a death or other significant loss was kept from the child for a long time or if the child was told lies about the death.
4. If a child threatens suicide.
5. If a child panics frequently.
6. If a child frequently physically assaults others or is cruel to animals.
7. If a child had a difficult relationship with the deceased or behaves poorly with the family members.
8. If the child becomes involved with drugs or alcohol.
9. If the child begins committing serious socially delinquent acts.
10. If the child is unwilling or unable to socialize with other children.

## GRIEF IS A 24-HOUR-A-DAY JOB

Grief is a 24-hour-a-day job. Bereaved individuals are expected by the outside world to handle this full-time job along with their paying full-time job and their outside activities as if nothing has happened. Often we have to hear the question, "When are you going to get on with your life?" "When are you going to forget about this?" The answers to these questions are: "I will get on with my life when I adjust better, and I will absolutely NEVER forget what happened!"

We are not able to turn off the grief from 8:00 a.m. until 5 p.m. We are not able to leave it at home. We are not able to turn it off in the wee hours of the morning when we can't sleep. We are not able to turn it off just because we have a project at work that needs to be done or a meeting that we need to attend. We are not able to turn it off on demand.

We need to explain that we need understanding and patience from those around us. We need support and strength now, not added pressures to forget. We need to learn to explain that we hurt and need some time to grieve. We need to learn to take the time to grieve.

A griever once said that she had trouble getting others to understand what she was going through. They change the subject or leave the room when they feel the least uncomfortable. Wouldn't it be nice if we could just leave the room when our grief got to be too bad? When we were at our lowest point, wouldn't it be nice to just close it out and pretend it wasn't there? But we can't.

It is very important that we be allowed to grieve openly and with our family and friends. They don't understand because they don't feel the pain that we do. And we don't ever want our family or friends to have to know that pain. But we would like for them to acknowledge that there is grieving going on. To better help those who don't know what we need, here are some suggestions:

PLEASE LET ME MOURN

I've never lost a someone so close before and I don't understand all these emotions I am feeling. Will you try to understand and help me?

PLEASE LET ME MOURN

I may act and appear together, but I am not. Oftentimes it hurts so much I can hardly bear it.

PLEASE LET ME MOURN

Don't expect much from me. I will try to help you know what I can and cannot handle. Sometimes I am not always sure.

PLEASE LET ME MOURN

Let ' me talk about my loved one. I need to talk. It's part of the healing. Don't pretend nothing has happened. It hurts more when you do that. I loved my friend or family member very much and memories are all I have now. They are very precious to me.

PLEASE LET ME MOURN

Sometimes I cry and act differently, but it's all part of the grieving. My tears are necessary and needed and should not be held back. It even helps when you cry with me. Please don't fear my tears.

PLEASE LET ME MOURN

What I need most is your friendship, your sympathy, your prayers, your support, and your understanding. I am not the same person I was before my loved one died and I never will be.

PLEASE LET ME MOURN

God gives me the strength to face each day and the hope that I'll survive with His help and yours. Time will heal some of the pain, but there will always be an empty place in my heart. Thank you for helping me through the most difficult time of my life.



## SUGGESTIONS FOR HEALING YOUR GRIEVING HEART

1. **Move toward your grief rather than away from it.** As Helen Keller said, "The only way to get to the other side is to go through the door." Though most well intentioned friends will tell you to keep busy, this will only keep you from your grief and mourning. As you move toward your feelings, you will need to do so in "doses." This is something you can't do all at once.
2. **Plant a garden.** Gardening represents growth, beauty and the natural cycles of life and death. Indoors or out, gardening is often healing for mourners. Plant a tree or start a small container garden or plant a row of vegetables or flowers.
3. **Take a mini-vacation.** If you don't have time to take off, plan several mini-vacations instead. Schedule a session with a massage therapist. Have a spiritual growth weekend. Retreat into nature. Plan some time alone. Go for a drive in the countryside. Slow down and observe what you see. Treat yourself to a night in a bed and breakfast or nice hotel. Visit a museum or zoo. Go to a yard sale or auction.
4. **Reach out to others for help.** Grieving may be the hardest work you have ever done. Hard work is less burdensome when others lend a helping hand. Sharing your pain with others won't make it disappear, but it will, over time, make it more bearable. Identify a couple people who you think can be there for you in the coming weeks. Don't assume that others will automatically help. Ask for help.
5. **Simplify your life.** The experience of loss often causes people to take stock of what's really important. During grief, we are often overwhelmed by all the tasks and commitments we have. If you can rid yourself of some of those extraneous burdens, you'll have more time for mourning and healing.
6. **Listen to music or read a good book.** During times of grief, music can be very healing because it helps us access our feelings. Music can soothe the spirit and nurture the heart. Find a book on your shelf or at the local library that strikes your fancy and give it a try. Try different styles of writing. Use this as a time of reflection and as a time for escape. Set aside time daily.
7. **Pray.** Studies show that prayer can help people heal. Talk to God about the person who died. Pray for the strength to embrace your pain and to heal over time. Pray for others affected by this death. Call your church and ask to be added to the prayer list.
8. **Cry.** Tears are a natural cleansing and healing mechanism. It's okay to cry. In fact, it's good to cry when you feel like it. Tears are sacred. On the other hand, don't feel bad if you aren't crying a lot. Not everyone is a crier. If those around you are uncomfortable with your tears, explain that you need to cry and that they can help by allowing you to do so.
9. **Laugh.** Humor is one of the most healing gifts of humanity. Laughter restores hope and helps us to survive the pain. Make it a daily part of your routine to spend a few minutes in front of the TV during comedy hour or read a funny story or compilation of anecdotes. "A merry heart doeth good like a medicine."
10. **Help others.** Although you are the one deserving the attention and special compassion, healing comes to many people through selflessness. Consider volunteering at a nursing home, school, homeless shelter, hospital or your church.

## APPENDIX F

### GRIEF RECOVERY HANDOUTS — SESSION FIVE

1. Selected Bibliography
2. Bereavement Resources on the Internet
3. Loneliness and Grief
4. Stress Survival
5. How To Know if You Need Extra Help
6. Journaling Starters
7. Sign Up For Keeping In Touch



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## BEREAVEMENT RESOURCES ON THE INTERNET

**GRIEF HELPS**, a local website for people living in Central Florida.

<http://www.griefhelps-centfl.org>

**HOSPICE FOUNDATION OF AMERICA** has information to help provide understanding of the grief process and ways to cope.

<http://www.hospicefoundation.org/grief/index.htm>

**GRIEF RESOURCES CATALOG** is a resource center dedicated to providing grief support products for those who may be grieving the loss of a loved one. The grief support materials found here are designed to assist those in a journey through grief; and for friends, relatives, and grief professionals who want to help someone who is experiencing grief.

<http://www.griefresourcescatalog.com/home.html>

**GRIEFNET** provides links to online resources for the following grief related topics: accidental death, aging, adult bereavement, bereaved parents, children and loss, health and disability, homicide, hospice, home care, terminal illness, pet loss, post abortion grief, traumatic losses, prison bereavement, religious resources, suicide prevention and survivors' resources, and widowed persons' resources, conferences and meetings, educational resources, and caregiver resources.

<http://www.griefnet.org/resources/index.html>

**COMPASSION BOOKS** has provides an online catalog of over 400 resources to help children and adults through serious illness, death, loss, grief and bereavement. Reviewed and selected by knowledgeable professionals.

<http://www.compassionbooks.com/>

**GROWTHHOUSE.ORG** lists many support resources to help the mourner heal. This sight also provides a powerful search engine to hundreds of other sites as well as an online bookstore.

<http://www.rockies.net/~spirit/grief/griefA1.html>

**GRIEF AND LOSS RESOURCE CENTRE** provides links to numerous sources including men and grief, multiple loss in community, parents and death, recovery resources, spiritual care resources, seniors and death, spousal grief, SIDS: sudden infant death syndrome, suicide & grief, support groups, teenagers and Grief, loss of a pet, violence and trauma resources.

<http://www.growthhouse.org/death.html>



**CRISIS, GRIEF, AND HEALING** is a place where men and women can discuss with other grievers or simply browse to understand the many different paths to healing strong emotions.

<http://www.webhealing.com/>

**JULIESPLACE.COM** provides online links and a helpful list of various organizations dedicated to providing grief support especially with kids in mind.

[http://www.juliesplace.com/grief\\_resources.htm](http://www.juliesplace.com/grief_resources.htm)

**ADEC.ORG** is the official site of the Association for Death Education and Counseling, a professional group for mental health professionals, death educators, caregivers, counselors, researchers, and volunteers. ADEC offers numerous educational opportunities through its annual conference, courses and workshops, and via its acclaimed newsletter, *The Forum*.

[www.adec.org/](http://www.adec.org/)

**AARP** in their site provides a collection of resources on grief resolution for seniors.

<http://www.aarp.org/griefandloss/>

**WILLOWGREEN** is a leading provider of information and inspiration in the areas of illness and dying, loss and grief, healthy caregiving, life transition, and spirituality.

<http://www.willowgreen.com/>

**COMPASSIONATE FRIENDS** is dedicated to assist families toward the positive resolution of grief following the death of a child of any age and to provide information to help others be supportive.

<http://www.compassionatefriends.org/>

**BEYOND INDIGO** provides support and information on grief, grieving, death and dying. Beyond Indigo facilitates chat rooms and discussions on various topics.

<http://www.death-dying.com/>

**GROWW** is a site where mourners will find others in pain sharing their experience and strength. Message boards, resource listings and secure chat rooms for all who are grieving.

<http://www.groww.com/index.htm>

**GRIEF RECOVERY INSTITUTE** provides an action program for moving beyond death, divorce and other losses.

<http://www.grief.net/>

**AFTER LOSS**, a site with resources to help in the grief process.

<http://www.afterloss.com/html/frameaset.html>

**CENTERING CORPORATION** also provides an extensive listing of online resources, catalog of available books and links to other grief resource sites.

<http://www.centering.org/centerlinks.html>



## LONELINESS & GRIEF

The biggest long term problem of grief is loneliness. Every human being has some basic human hungers. Each of us need:

- |                              |                                       |
|------------------------------|---------------------------------------|
| 1. Contact with other people | 6. Intimate exchange                  |
| 2. Support                   | 7. Responsiveness from another person |
| 3. Love                      | 8. Tenderness                         |
| 4. Acceptance                |                                       |
| 5. Belonging                 |                                       |

We all need these hungers met and when they are met in meaningful relationships, then we are whole people. But when someone dies or we become divorced, those needs are not met because the relationship that meant so much to us is no more. And directly or indirectly, our needs are not met. And loneliness can be the result.

In this mobile society we live in, with all the advances in communications, there is an absence of real dialog. Dialog is the sharing of all that life is and means with another person and having them in turn share with us. Loneliness is said to be the greatest single cause of premature death in America. We are suffering an epidemic of loneliness.

## SUGGESTIONS FOR OVERCOMING LONELINESS

1. **Acknowledge our loneliness.** The first step is to admit to ourselves that we are feeling lonely. Only then can we do something about it.
2. **Know that you are not alone in your loneliness.** People of all ages from all walks of life in all situations find themselves lonely at one time or another. Change and adjustment means growth, and loneliness is a necessary ingredient in the process of letting go.
3. **We must lean into our loneliness.** We must explore it, walk through it, and eventually grow from it. It is only by this acceptance that we can finally let the loneliness go, and begin to build upon it.

4. **Reach Out & Touch.** We need to take the initiative and reach out to others. People are rarely going to detect your loneliness and come and do something about it. Talk to others about the feelings you have (e.g., minister, counselor, friends).
5. **Learn the beauty of solitude by setting aside time for yourself each day.** Start with 15 minutes at the beginning or end of your day. Use this time to collect your thoughts, meditate, or just be with yourself. Use solitude in a constructive way. We live in a society where we think we have to fill our time with sounds and pictures and tasks. Silence is not our enemy. To overcome loneliness, use those quiet times to look at yourself and the circumstances around you and think about your values, goals, ideas, and desires. It's a good time to examine "Who am I? What am I all about? What is unique about me? What am I doing to help others? What am I doing to reach out to others who may be lonely?" Solitude is a good time to work on restoring your relationship with yourself, your God, and others.
6. **Don't allow pity and resentment to grow.** Once you detect them, do something to get rid of them.
7. **Cultivate a sense of humor.**
8. **Keep the inner person alive.** It's important to read, study, and explore like you used to when you were younger. Learn to listen to other people.
9. **Develop a hobby.** Learn new things, grow. Learn the art of being creative with your hands.
10. **Keep a journal to record your journey.** Writing about your loneliness can make it less threatening and more manageable.
11. **Get an attitude adjustment.** What loneliness does in and to us is our decision. Loneliness is a part of living. It comes in every chapter of our life. What we do with it is up to us. We can grow stronger or wither up in our own self pity. It's up to us.
12. **Become a healer.** Volunteer your services to enrich other lives. When you are lonely, if you will force yourself to focus in on the needs of others, your loneliness will be suffocated.
13. **Develop a prayer life.** Take time to center your thoughts on God and His goodness. Use the psalms as springboards into your own prayer experience.



407-303-2670

## STRESS SURVIVAL

1. Exercise. Physical exercise changes the body chemistry. Endorphins are manufactured. Endorphins make you feel better.
2. Do something you enjoy that requires your concentration. This will distract you from your present stresses.
3. Do something for someone else. This will increase your self-esteem and give you a feeling of satisfaction.
4. Start and finish a short-term project. This will give you a sense of completion and accomplishment.
5. Sign up for lessons to learn something new. This will aid you in self-discovery, expand your thinking, and bring a new interest into your life.
6. Do something nice for yourself. See yourself as a person who deserves good things in life.
7. Keep up old relationships and try to make new ones. You need a support system.
8. Say yes. Say yes to invitations. Do not cut yourself off from experiences and opportunities.
9. Say no. You do not have to do anything that does not seem right to you.

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*Adapted from Bereavement and Support: Healing in a Group Environment  
by Marylou Hughes, Philadelphia: Taylor and Francis, 1995.*

## HOW TO KNOW IF YOU NEED EXTRA HELP

Grief is painful. And everyone who grieves can use a helping hand and a listening ear. But how do you know if you would benefit from a little extra help, help from an expert in loss and bereavement issues? What clues might indicate you could use some extra care?

Here are ten questions to ask yourself about various aspects of your grief. Any grieving person might experience these briefly, but if you sense them continuing, it's probably time to talk to someone knowledgeable about grieving...if only to reassure yourself that you're on the right path.

1. Are you always irritable, annoyed, intolerant or angry these days?
2. Do you experience an ongoing sense of numbness or of being isolated from your own self or from others? Do you usually feel that you have no one to talk to about what's happened?
3. Since your loved one died, are you highly anxious most of the time about your own death or the death of someone you love? Is it beginning to interfere with your relationships, your ability to concentrate or live as you would like to live?
4. Do you feel that you are always and continually preoccupied with your loved one, his or her death or certain aspects of it even though it's been several months since his or her death?
5. Do you usually feel restless or in "high gear"? Do you feel the need to be constantly busy...beyond what's normal for you?
6. Are you afraid of becoming close to new people for fear of losing again?
7. Do you find yourself acting in ways that might prove harmful to you over time: drinking more than you used to; using more prescription or non-prescription drugs; engaging in sexual activity that is unsafe or unwise; driving in an unsafe or reckless manner (beyond what's normal for you); or entertaining serious thoughts about suicide?
8. Are you taking on too much responsibility for surviving family members or close friends? (What's too much responsibility? That varies greatly and depends on the situation, but if you're feeling heavily burdened by it, angry or like the situation is "suffocating" you, it might be time to speak with someone.)
9. Do your grief reactions continue, over time, to be limited in some way? Are you experiencing only a few of the reactions or emotions that usually come with grief? Are you unable to express your thoughts or feelings about your loved one and his or her death in words or in actions? Do you remember only certain aspects of your loved one or your relationship together, for example only the good parts as opposed to a more complete and balanced view of him or her?
10. Is there some aspect of what you're experiencing that makes you wonder about whether you're normal or going crazy? Do you feel stuck in your grief in some way, unable to move on, even though it's been quite some time since your loved one's death?

*Beyond these ten signs, trust your own judgement. If you think that talking to a professional might help, talk to one or more people to see who you are comfortable with. Take advantage of one who seems helpful to you. After all, grief is painful enough without trying to do it all by yourself.*



**Grief Recovery**  
At Florida Hospital

407-303-2670

## JOURNAL STARTERS

1. My biggest struggle right now is...
2. The thing that really gets me down is...
3. The worst thing about my loss is...
4. When I feel lonely...
5. The thing I most fear is...
6. The most important thing I've learned...
7. The thing that keeps me from moving on is...
8. I seem to cry most when...
9. I dreamed last night...
10. I heard a song that reminded me of...
11. A new person I've come to appreciate is...
12. I get angry when...
13. Part of the past that keeps haunting me is...
14. What I've learned from the past is...
15. Guilt feelings seem to come most when...
16. The experiences I miss the most are...
17. New experiences I enjoy the most are...
18. The changes I least and most like are...
19. My feelings sometimes confuse me because...
20. I smelled a smell or saw a sight today that reminded me of...
21. A new hope I found today is...
22. New strengths I've developed since my loss are...
23. I feel close to God today because...
24. I am angry at God today because...
25. For me to find and have balance, I...

*Adapted from Charlotte Greeson, Mary Hollingsworth, Michael Washburn, The Grief Adjustment Guide: A Pathway Through Pain, Sisters, OR: Questar Publishers, 1990; H. Norman Wright, Recovering From The Losses of Life, Grand Rapids, MI: Revell Pub. 2000.*



## APPENDIX G

### GRIEF RECOVERY HANDOUTS — SESSION SIX

1. Count on Grief
2. Holiday and Anniversary Grief
3. Signs You are Healing
4. Community Resources for the Bereaved
5. Seminar Evaluation
6. Grief Recovery After-Seminar Follow-up Letter





# COUNT ON GRIEF

*Count on grief to...*

*Increase vulnerability and a feeling of helplessness*

*Take you to uncharted territory*

*Change social structure*

*Stress marital bond and strain family ties*

*Define priorities*

*Increase spiritual awareness*

*Strengthen compassion*

*Define the past and open doors to the future*



## HOLIDAY & ANNIVERSARY GRIEF

*Here are some considerations as you prepare for a holiday or anniversary:*

1. **Take Care of Yourself Physically.** Holidays can be physically draining. Holidays take enough out of you even without the additional pain of death. Not taking care of yourself will only add to your fatigue and frustration.
2. **It's OK to skip.** The first time through, you may just try to survive and get through. It's okay to "skip" parts of the holiday traditions if you need to, the first time around. As you move through your grief, you will have more energy to deal with the holidays next time. If you accept a holiday invitation to someone's home, give yourself leeway. Let them know up front that you will try to participate but that you may need to excuse yourself at some point. It may not be advisable to host a holiday event during the first year. As a guest you can leave when you want to or even cancel out. It's harder to do that when you are the host.
3. **Develop a Something Attitude.** A "something" attitude is better than an "all or nothing" attitude. Perhaps pick one activity you traditionally did. Plan to do it as a way of celebrating the memory of a loved one and as a way of starting to face the pain of the change that the death of your loved one has brought.
4. **Be Flexible.** Think of lowering your expectations and the pressures you put on yourself. You do not have to celebrate the holiday in exactly the same way you did before. For some, celebrating the holiday according to family tradition may be comforting. If not, take a break from the holiday this time making a commitment to yourself that you will face this special day more directly next time. With regard to holiday observance, there is no one right way to do it. Remember you are a unique individual and there are as many ways for you to grieve as there are ways to celebrate a holiday.
5. **Remember to Feel.** Don't stay so busy that you avoid your feelings or distract yourself from the reality that your loved one is no longer alive. Others may expect or want you to put your grief out of your mind at the holiday season. They may mean well but they have little awareness of what grief, your grief, is like. Remember that feelings are okay. Even though people may show discomfort in witnessing your pain, be true to yourself. The more you face the pain of death directly, the more quickly you will be able to conquer it.
6. **Talk it Through.** Talk about the loved one you lost. Set aside a part of the holiday to reminisce with others or share something they liked. After a time like this, you may be better prepared to appreciate the holiday with an even deeper significance. And talking about your loved one will help you accept the reality of their death.
7. **Write a Letter or Journal.** Write a letter to your deceased loved one recalling several memories you have about the holidays in which that person played an important role. You might go to the cemetery and read the letter out loud. As you write in your journal, finish sentences like: "When I think of this holiday without ... I feel ...." "The thing I miss most on this special day without ... is ...." "The things I didn't like about this special day with ... were ...." "The things that ... gave me that were important were ..."

8. **Make an Album.** Make a special picture album of the holidays with your loved one's pictures in it. Pull it out at the holiday and reminisce with tissues near by. Don't be afraid to share with friends and family who come to visit. If they resist, that's okay but explain that the album is full of happy holiday memories that you don't want to forget.
9. **Reminisce.** Go through cards, letters, pictures, and other memorabilia concerning your loved one. Relive the occasions. Ask your friends and family to write down their memories of your loved one and collect them in a keepsake book.
10. **Remember Who Died.** Remember that you can have wonderful memories of your deceased loved one associated with past holidays and other special occasions, but that undoubtedly you enjoyed those days or times for other reasons as well. Your loved one died, you didn't. Look for something to give you a renewed view of the day if only for a portion of the day. Set aside part of the holiday for doing what your loved one would have wanted to do. Then take the rest of the day to do what you and your friends or family want to do. This is not being selfish. Your loved one died, not you. You can honor their memory and also move on with your life.
11. **Make a List.** Make a list of things you liked about each holiday or special day – things you enjoyed perhaps even before your relationship with the deceased. Identifying these things may rekindle a spark of pleasure as you reemphasize them in your life.
12. **Think Ahead.** Think ahead about the holidays and what you want to do in memory of your loved one. Plan a strategy and include others in your planning. On that special anniversary or holiday you may want to light a candle, write a letter to you loved one, or remember and honor them in some other way.
13. **Move Toward the Pain and Healing.** Whatever you do, the anniversary or holiday will be filled with painful emotions for a number of years. But it will also be an excellent opportunity to move toward healing.
14. **Resurgence of Grief is Normal.** Having a resurgence of grief on a holiday is normal even if the death happened a few years ago. Because grief is a unique experience, you can't put a timetable on it.
15. **Celebrate.** Reflect on how your loved one influenced you to become who you are today. You are obviously a different person from whom you would have been without that relationship. You will carry this uniqueness with you into the future.
16. **Choose to Live.** You are now in a new chapter of your life. You can either live your life handicapped by grief or you can deal effectively with grief and embrace life once again. It is your choice. Choose to live life to the fullest.
17. **Make Plans.** Write a list of goals, desires, and hopes that you have for your life from this point on especially as they apply to the holidays.
18. **Reach Out for Help.** If your loss is more than three years previous and your grief is still sharp and painful, consider receiving grief counseling. Both the intensity and frequency of your grief should diminish over the first few years. If this isn't happening, you may be holding onto something that are preventing you from moving on in your life.

## SIGNS YOU ARE HEALING

*The progress through grief is slow and often feels like "one step forward and two steps back." It can feel like there are no signs of improvement. The following are clues that will help you to see that you are beginning to work through your grief. Meanwhile, be patient with yourself.*

1. You are in touch with the finality of the death. You now know in your heart that your loved one is truly gone and will never return to this earth.
2. You can review both pleasant and unpleasant memories. In early grief, memories are painful because they remind you of how much has been lost. Now it feels good to remember, and you look for people to share memories with.
3. You can enjoy time alone and feel comfortable. You no longer need to have someone with you all the time or look for activities to keep you distracted.
4. You can drive somewhere by yourself without crying the whole time. Driving seems to be a place where many people cry, which may be dangerous for you and other drivers.
5. You are less sensitive to some of the comments people make. You realize that painful comments made by family or friends are made out of ignorance.
6. You look forward to holidays. Once dreaded occasions can now be anticipated with excitement, perhaps through returning to old traditions or creating new ones.
7. You can reach out to help someone else in a similar situation. It is healing to be able to use your experience to help others.
8. The music you shared with the one you lost is no longer painful to hear. Now, you may even find it comforting.
9. You can sit through a church service without crying.
10. Some time passes in which you have not thought of your loved one. When this first happens, you may panic, thinking "I am forgetting." This is not true. You will never forget. You are giving yourself permission to go on with your life and your loved one would want you to do this.
11. You can enjoy a good joke and have a good laugh without feeling guilty.
12. Your eating, sleeping, and exercise patterns return to what they were beforehand. You no longer feel tired all the time.
13. You can concentrate on a book or a favorite television program. You can even retain information you have just read or viewed.
14. You no longer have to make daily or weekly trips to the cemetery. You now feel comfortable going once a month or only on holidays or other special occasions.
15. You can find something to be thankful for. You always knew there were good things going on in your life, but they didn't matter much before.
16. You can establish new and healthy relationships. New friends are now part of your life and you enjoy participating in activities with them.
17. You feel confident again. You are in touch with your new identity and have a stronger sense of what you are going to do with the rest of your life.
18. You can organize and plan your future.
19. You can accept things as they are and not keep trying to return things to what they were.
20. The vacated roles that your loved one filled in your life are now being filled by yourself and others. You acknowledge your new life and even discover personal growth from experiencing grief.

# COMMUNITY GRIEF RESOURCES

## **GENERAL GRIEF SUPPORT**

**GRIEF SHARE:** Ongoing Christian based grief recovery support group. Meets weekly for 13-week video series. First Baptist Central Florida, 8800 West Colonial Drive, Ocoee. For more information call Phillipia Turner (407) 293-4571 x220.

**HOSPICE OF THE COMFORTER:** Bereavement program for adults, includes grief counseling, support groups and social activities. Meetings are held at Hospice of the Comforter, 595 Montgomery Road, Altamonte Springs (407) 682-0808.

**VITAS:** Offers a variety of general and specific bereavement support groups for a 6 week period, offered continuously through the year. Previous enrollment in the program is not a requirement for participation in the support meetings. Call Vitas at (407) 875-0028 for information.

**BEREAVEMENT SUPPORT:** A 12-week program looking at the grief process through a Catholic/Christian perspective. Open to everyone. For information please call Pat Jacks, at (407) 679-6583. A ministry of St. Margaret Mary Catholic Church, 526 North Park Avenue, Winter Park.

**HOSPICE OF ORANGE-OSCEOLA:** Grief support groups offered for adults at the Hospice Office, 4111 Metric Drive, Winter Park. For more information call (407) 599-5079.

**GRIEF SUPPORT GROUP:** Open to any bereaved individual. Meets 1<sup>st</sup> and 3<sup>rd</sup> Thursday at 7:30 P.M. at the St. Mary Magdalen's Parish Life Center (Gold Room), 861 Maitland Ave., Altamonte Springs (407) 831-1212.

**GRIEF SUPPORT:** Open to anyone who is grieving the death of a loved one. Meetings are held each Thursday at 7:00 P.M. in the Religious Education Building of St. Augustine Catholic Church, 375 Sunset Drive, Casselberry (407) 331-2829

**GRIEF RECOVERY:** A variety of weekly support programs are available at four Florida Hospital locations: Altamonte, Winter Park Memorial, East Orlando, and Kissimmee (Spanish Speaking). Please contact the Pastoral Care Department at (407) 303-2670 for additional information.

**WALKING THE MOURNER'S PATH:** This is an eight-week, Christ-based support group for those who have recently faced the death of a loved one. All Saints Episcopal Church. Call (407) 599-4335 (Fee Based)

**JEWISH BEREAVEMENT SUPPORT:** Jewish Family Services offers support groups, resources and individual counseling for those who have lost a loved one. (407) 644-7593

**"TURNING TEARS INTO HOPE":** Support group meetings are held the 2<sup>nd</sup> and 4<sup>th</sup> Thursday of every month. 7:00 P.M. Parkway Baptist Church, 9000 Lake Underhill Road, Orlando – Main Building – Room C-115. (407) 273-0511

## **GRIEF SUPPORT FOR WIDOWS/WIDOWERS**

**WIDOWED PERSONS SERVICE OF GREATER ORLANDO, INC.:** This is a one-to-one outreach to newly widowed in Orange and Seminole counties. Support group meetings and social events are held at various locations. Call (407) 649-9209.

**WIDOWED SUPPORT GROUPS** sponsored by Baldwin-Fairchild. Call (407) 898-8111 for more information on the following groups:

**SENIOR WIDOWED:** An 8-week structured series offered three times a year offering grief education and practical support in the rebuilding process.

**NEW BEGINNINGS:** Monthly meetings for senior widowed offering fellowship and information. Meets 2<sup>nd</sup> Thursday of each month from 10:00 A.M. – Noon followed by a covered dish lunch. North Park Baptist Church, 741 North Mills Avenue, Orlando.

**WINGS:** Widowed In Need of Group Support. Ongoing support for widows and widowers under the age of 60. Meets the 2<sup>nd</sup> and 4<sup>th</sup> Wednesdays of each month from 7:00P.M. – 9:00P.M. at First Congregational Church, 215 New England Ave., Winter Park.

## **GRIEF SUPPORT FOR CHILDREN**

**NEW HOPE FOR KIDS:** New Hope is a support center for grieving children and for those who are a part of their lives. Call (407) 599-0909 for age appropriate group times. Located at 900 North Maitland Ave., Maitland.

**RAINBOWS:** An organization to help children of all ages who have experienced loss through death or divorce. Sponsored by the Catholic Diocese of Orlando. Call Terry O' Sullivan, Director (407) 246-4868.

**THE HORIZONS CHILDREN'S PROGRAM:** Children's multi-arts program facilitated through school counselors under the direction of Hospice of the Comforter. Call (407) 682-0808.

**GRIEF SUPPORT FOR PARENTS**

**H.E.A.L.:** Helping Endure infant Loss for parents who have experienced miscarriage, stillbirth or newborn death. Sponsored by The Florida Hospital Women's Center. Call (407) 897-5715.

**PERINATAL BEREAVEMENT SUPPORT GROUP:** This program at Arnold Palmer Hospital for Children and Women offers groups for parents who have experienced miscarriage, ectopic pregnancy, still birth, or newborn death. Call (407) 649-6947.

**INFANT LOSS GROUP:** Bereavement support for parents who have experienced the death of an infant. Meets 7-9 P.M. the third Tuesday of every month at Prince of Peace Lutheran Church, 436 at Curry Ford Road. Contact Char Melcher (407) 380-2441.

**CENTRAL FLORIDA SIDS FAMILIES:** Offers one on one support to families who have had a baby die due to Sudden Infant Death Syndrome (SIDS). [www.sidsfamilies.com](http://www.sidsfamilies.com) (407) 380-2441

**THE COMPASSIONATE FRIENDS:** Offers local chapters of a national organization offering friendship and understanding to bereaved parents through ongoing support group meetings.

Orlando Chapter – 7:00 P.M. on the 1<sup>st</sup> Tuesday of each month at the Central Christian Church, 250 West Ivanhoe Blvd., 24 hour line (407) 974-9933.

Heart of Florida Chapter: 7:00 P.M. on the 2<sup>nd</sup> Tuesday of each month in the sanctuary of Sanlando United Methodist Church, 1890 W.S.R. 434, Longwood. Call (407) 774-1TCF ([www.heartoffloridatcf.org](http://www.heartoffloridatcf.org)).

**GRIEF SUPPORT FOR PARENTS:** For parents who have lost their only child or all their children. Meets the 3<sup>rd</sup> Wednesday of every month at 7:00 P.M., 405 Valencia Court, Longwood. Contact Ron or Pat Klair (407) 332-6493.

**PARENTS OF MURDERED CHILDREN:** Support for families and friends of those who have died by violence. Support group meetings are held the 4<sup>th</sup> Wednesday of each month from 7:00 – 9:00 P.M. at the University Congregational Church, 9300 University Blvd., Orlando. Call (407) 657-4278.

**SPECIALIZED SUPPORT**

**BEREAVED SURVIVORS OF HOMICIDE INC.:** Support group meetings for families of homicide victims 6:30 – 8:30 P.M. the 1<sup>st</sup> and 3<sup>rd</sup> Wednesdays at the Voters Registration Building, 119 West Kaley. Call (407) 836-4028 or (407) 351-9368.

**HOMICIDE GRIEF SUPPORT GROUP:** Meets the last Monday of every month, 6:30 – 8:00 P.M., Juvenile Assessment Center, 181 Bush Loop, Sanford. Contact Seminole County State Attorney's Office (407) 665-6113.

**M.A.D.D.:** Mothers Against Drunk Driving, an outreach program assisting victimized families through bereavement and adjudication. Call (407) 246-1331.

**CENTRAL FLORIDA CONCERNS OF POLICE SURVIVORS, INC. (C.O.P.S.):** Offers one on one outreach and monthly group support meetings to assist survivors of law enforcement officers killed in-the-line-of-duty. For more details call Tom Gillan at (407) 658-1818.

**SURVIVORS OF SUICIDE:** Groups are open to any family member or friend (18 years or older) who has been touched by the suicide of a loved one. Monthly support group meetings combining grief education and emotional support. For more information contact Lifeline of Central Florida at (407) 425-2624.

**LEFT BEHIND AFTER SUICIDE:** Adult grief support group, meeting at 6:30 PM the 1<sup>st</sup> and 3<sup>rd</sup> Tuesday of each month at Hospice of The Comforter, 595 Montgomery Rd. Altamonte Springs. Contact Ann Dumont (407) 682-0808.

**HOPE AND HELP CENTER OF CENTRAL FLORIDA** is an information, referral and resource agency for anyone affected by HIV and AIDS. Call (407) 645-2577, 1935 Woodcrest Drive, Winter Park, Florida 32792.

**LIFELINE OF CENTRAL FLORIDA:** The Community Crisis Line is available 24 hours a day for crisis counseling and resource information assistance. Call (407) 425-2624.

**GRIEF LINE:** The Grief Line – Caring listeners who do not judge where you are in your grief, are available 24 hours a day and have referrals to support groups – or therapy options if needed. (407) 447-3388.

**SOCIAL OPPORTUNITIES FOR WIDOWS/WIDOWERS**

**L.I.F.T.:** Social Support Program for widowed persons. Monthly luncheons and day trips. Call 407-228-4075.

**REBOUNDERS/VITAS:** Monthly breakfast / luncheons / dinners. Call (407) 875-0028.

**WIDOWS & WIDOWERS SOCIETY OF CENTRAL FLORIDA:** 1<sup>st</sup> Friday each month – 7:30P.M. Social outings planned weekly. Meetings held at the Goldenrod Civic Center, 4763 Palmetto Avenue, Winter Park. More Information call (407) 382-0607.

# SEMINAR EVALUATION

1. The Grief Recovery Seminar was  a. helpful  b. not very helpful.

Comments: \_\_\_\_\_

2. The length of each session was  a. too short  b. too long  c. just right.

Comments: \_\_\_\_\_

3. The number of sessions were  a. too few  b. too many  c. just right.

Comments: \_\_\_\_\_

4. The topics presented were  a. what I needed  b. not what I needed.

Comments: \_\_\_\_\_

5. The location of the group was  a. convenient  b. inconvenient.

Comments: \_\_\_\_\_

6. The meeting room was  a. comfortable  b. uncomfortable.

Comments: \_\_\_\_\_

7. Did you feel comfortable in the group?  a. Yes  b. No.

If not, why not? \_\_\_\_\_

8. What was most helpful to you? \_\_\_\_\_

9. What was least helpful? \_\_\_\_\_

10. What changes did you notice in yourself as a result of attending the group? \_\_\_\_\_

11. Do you have any suggestions for improving the seminar? \_\_\_\_\_

12. Would you recommend this group to a friend?  a. Yes  b. No.

13. Would you like more or less input from the facilitator?  a. More  b. Less  b. Just right.

14. Would you like more or less time for discussion?  a. More  b. Less  b. Just right.

15. Other comments: \_\_\_\_\_



**FLORIDA HOSPITAL**  
*Pastoral Care*

601 East Altamonte Drive  
 Altamonte Springs, FL 32701  
 407/303-2202

[AFTER SEMINAR LETTER]

February 2, 2004

Dear \_\_\_\_\_,

I wanted to check in with you and tell you I am still thinking of you and your journey through grief. Again, I appreciated the courage it took for you to come to our Grief Recovery Seminar. I know it wasn't easy.

I hope you have continued with the journaling or at least have set aside time to think about your loss and acknowledge the feelings that have surfaced as a result. A review of the handouts may also be helpful at this point. Thoughts will jump out at you that you may not have noticed the first time around.

Although your sorrow may last longer than you had hoped or expected, I like the verse in Psalm 30:5 which says "weeping may endure for a night but joy cometh in the morning." Sometimes the night lasts a lot longer than a literal 8 hours but I believe joy always comes eventually. My prayer for you and your family is that you will find peace and serenity in this journey you are on.

I look forward to seeing you at our monthly follow-up session which is always on the first Tuesday of the month. Meanwhile, please remember that if you need somebody to talk to, you can call my office at any time. My phone number is 407/303-5101. I look forward to hearing from you.

A brochure advertising our next seminar is enclosed along with a handout on dealing with loneliness.

God's blessings to you,

*Michael Lombardo*

Michael Lombardo, M.Div., N.C.B.F.  
 Chaplain



## APPENDIX H

### GRIEF RECOVERY HANDOUTS – MONTHLY

1. What Does Recovery Mean?
2. Normal Responses in Grief
3. Potential Blocks to Successful Grieving
4. Suggestions for Moving in the Right Direction
5. Tips for Survival
6. Special Days: Challenges and Opportunities
7. N.E.W.S.T.A.R.T. Spells Success
8. Getting Unstuck
9. Signs of Recovery
10. What We Need During Grief
11. Self Assessment Inventory
12. Care Notes – Monthly



407-303-2670

## WHAT DOES RECOVERY MEAN?

What do we mean by “Grief Recovery?” We know that “grief” is simply a natural response to loss. But what about “recovery?”

1. Recovery means feeling better.
2. Recovery means claiming your circumstances instead of your circumstances claiming you and your happiness.
3. Recovery is finding new meaning for living, without the fear of being hurt again.
4. Recovery is being able to enjoy fond memories without having them precipitate painful feelings of regret or remorse.
5. Recovery is acknowledging that it is perfectly all right to feel sad from time to time and to talk about those feelings no matter how those around you react.
6. Recovery is being able to forgive others when they say or do things that you know are based on their lack of knowledge about grief.
7. Recovery is one day realizing that your ability to talk about the loss you’ve experienced is indeed normal and healthy.
8. Recovery means acquiring the skills that will help you deal with your loss directly.
9. Recovery will allow you to once again participate 100 percent in your other relationships.
10. Recovery will heal your broken heart and allow you to love as totally as possible.

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*The above is adapted from "The Grief Recovery Handbook", by John W. James and Russell Friedman (Harper Perennial)*



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## NORMAL RESPONSES IN GRIEF

Grief is a normal response to loss. It sometimes manifests itself in ways that are surprising to everyone including the one doing the grieving. Every person will grieve in his or her own unique way. The following is a list of behaviors typical of grief. If you have experienced any of these, you are absolutely normal. That is not to say that they are healthy. In fact some may need to be changed, but they are understandable and do not indicate "insanity." For instance, you may experience:

1. Anger at God and difficulty finding consolation in your faith.
2. Anger at medical personnel for not doing enough to save your loved one.
3. Anger at yourself for not properly interpreting the warning signs, statements, etc.
4. Anger at the deceased for not taking better care of himself/herself; leaving you alone; not making proper financial/legal preparations; dying.
5. Inability to sleep without medication or you may be sleeping all the time.
6. A change in eating habits with significant weight gain or loss.
7. Increased susceptibility to colds, flu, and other physical ailments.
8. Inability to motivate yourself to do the things you need to do.
9. Inability to concentrate and/or remember things.
10. Much more irritable than usual.
11. Experiencing unpredictable, uncontrollable bouts of crying.
12. Fear of being alone or with people; afraid to leave the house; afraid to stay in the house.
13. Desire to "punish" something or someone for your pain.
14. Anger that no one seems to understand what has happened to you; anger toward people expect you to "get on with your life." Anger concerning not being given the time you need to grieve.
15. Feelings of frustration that friends call too much, or not enough or don't invite you out anymore or seem to be pushing you into socializing before you are ready.
16. Going to several stores instead of just one; buying things you don't need and forgetting the things you do need.
17. Feeling guilty over little relationship issues which would not usually be a problem.
18. Experiencing panic/anxiety attacks.
19. Desire to talk about the deceased, but fearful of "burdening" friends or family.
20. Wearing clothing, jewelry, or other personal items of the deceased.
21. Feeling the loneliness and "aloneness" are more than you can tolerate.
22. Noticing an increase in the use of alcohol, prescription drugs, or street drugs to help you cope.
23. Driving the car too fast and recklessly.
24. Desire to sell the house and move; wanting to give away all the possessions of the deceased; turning a portion of the home into a shrine (i.e., not changing anything in the room after the death, etc.)
25. Going out "looking for a fight."
26. Screaming for no particular reason.
27. Anger that people can still laugh, that the world goes on, that holidays are not canceled, that you seem so alone in your grief.
28. Feeling a desire to be with people who did not know the deceased, thereby giving you the opportunity to share memories with unbiased listeners.

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*Adapted from American Academy of Bereavement, 1997, [www.bereavementacademy.org](http://www.bereavementacademy.org).*



## POTENTIAL BLOCKS TO SUCCESSFUL GRIEVING

1. The person may not recognize the change that has taken place as a loss.
2. The person may not accept that a loss has occurred.
3. The individual may not expect to mourn losses other than from a death.
4. Persistent feelings of anger, rejection, and guilt may complicate or obscure the underlying grief.
5. Loss may come from a socially stigmatized event such as AIDS, suicide, racist incident, drug overdose, abortion so that a sense of shame may cause the person not to draw attention to their pain.
6. Significant others in a person's life may communicate discomfort or disapproval of any expression of pain.
7. The emotional blocks, due to previous losses that have not been resolved, may keep the person from dealing with the new loss.
8. A desire not to upset or add to the grief of others involved may cause a person to repress feelings.
9. Over dependence on the deceased, place, or things as a means of self fulfillment or self-identity makes it more difficult to let go.
10. Hanging on to the grief as a means of hanging on to that which was lost can keep an individual from resolution of the loss.
11. Sex-role or cultural conditioning can block the normal expression of feelings.
12. Trivialization of grief can be a double insult.
13. Inability to forgive.
14. Inability to ask for help.



## SUGGESTIONS FOR MOVING IN THE RIGHT DIRECTION

1. **Accept the grief.** Roll with the tides of it. Do not try to be brave. Take time to cry.
2. **Talk about your loss.** Share your grief within the family. Do not try to protect them by silence. Also find a friend to talk to. Talk often. If the friend tells you to "snap out of it," find another friend.
3. **Deal with guilt, real or imagined.** You did the best you could at the time. If you made mistakes, accept the fact that you, like everyone else, are not perfect. Only hindsight is 20-20. If you continue to blame yourself, consider professional or religious counseling. If you believe in God, a pastor can help you believe also in God's forgiveness.
4. **Eat well.** Grief stresses the body. You need good nourishment now more than ever, so get back to a good diet soon. Vitamin and mineral supplements may help.
5. **Exercise regularly.** Exercise lightens the load through biochemical changes. It also helps you to sleep better. Return to an old program or start a new one. An hour-long walk every day is ideal for many people.
6. **Nurture yourself.** Each day try to do something good for yourself. Think of what you might do for someone else if they were in your shoes and then do that favor for yourself.
7. **Join a group of others who are sorrowing.** Your old circle of friends may change. Even if it does not, you will need new friends who have been through your experience.
8. **Associate with old friends also.** Some will be uneasy, but they will get over it. If and when you can, talk and act naturally, without avoiding the subject of your loss.
9. **Postpone major decisions.** Wait before deciding whether or not to sell your house or to change jobs.
10. **Record your thoughts in a journal.** Writing helps you get your feelings out. It also shows your progress.
11. **Turn grief into creative energy.** Find a way to help others. Sharing someone else's load will lighten your own. Write something as a tribute to your loved one.
12. **Take advantage of a religious affiliation.** If you have been inactive, this might be the time to become involved again. For some people, grief opens the door to faith. After a time, you might not be as mad at God as you once were.
13. **Get professional help if needed.** Do not allow crippling grief to continue. There comes a time to stop crying and to live again. Sometimes just a few sessions with a trained counselor will help a lot.

*No matter how deep your sorrow, you are not alone.  
Others have been there and will help share your load if you will let them.*

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*Adapted from Amy Hillyard Jensen, Healing Grief, Redmond, WA: Medic Publishing, 1995.*



## TIPS FOR SURVIVAL

1. **Heal at your own pace.** Never compare yourself to another grieving person. Each of us are our own time clock.
2. **It's okay to feel depressed.** Crying is cleansing - a wonderful release. Be with your feelings for awhile.
3. **Anger is part of grieving.** Nearly everyone gets angry when they lose someone or something very dear to them. Channel your anger wisely, and it will subside as you heal. For example: hit a pillow, kick on a bed, yell and scream when you're alone, exercise or play a physical game, hit a punching bag, play the piano.
4. **Guard your nutrition.** Good eating habits help the healing process.
5. **Realize your vulnerability.** You're resistance will be low for a while. Invite help only from those who are trustworthy.
6. **Beware of rebound.** There's a hole in your life. Be careful about rushing to fill it.
7. **Avoid addictive activities.** Alcohol, drugs, food, diversions - can all momentarily help us escape from pain, BUT we can become addicts, and these crutches NEVER help us to heal.
8. **You will grow.** As you work through your sadness, you will learn that you can -survive. The pain eventually lessens - healing does occur.
9. **Begin gradually to look to the future.** Slowly experiment with new life styles - new ways of filling your day. You may even discover that some of them may be fun.
10. **Give yourself praise.** You are becoming a richer, deeper, wiser person.
11. **Be open.** Give yourself opportunities to meet new people, places, ideas, experiences, but don't forget to build on the past. Don't throw out what has been worthwhile to you. Small changes are best at first.
12. **Begin to give of yourself.** Giving can bring you the greatest joy. It is healing.
13. **Expect relapses.** There will always be certain things that trigger sadness again.
14. **Alone does not mean lonely.** Solitude can be creative, restful, even fun. You can learn to enjoy it.
15. **Learn to appreciate your freedom.** You are now in control. Make the most of your choices. You can even learn to take risks.
16. **Celebrate your survival!** Becoming your own best friend isn't always easy, but the rewards are worth it. Loving this new you allows you the freedom to be independent and make wise choices for yourself.

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*Adapted from Larry Yeagley, Grief Recovery, Charlotte MI, 1998; Alan D. Wolfelt, The Journey through Grief, Fort Collins, CO: The Center For Loss and Life Transition, 1997; Susan J. Zonnebelt-Smeenge & Robert C. De Vries. Getting to the Other Side of Grief. Grand Rapids: Baker Books, 1998.*



## SPECIAL DAYS: CHALLENGES AND OPPORTUNITIES

Special days come at us like freshly-sharpened knives primed to rip through the fragile fabric of our new and tentatively rewoven lives. Upcoming birthdays, anniversaries, weddings, graduations, holidays threaten us with the steady thrum of their fierce approach. They remind us we aren't nearly as together as we'd like to be, or even as we'd like to pretend to be.

We can go along and do ordinary days sort of ok. Unfortunately, not all days are ordinary. The approach of days we used to enjoy, days we made special together or for one another makes us feel vulnerable. We don't know how or whether we'll be able to hold ourselves together and keep from feeling totally unraveled-again!

So what do we do? **We decide to take charge and follow some basic principles:**

1. **We face the threat.** We admit to ourselves and to whomever we trust to listen to us that we're feeling uneasy (Scared? Terrified?), about how we'll get through the day.
2. **We remember what we used to do,** asking, "What were the best things we did before?" We savor memories of what we enjoyed most. We laugh remembering some not-so-great times when a special day fell flat despite our best intentions. We warm our hearts with memories of precious times and lighten our hearts with laughter over times that went awry. We got through those times and we'll get through these as well.
3. **We ask ourselves how we'll remember & include our deceased loved one** as we observe this special day this year. They're a part of why this day is special. We want to include them. We need to. We just have to figure out how.
4. **We decide how to take care of ourselves,** asking, "What do I need this day? What will help me feel like myself? What will give me comfort or pleasure?"
5. **We decide who to include in our plans,** asking, "Who do we want to be with us., and how so?" If we include others, we'll need to "negotiate" a bit to ensure that their desires work into the plan.
6. **We tell someone what we plan to do,** even if we decide to do this special day alone. Telling someone about an upcoming, special day, and how we plan to, observe it, will validate that we intend to take charge.

The approach of a special day will raise anxiety. But we don't heed to be victimized by the calendar, whatever the day may be. We just need to decide we won't be victimized. One way or another, we will take charge to make the day the best it can be this year.

Approaching a special day this way, can do way more than "just get us through the day." Discovering that we can create a positive experience for ourselves and others if we so choose, is a powerful learning: We'd prefer to share the special date, event or holiday with our loved one, but even if we can't do that, we can still stake a claim on life. One step, one day at a time, we can do this. And, when we're ready, continuing to create life can be the most powerful tribute of all to the one we've loved--and love still.

*"What we have once enjoyed we can never lose. All that we love deeply becomes part of us." - Helen Keller*



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## N.E.W.S.T.A.R.T. SPELLS SUCCESS

The inventor Thomas Edison once said "the doctor of the future will give no medicine, but will interest his patient in the core of the human frame, in diet, and in the cause and prevention of disease." New and improved medical interventions are being discovered almost daily. But it is still true that an ounce of prevention is worth a pound of cure. Here are some common sense principles to consider as you strive for better health:

### **Nutrition**

Proper nutrition is needed to furnish fuel, to supply energy to the body, to provide material to repair and build tissues, and to supply substances that act to regulate body processes. Follow closely the healthy food pyramid.

### **Exercise**

Exercise adds oxygen to the body, increases the efficiency of the heart, increases the blood volume and improves circulation, builds stronger muscles and bones, beautifies the complexion and physique and sharpens the mental powers! There is no drug in current or prospective use that holds as much promise for sustained health as a lifetime program of physical exercise.

### **Water**

Water helps you stay well and feel young! It helps alleviate depression and irritability and keeps you from overheating. Water aids digestion and keeps you in balance. Water is cleansing.

### **Sunlight**

Sunshine can have dramatic effects on your health lowering cholesterol, building up the immune system, improving blood pressure, regulating calcium metabolism and lowering the pulse rate - just to name a few.

### **Temperance**

With so many things that are good for you, (when used in reasonable amounts) eliminating the use of potentially harmful substances just makes sense.

### **Air**

Air is the body's most frequently needed resource. While you can survive for about a month without food, and a week without water, a person can die in less than 10 minutes without air. The bad habit of "shallow breathing" can be a contributor to poor health, and by correcting this, one more piece can be added to the good health puzzle.

### **Rest**

Studies have demonstrated that with proper rest, a person's productivity is so much higher, they need not work as long to produce more. Proper rest habits contribute to the quality and intensity of life and add length to life. Rest is a great rejuvenator, a great healer.

### **Trust**

Trust in what, you say? The biggest component in the health equation is the physical/spiritual relationship. Humans have a spiritual dimension that must not be neglected. When it is, we have a tendency to reach out for "something more." And that can turn people toward behaviors and habits that damage both the body and soul. Faith or trust is our greatest potential for healing. It is essential to survival! It gives us security. And it comes as we spend time with God.

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*These eight natural remedies are found in the book, Ministry of Healing, p. 127.  
The acronym, NEWSTART, is a creation of Weimar Institute, 1-800-525-9192.*





## GETTING UNSTUCK

It's possible to get stuck and stay stuck in the grief process for years. Fortunately, few people remain stuck forever. Usually, the healing nature of time, the love and care of other people and the variety of life's challenges prod us gently on. If you feel "stuck" or have the perception that you are in a "holding pattern" with your grief, it is always advisable to seek professional counsel. The following guidelines can also help you take some positive action in order to regain a degree of control in your situation:

1. ***Make a conscious effort to identify what is not making sense to you about your loss or crisis.*** You might ask yourself: What is it about the situation and/or about his or her death that is most puzzling or troubling me? What part of grief is troubling me? What other things are troubling me? Write down your questions. Leave space to jot responses.
2. ***Put a name to the emotions you are feeling as precisely as possible.*** Hurt? Anger? Shame? Guilt? Regret? Yearning? Are you wondering, why me? Labeling your emotions will cause them to lose much of their power.
3. ***Specific actions promote healing.*** Ask yourself what actions in the past were helpful to get you moving.
4. ***Confide in someone.*** Be sure to choose someone who is a good listener and a nonjudgmental, caring, positive individual.
5. ***Search out the opinion of an expert or professional*** who is knowledgeable about problems like yours - a doctor, clergy person, social worker, financial advisor, or lawyer. You want someone who is qualified to address your particular concerns and human characteristics. If you must get advice from an expert lacking in such human qualities, take a caring friend along with you to humanize the encounter.
6. ***Look for books that pertain to your situation,*** or ask your physician, counselor, or clergy person to recommend reading material.
7. ***Bring more order into your life.*** It may anything from doing some physical tasks around the house to catching up on some paperwork to getting back into a routine. While there are certain stressful events over which you have little control, it is especially important to take charge in other ways.
8. ***Take a positive action that will lead to a better understanding*** of your situation or help to resolve some lingering troublesome feelings. For example, write a letter, speak to a particular person, make a necessary decision. If you only make one necessary decision a day, you will feel an immediate sense of control returning to your life.
9. ***Take a good look at the positive qualities*** that have gotten you this far in life and will carry you the rest of the way. What long-standing strengths and new perspectives will enable you to go forward? How did you handle or cope with other traumatic times? Can you apply these same coping techniques to the death of your loved one?
10. ***Make plans for the future.*** Start to reinvolve yourself in life. If the big things, like going back to college, seem impossible, start small. Pick up a catalogue, study it, and circle the classes you'd like to take or the majors you'd like to investigate. Another small step would be to take a workshop or sit in on a class you might be interested taking next term.



## SIGNS OF RECOVERY

1. You ask for and accept help from others.
2. You understand that your life has taken on a new direction.
3. You discover that you are able to make new relationships.
4. You make an effort to live each day fully and enjoy it.
5. You can laugh and enjoy being with others.
6. Taking care of yourself is not only OK, but it feels good.
7. The future is not so frightening.
8. You want to reach out to others in need or pain.
9. You now enjoy activities that you had given up after the death of your loved one.
10. Your emotional roller coaster is slowing down.

---

*Since the death of your loved one, your life will never be what it once was – and that is reality. Life has taken on a different direction and you will never forget your loss but the pain will become bearable and at times touching the tender memories may not elicit pain at all.*



## WHAT WE NEED DURING GRIEF

1. **TIME:** Time alone and time with others who we trust and who will listen when we need to talk.
2. **CARING:** Try to allow yourself to accept the expressions of caring from others even though they may be uneasy and awkward. Helping a friend or relative also suffering the same loss may bring a feeling of closeness with that person.
3. **SECURITY:** Try to reduce or find help for financial or other stresses in your life. Allow yourself to be close to those you trust. Getting back into a routine helps. Do things at your own pace.
4. **PERMISSION TO BACKSLIDE:** Sometimes after a period of feeling good, we find ourselves back in the old feelings of extreme sadness, despair, or anger. This is the nature of grief, up and down, and it may happen over and over for a time. It happens because, as humans, we cannot take in all of the pain and the meaning of death at once. So we let it in a little at a time.
5. **REST, RELAXATION, EXERCISE, NOURISHMENT, DIVERSION:** You may need extra amounts of things you needed before. Hot baths, afternoon naps, a trip, a project or "cause" to work for to help others - any of these may give you a lift. Grief is an emotionally and physically exhausting process. You need to replenish yourself. Follow what feels healing to you and what connects you to the people you love.
6. **HOPE:** You may find hope and comfort from those who have experienced a similar loss. Knowing what helped them, and realizing that they have recovered and that time does help, may give you hope that sometime in the future your grief will be less raw and painful.
7. **SMALL PLEASURES:** Do not underestimate the healing effects of small pleasures. Sunsets, a walk in the woods, a favorite food - all are small steps toward regaining your pleasure in life itself.
8. **GOALS:** For a while it will seem that much of life is without meaning. At times like this, small goals are helpful. Having something to look forward to like a sporting event or a movie with a friend, or a planned trip can help you get through the time in the immediate future. Living one day at a time is a rule of thumb. At first, don't be surprised if your enjoyment of these things isn't the same - this is normal. As time passes, you may want to work on longer range goals to give some structure and direction to your life. Guidance or counseling can be helpful.
9. **BE AWARE OF DRUG AND ALCOHOL USE:** The use of drugs, alcohol, and even prescription medications may prolong and delay the necessary process of grieving. We cannot prevent or cure grief. The only way out of grief is through it.
10. **PERMISSION TO CHANGE YOUR MIND:** Grieving can shake you up inside. You may find yourself having trouble concentrating, constantly reevaluating your priorities, or never being quite sure what you want. Let people know in advance that you may decide to change your plans.



## SELF ASSESSMENT INVENTORY

**Feelings** *How am I Feeling?*

10	9	8	7	6	5	4	3	2	1
Easy to Identify								Don't Know What I am Feeling	

---

**Thinking** *What am I Thinking?*

10	9	8	7	6	5	4	3	2	1
Extremely Positive								Extremely Negative	

---

**Coping** *How am I Coping?*

10	9	8	7	6	5	4	3	2	1
Appropriately Healthy								Inappropriately Destructive	

---

**Self Talk** *What am I Saying to Myself?*

10	9	8	7	6	5	4	3	2	1
Very Affirming								Extremely Defeating	

---

**Support** *How much Support do I have in my life?*

10	9	8	7	6	5	4	3	2	1
Tremendous Amount of Support								No Support	

---

**Anger** *What Intensity of Anger do I have?*

10	9	8	7	6	5	4	3	2	1
None								Furious	

# Care Note Handouts - Monthly

Monthly CareNotes  
(One a month,  
start over every  
six months)


Strength and help  
for a friend

**CareNotes**  
FOR THE GRIEVING

## When Grief Won't Go Away

By Kathleen Parker

That week, a young friend came to talk with me about the pain she was feeling. Several years after her husband's death, she told me she still felt as if she were in the center of a cyclone. She said she couldn't go back to work, and she had lost her appetite. She said she had been hospitalized several times because she was so overwhelmed. I told her, though, to keep her eyes on the things that she could control for a while.



Strength and help  
for a friend

**CareNotes**  
FOR THE GRIEVING

## Getting Through the Holidays When You've Lost a Loved One

By Peter H. Rieff

The holidays are a time of joy and celebration, but for many people, they are also a time of grief. It's a time when we are reminded of the loved ones who have passed on. It's a time when we are reminded of the pain and sorrow that we feel. It's a time when we are reminded of the things that we miss. It's a time when we are reminded of the things that we need. It's a time when we are reminded of the things that we can do to help ourselves and others.



Strength and help  
for a friend

**CareNotes**  
FOR THE GRIEVING

## On the First Anniversary of Your Loss

By Susan Blumenthal

My father died on Father's Day, and every Father's Day since has been a day of grief. It's a day when I think about the things that we did together, and I think about the things that we never did. It's a day when I think about the things that we missed, and I think about the things that we need. It's a day when I think about the things that we can do to help ourselves and others.




Strength and help  
for a friend

**CareNotes**  
FOR THE GRIEVING

## Taking Care of Yourself While Grieving

By Susan Blumenthal

When a loved one dies, it's a time when we are reminded of the things that we need. It's a time when we are reminded of the things that we can do to help ourselves and others. It's a time when we are reminded of the things that we miss, and I think about the things that we need. It's a time when we are reminded of the things that we can do to help ourselves and others.




Strength and help  
for a friend

**CareNotes**  
FOR THE GRIEVING

## Getting Through the Annual Reminders of Your Loss

By Carol Kuchling

When it comes to the things that we miss, it's a time when we are reminded of the things that we need. It's a time when we are reminded of the things that we can do to help ourselves and others. It's a time when we are reminded of the things that we miss, and I think about the things that we need. It's a time when we are reminded of the things that we can do to help ourselves and others.



Strength and help  
for a friend

**CareNotes**  
FOR THE GRIEVING

## Dealing With All the "Stuff" After a Loved One Dies

By Carol Kuchling

When a loved one dies, it's a time when we are reminded of the things that we need. It's a time when we are reminded of the things that we can do to help ourselves and others. It's a time when we are reminded of the things that we miss, and I think about the things that we need. It's a time when we are reminded of the things that we can do to help ourselves and others.



## APPENDIX I

### HOGAN GRIEF REACTION CHECKLIST

1. Hogan Grief Reaction Checklist
2. Factor Structure for Hogan Grief Reaction Checklist



Name: \_\_\_\_\_ Date: \_\_\_\_\_

# HOGAN GRIEF REACTION CHECKLIST

This questionnaire consists of a list of thoughts and feelings that you may have had since your loved one died. Please read each statement carefully, and choose the number that best describes the way you have been feeling *during the past two weeks*, including today. There are no right or wrong answers. Circle the number beside the statement that best describes you. There are two sides to this checklist. *Please do not skip any items.*

0 - Does not describe me at all      1 - Does not quite describe me      2 - Describes me fairly well  
 3 - Describes me well      4 - Describes me very well

- 1. My hopes are shattered ..... 0 1 2 3 4
- 2. I have learned to cope better with life..... 0 1 2 3 4
- 3. I have little control over my sadness..... 0 1 2 3 4
- 4. I worry excessively ..... 0 1 2 3 4
- 5. I frequently feel bitter ..... 0 1 2 3 4
- 6. I feel like I am in shock..... 0 1 2 3 4
- 7. Sometimes my heart beats faster than it normally does for no reason.. 0 1 2 3 4
- 8. I am resentful ..... 0 1 2 3 4
- 9. I am preoccupied with feeling worthless ..... 0 1 2 3 4
- 10. I feel as though I am a better person ..... 0 1 2 3 4
- 11. I believe I should have died and he or she should have lived ..... 0 1 2 3 4
- 12. I have a better outlook on life ..... 0 1 2 3 4
- 13. I often have headaches ..... 0 1 2 3 4
- 14. I feel a heaviness in my heart..... 0 1 2 3 4
- 15. I feel revengeful ..... 0 1 2 3 4
- 16. I have burning in my stomach..... 0 1 2 3 4
- 17. I want to die to be with him or her ..... 0 1 2 3 4
- 18. I frequently have muscle tension ..... 0 1 2 3 4
- 19. I have more compassion for others ..... 0 1 2 3 4
- 20. I forget things easily, e.g. names, telephone numbers..... 0 1 2 3 4
- 21. I feel shaky ..... 0 1 2 3 4
- 22. I am confused about who I am ..... 0 1 2 3 4
- 23. I have lost my confidence ..... 0 1 2 3 4
- 24. I am stronger because of the grief I have experienced ..... 0 1 2 3 4
- 25. I don't believe I will ever be happy again ..... 0 1 2 3 4
- 26. I have difficulty remembering things from the past..... 0 1 2 3 4

0 - Does not describe me at all      1 - Does not quite describe me      2 - Describes me fairly well  
 3 - Describes me well      4 - Describes me very well

27. I frequently feel frightened .....	0	1	2	3	4
28. I feel unable to cope .....	0	1	2	3	4
29. I agonize over his or her death .....	0	1	2	3	4
30. I am a more forgiving person .....	0	1	2	3	4
31. I have panic attacks over nothing. ....	0	1	2	3	4
32. I have difficulty concentrating .....	0	1	2	3	4
33. I feel like I am walking in my sleep.....	0	1	2	3	4
34. I have shortness of breath.....	0	1	2	3	4
35. I avoid tenderness.....	0	1	2	3	4
36. I am more tolerant of myself.....	0	1	2	3	4
37. I have hostile feelings .....	0	1	2	3	4
38. I am experiencing periods of dizziness .....	0	1	2	3	4
39. I have difficulty learning new things .....	0	1	2	3	4
40. I have difficulty accepting the permanence of the death.....	0	1	2	3	4
41. I am more tolerant of others.....	0	1	2	3	4
42. I blame others.....	0	1	2	3	4
43. I feel like I don't know myself .....	0	1	2	3	4
44. I am frequently fatigued .....	0	1	2	3	4
45. I have hope for the future .....	0	1	2	3	4
46. I have difficulty with abstract thinking .....	0	1	2	3	4
47. I feel hopeless .....	0	1	2	3	4
48. I want to harm others .....	0	1	2	3	4
49. I have difficulty remembering new information .....	0	1	2	3	4
50. I feel sick more often .....	0	1	2	3	4
51. I reached a turning point where I began to let go of some of my grief. 0	1	2	3	4	
52. I often have back pain .....	0	1	2	3	4
53. I am afraid that I will lose control.....	0	1	2	3	4
54. I feel detached from others.....	0	1	2	3	4
55. I frequently cry.....	0	1	2	3	4
56. I startle easily .....	0	1	2	3	4
57. Tasks seem insurmountable .....	0	1	2	3	4
58. I get angry often .....	0	1	2	3	4
59. I ache with loneliness.....	0	1	2	3	4
60. I am having more good days than bad .....	0	1	2	3	4
61. I care more deeply for others .....	0	1	2	3	4



## Factor Structure for Hogan Grief Reaction Checklist

### Factor 1—DESPAIR

1. My hopes are shattered.
3. I have little control over my sadness.
6. I feel like I am in shock.
11. I believe I should have died and he or she should have lived
14. I feel heaviness in my heart.
17. I want to die to be with him or her.
25. I don't believe I will ever be happy again.
29. I agonize over his or her death.
33. I feel like I am walking in my sleep.
40. I have difficulty accepting the permanence of the death.
47. I feel hopeless.
55. I frequently cry.
59. I ache with loneliness.

### Factor 2—PANIC BEHAVIOR

4. I worry excessively.
7. Sometimes my heart beats faster than it normally does for no reason
13. I often have headaches
16. I have burning in my stomach.
18. I frequently have muscle tension.
21. I feel shaky.
27. I frequently feel frightened.
31. I have panic attacks over nothing.
34. I have shortness of breath.
38. I am experiencing periods of dizziness.
44. I am frequently fatigued.
50. I feel sick more often.
52. I often have back pain.
56. I startle easily.

### Factor 3—PERSONAL GROWTH

2. I have learned to cope better with life.
10. I feel as though I am a better person
12. I have a better outlook on life.
19. I have more compassion for others.
24. I am stronger because of the grief I have experienced.
30. I am a more forgiving person

36. I am more tolerant of myself
41. I am more tolerant of others
45. I have hope for the future.
51. I reached a turning point where I began to let go of some of my grief.
60. I am having more good days than bad.
61. I care more deeply for others.

### Factor 4—BLAME AND ANGER

5. I frequently feel bitter
8. I am resentful
15. I feel revengeful
37. I have hostile feelings
42. I blame others
48. I want to harm others 58. I get angry often

### Factor 5—DETACHMENT

9. I am preoccupied with feeling worthless
22. I am confused about who I am
23. I have lost my confidence
28. I feel unable to cope
35. I avoid tenderness
43. I feel like I don't know myself
53. I am afraid that I will lose control
54. I feel detached from others

### Factor 6—DISORGANIZATION

20. I forget things easily, e.g. names, telephone numbers
26. I have difficulty remembering things from the past
32. I have difficulty concentrating
39. I have difficulty learning new things
46. I have difficulty with abstract thinking
49. I have difficulty remembering new information
57. Tasks seem insurmountable.

## APPENDIX J

### GRIEF PATTERN INVENTORY

1. Grief Pattern Inventory
2. Scoring the Grief Pattern Inventory



# GRIEF PATTERN INVENTORY

*Please respond to each of the following statements using the key below. If appropriate, choose the response that best describes you in the past 2 weeks. Please circle the best response for you.*

KEY: A = ALWAYS; U = USUALLY; S = SOMETIMES; R = RARELY; N = NEVER.

1. A U S R N I am more emotional than most people I know.
2. A U S R N It is easy for me to cry and show my feelings to others.
3. A U S R N Even though I have returned to my normal routine, I still have strong and painful feelings about my loss.
4. A U S R N Even though I feel like crying, I do not cry in front of others.
5. A U S R N Although I am grieving in my own way, others may think me cold and unfeeling.
6. A U S R N I don't seem to get as upset as most other people I know.
7. A U S R N I feel overwhelmed by feelings of grief.
8. A U S R N I appreciate when others encourage me to share my painful feelings with them.
9. A U S R N I avoid highly emotional or "touchy-feely" situations of any kind.
10. A U S R N It is important to me that others view me as being in control.
11. A U S R N I have been told that I am avoiding my grief even though I don't think I am.
12. A U S R N I have been controlling my painful feelings by drinking or by using other prescription or non-prescription drugs.
13. A U S R N I believe that a bereavement support group is (would be) helpful for me.
14. A U S R N I worry that I am not as upset by my loss as I should be, and feel guilty that I don't have more intense feelings.
15. A U S R N I resent efforts to get me to show feelings that I don't have.
16. A U S R N I think more about my loss than feel things about my loss.
17. A U S R N I believe it is very important to be aware of, and in touch with, all of my feelings.
18. A U S R N I find that solving problems associated with my loss helps me.
19. A U S R N Although I can sometimes control my painful feelings, they usually return and overwhelm me.
20. A U S R N Since my loss, I feel like I'm just pretending to be strong in front of most people.
21. A U S R N I find that I can't stop my grieving by thinking of other things.
22. A U S R N I have taken deliberate action to honor the memory of my loved one, even though I have not been as upset as most others grieving my loved one.
23. A U S R N Others seem surprised by my recovery from my loss.
24. A U S R N Although I took care of things immediately after my loved one's death, I was surprised when I eventually "crashed" and began to have intense and painful feelings.
25. A U S R N I would describe myself as more intellectual than emotional.

# SCORING OF THE GRIEF PATTERN INVENTORY

(Martin & Doka, 2000)

The Chief Pattern Inventory contains 25 items with response choices ranged along a continuum: always, usually, sometimes, rarely, and never. This reflects the belief that patterns exist on a continuum from profoundly intuitive to intensely instrumental. What follows is a brief description of each question and/or the pattern suggested by a positive response.

KEY: A=+2; U=+1; S<sup>-</sup>O; R=-1;N- -2.

1. The basis of the patterns lies in the individual's customary choice of feelings over thinking and vice versa. Positive = intuitive.
2. A willingness to disclose feelings is associated with the intuitive pattern. Positive = intuitive.
3. Positive = intuitive.
4. This is the first of five questions where a positive response could reveal a tendency toward a dissonant response. Although this would usually point to an intuitive dissonant response, it could include instrumental grievers who have no other outlets for expressing whatever degree of feelings they experience. Positive = dissonant.
5. Instrumental grievers are often perceived as lacking feelings. Positive = instrumental.
6. Positive = instrumental.
7. I feel overwhelmed by my feelings of grief. Positive = intuitive.
8. While this could measure a griever's tendency towards introversion it is most likely an example of intuitive grieving. Positive = intuitive.
9. Instrumental grievers rarely choose to place themselves in situations designed to elicit the experience and expression of feelings. Positive = instrumental.
10. This is especially important for intuitive grievers who may become image managers in the wake of a loss. Positive dissonant.
11. Positive = instrumental.
12. Positive = dissonant.
13. Positive = intuitive.
14. Penitent instrumental grievers feel unusually guilty about their lack of pain. Positive = dissonant.
15. Positive = instrumental.
16. Positive = instrumental.
17. Positive intuitive.
18. Positive = instrumental.
19. Positive = intuitive.
20. Positive = dissonant.
21. Positive = intuitive.
22. Positive = instrumental.
23. Positive = instrumental.
24. Even strongly intuitive grievers can sometimes manage certain post-death activities before being overwhelmed by their feelings. Positive = intuitive.
25. Positive = instrumental.

The Grief Pattern Inventory is designed to augment other methods for assessing a person's grief. In addition, it is always a sound practice to re-administer the Grief Pattern Inventory after several weeks have passed. Dissonant responses, in particular, are often temporary in nature. Waiting at least two to three weeks after the death to begin evaluating patterns might be a good idea. Here are suggested guidelines for interpreting a griever's scores:

Intuitive Pattern: Questions # 1, 2, 3, 7, 8, 13, 17, 19, 21, 24.

Score: 16 - 20	Profoundly intuitive pattern.	11 - 15	Moderate intuitive pattern.
6 - 10	Blended intuitive pattern.	-5 - +5	Blended balanced pattern.

Instrumental Pattern: Questions #5, 6, 9, 11, 15, 16, 18, 22, 23, 25.

Score: 16 - 20	Profoundly instrumental pattern.	11 - 15	Moderate instrumental pattern.
6 - 10	Blended instrumental pattern.	5 - -5	Blended balanced pattern.

Dissonant Responses: Questions #4, 10, 12, 14, 20. Each dissonant response should be evaluated separately.

## APPENDIX K

### BEREAVEMENT FACILITATION CONFERENCE FOR CLERGY

1. 2003 FH Bereavement Facilitation Conference for Clergy Cover Sheet
2. 2003 FH Bereavement Facilitation Conference for Clergy Brochure
3. 2003 FH Bereavement Facilitation Conference for Clergy Flyer
4. 2003 FH Bereavement Facilitation Conference for Clergy Schedule and Presenters
5. 2004 FH Bereavement Facilitation Conference for Clergy Cover Sheet
6. 2004 FH Bereavement Facilitation Conference for Clergy Brochure
7. 2004 FH Bereavement Facilitation Conference for Clergy Flyer
8. 2004 FH Bereavement Facilitation Conference for Clergy Seminar Presenters
9. 2004 FH Bereavement Facilitation Conference for Clergy Schedule
10. 2004 FH Bereavement Facilitation Conference for Clergy Table of Contents
11. 2004 FH Bereavement Facilitation Conference for Clergy Certificate of Attendance
12. 2004 FH Bereavement Facilitation Conference for Clergy Seminar Evaluation

# Bereavement Facilitation Training For Clergy



**January 8, 2003**

*Sponsored by*



**FLORIDA HOSPITAL**  
*Pastoral Care*

## Bereavement Facilitation Training For Clergy

This training seminar is designed to help empower and equip pastoral staff to provide appropriate care and support to their congregants in times of crisis and loss.

No other person has more impact and influence at these critical times than does the clergy representative. Yet, very little focus is given in seminary training regarding care for the bereaved.



This workshop is made available to pastoral care providers to increase understanding of what goes on during the grief process and to strengthen bereavement facilitation skills.

See inside for upcoming bereavement training for clergy.

---

### Seminar Location

Medical Library  
Auditorium (1st Floor) at



**WINTER PARK  
MEMORIAL HOSPITAL**  
*A Division of Florida Hospital*  
200 N. Lakemont Ave.  
Winter Park, Florida 32792  
407-646-7000



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FLORIDA HOSPITAL

*Pastoral Care*

601 E. Allamonte Drive

Allamonte Springs, FL 32701

# Bereavement Facilitation Training For Clergy



278

*Sponsored by*



FLORIDA  
HOSPITAL

*No cost to clergy!*

Coming Wednesday  
January 8, 2003



## Seminar Presenters

### **Wanda Davis, M.A.**

Wanda is Chaplain at Florida Hospital East Orlando and has been involved in the area of grief support for over twenty years.

### **Les Dyer**

Les has been a Funeral Director for over 40 years and serves as a consultant for Woodlawn Carey Hand Cemeteries, Funeral Homes and Crematory, a Dignity Memorial provider.

### **John Galloway, D.Min.**

Dr. Galloway is a Chaplain and Clinical Pastoral Education Supervisor at Florida Hospital. John is also a Licensed Marriage & Family Therapist and a Pastoral Counselor.

### **Judy Galloway, Ph.D.**

Dr. Judy Galloway is a Licensed Mental Health Counselor in private practice in Winter Park. She has also taught in the master's level counseling programs at UCF and Rollins College.

### **Terry Hood, M.Div.**

Terry is Chaplain at Florida Hospital and has facilitated grief support groups with a special focus on the widowed.

### **Sally Kopke, M.S.**

Sally is Community Program Director for Baldwin Fairchild Cemeteries and Funeral Homes and regularly facilitates bereavement support groups and provides educational programs on death, dying and bereavement.

### **Maureen Kramlinger, M.A.**

Maureen is Director of Bereavement Services at VITAS. She is a counselor and free lance writer and has taught at various educational levels throughout her career.

### **Mike Lombardo, M.Div.**

Mike is Chaplain at Florida Hospital Seminole Division and Coordinator of the Grief Recovery program at Florida Hospital.

Call **407-303-5101**  
for more information.

## Seminar Schedule

January 8, 2003

- 8:30 Registration**
- 8:45 Welcome & Introductions**  
*Juan Jorge*
- 9:00 Good Grief! Charlie Brown**  
*Wanda Davis*
- 9:45 Clergy Role in Grief: Shepherd or Companion?**  
*Maureen Kramlinger*
- 10:30 Break**
- 10:45 Family Grief Issues**  
*Michael Lombardo & Les Dyer*
- 11:30 Normal vs. Complicated Grief: Red Flags for Referral**  
*John & Judy Galloway*
- 12:15 Complimentary Lunch & Community Resources**  
*Sally Kopke & Terry Hood*

## What You Will Receive

- ◆ Receive a certificate verifying completion of 4 contact hours.
- ◆ Take a look at how grief and loss can affect you personally and professionally and what you can do about it.
- ◆ One in five who suffer a loss are at risk for developing a major depression. Understand professional limitations and learn when to refer your congregants to other professionals.
- ◆ Gain an understanding of how loss of a family member can affect the rest of the family.
- ◆ Discover community resources that are available to you and your congregants.

## Registration

Space is limited. Pre-register by January 3.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- I plan to attend this free Bereavement Facilitation Training for Clergy.
- I would like contact hours for attending this seminar.
- I will stay for the complimentary lunch at the conclusion of the seminar.

### *Three Ways To Register*

1. Fax your completed form to:  
407-303-2617
2. Or mail your registration to:  
Florida Hospital  
Pastoral Care  
601 E. Altamonte Drive  
Altamonte Springs, FL 32701
3. Or email your information to  
michael.lombardo@fhosp.org.

# Bereavement Facilitation Training For Clergy



Wednesday January 8, 2003  
8:30 am to 1 pm  
*Complimentary Lunch Provided*

## What You Will Receive

- ◆ *Increase understanding of what goes on during the grief process and strengthen your bereavement facilitation skills.*
- ◆ *Take a look at how grief and loss can affect you personally and professionally and what you can do about it.*
- ◆ *One in five who suffer a loss are at risk for developing a major depression. Understand limitations and learn when to refer your congregants to other professionals.*
- ◆ *Gain an understanding of how loss of a family member can affect the rest of the family.*
- ◆ *Discover community resources that are available to you and your congregants.*

## Seminar Location

Medical Library Auditorium (1st Floor) at



**WINTER PARK  
MEMORIAL HOSPITAL**  
*A Division of Florida Hospital*

200 N. Lakemont Ave. Winter Park, Florida 32792  
(Call 407-646-7000 for directions)

## Registration

*(Space is limited. Pre-register by January 3)*

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### *Three Ways To Register*

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2. Mail your registration to: Florida Hospital Pastoral Care  
601 E. Altamonte Drive ♦ Altamonte Springs, FL 32701.
3. Or email your information to [michael.lombardo@flhosp.org](mailto:michael.lombardo@flhosp.org).

*Sponsored by  
Florida Hospital  
No cost to clergy!  
Call 407-303-5101 for  
more info.*



# Bereavement Facilitation Training For Clergy

Wednesday, January 8, 2003

This training seminar is designed to help empower and equip pastoral staff to provide appropriate care and support to their congregants in times of crisis and loss.

No other person has more impact and influence at these critical times than does the clergy representative. Yet, very little focus is given in seminary training regarding care for the bereaved.

This workshop is made available to pastoral care providers to increase understanding of what goes on during the grief process and to strengthen bereavement facilitation skills.

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- 8:30 **Registration**
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### **Mike Lombardo, M.Div.**

Mike is Chaplain at Florida Hospital *Seminole Division* and Coordinator of the Grief Recovery program at Florida Hospital.

# Bereavement Facilitation Conference For Clergy



**January 27, 2004**

**Sponsored by Florida Hospital and  
Central Florida Chapter of ADEC**

# Bereavement Facilitation Conference For Clergy

This training seminar is designed to help empower and equip pastoral staff to provide care and support to their congregants in times of crisis and loss.

This workshop is made available to pastoral care providers to increase understanding of what goes on during the grief process and to strengthen bereavement facilitation skills.

## ABOUT OUR SPONSORS

### CENTRAL FLORIDA ADEC

Central Florida Chapter of the Association for Death Education and Counseling is a non-profit, educational organization dedicated to enhancing the ability of professionals and lay people to be better able to meet the needs of those with whom they work in death education and grief counseling.

### FLORIDA HOSPITAL

While Florida Hospital's first responsibility as a Christian hospital is to extend the healing ministry of Christ to its patients, the hospital is also committed to providing education and assistance to the community it serves. This bereavement conference is one such way. Florida Hospital also believes strongly in wholistic care which includes physical, emotional and spiritual care as well as "aftercare."

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## SEMINAR LOCATION

Medical Library  
Auditorium (1st Floor) at



**WINTER PARK  
MEMORIAL HOSPITAL**  
*A Division of Florida Hospital*

200 N. Lakemont Ave.  
Winter Park, Florida 32792  
(Call 407-646-7000 for directions)

*Upcoming Bereavement Conference for Clergy*

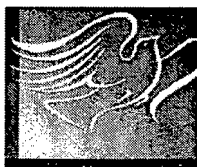


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**FLORIDA HOSPITAL**  
*Pastoral Care*

601 E. Allamonte Drive  
Allamonte Springs, FL 32701

# Bereavement Facilitation Conference For Clergy



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*Sponsored by*



**FLORIDA  
HOSPITAL**

*and*

Central Florida Chapter



*No cost to clergy or lay ministers!*

Coming Tuesday  
January 27, 2004

## SEMINAR PRESENTERS

### DENISE ANDERSON

Denise's experience with multiple losses, including the loss of her daughter, brother and close friend, has fueled her interest in the field of grief counseling. Denise has served as a VITAS volunteer and is a member of Compassionate Friends.

### JESSICA CARLSON, M.A., NCC, LMHC

Jessica Carlson is a mental health professional with a passion for grief counseling. She has been successful in treating a variety of bereaved and mental health clients and currently works as a counselor at the University of Central Florida and in her private practice in Oviedo.

### ANN DUMONT, M.A., CT

Ann is the Bereavement Coordinator for Hospice of the Comforter and is a registered nurse and mental health counselor. She has worked in hospice bereavement for 8 years.

### TERRY HOOD, M.Div.

Terry is Chaplain at Florida Hospital and facilitates group grief support groups with a special focus on the widowed.

### SALLY KOPKE, M.S.

Sally is Community Program Director for Baldwin Fairchild Cemeteries and Funeral Homes and regularly facilitates bereavement support groups for widows and widowers.

### MAUREEN KRAMLINGER, M.A., CT

Maureen is Manager of Bereavement Services and previous team chaplain at VITAS. She is a counselor and free lance writer and has taught at various educational levels.

### VICTORIA LANE, B.A.

Victoria is a successful business person in who became a bereavement volunteer for Compassionate Friends and New Hope for Kids after experiencing the loss of her teenage son.

### MICHAEL LOMBARDO, M.Div., CT

Mike is Chaplain at Florida Hospital *Altamonte* and Coordinator of the Grief Recovery program at Florida Hospital.

### TAMARI STALLWORTH, M.A.

Tamari is Director of New Hope for Kids, a program which provides grief support to families with children ages 3-18. Tamari's professional training and personal childhood experience of losing her mother at the age of 17 has facilitated her insight into grief support for children.

### GARY VOGEL, M.A., NCC, LMHC

Gary has been a Counselor in private practice in the Central Florida area since 1978. After suffering a full term stillbirth in 1989, Gary designed and continues to facilitate H.E.A.L., a grief support program for parents who have lost an infant. He has also authored two books on this subject.

## SEMINAR SCHEDULE

January 27, 2004

- 8:00 **Registration/Continental Breakfast**
- 8:30 **Welcome & Introductions**  
*Juan Jorge*
- 8:40 **Faith & Grief: Does Faith Leave Room For Grief?** *Mike Lombardo*
- 9:00 **The Many Faces of Grief - 1**  
*Maureen Kramlinger, Terry Hood, Sally Kopke, Ann Dumont*
- 10:20 **Break/Film Clip**
- 10:40 **The Many Faces of Grief - 2**  
*Tamaria Stallworth, Victoria Lane, Gary Vogel, Denise Anderson*
- 12:00 **Partnership in Care: Clergy and Counselors Working Together**  
*Jessica Carlson*
- 12:30 **Complimentary Lunch & Panel Discussion**

## WHAT YOU WILL RECEIVE

- ▷ Receive a certificate verifying completion of 4 contact hours.
- ▷ Participate in small group discussion.
- ▷ Learn effective ways to provide spiritual support at times of loss.
- ▷ Examine adult, senior adult, adolescent and child grief.
- ▷ Identify factors complicating grief.
- ▷ Understand professional limitations and learn when to refer your congregants to other professionals.
- ▷ Identify elements necessary in providing a healing relationship.
- ▷ Discover community resources available to you and your congregants.

## REGISTRATION

**Important:** There is a limit of up to *three* registrants from each church or organization. Space is limited. Pre-register by *January 20*.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- I would like contact hours for attending this seminar.
- Along with attending this seminar, I plan to stay for the complimentary lunch.

## FOUR WAYS TO REGISTER

1. **Fax** your completed form to:  
407-303-2617.
2. **Mail** your registration to:  
Florida Hospital Pastoral Care  
601 E. Altamonte Drive  
Altamonte Springs, FL 32701.
3. **Email** your information to  
michael.lombardo@flhosp.org.
4. **Phone** 407-303-5101 to register  
or for more information.

# Bereavement Facilitation Conference For Clergy



Coming Tuesday January 27, 2004

8:00 am to 1:30 pm

*No cost to clergy or lay ministers!*

Complimentary Lunch Provided

## What You Will Receive

This training seminar is designed to help empower and equip pastoral staff to provide care and support to their congregants in times of crisis and loss.

This workshop is made available to pastoral care providers to increase understanding of what goes on during the grief process and to strengthen bereavement facilitation skills.

- ▷ Examine adult, senior adult, adolescent and child grief.
- ▷ Identify factors complicating grief. Understand professional limitations and learn when to refer your congregants to other professionals.
- ▷ Identify elements necessary in providing a healing relationship. Learn effective ways to provide spiritual support at times of loss.
- ▷ Participate in small group discussion. Discover community resources available to you and your congregants.

*Sponsored by*



**FLORIDA  
HOSPITAL**

*and*

Central Florida Chapter



## Seminar Location

Medical Library Auditorium at  
Winter Park Memorial Hospital  
200 N. Lakemont Ave.

Winter Park, Florida 32792

(Call 407-646-7000 for directions)

## Four Ways To Register

1. **Fax** your completed form to: 407-303-2617.
2. **Mail** your registration to: Florida Hospital Pastoral Care, 601 E. Altamonte Drive, Altamonte Springs, FL 32701.
3. **Email** information to michael.lombardo@flhosp.org.
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Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_





# Bereavement Facilitation Conference for Clergy

## SEMINAR PRESENTERS

### **DENISE ANDERSON**

**Address:** 4042 Evander Drive Orlando, FL 32812

**Affiliation:** UCF, VITAS Hospice Care, Compassionate Friends

**Phone:** 407-282-3513 **Email:** danderson36@cfl.rr.com

Denise's experience with multiple losses, including the loss of her daughter, brother and close friend, has fueled her interest in the field of grief counseling. Denise has served as a VITAS volunteer and is a member of Compassionate Friends.

### **JESSICA CARLSON, M.A., N.C.C., L.M.H.C.**

**Address:** 1000 Executive Drive #9 Oviedo, FL 32765

**Affiliation:** Oviedo Counseling Center, UCF Counseling Center

**Phone:** 407-365-2200 **Fax:** 407-971-0266 **Email:** jcarlson@ij.net

Jessica Carlson is a mental health professional with a passion for grief counseling. She has been successful in treating a variety of bereaved and mental health clients and currently works as a counselor at the University of Central Florida and in her private practice in Oviedo.

### **ANN DUMONT, R.N., M.A., L.M.H.C., C.T.**

**Address:** 595 Montgomery Road Altamonte Springs, FL 32714

**Affiliation:** Hospice of the Comforter

**Phone:** 407-682-0808 **Email:** anndu2@hotmail.com

Ann is the Bereavement Coordinator for Hospice of the Comforter and is a registered nurse and mental health counselor. She has worked in hospice bereavement for 8 years.

### **TERRY HOOD, M.Div.**

**Address:** 601 Rollins Street Orlando, FL 32803

**Affiliation:** Florida Hospital

**Phone:** 407-303-5600 ext 3103 **Fax:** 407-303-6956 **Email:** theresa.hood@flhosp.org

Terry is Chaplain at Florida Hospital and facilitates group grief support groups with a special focus on the widowed.

### **SALLY KOPKE, M.S.**

**Address:** 301 NE Ivanhoe Blvd Orlando, FL 32804

**Affiliation:** Baldwin Fairchild Funeral Home

**Phone:** 407-898-8111, ext 214 **Fax:** 407-897-3795 **Email:** skopke@stei.com

Sally is Community Program Director for Baldwin Fairchild Cemeteries and Funeral Homes and regularly facilitates bereavement support groups for widows and widowers.

**MAUREEN KRAMLINGER, M.A., C.T.**

**Address:** 5151 Adanson St. #200 Orlando, FL 32804

**Affiliation:** VITAS Hospice Care

**Phone:** 407-691-4549 **Fax:** 407-691-4572 **Email:** maureen.kramlinger@vitas.com

Maureen is Manager of Bereavement Services and previous team chaplain at VITAS. She is a counselor and free lance writer and has taught at various educational levels.

**VICTORIA LANE, B.A.**

**Address:** 112 Coble Court Longwood, FL 32779

**Affiliation:** Compassionate Friends

**Phone:** 904-775-3835 **Fax:** 904-775-3474 **Email:** torie-lane@cfl.rr.com

Victoria is a successful business person who became a bereavement volunteer for Compassionate Friends and New Hope for Kids after experiencing the loss of her teenage son.

**MICHAEL LOMBARDO, M.Div., N.C.B.F., C.T.**

**Address:** 601 E. Altamonte Drive Altamonte Springs, FL 32701

**Affiliation:** Florida Hospital

**Phone:** 407-303-5101 **Fax:** 407-303-2617 **Email:** michael.lombardo@flhosp.org

Mike is Chaplain at Florida Hospital *Altamonte* and Coordinator of the Grief Recovery program at Florida Hospital.

**TAMARI STALLWORTH, M.A.**

**Address:** 900 N. Maitland Ave Maitland, FL 32751

**Affiliation:** New Hope Center for Grieving Children

**Phone:** 407-599-0909 **Fax:** 407-599-0904 **Email:** tamari@newhopeforkids.org

Tamari is Director of New Hope for Kids, a program which provides grief support to families with children ages 3-18. Tamari's professional training and personal childhood experience of losing her mother at the age of 17 has facilitated her insight into grief support for children.

**GARY VOGEL, M.A., N.C.C., L.M.H.C.**

**Address:** 1954 Howell Branch Road #106 Winter Park, FL 32792

**Affiliation:** Counseling Services of Central Florida

**Phone:** 407-657-8555 ext. 3 **Fax:** 407-657-5774 **Email:** gevogell@aol.com

Gary has been a Counselor in private practice in the Central Florida area since 1978. After suffering a full term stillbirth in 1989, Gary designed and continues to facilitate H.E.A.L., a grief support program for parents who have lost an infant. He has also authored two books on this subject.



# Bereavement Facilitation Conference for Clergy

January 27, 2004

## SEMINAR SCHEDULE

- 8:00 Registration/Continental Breakfast
- 8:30 Welcome & Introductions *Juan Jorge, Ken Bradley, Orlando "Jay" Perez, Sally Kopke*
- 8:40 Faith & Grief: Does Faith Leave Room For Grief? *Mike Lombardo*
- 9:00 Laying the Foundation...Grief Essentials *Maureen Kramlinger*
- 9:20 Senior Loss: Confronting The Inevitable *Sally Kopke*
- 9:40 Shaking the Foundation: When A Parent Dies *Terry Hood*
- 10:00 The Younger Widowed: But You're Still Young *Ann Dumont*
- 10:20 Break/Video Clip
- 10:40 Kids Grieve Too: Children & Death *Tamari Stallworth*
- 11:00 Parents & Grief: When Death is Out of Order *Tori Lane*
- 11:20 Perinatal Loss: Gone Before They Are Here *Gary Vogel*
- 11:40 Suicide: The Death with Strings *Denise Anderson*
- 12:00 Partnership in Care: Clergy & Counselors Working Together *Jessica Carlson*
- 12:30 Lunch/Panel Discussion

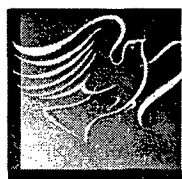
**Religious Diversity** – Our group of presenters and participants are diverse in religious background and the tenor of our meeting will be that of respect for the various backgrounds represented here today. Therefore, our discussions will not be doctrine based but more focused on ways to facilitate the bereaved in their grief journey.

**Discussion Throughout the Morning** – Though each presenter is well qualified to provide a whole morning of content beneficial to your ministry, the structure of our time will include time for small group discussion and question and answers. Contact information on each presenter is provided so you can invite him/her to your church or temple for a presentation to your congregation.

**Question for the Panel** – A card is provided in case you have a question you would like the panel to discuss during Lunch.

**Evaluation Form** – An evaluation form is provided for you to fill out today so we can know how to better serve you in future conferences.

**Certificate of Attendance** – A certificate of attendance indicating your fulfillment of four contact hours will be provided at the conclusion of the seminar.



## Bereavement Facilitation Conference for Clergy

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# Certificate of Attendance

This is to certify that

\_\_\_\_\_

has completed requirements for four (4) contact hours on the topic of

## Bereavement Facilitation

on this 27th day of January, 2004 at  
Winter Park Memorial Hospital



**FLORIDA HOSPITAL**  
*Pastoral Care*

A handwritten signature in cursive script, appearing to read "Michael Lombardo".

Michael Lombardo, Conference Coordinator



Central Florida Chapter

**ADEC**

Association for Death Education and Counseling

A handwritten signature in cursive script, appearing to read "Sally Kopke".

Sally Kopke, CFC ADEC President



# Bereavement Facilitation Conference for Clergy

## Seminar Evaluation

1. Please rate your overall experience with this Bereavement Facilitation Conference (*circle a number*):

Very pleased					Somewhat pleased					Very unpleased
10	9	8	7	6	5	4	3	2	1	

2. Was the seminar location and accommodations:  Satisfactory?  Unsatisfactory?

Comments: \_\_\_\_\_

3. Was the seminar content:  Helpful?  Unhelpful?

Why/Why not: \_\_\_\_\_

4. Rate your meal today (*circle a number*):

Very pleased					Somewhat pleased					Very unpleased
10	9	8	7	6	5	4	3	2	1	

5. Which part of today's discussion was most useful to you and your ministry? \_\_\_\_\_

6. Which part of today's discussion was least useful to you and your ministry? \_\_\_\_\_

7. Please share your suggestions for improving this seminar: \_\_\_\_\_

8. What triggered your decision to attend this seminar? \_\_\_\_\_

9. What other topics would you like to see presented in future conferences? \_\_\_\_\_

## APPENDIX L

### NAD BEREAVEMENT FACILITATION TRAINING

1. 2004 NAD Bereavement Facilitation Training Cover sheet
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# Bereavement Facilitation Training



## **NAD HEALTH SUMMIT**

**FEBRUARY 2 – 6, 2004**

Hilton Hotel

Altamonte Springs, FL

**MICHAEL LOMBARDO, M.DIV., N.C.B.F., C.T.**





STOY PROCTOR, MA  
Associate Director Health Ministries  
General Conference



MICHAEL LOMBARDO, M.D.,  
Chaplain  
Florida Hospital



CHARLES THOMAS, Ph.D.  
Director  
Deseret Springs Therapy Center

# HEALTH MINISTRIES

# NORTH AMERICAN & INTER AMERICAN DIVISION HEALTH CERTIFICATION WEEK February 2-8, 2001

## DIABETES MASTERY

Dr. David J. DeRose, MD, MPH, Program Physician, Lifestyle Center of America

**David J. DeRose, MD, MPH**

Program Physician, Lifestyle Center of America

This seminar will provide participants with the foundations for church- or community-based diabetes programs. This emphasis will be on lifestyle and other non-drug therapies such as diet, exercise, and group support.

## GRIEF RECOVERY

Michael Lombardo, M.D.

Chaplain  
Florida Hospital

This program will teach the dynamics of grief recovery. You will learn... the stages of grief... how to cope with losses... how to put your life back together. You will gain the skills to conduct grief recovery in your church or community.



## CHIP (Coronary Health Improvement Project)

Harold Burden, MPH  
Dena Guthrie RN, MS

Adventist CHIP Association

Your church can become a respected community center for health and healing. CHIP (Coronary Health Improvement Project) is a dynamic 30-day experience that addresses the lifestyle risk factors of the 21st century: obesity, diabetes, hypertension, heart disease and osteoporosis. This life-changing, 30-day program features Dr. Hans Carl and is winning and healing hearts throughout North America. And new trends for the church mean new opportunities to share the good news about the Author of health.



HAROLD BURDEN, MPH  
Adventist CHIP Association

## EIGHT WEEKS TO WELLNESS

Don Hall Dr. PH,  
President & Founder, Wellness, Inc. & Living Health

In the Eight Weeks to Wellness Seminars learn how to present total wellness programs: a healthy lifestyle, diet, exercise, including physical activity, nutrition, mental health, stress reduction and prevention. Experience real teaching that is going to be personal and yet authoritative.



## BREATHE FREE™

DeWitt S. Williams, Ed.D., MPH, CHES  
Director of Health Ministries, North American Division  
Stoy Proctor, MA

Associate Director of Health Ministries, General Conference  
Principles of Smoking Cessation

Twenty hours of class work are required to complete this course. The revised Breathe Free™ The Plan to Stop Smoking prepares the student to organize and conduct a stop smoking clinic for interested participants. Basic text: Breathe Free™ Manual (Health Connection)

## COMMUNITY HEALTH ASSESSMENT & FOLLOW-UP

Steve J. Veres, M.Div.  
Director, Michigan Conference, Van Ministry Network

How to start and successfully run a vital community health ministry in your church or conference. Steve Veres, Director of the Michigan Conference Van Ministry Network, will show you how to:

- Start a Van Ministry
- Screen at large gatherings
- Develop system infrastructure
- Follow-up large numbers of interests
- Write grants for public screening
- Develop supporting ministries that result from mass screenings



JOHN SCHARFFENBERG, MD  
Coordinator for Nutrition  
North American Division



ELIE HONORÉ  
Director Health Ministries  
Inter-American Division



DON HALL, Dr. PH  
President & Founder  
Wellness, Inc.



LEILANI PROCTOR  
Health Connection



STEVE J. VERES, M.Div.  
Director Michigan Conference  
Van Ministry Network



HAL GATES, J.D.  
Health Director  
Washington Conference



SKIP MCCARTY, D.M.S.  
Associate Pastor, Pioneer Memorial Church  
Andrews University



DAVID DEROSE, MD, MPH  
Program Physician  
Lifestyle Center of America

## BIRTHING COMPANIONS

Allan Hardysides, MD  
Director of Health Ministries, General Conference

*Birthing Companions*

Birthing companions is an in-depth training program to enable women to engage in a ministry of companionship to pregnant mothers. It will enhance their understanding of pregnancy and equip them to get through the labor on a new bond. This relationship can provide opportunities for social interactions, support, lasting friendships, and positive influences on the mother and her family.



## FORGIVENESS

Dick Tibbitts, D.Min.  
Vice President, Florida Hospital

*Healing the Heart*

Discover how forgiveness training can be used as an effective intervention for the reduction of high blood pressure as demonstrated in a recently completed research study conducted at Florida Hospital. During this seminar you will learn who can benefit, how anger is related to high blood pressure, and how to teach forgiveness from a Biblical and cognitive-behavioral perspective.

## DEPRESSION RECOVERY

Neil Nedley, MD  
Megan Brown, Ph. D.

Neil Nedley, M.D., and Megan Brown, Ph.D., conduct this 20-hour course that prepares the participant to help facilitate an 8-week Depression Recovery Seminar. Using a comprehensive approach including medical history, social and spiritual factors, the doctors apply their training, scientific knowledge, and experience to teach how to assist others in achieving optimal mental health.



## PUPPETS

Leilani Proctor  
Health Connection

*How to Use Puppets with a Purpose*

Learn why puppets are one of the most effective education tools and how you can use them to teach health and the gospel in this country and around the world. You'll see how to do programs with one, two or more puppets on a wide range of topics.

5



Breathe  
exercise  
for  
life

**FITNESS TRAINING (EXERCISE)**

**Don Hall, DrPH, CHES**  
President & Founder, Wellness, Inc.

**Heather Neal, MS**  
Professor of Physical Education  
Southern Adventist University

In this Fitness Training seminar learn the components of a successful exercise program that a local church can bring to its community. Recognize the value of physical activity to health and living life as chosen by current scientific research.



**COMMUNITY HEALTH ASSESSMENT & FOLLOW-UP**

**Steve J. Veres, M.Div.**  
Van Ministry Network Director/Manager of Conference  
How to start and successfully run a well community health ministry in your church or community. Steve Veres, Director of the Mission Conference Van Ministry Network will show you how to:

- Start a Van Ministry
- Work at large meetings
- Develop a team infrastructure
- Follow-up large numbers of interests
- Write grant for public screening
- Develop supporting infrastructure that results from mass screening



**NORTH AMERICAN & INTER AMERICAN DIVISION**

**HEALTH CERTIFICATION WEEK**

**Febr**



**GORDON BOTTING, DrPH, CFC**  
Health Ministries Director  
Northern California Conference



**LENORE HODGES, PhD, RD, LD**  
Director  
Nutritional Services  
Florida Hospital



**DON HALL, DrPH, CHES**  
President & Founder  
Well Source, Inc.



**LEILANI PROCTOR**  
The Health Connection  
NAD Health Ministries Resource Center



**STEVE J. VERES, M.Div.**  
Director  
Van Ministry Network  
Mission Conference



**HAL GATES, J.D.**  
Health Director  
Washington Conference  
Regeneration Director

*Promoting the Growth*



**HEALTH SCREENING - SUNDAY 1st EVENT**  
**LIFELONG HEALTH AND FLORIDA HOSPITAL**

Participate in a "Health Screening" program! Experience something you can adapt for your church or community! Identify areas for improving your own health! All tests are optional.

*Sign up for your time slot when you pre-register.*

**Planned health-screens:**

1. A brief lifestyle assessment based on scientific studies that predict a long, healthy life.
  2. Resting blood pressure and pulse—key indicators of cardiovascular fitness.
  3. Body composition including body mass index (BMI), percent body fat, and waist girth—key indicators of our nation's most common health problems.
  4. Blood tests for total and HDL cholesterol and blood glucose levels. Don't eat 3-4 hours before your testing appointment. There may be a small charge.
  5. A strength test—it predicts functional capacity and independence later in life.
  6. A one-mile walk to compute peak aerobic capacity—the best indicator of survivability in the next 10 years.
  7. Your screening test results, your health age based on your chronological age and several longevity studies, and your accrued years of life based on making improvements.
  8. A group explanation of each test and how you can improve your health if the test indicates increased risk.
  9. Guidelines for living a healthy lifestyle and preventing disease.
- The value of the screening is \$75 but will be free for registered participants. To participate, you must sign up at the time of pre-registration and choose a time of participation between 1:00 and 5:00 pm Sunday afternoon.*

**SEVEN STEPS TO FINANCIAL FREEDOM**

**Gordon Botting, DrPH, CFC**  
Director of Stewardship Ministries, Faith Conference & Field Representative for C

This "Seven Steps to Financial Freedom" program will help you learn to teach the biblical principles of finances and how to manage money wisely. Some of the topics include:

- How to Manage Your Money (Right Direction)
- Avoiding the Seven Pitfalls
- Are You Still Spending the Dollar and Financing It's No Longer Left?
- Do You Know What's America's No. 1 Financial Goal?

**CHIP (CORONARY HEALTH IMPROVEMENT PROJECT)**

**Harold Burden, MPH  
Dona Guthrie RN, MS**

Adventist CHIP Association

Your church can become a respected community center for health and healing. CHIP (Coronary Health Improvement Project) is a dynamic 30-day experience that addresses the lifestyle choices of the 21st century - obesity, diabetes, hypertension, heart disease, and osteoporosis. This challenging, non-biased program features Dr. Hans Diehl and is spreading and healing hearts throughout North America. And now, thanks to the church, you have new opportunities to share the good news about the Author of health.



**STRESS MANAGEMENT**

**Skip MacCarty, D. Min.**

Associate Pastor of the Pioneer Memorial Church at Andrews University

Skip is a fellow of the American Institution of Stress and author of *Stress Beyond Coping* seminar. *Stress Beyond Coping*, designed as a bridge seminar linking physical health and spiritual concepts has been highly acclaimed by several non-Adventist as well as Adventist experts in the stress field. This interactive, experiential, pre-emptive seminar is a turn-key program that contains everything a church in the stress field needs to conduct a highly professional and effective stress management seminar.

**GRIEF RECOVERY**

**Michael Lombardo, M.Div.**

Chairman, Florida Hospital

This program will teach the meaning of grief recovery. You will learn... the stages of grief... how to cope with losses... how to put your life back together. You will gain the skills to conduct grief recovery in your church or community.



**BREATHE FREE™**

**DeWitt S. Williams, Ed.D.,**  
Director of Health Ministries, NE American Division

**Stoy Proctor, M.Div., MPH**  
Associate Director of Health Ministries, General Conference

**Principles of Smoking Cessation**

Twenty hours of class work are required to complete this course. Buy "The Plan to Stop Smoking" to organize and conduct a stop-smoked pack course. Basic text: Manual (Health Connection)



**MICHAEL LOMBARDO, M.DIV.**  
Chairman  
Florida Hospital



**GEORGE GUTHRIE, MD, MPH**  
Medical Director  
Lifestyle Center of America



**DEBBIE HEROLD, MSA, RN**  
ADRA  
General Conference



**GARY HOPKINS, MD, DrPH**  
Director  
Institute for the Prevention of Addiction



**GERARD MCLANE, DrPH, CHES**  
President & CEO  
Adventist WholeHealth Network



**BARBARA WATSON**  
Coordinator  
StepFast



**RON MATAYA, MD**  
ADRA  
General Conference

*... Planting the Seed*

**HEALTH MINISTRY TEAMS FOR CONGREGATIONAL WHOLENESS**

**Candace Huber, RN, BSN, MPH**

Director, Florida Hospital Center for Community Health Ministry

This 12.5-hour training will prepare the attendees to understand the broad role of Health Ministry and the role Health Ministry Teams play in weaving health into the fabric of ministry in the congregation. Each participant will have an introduction to parish nursing and will understand the various roles within the team approach. Stages of health, behavior change and associated terminology will be reviewed for successful health ministries.

**DEPRESSION RECOVERY**

**Neil Nedley, MD**

Neil Nedley, MD, conducts a 20-hour course that prepares the participant to help facilitate an 8-week Depression Recovery Seminar using a comprehensive approach, including nutrition, lifestyle, social and spiritual factors, the doctors apply their training, scientific knowledge, and experience to teach how to assist others in achieving optimal mental health.



**HYDROTHERAPY AND HOME REMEDIES**

**Michael Eugene Welch, DSc, LMT**

**Miriam S. Yun-Welch, MPH, LMT**

Welcome to a "Hands on" Medical Missionary Leadership Training Course! Learn and prepare to share Hydrotherapy and Pain Control "Techniques" for the home, school, office, business, neighborhood and community. Open the door for God's sovereign End-time, guard of love by letting God work through you as He did Christ, the Great Medical Missionary. Presented by Miriam Sumner Yun-Welch, MPH, LMT & Michael E. Welch, DSc, LMT, DSc. Both are California Certified Therapeutic Massage Practitioners and have worked and/or taught in the US, Canada, Korea, Thailand, Myanmar (Burma), the Philippines, Germany, Mexico, Peru, China, Japan, Sudan, Laos and Guam.

REGISTRATION INFORMATION

NORTH AMERICAN / INTER AMERICAN DIVISION

- ... Preparing the Soil
- ... Planting the Seed
- ... Promoting the Growth
- ... Praying for Harvest

February 1-7, 2004

You must register for seminars before summit.

Early Bird Special - Register now or by December 31, 2003

<u>Health Certification Week</u>	Early Bird	\$ 220.00
	After December 31	\$ 265.00

Includes morning, afternoon seminars & evening sessions

**Cost of syllabus will be extra depending on the class.**

Ask for details when you register

Daily meals are on your own. There are many restaurants nearby.

**CANCELLATION:** If you cannot attend you may cancel with a \$25.00 cancellation fee before January 15. After January 15 send someone in your place.

Additional Cost for Accommodations, meals, and transportation.

**CEU's from Griggs University/CPE from Loma Linda University**

You Must Register through Adventist PlusLine to attend.

Register Early - Space for the seminars is limited to the room size  
The training portion will fill up.

**ADVENTIST PLUSLINE:** 1-800-732-7587  
website [www.plusline.org](http://www.plusline.org)

**PAYMENT:** Credit Card, Check or Money Order

**SEND CHECKS TO:** Adventist PlusLine  
P.O. Box 5005  
Westlake Village, CA 91359-5005



EXIT 92 OFF INTERSTATE -4

**HOTEL RESERVATIONS:**  
Limited Number of rooms.  
Call early!

Hilton Orlando /  
Altamonte Springs  
350 S. North Lake Blvd  
Altamonte Springs, FL  
800-445-8667  
Phone 407-830-1985

\$71.00 plus tax: Ask for Adventist Health Summit Rate - Code AHS

**DIRECTIONS: FROM AIRPORT**

Take State Road 436 North for approximately 3 miles. On right will be entrance to State Road 408 West to Interstate 4. Take Interstate 4 East to Exit 92 (Altamonte Springs/ Apopka - State road 436) turn right off exit, stay in right lane, go to the first traffic light and turn right. Hotel is 1/4 mile down on right.

For airport / hotel transportation, contact  
Bucknor Express - 407-466-8533 (\$20.00 each way)



**DAVID WHITE,**  
D.Min.

Event Coordinator  
Health Ministries  
North American  
Division



**DeWITT S.**  
**WILLIAMS, Ed.D.**

Director Health Ministries  
North American Division



**ELIE HONORÉ, MD**

Director Health  
Ministries  
Inter-American Division

**SUNDAY FEBRUARY 1, 1:00 - 5:00 PM**

**NEW! HEALTH SCREENING**

Must sign up for a time when you pre-register.

Check In	4:00 pm - 7:00 pm	Hilton Orlando/ Altamonte Springs
Opening Session	7:00 pm - 8:30 pm	Keynote Address - Mark Finley Crystal Ballroom

**DAILY SCHEDULE**

**MONDAY THRU FRIDAY FEBRUARY 2 - 6**

I would like to register for the following certification classes -  
choose 2 courses except for VCI - Vegetarian which will meet all day.

**MORNING SEMINARS**

**8:00 AM - 11:30 AM**

- Celebrations
- Depression
- Diabetes
- Eight Weeks to Wellness
- Fitness Training (Exercise)
- Forgiveness
- Hydrotherapy
- Puppets
- Regeneration
- Vegetarian Cuisine Instructors  
*(must take morning and afternoon to be certified)*
- Health Ministry Teams

**AFTERNOON SEMINARS**

**1:00 PM - 4:30 PM**

- AIDS
- Breathe Free Smoking Cessation
- CHIP
- Community Health Assessments
- 7 Steps to Financial Health
- Grief Recovery
- StepFast
- Stress Management
- Vegetarian Cuisine Instructors  
*(must take morning and afternoon to be certified)*
- Life-Long Weight Management

**SEMINAR 4:35 PM - 5:15PM**

Don Mackintosh From Health to Him

**EVENING SESSION 7:15 PM - 8:45PM**

Presenting Christ through Health Ministries

**SABBATH 11:00**

Alfred Harbysides, MD

**SPECIAL EVENTS ALL DAY**

**Two Seminars for empowering church leaders in ministry.  
Coming February 3 - 7 to the Altamonte Hilton (Hwy 436 & I-4).**

# Grief Recovery

# Forgiveness Training

- ◆ Discover the latest research on the benefits of grief support.
- ◆ Learn the steps to starting up a grief support program in your church.
- ◆ Better understand the dynamics of grief in the family system.
- ◆ Help your church ministry team be an asset to those who are hurting and in need of support.

1:00 - 4:30 PM  
Monday - Friday  
Feb 3 - 7

- ◆ Learn from research how forgiveness may help reduce blood pressure.
- ◆ Anger kills and you can learn how to reduce your anger through forgiveness.
- ◆ Discover the basic steps of forgiveness and how to put them to practice.
- ◆ See how forgiveness training can be used as an effective ministry in your church.

8:00 - 11:30 AM  
Monday - Friday  
Feb 3 - 7



**Mike Lombardo,  
M.Div.**  
Chaplain  
Florida Hospital



**Dick Tibbits,  
D.Min.**  
Vice President  
Florida Hospital

**Cost for both seminars: \$195 (if you register by January 2, 2003)  
(\$245 after January 2, 2003). Call 1-800-732-7587 to register today.**



# Bereavement Facilitation Training

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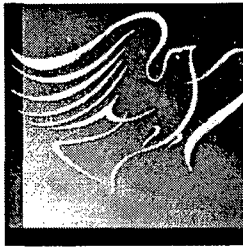
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# Bereavement Facilitation Training

## DAILY OVERVIEW

Day One ..... Introduction, Overview, Spiritual Foundation, Personal Preparation

Day Two.....Need for Bereavement Facilitation, How to Help

Day Three..... Why Support Groups, Step By Step

Day Four ..... Family Issues, Support vs Therapy, Marketing Grief Recovery

Day Five..... Complicated Grief, Ethics, Preventing Burnout, Resources



# Bereavement Facilitation Training

## COURSE OBJECTIVES

*At the conclusion of the Bereavement Facilitation Seminar, participants will be able to:*

1. Define what grief is and various ways it can manifest itself.
2. Share various approaches to providing support to grieving individuals.
3. Articulate the purpose and benefit of providing personal and group support to individuals after loss.
4. Reflect on the difference between "doing" and "being" as it pertains to supporting those in the midst of grief.
5. Demonstrate basic listening skills necessary to providing grief support.
6. Understand and be able to model the concept of "ministry of presence."
7. Describe the characteristics of a bereavement facilitator.
8. Face another person's grief with greater understanding and empathy.
9. Acknowledge that grief is not something to be fixed but rather supported and sustained.
10. Begin the process of accepting one's mortality as a means to being more "present" to others in their grief.
11. Identify when his/her own "baggage" gets in the way of being present to another at the time of loss.
12. Share the four tasks of mourning.
13. Describe ground rules necessary for facilitating a cohesive support group.
14. Discuss grief experiences and reactions common to many grievers.
15. Share the steps to resolving one's grief.
16. Articulate the steps required to start a grief support group in a local community.
17. Identify indicators that can determine when a person is grieving.
18. Discuss the consequences of persistent grief avoidance.
19. See the various roles of the bereavement facilitator.
20. Avoid various pitfalls when called on to facilitate another person's grief.
21. Identify signs when bereavement in adults and children need outside professional intervention.
22. Understand various dynamics at work in families who are in grief and be able to observe the effects of grief in the family structure.
23. Describe grief as a journey or process that is unique for each griever.
24. Facilitate a person's need to express feelings as a pathway to grief resolution.
25. Share tips to help a griever cope holistically with the trauma of the grief experience.
26. Identify what a person can expect to face during the grief process and be equipped to support them through the process.

27. Share the benefits of journaling as one important means of processing grief.
28. Understand the inherent dangers of describing grief as a stage versus a series of unique reactions to loss.
29. See grief as a series of emotional waves that are cyclical in nature.
30. Understand the need to let the griever move at his/her own pace.
31. Identify the difference between complicated and uncomplicated grief
32. Spot red flags for referral and be able to articulate to that person the necessity of seeking professional support.
33. Encourage the cherishing of memories as a way to move through the journey of grief
34. Validate and normalize a person's grief through the grief support process or in a one-on-one setting.
35. Let people own their own feelings and let them take the lead in their own journey through grief
36. Research and provide a list of grief counseling resources available in the local community.
37. Market to the public a community grief support group including public service announcements, press releases, articles, interviews, posters, brochures, mailings, etc.
38. Know how to coordinate together with other care giving organizations in the community to provide support to those in grief.
39. See the importance of and know the steps to providing adequate follow-up support to group participants.
40. Identify characteristics of caregiver burnout.
41. Provide good self-care so as to avoid caregiver burnout.
42. Articulate the therapeutic factors inherent in support groups.
43. Discuss a child's concept of loss at various age levels.
44. Explain the factors unique to children in grief.
45. Acknowledge how grief can lead to loneliness and discuss ways to deal with this aspect of grief.
46. Provide a list of Internet resources available for those in grief.
47. Provide a suggested reading list for those interested in self-help reading in the area of grief.
48. Provide grievers with helpful handout material to assist them in the grieving process.
49. Delineate an outline of topics to be covered in a weekly support group's series.
50. Articulate ethical guidelines regarding facilitating a group or individual in the process of grief.
51. Discuss ways to support dying individuals.
52. Discuss what to do with a difficult group member.
53. Discuss how individuals in grief can be affected by the holidays and other special days and share ways to cope during those times.
54. Identify warning signals that point to a person getting stuck in the grief process.
55. Identify signs that healing and resolution is taking place.
56. Provide an opportunity for feedback regarding the effectiveness of the grief support group process including an evaluation form being filled out.
57. Discuss anger management as a part of resolving the grief.
58. Identify one's own limitations in caring for others in grief.
59. Practice good boundaries and model boundary setting to those in a grief support group setting.
60. Distinguish between a support group and therapy.



# Bereavement Facilitation Training Registration

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

1. What prompted you to sign up for this Bereavement Facilitation Training class? \_\_\_\_\_

2. What do you hope to gain/learn from taking this class? \_\_\_\_\_

3. What do you think you would like to do with this training when you get back home? \_\_\_\_\_

4. Share the major losses you have had in your life. \_\_\_\_\_

5. Describe how you feel these losses have affected you. \_\_\_\_\_

6. What does your church currently do to facilitate bereavement for its members? \_\_\_\_\_

7. What does your church currently do to facilitate bereavement in your community? \_\_\_\_\_

8. Does your pastor and/or church board know of your interest in this field? \_\_\_\_\_

9. How important do you consider this ministry to be (briefly explain your answer)? \_\_\_\_\_

10. What past experience do you have in facilitating bereavement one on one? \_\_\_\_\_

11. What past experience do you have in facilitating bereavement in groups? \_\_\_\_\_

12. How do you feel you learn best (rate each of the following selections from 1 to 5 with 5 being high and 1 being low)? A.  Lectures B.  Hands on training/roll playing C.  Books and articles D.  Mixture of the above E.  Other (please specify): \_\_\_\_\_



# Bereavement Facilitation Training

## Evaluation

1. The Bereavement Seminar was  a. helpful  b. not very helpful.

Comments: \_\_\_\_\_

2. The topics presented were  a. what I needed  b. not what I needed.

Comments: \_\_\_\_\_

3. The location of the seminar was  a. convenient  b. inconvenient.

Comments: \_\_\_\_\_

4. The meeting room was  a. comfortable  b. uncomfortable.

Comments: \_\_\_\_\_

5. What was most helpful to you? \_\_\_\_\_

\_\_\_\_\_

6. What was least helpful? \_\_\_\_\_

\_\_\_\_\_

7. What changes did you notice in yourself as a result of attending this seminar? \_\_\_\_\_

\_\_\_\_\_

8. Do you have any suggestions for improving the seminar? \_\_\_\_\_

\_\_\_\_\_

9. Would you recommend this seminar to a friend?  a. Yes  b. No.

10. Would you like more or less input from the facilitator?  a. More  b. Less  b. Just right.

11. Would you like more or less time for discussion?  a. More  b. Less  b. Just right.

12. Other comments: \_\_\_\_\_

\_\_\_\_\_

# NAD BEREAVEMENT FACILITATION EMAIL EVALUATION

Hello Graduates, I value your feedback. Please take a few minutes to fill this evaluation out and then forward to Claire at [heavenward700@earthlink.net](mailto:heavenward700@earthlink.net). Simply click forward or reply and type your answers below and then copy Claire's email address and paste into the "To:" box and click send.

The evaluation is below. Thanks in advance for taking time to fill this out.

Mike Lombardo

## Seminar Evaluation

1. Please rate your overall experience with this Bereavement Facilitation Training (rate the seminar between 1 and 10 with 1 being very unpleased and 10 being very pleased):

2. Was the seminar content (place "Y" by word that best describes your answer):

Helpful? Unhelpful?

Why/Why not:

3. Was the resource manual and CD a helpful resource to your ministry (place "X" by answer)?      Yes              No

Why/Why not:

4. Which part of the seminar was most useful to you and your ministry?

5. Which part of the seminar was least useful to you and your ministry?

6. Please share your suggestions for improving this seminar.

7. What triggered your decision to attend this seminar?

8. Other suggestions/comments:

## APPENDIX M

### HOSPITAL IN-SERVICE ON BEREAVEMENT FACILITATION

1. Care for the Dying
2. Bereaved Bill of Rights
3. The Dying Person's Bill of Rights
4. Avoid Burnout Through Taking Care of the Caregiver



## CARE FOR THE DYING

1. Always tell the truth with love and sensitivity, never minimize problems or give false assurances.
2. Never set a timetable for death. No person can put time limits on the life span of another.
3. Listen with sensitivity. Find out what the person wants to talk about and let him/her guide the conversation. Be able to say, "I don't know."
4. Respond to needs. Listen for clues to troubled areas, individual, financial, emotional, spiritual. Obtain help where you feel inadequate to handle the problem.
5. Never allow the person to feel abandoned. Short visits, cards, flowers. Do not make promises you can't keep.
6. Don't give medical advice. If the dying person is dissatisfied with his/her medical care suggest a second opinion.
7. Provide spiritual support. Find out what the dying person finds spiritually comforting and support those wishes. Do not impose your own spirituality by taking advantage of their vulnerability.
8. Make provisions for significant others to be with the dying person.
9. Make an effort to surround the dying person with objects that are familiar and significant to them.
10. Help the dying to complete as far as possible any unfinished business.
11. Be open to the dying person's attempt at saying goodbye. Do not ask them to "hang in there."
12. Respect confidentiality. What the dying person reveals to you is their story and consider it sacred.





## BEREAVED BILL OF RIGHTS

1. The bereaved have a right to optimal and considerate care for their dying loved one.
2. The bereaved have a right to a compassionate pronouncement of the death and to respectful and professional care of the body of their loved one.
3. The bereaved have the right to view the body and to grieve at the bedside immediately following the death, if that is their wish.
4. The bereaved have right to expect adequate and respectful professional care (both physical and emotional) for themselves at the time of their loved one's death.
5. The bereaved have a right (except when contraindicated legally) to not give consent to an autopsy, without coercion, regardless of how interesting or baffling the patient's disease.
6. The bereaved have the right to an adequate explanation of the cause of their loved one's death and to answers regarding the illness, treatment procedures and treatment failures.
7. The bereaved have the right to choose the type of funeral service most consistent with their wishes and financial means and not to be coerced into those of which they are not supportive.
8. The bereaved have a right not to be exploited for financial gain nor for educational or research purposes.
9. The bereaved have a right to observe religious and social mourning rituals according to their wishes and customs.
10. The bereaved have a right to openly express their grief, regardless of the cause of the loved one's death, suicide and violent death included.
11. The bereaved have a right to expect health professionals to understand the process and characteristics of grief.
12. The bereaved have a right to education regarding coping with the process of grief.
13. The bereaved have a right to professional and lay bereavement support, including assistance regarding insurance, medical bills, and legal concerns.



## **THE DYING PERSON'S BILL OF RIGHTS**

1. The dying person has the right to be treated as a living human being until death.
2. The dying person has the right to maintain a sense of hopefulness however changing the focus may be.
3. The dying person has the right to express feelings about one's approaching death in one's own way.
4. The dying person has the right to participate in decisions concerning one's care.
5. The dying person has the right to expect continued medical and nursing attention even though "cure" goals must be changed to "comfort" goals.
6. The dying person has the right to maintain one's individuality and not be judged by personal decisions which may be contrary to the beliefs of others.
7. The dying person has the right to be free from pain.
8. The dying person has the right to have one's questions answered honestly.
9. The dying person has the right to have help from one's family and for one's family in accepting the death.
10. The dying person has the right to die with peace and dignity and not to die alone if they wish.
11. The dying person has the right to discuss and enlarge one's religious and/or spiritual experiences whatever they may mean to others.
12. The dying person has the right to expect that the sanctity of one's body will be respected after death.
13. The dying person has the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand the needs of the dying and be able to gain some satisfaction in helping one to face death.

# AVOID BURNOUT THROUGH TAKING CARE OF THE CAREGIVER

1. Understand that bereavement facilitators take a certain risk in constantly exposing themselves to the pain of others. It is your responsibility to take care of yourself. If you do not take care of yourself, you won't be around to take care of others.
2. Burnout has been described as a state of fatigue or frustration brought about by devotion to a cause, by a way of life, or by a relationship that failed to produce the expected reward.
3. People that are most prone to burnout are those you least expect - the competent, the highly energetic, the accomplished, and the seemingly self-sufficient.
4. Burnout victims tend to be idealistic, compassionate, and dedicated to their work.
5. Symptoms of burnout to look for are fatigue, insomnia, changes in appetite, lowered resistance to headaches and illness, emotional exhaustion, a feeling of failure or frustration, a decline in self-esteem, and a feeling of being trapped.
6. Know your limitations (professional, personal issues, time). Learn to say no (or not now).
7. Actively grieve your losses. This is not a sign of weakness; it is a survival necessity! There is widespread agreement among clinicians and researchers alike that the feelings evoked in facilitators who work with the bereaved must be acknowledged and processed. Burnout can be avoided by practicing "active grieving," and by knowing where to get personal help when needed.
8. Learn to receive as well as give support, encouragement and praise.
9. Understand that it's okay to feel helpless in times of loss.
10. Take time to invest in healthy personal relationships.
11. Learn to find meaning in your life.
12. Don't be arrogant. Arrogance in caregiving is the cultivating of a feeling of superman/superwoman (grandiosity), inflated responsibility, or fostering dependence.
13. Before retiring for the night focus on a good thing that occurred during the day.
14. Be a resource to yourself through creativity and new approaches.
15. Questions to ask yourself:
  - A. What are my expectations and limitations for myself in this work? Are they appropriate?
  - B. What are the most stressful aspects of work with complicated grieving?
  - C. What am I doing to help myself cope with the stressful aspects of my work?
  - D. What are my personal warning signs indicating I am being stressed?

- E. How do I come to appropriate closure, nurture, and replenish myself in work with complicated grieving?
16. Do not be ashamed to seek affirmation and re-direction from your peers and supervisors.
  17. Be gentle with yourself
  18. Schedule quiet periods during the week. Guard these quiet times religiously.
  19. Consider seeing a grief professional who can help you process unresolved grief. Look at it as the same as going to an orthopedist for a broken leg. Better to set it and let it heal correctly than to ignore it and never walk again.
  20. Use ritual as an aid to healing your grief. Rituals can bring closure to your experience with the one you have cared for. Whatever it is, the ritual is for you, to help you let go and be able to focus your energies on others who will need your care.
  21. Learn to care for others without losing yourself. Set emotional limits with those individuals you care for. Practice good self-care by remaining in touch with supportive colleagues, practice open communication, emotional expression, exchange of ideas and continual learning. Otherwise, burnout will result. The burden of caregiving will deplete the facilitators' inner resources and lead to emotional numbing, demoralization, and untimely burnout. This stress of caregiving can result in maladaptive attempts at self-soothing. And can lead to behaviors, unhealthy lifestyle and diminished effectiveness as people helpers.
  22. Learn to differentiate your own needs from that of the patient.
  23. Recognize and manage your own personal losses so that you and the patient you are caring for will not be adversely affected.
  24. Reduce stress by:
    - A. Avoid professional isolation; tap into available professional networking.
    - B. Recognize that in your chosen field of commitment, it is no sin to require and receive ongoing support. No one does this alone.
    - C. If you really cannot handle this particular work, do not be ashamed to seek other employment possibilities in other therapeutic fields.
    - D. Work in a safe environment where caregivers may freely discuss their concerns.

---

*I can be most present by being close enough to the fire to empathetically feel the heat,  
and yet separate enough to not be singed or need to flee. - Mark Lattanzi*

---

*Adapted from Therese Rando, Treatment of Complicated Mourning, Champaign, IL: Research Press, 1993; J. J. Exline, K. Dorrity, and C. B. Wortman. "Coping with Bereavement: A Research Review for Clinicians. Psychotherapy in Prac., 2, 1996; J. A. Larsen, "Grief." In Baker Encyclopedia of Psychology and Counseling edited by D. G. Benner and P. C. Hill. Grand Rapids, MI: Baker Book House, 1999; J.B. McCall, Grief Education for Caregivers of the Elderly. New York: Haworth Pastoral Press, 1999; J. William Worden, Grief Counseling & Grief Therapy: A Handbook for the Mental Health Professional, New York: Springer Pub, 1991.*

## APPENDIX N

### BEREAVEMENT FACILITATION TRAINING FOR PARISH NURSES

1. Bereavement Facilitation Training for Parish Nurses Cover Sheet
2. Bereavement Facilitation Training for Parish Nurses Table of Contents



# Bereavement Facilitation Training For Parish Nurses

**MICHAEL LOMBARDO, M.DIV., N.C.B.F., C.T.**



# Bereavement Facilitation Training For Parish Nurses

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## APPENDIX O

### BEREAVEMENT TRAINING FOR THE CHURCH COMMUNITY

1. Bereavement Ministries Coordinator
2. Is There Anything I Can Do to Help?
3. Do's and Don'ts in Helping the Bereaved
4. Bereavement One-On-One

# BEREAVEMENT MINISTRIES

## COORDINATOR

A Bereavement Ministries Coordinator should be a person who models care and compassion for those experiencing loss and grief. The Bereavement Ministries Coordinator must have a passion for seeing that intentional bereavement ministry is provided to church members and community members.

The Bereavement Ministries Coordinator needs to be able to organize, motivate, and educate others in bereavement ministry.

The Bereavement Ministries Coordinator will organize, motivate and work with a team of volunteers to:

1. Provide care and compassion to families in grief.
2. Coordinate after funeral lunch at home or church to be selected by bereaved family.
3. Deliver Bereavement packets to family members within one week after the funeral. Packet to include letter from Pastor and Bereavement Coordinator, listing of area grief support groups, listing of area bereavement counselors, pertinent CareNote, pertinent Grief Recovery handouts, and a Bereavement Ministries business card.
4. Coordinate after funeral visitation of survivors with possible match up of recently bereaved person to another bereaved person in the church, (for example, widow to widow, bereaved parent to bereaved parent, etc.)
5. Send appropriate letter or card with note to bereaved family one week after funeral, then monthly thereafter for one year, then yearly for three years.
6. Screen for individuals who need to be referred to counselors.
7. Provide periodic training to Church staff, Church membership, and Bereavement Ministry team as needed.
8. Work with the pastor or someone else who is trained in conducting Grief Recovery seminars to provide periodic grief support groups.
9. The Bereavement Ministry of the church is to be provided as a free community service.
10. The Bereavement Ministries team providing this care and support will exhibit the highest level of integrity, and will seek to respect and protect individual and family privacy.
11. It should be understood that all aspects of this Bereavement Ministries program are to be offered voluntary and individuals or families can, at any time, make the decision to participate or not participate.
12. All members of the Bereavement Ministries team will attend a periodic inservice and will exhibit an enhanced level of understanding and patience toward those in grief. More than anything else, individuals in grief need a listening, nonjudgmental ear to talk to. They need someone who will not try to "fix" them or rescue them. The Bereavement Coordinator's role is not to take away the griever's pain but to journey with them through the pain.
13. While being available to others through crisis times, bereavement coordinators must also exhibit good self-care. The care giver must have outlets so that the pain and hurt they "absorb" doesn't build up and cause problems down the road.

# IS THERE ANYTHING I CAN DO TO HELP?

## *Suggestions for the Friends and Relatives of the Grieving Survivor*

Yes, there is much that you can do to help. Simple things. This guide suggests the kinds of attitudes, words, and acts, which are truly helpful.

The importance of such help can hardly be overstated. Bereavement can be a life-threatening condition, and your support may make a vital difference in the mourner's eventual recovery.

Perhaps you do not feel qualified to help. You may feel uncomfortable and awkward. Such feelings are normal don't let them keep you away. If you really care for your sorrowing friend or relative, if you can enter into his or her grief, you are qualified to help.

In fact, the simple communication of the feeling of caring is probably the most important and helpful thing anyone can do. The guidelines, which follow, show how to communicate your care.

1. Get in touch. Telephone. Speak either to the mourner or to someone close and ask when you can visit and how you might help. Even if much time has passed, it's never too late to express your concern.
2. Say little on an early visit. In the initial period (before burial), your brief embrace, your press of the hand, your few words of affection and feeling may be all that is needed.
3. Avoid cliches and easy answers. "He had a good life," "He is out of pain," and 'Aren't you lucky that...,' are not likely to help. A simple "I'm sorry" is better. Likewise spiritual sayings can even provoke anger unless the mourner shares the faith that is implied. In general, do not attempt to minimize the loss.
4. Be yourself. Show your own natural concern and sorrow in your own way and in your own words.
5. Keep in touch. Be available. Be there. If you are a close friend or relative, your presence might be needed from the beginning. Later when close family may be less available, anyone's visit and phone call can be very helpful.
6. Attend to practical matters. Discover if you might be needed to answer the phone, usher in callers, prepare meals, clean the house, care for the children, etc. This kind of help lifts burdens and creates a bond. It might be needed well beyond the initial period, especially for the widowed.
7. Encourage others to visit or help. Usually one visit will overcome a friend's discomfort and allow him or her to contribute further support. You might even be able to schedule some visitors, so that everyone does not come at once at the beginning or fails to come at all later on.
8. Accept silence. If the mourner doesn't feel like talking, don't force conversation. Silence is better than aimless chatter. The mourner should be allowed to lead.

9. Be a good listener. When suffering spills over into words, you can do the one thing the bereaved needs above all else at the time - you can listen. Is he emotional? Accept that. Does he cry? Accept that too. Is he angry with God? God will manage without your defending him. Accept whatever feelings are expressed. Do not rebuke. Do not change the subject. Be as understanding as you can be.
10. Do not attempt to tell the bereaved how he feels. You can ask (without probing), but you cannot know, except as he tells you. Everyone, bereaved or not, resents an attempt to describe his feelings. To say, for example, "You must feel relieved now that he is out of pain," is presumptuous. Even to say, "I know -how you feel," is questionable. Learn from the mourner, do not instruct him.
11. Do not probe for details about the death. If the survivor offers information, listen with understanding.
12. Comfort children in the family. Do not assume that a seemingly calm child is not sorrowing. If you can, be a Mend to whom feelings can be confided and with whom tears can be shed. In most cases, incidentally, children should be left in the home and not shielded from the grieving of others.
13. Avoid talking to others about trivia in the presence of the recently bereaved. Prolonged discussion of sports, weather, or stock market, for example, is resented, even if done purposely to distract the mourner.
14. Allow the "working through" of grief. Do not whisk away clothing or hide pictures. Do not criticize seemingly morbid behavior. Young people may repeatedly visit the site of the fatal accident. A widow may sleep with her husband's pajamas as a pillow. A young child may wear his dead sibling's clothing.
15. Write a letter. A sympathy card is a poor substitute -for your own expression. If you take time to write of your love for and memories of the one who died, your letter might be read many times and cherished, possibly into the next generation.
16. Encourage the postponement of major decisions until after the period of intense grief. Whatever can wait should wait.
17. in time, gently draw the mourner into quiet; outside activity. He may not take the initiative to go out on his own.
18. When the mourner returns to social activity, treat him as a normal person. Avoid pity - it destroys self-respect. Simple understanding is enough. Acknowledge the loss, the change in his life, but don't dwell on it.
19. Be aware of needed progress through grief. If the mourner seems unable to resolve anger or guilt, for example, you might suggest a consultation with the clergyman or other trained, counselor.
20. A final thought: Helping must be more than following a few rules. Especially if the bereavement is devastating and you are close to the bereaved. You may have to give more time, more care, more of yourself than you imagined. And you will have to perceive the special needs of your friend and creatively attempt to meet those needs. Such commitment and effort may even save a life. At the least, you will know the satisfaction of being truly and deeply helpful.

# DO'S AND DON'TS IN HELPING THE BEREAVED

## *DO'S*

1. Do let your genuine concern and caring show.
2. Do be available to listen, to help with children, if present, or help with whatever else seems needed at the time.
3. Do say you are sorry about what happened to their loved one and about their pain.
4. Do allow them to express as much grief as they are feeling at the moment and are willing to share.
5. Do encourage them to be patient with themselves, not to expect too much of themselves and not to impose any "shoulds" on themselves.
6. Do allow them to talk about the special; endearing qualities of the person they have lost.
7. Do reassure them regarding whatever you know to be true and positive about the care given to their loved one.
8. Do let the grieving person be or say or feel whatever they need to. Let them take the lead and you simply companion with them. The only exception is if they talk of hurting themselves or others.



## *DON'TS*

1. Don't try to find something positive (e.g. a moral lesson, closer family ties, etc.) about the loved one's death.
2. Don't let your own sense of helplessness keep you from reaching out to the bereaved person.
3. Don't avoid them because you are uncomfortable (being avoided by friends adds pain to an already intolerably painful experience).
4. Don't say you know how they feel (grief is unique for every person).
5. Don't say "you ought to be feeling better by now" or anything else which implies a judgment about their feelings.
6. Don't tell them what they should feel or do.
7. Don't change the subject when they mention their dead loved one.
8. Don't avoid mentioning the deceased's name out of fear of reminding them of their pain (they haven't forgotten it).
9. Don't make any comments which in any way suggest that the care at home, in the emergency room, hospital, or wherever was inadequate (people are plagued by feelings of doubt and guilt without any help from their family and friends).



# BEREAVEMENT ONE-ON-ONE

## *At the time death occurs:*

1. Offer to go with the bereaved person or family to the funeral home to make arrangements.
2. Be available in the bereaved's home the first day or two. Answering the phone and attending to any errands can free up the family to attend to other matters.
3. Check for the often used staples such as bread, milk, etc and offer to bring in any needed items.
4. Catalogue food, flowers, and other gifts as they arrive. This list will prove helpful to the family when they need to acknowledge the kindnesses of their friends.
5. Tape your phone number to the phone. This will enable the family to have ready access to your number should they need to call.
6. Offer to bring a light lunch or breakfast for the family prior to the memorial service.
7. Have someone stay in the home during the visitation and memorial service.
8. See that anyone who needs transportation to and from the airport is accommodated.
9. Arrange for housing or child care if necessary.
10. Straighten up the house, do laundry, and run any necessary errands.
11. When sending a sympathy card, a short message of what you appreciated about the person who died can be very heart-warming for the bereaved family.

## *After the funeral:*

12. Call or stop by the day after the service, especially if the survivor is alone. Offer to return dishes, run errands, etc.
13. Call often; for the widowed, evenings and weekends are the worst times.
14. Bring dinner in and stay to eat and visit once in a while.
15. Be sensitive to the weekly and monthly anniversaries of the death, as well as birthdays and other special days.
16. Be willing to listen to the bereaved. Shared tears can be wonderfully healing.
17. Avoid the use of cliches.
18. Encourage talking about the one who has died.
19. Do not encourage disposing of the deceased's belongings until the survivors are ready, which may be many weeks or months.
20. Offer to accompany the bereaved person to the store or church the first few times.
21. While some try to keep very busy, activity can be a way to block dealing with the feelings. Help the person find a middle ground when possible.
22. Be prepared for the bereaved not to be able to get out to lunch and expect that they may turn down social invitations for a while.
23. Offer to make a cemetery visit with the bereaved.
24. Ask what ways you can be supportive during the holidays and other special days.
25. Grief does not end; it softens and changes. Most bereaved people need longterm support in terms of months and years. Your presence and nonjudgmental listening can be a true gift to the bereaved person.

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## VITA

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