

A Necessary Grief

ESSENTIAL TOOLS FOR LEADERSHIP
IN BEREAVEMENT MINISTRY

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IN BEREAVEMENT MINISTRY

LARRY J. MICHAEL



Kregel
Ministry

A Necessary Grief: Essential Tools for Leadership in Bereavement Ministry

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Dedicated to

KATHRYN
GOD'S GIFT OF GRACE AND LOVE

ALL GRIEVING PERSONS
WHOSE COURAGE INSPIRES

ALL LEADERS INVOLVED IN BEREAVEMENT MINISTRY
WHOSE COUNSEL AND CARE MAKE A HEALING DIFFERENCE

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INTRODUCTION

*“... but one thing is necessary. Mary has made the right choice,
and it will not be taken away from her.”*

Luke 10:42, HCSB

Only one thing is necessary. When Jesus visited the home of Mary and Martha, Mary sat at his feet while Jesus taught her. Martha was busy preparing the meal. She became irritated and told Jesus to tell Mary to help her. But Jesus reminded Martha that Mary had chosen the better thing.

In a world that runs away from grief, the better thing, the *one thing that is necessary*, is to face the grief, let grief be its own teacher, and recognize its importance in one's life. No one welcomes the struggles that accompany grief. But life is the richer and more meaningful for those who will do that which is necessary and work through their grief toward wholeness and healing.

This book was written for those who are involved in grief leadership, whether professionally or at the lay level. It is not a clinical work, but a practical work, intended to help leaders in three distinct ways. One: to give grief leaders a better handle on understanding grief and its impact on survivors. Two: to provide some practical tools for leaders to help those who are grieving. Three: to help leaders help others to reach out to those who are grieving.

A Necessary Grief has many ramifications for those who are willing to take those crucial steps needed to bring valuable ministry to those who have lost loved ones. I pray that it may be so.

PART I

COMPREHENDING GRIEF



CHAPTER ONE

DEFINING GRIEF AND MOURNING

Blessed are they that mourn: for they shall be comforted.
Matthew 5:4, KJV

People always seem to be running away from grief! Even at church. I stood at the display table that I had prepared. It was the occasion of a ministry fair at a local church, and I was invited as a guest vender, to share information about our grief agency. Many people rushed in between services to pay their respects to the local recipients of their outreach funds. While most of them migrated to the gift tables and mission trip tables, only a few meandered to my booth. Haltingly, they would walk up toward the table, cast a sideways glance to see who might be watching, and then venture to look more closely at the information. Perhaps a question would come about our work, but more often than not, I would have to engage them, and then usually, would discover that they themselves had suffered a loss that was still impacting their lives. A young boy about the age of ten came right up to the table, and started asking me questions about grief—what we do, who do we help, etc. It was so refreshing to see such interest from a child. But others reacted differently. One lady came as close as about five feet, then all of a sudden bolted from the room in tears. I only made slight eye contact with her, but she ran out before I could even speak. I later discovered that her mother died ten years ago. She was still grieving.

For the most part, we live in a world that runs away from grief as quickly as possible. Our culture seeks to avoid it, often acts like it doesn't exist,

and seems to ignore the horrible effect grief can have on survivors. In fact, it has been speculated that perhaps many Americans today, with advances in longevity, consider that death may be optional. Certainly that is the way we seem to act as a society. But the reality is that one in three Americans experience the loss of a loved one every year. Nearly 1,000,000 people lose a spouse each year.¹ Around 300,000 children die every year.² There is plenty of grief to go around. And for leaders, one thing is necessary.

Pastors and Christian leaders are the ones who are called upon to minister to those individuals in our congregations and community who are grieving the loss of a loved one. That time in a person's life is crucial, and it is important for us to have a grasp of the nature of the grief that our parishioners are experiencing. Unfortunately, much of the training received in theological education does not deal with the practical issues that ministers face in reaching out to those who hurt among their congregation. Theological disciplines are essential to ministerial education, but some divinity schools and seminaries have grown lax in the more practical disciplines of pastoral care and counseling realms. Martha Grace Reese in her book *Unbinding the Gospel* lamented her theological training which did not prepare her to even lead a prayer in a difficult pastoral situation that she encountered early in her ministry³

Nobody should have to die in pain. Nobody should have to die alone.

—Ira Byock, *Dying Well*.

The temptation for many professionals is to fall back on what training they have received and do the best in the situations they face. While they offer some counsel and support, often they do not fully comprehend the depth of the emotional fallout that occurs in the lives of many grieving persons. So, what is important? Firstly, leaders should not separate themselves emotionally from the grief-stricken family. As a leader becomes a compassionate participant in the hurt, a relationship for sharing is established. It is necessary that leaders are in touch with their own feelings, and aware of the personal

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1. http://usatoday30.usatoday.com/news/health/2010-08-11-widows11_ST_N.htm; accessed October 30, 2014.

2. <http://www.theravive.com/research/The-Effects-of-the-Death-of-a-Child-on-a-Marriage>; accessed October 30, 2014.

3. Martha Grace Reese, *Unbinding the Gospel* (St. Louis: Chalice Press, 2006), 61-62.

grief that they have experienced. Leaders are the individuals who will convey the love and grace and comfort of Christ to those persons who need them at this critical time. Demonstrating care and even showing emotion is part of that. In fact, the more leaders who can empathize and show that they are real people who can identify and connect at an experiential level with their parishioners, the greater will be the impact of their ministry to them.

Secondly, it is necessary to consider all the facets of grief and the multiple ways it impacts a person's life. In doing so, contrasting it with mourning will demonstrate the distinctions that will enable one to minister more effectively.

What Is Grief?

Grief may be defined briefly as the response to loss. More specifically, grief is the process of experiencing numerous physical, psychological, emotional, social, behavioral, and spiritual responses to some type of loss. Loss falls into two categories: psychosocial loss (death of a loved one, divorce, loss of purpose, etc.) and physical loss (health, job, home, possession, etc.). Both types represent loss that has brought change into our lives. For the most part, this book will deal with psychosocial loss, specifically death of a loved one.

DIFFERENT TYPES OF GRIEF

As has been stated, grief is not limited to death. People can have intense sorrowful reactions to any kind of loss. Some of the following are types of losses commonly experienced by those with whom we minister.

Nonfinite Grief

Nonfinite grief that occurs as a result of losing hopes, wishes, ideals, future expectations. We see nonfinite grief in families who have received the diagnosis of a chronic illness or developmental or neurological deficit in a family member. Families that have children diagnosed with autism, Down's Syndrome, hearing loss, seizure disorder, or other disabilities go through nonfinite grief. This grieving process is unique in that it is ongoing with loved ones who are physically present. When their child has an incident or set back, the grieving process is repeated. While other children are progressing through normal developmental phases at school, in sports, getting drivers' licenses, becoming married,

etc., their child remains in a static condition with dependency on the parents and family. The family must seek creative ways for them to unite and become stronger with the challenges they face.

Wayne Atcheson, in his book *Our Family Was a Team*, shares how faith and mutual responsibility in his home while growing up helped his family deal lovingly with their oldest sibling “Junior” who suffered a severely debilitating brain injury at birth due to oxygen deprivation. Doctors said he wouldn’t live to be more than eighteen, but because of the way the family rallied around Junior and lovingly functioned as a “team,” and with the tender care of his mother, Junior lived to the age of forty-four. Junior never spoke one word his entire life, but he was a valued member of the Atcheson family from day one until his last breath on earth. Junior’s early suffering was influential in the calling of Wayne’s father to the ministry as a pastor, where he served faithfully for sixty-three years. Wayne and his brothers later rejoiced at the passing of their parents and their belief in the prospect that Junior then could speak fluently with his mama and daddy in heaven.

Ambiguous Loss

Ambiguous loss is another form of nonfinite grief that differs from normal loss because 1) there is no certainty of death, or 2) no certainty of the return to lucidity. The first example relates to when a person goes missing, is kidnapped, is lost at war, perished in a natural disaster (e.g., tsunami, hurricane, tornado, etc.), terrorist attack (e.g., 9/11 disaster, hijacked planes), or has simply disappeared from one’s life. Most common in the latter would be abandonment, parental absence in divorce, or a child given up for adoption. There is no physical presence but there is a psychological presence. This type of ambiguous loss creates continuing consternation and anxiety about the loss of the person. There is little resolution, and the effects of grief may be relentless.

With ambiguous loss there is no closure; the challenge is to learn how to live with the ambiguity.
—Pauline Boss, Ph.D.

The second example of ambiguous loss is what persons experience when someone in their lives is present but not present, “still there” but also “not there.” This type of loss occurs when a loved one has a cognitive

impairment, suffering from dementia, a stroke, or some sort of traumatic injury to the brain. This is the type of loss most recognized when individuals who have dementia have days or moments of lucidity, when they are alert and their mind seems clear. Disappointment and frustration arises when they return to their state of confusion, and renewed grief occurs. One can feel anger as well, not understanding the process of the illness and their inability to maintain their clarity.⁴

Anticipatory Grief

Anticipatory grief describes the process of grieving, adapting, and coping that commences before (in anticipation of) the loss, such as the initiation of divorce proceedings or when a loved one is diagnosed with a terminal illness. A pastor is called upon to provide comfort and support when parishioners are dealing with anticipatory grief. As a pastor, there were many times that I found myself at the bedside of individuals facing their pending death. On one occasion, I had visited the hospital to see a member named Ben who had been struggling with cancer for some time. On this occasion, I arrived in the room just as he was due to be released to go home. His wife and daughter were there and were encouraged that he was about to be discharged. He had changed into his street clothes and was putting on his shoes. Then something unexpected happened. He experienced an acute physical reaction that brought the nurses running into the room.

In just a short while, Ben began to have a dramatic reversal, and the complications related to his cancer became life-threatening. The situation grew increasingly worse, and in just a few hours the whole family had been called in to his bedside. Instead of taking him home, they were forced to deal with the prospect of his imminent death. I remained with the family and maintained a night-long vigil with them, not always knowing how I could best help. Certainly my presence was appreciated, and I offered prayers and Scripture reading at the request of the family. Occasionally, I took a cold cloth and wiped Ben's perspiring brow in an effort to provide some physical relief. After a grueling night of wrestling with the inevitable, Ben died shortly before dawn, with the blessing and release of his family into the arms of God. At that point the anticipatory

4. For more information on ambiguous loss and easing its effects, see Pauline Boss, *Loss, Trauma, and Resilience: Therapeutic Work with Ambiguous Loss* (New York: W. W. Norton & Company, 2006).

grief became real loss of physical life with all the ramifications of normal grief. We joined hands and hearts around his bed, thanked God for Ben's life, and commended him to the Lord's keeping.

On another occasion, a couple came into my office shortly after receiving bad news from the doctors. The wife was told that she had been diagnosed with Alzheimer's disease. She was relatively young, and the devastation of that news was a horrible pronouncement for their life plans. I counseled and prayed with them, but not long after that, her condition deteriorated to the point that she had to be taken to a nursing facility where she remained until her death a few years later. Life has many twists and turns, and the many forms of grief can take their toll on individuals and families.

With anticipatory grief the leader plays an important role in helping people to understand some of the things that they are feeling and experiencing. While leaders may not know how they feel exactly, they are in a position to give guidance to grief survivors about issues they undoubtedly will face. Elizabeth Kübler-Ross's *On Death and Dying*, a classic work on anticipatory grief, is a great primer for helping individuals face pending death. Another helpful book is *Saying Goodbye: How Families Can Find Renewal through Loss*, by Dr. Joseph Nowinski and Dr. Barbara Okun. This book helps families communicate with their loved ones regarding plans and preparation while facing terminal illness.

The partnership of hospice care with ministry is extremely effective in helping families prepare for their loved one's passing. Lovingly, hospice nurses and chaplains are there to help bring guidance in the process of separation and giving permission for the loved one to go. Interestingly enough, I have been told by hospice nurses that people of faith seem to survive longer than some who do not express such faith. The hospice personnel say that

Anticipatory grief, I believe, is a myth—there is no such thing. When we maintain hope, we never accept or prepare for death when it strikes. We cannot anticipate the pain of separation, no matter how it happens. Sudden death and long-term illness are two side roads that merge into the same main road of survival—to accept the unacceptable.

—Mitch Carmody, *Living with Loss Magazine*, Fall 2010

this is so because these individuals have such a strong will to live, and their appreciation of life's merits is so valued. With proper expression, loved ones are eased through the transition from this life to the next.

The minister or leader is presented with a unique opportunity to explore a person's relationship of faith in his or her final days. Preparation for eternity is a matter of significance for those who believe in an after-life. I have noted over the years there have been many times individuals wanted to make their peace with God when they sensed the end was near. Quite a few have responded in faith to a loving God, even in the twilight hours of their lives. It is a beautiful thing to behold the tranquility that comes when the resolution of faith becomes a reality.

Still, the shock is great when a loved one dies, regardless of how much preparation has been made for the inevitable. Mitch Carmody, a grief author, lost his son who had succumbed to a bout with cancer. Mitch accepted the fact that his son was going to die, but the father later realized that he was still not prepared for his son's death. He came to believe that there is no such thing as anticipatory grief.⁵ That debate may be left for the experts. All that a leader can do during times of anticipation is to be present throughout the process with a family, ministering through care and grace.

One helpful measure is to counsel the family and individual concerned to have an Advance Medical Directive that includes a living will, power of attorney, and health care proxy. The purpose of this document is to convey the person's wishes and preferences in regard to medical treatments and interventions.⁶ In addition, the involvement of a hospice service is a great help in the final days of a person's life. In my experience, the nurses and chaplains have been sensitive, caring, and have offered great counsel to families dealing with the pending death of a loved one.

Normal Grief

Normal grief could be described as the typical reactions that people experience when they receive the news that a loved one has died. While

5. Mitch Carmody, "An Epiphany in Old San Juan," www.opentohope.com/an-epiphany-in-old-san-juan/; accessed October 30, 2014. Mitch Carmody wrote a book titled *Letters to My Son: A Journey through Grief* (Edina, MN: Beaver's Pond Press, 2002).

6. See www.medicinenet.com/advance_medical_directives/article.htm; for more information and counsel on advance medical directives; accessed October 30, 2014.

we may see the normality of their grief, most griever think that nothing is normal. It becomes a time of emotional volatility, uncharacteristic behavior, and sometimes irrational thoughts. One of the most appreciated sessions we use in our grief groups is “So, You Think You’re Going Crazy.”⁷ Grievers identify with that overwhelming feeling that they have when their world is turned upside down. Nothing seems normal, and they feel like they may be losing their minds. But they’re not. They are grieving.

Normal physical reactions are unusual aggressiveness, sleep abnormality, loss of appetite, crying, and susceptibility to illness. Emotional responses of shock, fear, sadness, numbness, anger, loneliness, and hopelessness frequently occur. Mental confusion, forgetfulness, being in a daze, and lack of concentration, all accompany normal grief experiences. More attention will be given to these responses in chapter two. The difference between normal grief and abnormal grief is that all of these responses are situational and with proper attention will ease in time. Abnormal grief may take the long term form of reclusiveness, chronic depression, suicidal tendencies, and loss of the will to live.

When a person’s loved one dies, nothing seems normal. And that in itself is normal. So, be patient with those who are grieving. The person’s life has changed, and compassionate understanding is the best response a leader can offer.

Traumatic Grief

Grief may be particularly traumatic following a sudden, unexpected death when a person’s normal coping mechanisms are overtaxed by the tragedy. As a young boy, I recall going with my father (who was a pastor) to the home of a family whose husband/father was killed in a tragic accident on a construction site. The man was operating a large wheel loader on an earth-moving job. Somehow, the loader got out of control, the brakes failed, and it was unstoppable as a runaway machine accelerating down a steep mountain. The only thing he could do to save himself was to jump off the racing loader, but unfortunately he fell the wrong way and the machine crushed him in its path. The family was utterly shattered—distracted and devastated by the news. I watched and observed as my father brought his own unique brand of comfort to a desperate situation. He prayed a beautiful

7. Based on an article by Dr. Alan Wolfelt, *Centering Cooperation and Grief Digest Magazine*.

prayer, held them all close, and offered spiritual counsel in answering their questions about eternal life, and how they must cope in the days ahead. More significantly, he was there for them for a long time afterward.

Complicated Grief

Complicated grief occurs when grief becomes chronic, disabling, and more intense. This is often seen as a progression of grief into major depression, with some features of post-traumatic stress disorder, such as nightmares and flashbacks. Complicated grief is not recognized by the American Psychiatric Association.⁸ According to a study reported in the *Journal of the American Medical Association*, about ten to twenty percent of people grieving the loss of a loved one experience complicated grief.⁹ One example was a widow who came to one of our support groups, after becoming a recluse in her bedroom

for over three years. She finally realized that she was not any better, and the pain of being stuck in her grief was overwhelming. She reached out for help, heard about our support group, and struck up the courage to attend. It was an important step for her to take.

When a tornado ripped through Alabama and much of the South in April 2011, there was much trauma and grief after 243 individuals lost their lives. Communities came together and rallied around the survivors. First responder teams came in and helped deal with the task of trying to

Along the Road

I walked a mile with pleasure
She chattered all the way,
But left me none the wiser
For all she had to say.

I walked a mile with sorrow
And ne'er a word said she;
But oh, the things I learned from her
When sorrow walked with me.

—Robert Browning Hamilton

8. Cited at www.health.harvard.edu/fhg/updates/Complicated-grief.shtml; accessed October 30, 2014. "Complicated grief is not one of the disorders in the American Psychiatric Association official diagnostic manual."

9. Shear, K. et al. "Treatment of Complicated Grief: A Randomized Controlled Trial," *Journal of the American Medical Association* (June 1, 2005): Vol. 293, No. 21, 2601–8.

normalize the situation and bring immediate relief, shelter, and medical attention. But, the grief would come later. I had one elderly man in a grief support group who had lost his wife of sixty-four years in December. When the tornado came through in April, he lost his granddaughter and her two children, who had unfortunately sought shelter in a friend's garage. He lamented that he was covered up with grief. As a result of the tornado tragedy, complications arose as families not only dealt with their immediate loss of home and possessions, but the long-term loss of their loved ones who would not return. Churches, but also ministers, neighbors, mission groups, athletic teams, and relief disaster teams, brought loving care and attention that continued in the communities for an extended period of time.

THE DIFFERENCE BETWEEN GRIEF AND MOURNING

Grief and mourning are often used interchangeably by many people. They both seem to represent the same experience, but in fact they are

Some day you're gonna look back on this moment of your life as such a sweet time of grieving. You'll see that you were in mourning and your heart was broken, but your life was changing....

—*Elizabeth Gilbert*

very different. Stated simply, one experience is inward, the other is outward. Grief is the inward process that involves our thoughts and feelings after experiencing loss. Mourning is the outward process that involves the expression of our grief. It is often

referred to as “grief that has gone public.” (Not to confuse the issue, but bereavement is another word associated with grief. Bereavement is the state of being in grief).

Why is it so important to know the difference between grief and mourning? Since grief is an inward process, it can sometimes be masked by appearances and occur unnoticed by others around the person. You can grieve inwardly while your heart is being torn apart, experience bewilderment in your loss, and yet not express it in an outward capacity. When persons mourn, they find ways to vent their grief, to get it out. It may mean tears and crying, retelling the story of your loved one's death,

visiting the cemetery, planting a tree, hanging a wreath, wearing black, holding a special memorial service on occasion, and so on.

The problem is, that when it comes to mourning, society is not very patient with long-term expression of grief. Often there are comments like, “Isn’t it time you got over your husband’s death?” “Don’t you think you need to move on with your life?” These are a few examples of the insensitivity that people can demonstrate in their lack of understanding with regard to the nature and length of time that is involved in the grief process. Actually, it may be more about the awkwardness they feel themselves, rather than their concern for the person’s recovery.

There are examples of mourning in the Bible. One prominent example is illustrated in the life of King David of Israel. When he lost his son Absalom, who had been rebellious and attempted to overthrow his father, David lamented his son’s untimely death. David loved Absalom, and his expression of mourning is memorable—*“The king was shaken. He went up to the room over the gateway and wept. As he went, he said: “O my son Absalom! My son, my son Absalom! If only I had died instead of you—O Absalom, my son, my son!”* (2 Sam. 18:33, NIV). These are the words of a father, a parent in deep distress and overwhelming grief. The anguish and pain were so intense that those around him could not comprehend it. David’s son had turned against him and Da-

He who has no time to mourn,
has no time to mend.

—John Donne

vid’s army had been victorious in battle. In effect, David had taken the very life of his son to preserve his throne. But the victory paled in significance to the loss of his son. It was like losing part of himself. The aching void of a tragic life that had been lost with all hopes for reconciliation and restoration between father and son were dashed to the grave. It was a grief of regret, remorse, and bitterness. Only a father who loved his son regardless of the circumstances could understand.

THE DISTINCTION OF EACH PERSON’S GRIEF

Every person’s grief experience is unique and different from anyone else. There are many factors that affect that distinction, and it is important for leaders to

be aware of them when ministering to a person who is grieving. Dr. Wayne Oates, in his classic book *Your Particular Grief*, lists five things that determine one's "particular" experience in grief—the person's unique relationship with the deceased; the circumstances of the death; previous experience with grief; the timeliness or untimeliness of the death; and the spiritual resources of the mourner. To these factors I would add "personal characteristics."

The Unique Relationship

The person who is grieving had a relationship with that person that was different from any other person. Whether it was a spouse, a child, a parent, a sibling, or a best friend—they had a certain type of relationship. The quality of the relationship with the deceased directly relates to the nature and depth of the grief. It appears most often that the stronger the relationship, the greater the loss. Individuals who have lost spouses say that they have lost half of themselves. It has been called "an emotional earthquake."

And then, there are those who had difficult relationships with the deceased. They grieve not only what the relationship was, but what it might have been. One man told me he grieved more over his mother, with whom his relationship was strained, than over his father with whom he had been very close throughout his lifetime. He was more settled and at peace with his father's passing, but still felt great angst over unresolved issues with his mother.

The Manner of Death or Loss

The circumstances surrounding the death have a great deal of impact on the surviving loved one. If the death is sudden as with a heart attack or stroke, there is great shock. Car accidents, plane crashes, violent acts, all so unexpected, create such an overwhelming response of disbelief. Once I conducted the funeral of a young man who had been stabbed to death. The trauma that accompanied the death contributed to the pallor over the whole service. The family were in such a state of shock and numb with their grief. How different it was to those occasions when a person died after a long lingering illness. In some measure, it provided the opportunity for loved ones to prepare for the death. But it still is a shock when it happens. Do not underestimate the significance of the manner of death. It impacts loved ones greatly, and they often tell and retell the story of how their loved one died. Show patience and care to them.

Previous Experience with Grief

Those persons who have experienced grief before will meet a new grief in a different manner than someone who has not. Their prior experience informs them regarding what to expect, even though each grief experience is unique to itself. If they have experienced other previous losses, they will reflect on the manner in which they dealt with them and how their lives were affected. Stirred remembrances will bring forth emotions that will rear their ugly heads as persons relive previous grief experiences when a new loss occurs. One lady that I knew lost her husband at a young age through a heart attack. Little did she know at the time that her young son would die some years later as a young man in the same way as her husband did. Her grief was doubled as she relived the grief she had experienced with her husband that was tragically repeated with her son.

Other previous losses related to job, divorce, or broken relationships will also impact a person's capacity to mourn the loss of a loved one. They may appear distracted or detached—characteristics that may be attributed to other things that have impacted their lives.

The Timeliness or Untimeliness of the Loss

People die at different ages, from infants in cribs to senior adults residing in nursing home facilities. When children die, it seems so unfair. To parents, it is out of sync that their child would die before them. It isn't right. When someone lives a long life, then it's expected that the time will come for them to depart. But it is still difficult to let them go. When someone is struck down in middle age, still full of hope and plans for the future, it also seems untimely. Perhaps we think that a timely death relates to someone else. But, when it comes home to roost, it is hard to accept timing regardless.

The Spiritual Resources of the Mourner

People of faith have a great resource to help them manage their grief journey. The belief in eternal life and knowing their loved one was a person of faith brings unbelievable comfort and hope. I remember leading a funeral in England many years ago, and the family gave no evidence of faith in their lives. When we came to the graveside, the wailing mother tried to throw herself in the grave of her young daugh-

ter. The family expressed no real belief in eternal life, and it was evident throughout the service and committal. I grieved for them in their hopelessness. How different that experience was in comparison to the numerous times I have been at the grave of loved ones who expressed their faith in the real hope they had of eternal life, and seeing their loved one again in the age to come.

Personal Characteristics

There are distinctive characteristics about the person who is grieving that will affect their dealing with grief and loss. One cannot overlook personality—whether a person is an extravert or introvert, expresses feelings or is more private, faces issues or runs from them. Many factors, even a person's health, can impact how they grieve. Some grief experts have pointed out the gender differences and how they can also impact grief, with men often being more inward in their grief and women being more expressive in their mourning. Generalities don't always apply, but certain tendencies can be noted.

It is critical to know the difference between grief and mourning. Both processes are there to help the bereaved face the reality that their loved one is gone and then to slowly begin to accommodate to that fact. A leader can play a crucial role in helping the bereaved navigate these waters that they have not encountered before. Being there for them is the most important aspect. Offering gentle guidance, praying with them, and supporting them will make a huge difference in encouraging the healing that needs to occur in their lives.

THE MOURNER'S BILL OF RIGHTS

Clergy and other leaders must help people to know the need for mourning and to give expression to it, regardless of how others may respond around them. Alan Wolfelt, noted grief author and Director of the Center for Loss and Life Transition in Fort Collins, Colorado, has written about the Mourner's Bill of Rights—ten specific ways for grievors to ascertain the difference between helpful and hurtful responses.¹⁰

10. Used by permission, Dr. Alan Wolfelt, www.centerforloss.com.

1. You have the right to experience your own unique grief.

No one else will grieve in exactly the same way you do. So, when you turn to others for help, don't allow them to tell 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. If at times you don't feel like talking, you also have the right to be silent.

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 part of your grief journey. Others may try to tell you that feeling angry, for example, is wrong. Don't take these judgmental responses to heart. Instead, find listeners who will accept your feelings without condition.

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. Get daily rest. Eat balanced meals. And 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 bursts.”

Sometimes, out of nowhere, a powerful surge of grief may overcome you. This can be frightening, but is normal and natural. Find someone who understands and will let you talk it out.

6. You have the right to make use of ritual.

The funeral ritual does more than acknowledge the death of someone loved. It helps provide you with the support of caring people. More importantly, the funeral is a way for you to mourn. If others tell you the funeral or other healing 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. And watch out for the clichéd 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 others with whom you can share 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 and avoid people who are impatient and intolerant with you. Neither you nor those around you must forget that the death of someone loved changes your life forever.

CONCLUSION

Dr. Wolfelt has beautifully summarized the needs that mourners have to give expression to their grief through mourning. People surrounding grievers will allow them to grieve inwardly with no limits. They may not be as tolerant, however, when it comes to public expressions of mourning. This evident impatience with grievers comes in many different ways, but can come in veiled comments like, "Are you feeling better yet?" What they usually mean is "I think you should be over this by now," or "It's time to get on with your life." People will put subtle pressure on grievers to be their old selves again. But the old self is now a thing of the past, and a new beginning with appropriate counsel is what the griever needs.

Leaders should not succumb to the temptation to "fix" people. Shakespeare wrote that "Every one can master a grief but he that has it." The grief process is a long one, and requires patience by those who support the survivors. Those who grieve inwardly also have a right to express their mourning in a public manner as long as is necessary for their healing.

Grieving and mourning are as natural as eating and breathing. Avoiding them to circumvent the pain complicates healing and delays opportunities to enjoy life once again. Knowing more about how grief manifests itself, and how to give expression to mourning, are positive ways for grievers to deal with their loss. Leaders are there to offer comfort, solace, and guidance in ways that will facilitate healing and wholeness, as dictated by the need of each situation.

