

**THESIS**  
**SPIRITUALITY AND BEREAVEMENT**

**In Partial Fulfillment**  
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## INTRODUCTION

Therese A. Rando, Ph.D., is a clinical psychologist specializing in loss and grief, traumatic stress and psychosocial care of the bereaved. In her book, *Treatment of Complicated Mourning*, she points to a number of sociocultural and technological trends in our society that have desensitized and repressed the ability of family members to deal with loss of a beloved member of their family.

She claims this “trickle down” phenomenon of numbing down from world-wide slaughter to loss of a family member is due to sequences of social changes in our society. “These include urbanization, industrialization, secularization and de-ritualization, the breakdown of the nuclear family, single parent and blended families and the exclusion of the aged and dying.”<sup>1</sup>

Moving from the macro to the micro the net effect on individuals in a family who has lost loved ones is made manifest by “increases in social alienation, personal helplessness and hopelessness, parental absence and neglect of children, drug and alcohol abuse and access to weapons ... all of which have had a dramatic and undeniable impact on today’s mourner.”<sup>2</sup>

For the most part, families of loved ones who have died for a variety of causes, are often left to make sense of their loss and the impact that loss has evoked from those who mourn.

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<sup>1</sup> Rando, Therese A. *Treatment of Complicated Mourning*, Research Press. 1993. 6.

<sup>2</sup> Ibid.

*“I feel I should have done more to help her with her problem before it got this far along. I blame myself. Will someone please tell me what I should have done. I know it’s too late now. I miss you honey.”* Grieving husband in Memphis, Tennessee.

This husband is a faithful member of his church as were his children and his wife who died a year earlier. And yet, his outcry for “someone” to guide him through his bereavement does not mention of the role of his church in assuaging his bereavement. Why is that?

The truth of that issue is that “The Christian Church has always been cognizant of the need to prepare believers to face dying in a manner fitting to their essential nature as creatures of God – as beings already dead, buried and raised to new life in Christ through baptism, and sustained in that new physical existence by the Eucharist.”<sup>3</sup>

And yet, my research has led me to believe that there is an unmet need in our parishes to address the spiritual and pastoral needs of family members who are experiencing bereavement.

I also believe that our clergy are not well equipped to help the bereaved parent or family member cope with the loss of a loved one. A common response by rectors and associate pastors is the issue of time. The demands of running a church leave little or no time to provide a long term spiritual care for the bereaved members of our parishes. Others avoid bereavement care because it is not a ministry that is within their “comfort zone.”

I firmly believe this unmet need can be addressed by (1) preparing seminarians and parish clergy to understand the needs of the bereaved and how to address those needs, and (2) urging and teaching parish clergy to establish “bereavement groups” in their parishes and led by trained

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<sup>3</sup> Craddock, Fred, Goldsmith, Dale K., Goldsmith, Joy V. *Speaking of Dying, Recovering the Church’s Voice in the Face of Death*. Brazos, 2013, vii.

lay persons and/or parish clergy. To test the efficacy of this form of care ministry, I formed and led a bereavement group in my home parish. The results of this project are included in the responses by group members in questionnaires which are provided in the Appendix.

Renowned author and preacher Fred Craddock takes the position that the Church has a responsibility – a calling -- to prepare and tend to the needs of the bereaved. “Today, we find that Christians have ceded to others the scenario for dying; the Church no longer has much to say or ways to say convincingly those things it wishes to say.”<sup>4</sup>

In his book, “Bereavement: Studies of Grief in Adult Life,” British author and consultant psychiatrist Colin Murray Parkes, adds a salient point to this discussion. “In a world in which doctors are expected to relieve all sufferings of humanity it is not surprising that people today tend to go to their doctor when they are bereaved rather than to their clergyman.”<sup>5</sup>

Which raises the eternal question that is posed in nearly every interview and survey conducted for this thesis: Where is God in the midst of suffering and anguish that accompanies bereavement?

*“I have become even more estranged from the “love” of God. I remember when our child died at age 20 months which made me realize that God does not control the good and the bad things that happen. And when my wife became sick and suffered “unfairly,” it confirmed my belief that God does not micro-manage the world. I still believe in God but I don’t rely on his personal*

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

<sup>5</sup> Parkes, Colin Murray. *Bereavement, Studies in Grief In Adult Life*. Routledge, 2001, xviii.

*intervention in my life and activities. There is no explanation for existence of the universe, including me.” A father and husband.*

Psychological and societal studies of bereavement have increased dramatically over the past three decades. Elisabeth Kubler-Ross’s book “On Death and Dying,” published in 1969, broke new ground for the dying and the bereaved. Her book proposing five stages of grief – denial and isolation, anger, bargaining, depression and acceptance – was among the first of many subsequent books that helped people to understand the processes encountered by the dying, but also served to introduce and prepare family members for the process of grief in the aftermath of death.

What struck me about that book was that her research focused on the patients themselves. The “mantra” for her research was “Listen to the dying. They will tell you everything you need to know about when they are dying. And it is easy to miss.”

Following her lead, my research has focused on listening to those who are in bereavement. Indeed, in every one-on-one interview, survey and use of modern modes of communication including Facebook and the Internet, and meeting with bereavement groups, I have sought to listen for the spiritual needs of these people who number in the hundreds. My concomitant goal was to examine the role of the Church in addressing and listening to the spiritual aspects of the bereavement.

This thesis will examine the dynamics of bereavement and provide the framework and guidelines for clergy and lay leaders to build bereavement groups in their parishes.

**Chapter 1:** The issues of bereavement that have not been addressed by parishes and parish clergy beyond the initial visits to homes of dying parishioners and visits to the hospital or

hospice to provide pastoral and spiritual care of the patient and family members at the time of death, and in the short aftermath period of initial grief.

My hypothesis was formed by personal experience at the time of the death of our first child when two priests visited us in the first week of bereavement. One of the two, our parish rector, chose a time to visit my wife while I was away tending to the requirements of my job. During a phone call, it soon became evident that he was inebriated to the point where his speech was intelligible which prompted my wife to discontinue the conversation.

The second, and only other priest to visit us was the rector of our former parish who prayed with us and exhibited genuine compassion in the wake of our child's death. He was a welcomed and reassuring presence who conveyed the presence of Jesus in our time of loss. There was no clergy member or lay representative from our parish who visited us in the hospital.

Our personal experience underscores my hypothesis that there is a paucity of concern by clergy for the wrenching grief of those who have lost a loved one, a grief that is often untended for years. This hypothesis has been supported by numerous interviews with other parents who are members of the local chapter of Bereaved Parents of the USA, other bereavement groups and scores of grieving family members who carry the burden of grief over the death of a loved one.

Having traveled to Memphis to attend a regular schedule of meetings of a bereavement group which was sponsored by the local Presbyterian Church, I learned that the avoidance of pastoral attention to the bereaved is not a universal matter of concern. This group was founded and organized by a laywoman who continues to nurture the group of nine men and women through their journey of grief. Indeed, when the woman approached the Senior Pastor to inquire

about clergy involvement in the group, he is said to respond, “Oh no. You have the passion and compassion for this work. I am just not able to lead the group.”

As I watched this woman it became clear that God had given her the commitment and the gifts needed to teach and pray with parents, spouses and relatives of loved ones who have died. But even in this setting the salient fact remains that clergy were noticeably absent.

**Chapter 2:** The Project aimed at addressing these issues is in two parts. The first is to launch a bereavement group in my own parish. Preparation for this undertaking included one-on-one meetings with clergy at two hospitals where clergy have taken the initiative to assess the need and organize a plan for helping bereaved family members to find some measure of communal adjustment to their loss and to include pastoral support.

The second part of this project was to assess the need for bereavement groups in the churches in Region V. To that end, I prepared a questionnaire of five questions about their efforts to visit bereaved members of their congregations. The final question addressed their interest in forming a bereavement group and my offer to provide a “packet of guidelines and suggested promotional materials.”

I hand carried to seven parishes in this region and personally asked the clergy to respond. All of these priests know me. Some I count as personal friends. Of the seven only two responded. One was the director of operations whose rector was on leave. He deferred my offer to provide materials on how to create a bereavement group to the rector and interims who would return in September. The other was from the rector of a large parish in a wealthy part of Fairfax County. His response to my offer was “Not sure about group. Interested in packet.” Parenthetically, he



also stated that he and his associate pastors do visit bereaved families “usually periodically over a year.”

**Chapter 3** will provide the behavioral science assessment of bereavement to include sociological, psychological and medical research and findings that underscore the scientific and philosophical aspects of mourning all as a backdrop for understanding the underlying behavioral and theological aspect of grief.

**Chapter 4** will focus on the spirituality of bereavement. This chapter will draw on scriptural references including the letters of Paul that delve into death, grief and the afterlife. Other portions of this chapter will address the spiritual aspects of some of the behavior research, most notably, the Presence of God in times of great sorrow and grief, the life, death and resurrection of Jesus, the Christ, and the experiences of the early church. Drawing on a wealth of research documents, books devoted to the theology of grief, and the role of the church, this chapter also will address the overarching theological subjects of sin, guilt, anger, denial and loss of faith. A portion of this section will be devoted to the search for meaning, especially in times of isolation and inadequate support systems. A final segment will address the issues related to the dynamics of grief and recovery.

**Chapter 5: Analysis and Conclusion.** This chapter will reiterate the problem of attentiveness as addressed in the Introduction: whether churches and clergy took steps to address a critical need for more pastoral attention to those who are in bereavement – a time of sorrow and yearning for peace that “never goes away,” a phrase I have heard many times in interviews and bereavement group discussions. My working premises will be based on my observations that...

1. For the most part, clergy are “lethargic” about having to deal with death and dying.

2. Clergy are ill prepared to provide spiritual care for bereaved families. Clergy are faithful in addressing the immediate needs such as visits to the patient, administering the Eucharist and orchestrating the funeral service. But they often fail to attend to their spiritual needs in the period following death.
3. Parish clergy are fixated if not overwhelmed by running their parishes, focusing on attracting new members, notably from the millennials, and building church attendance and financial stability.
4. As noted above, in many cases it is preferable for trained lay persons take the lead in organizing bereavement groups and visitation teams.

Essentially, this chapter will be “a look back” to assess the relative success or failure of efforts to transform the lives of those who live with bereavement and memories of loss of loved ones. This portion of the text will address the significant insights and learnings with an overall assessment of successes and recommendations to prepare future priests at the M.Div. level on how to provide spiritual support to the bereaved, including a proposed syllabus for a new seminary course on spirituality and bereavement found in Appendix G.

### **A Narrative Approach**

In terms of methodology, my research is based on the work of Lynn Butler-Kisber who espouses substantive qualitative research which she “subdivides into three basic types of inquiry: thematic, narrative and arts-informed.”<sup>6</sup> Given the multiple aspects and types of bereavement and the importance of experiential interpretation of storied accounts, this thesis will utilize a

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<sup>6</sup> Butler-Kisber, Lynn. *Qualitative Inquiry*. Sage. 2010, 8.

combination of thematic and narrative approaches to gathering and interpreting data and personal experiences.

Interviews with individuals who are in various stages of bereavement were constructed to enable the person being interviewed to focus on what Butler-Kisber refers to as the “what, how and why, using participant voices and experiences to interpret and explain a phenomenon or what is happening in a certain context.”<sup>7</sup>

Every interview was voice recorded with the permission of the interviewee. After listening and transcribing each interview, I was able to focus on changes and inflections of voice and words selected instead of relying solely on numbers. Accordingly, I was able to discern emotional responses in the context of both the voice of the interviewee and my own line of questioning as well as actually watching for changes in body language. Among other learnings from this practice I learned that I need to listen more and talk less.

The experience put me in mind of John Dewey, the “pioneer-icon” of narrative inquiry in his work in education in the early 1900s. For Dewey, experience is both personal and social. People are always in relation, always in social context. One valuable observation Dewey advances is that “experience is continuity, namely the notion that experience leads to further experiences. Each point has a past experience and experiences leads to an experiential future.”<sup>8</sup>

The significance of this observation is that in constructing the line of questioning for an interview, I learned to anticipate how the interviewees’ remembrances of a given event, e.g., the

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<sup>7</sup> Ibid., 26.

<sup>8</sup> Clandinin, D. Jean, Connelly, Michael F. *Narrative Inquiry*. Jossey-Bass, 2000. 2

diagnosis, would lead to future problems the family encountered in the weeks and months that followed. How their reactions to future experiences were a function of how they responded to events and experiences in the early stages of an illness.

Interviews conducted over the course of four months in various settings also served to shape and maintain the focus and purpose of the interview. The central goal of these interviews was to uncover and analyze the spiritual aspects of the experiences they described. Interviews conducted in private homes tended to focus on the interaction and responses of family members to events and experiences such as a description of an accident or long term illness. In these environments, no reference to the spirituality of the bereaved or the deceased was stated.

Conversely, interviews conducted in a church setting seemed to center around the religious practices and beliefs of the interviewee. Several of those interviewed in these settings began their narrative by reciting the history of their church life.

A corollary revelation was related to the local culture, both spiritual and secular. Those interviewed in a church in the south were eager to share the history of their involvement in the church communities they belonged to even as they moved from one location to another. Church membership and family worship practices were embedded parts of daily life for these participants.

With the notable exception of interviewees in the Washington DC area who did not have any involvement with a church, most of those interviewed stressed the importance of religious and personal rituals as sources for coping with their bereavement.

*“I do something on the day of his birth. One year I got a tattoo of his name. The next year I gave flowers to his delivery nurse. I pray a lot.”* A mother who lost a teenaged son.

My own bereavement experience – which ignited my need to research and write my thesis on this subject – actually began 47 years ago. The exact date of our daughter’s death was July 26, 1970, at 11:25 am in Children’s Hospital in Washington, DC. Four years later, in an effort to “exorcise” my grief and assuage my anger, I wrote the “narrative” which constitutes the Preface of this thesis and was published in the Washington Post magazine and syndicated to 350 newspapers nationwide.

The article did succeed in calming my raging anger. But it also stirred remembrances and narratives from parents wherever the article appeared. Soon, people – parents mostly – began sending letters to me expressing their own grief over the loss of a loved one, mostly children, who had died many years earlier.

It finally occurred to me that these people were doing precisely what I had done to assuage my bereavement. They desperately needed to share their narrative and perhaps exorcise their own demons of wrenching grief and anger. I also drew comfort in knowing that the story of my daughter’s death was studied by pediatric nurses as part of their training. It also is printed in a text book entitled, “Understanding Death and Dying: An Interdisciplinary Approach” by Sandra Galdieri Wilcox and Marilyn Sutton.

**PREFACE****PORTRAIT OF JEN****Washington Post magazine****September 15, 1974****By Robert A. Becker**

A nurse on the floor ushered us to a room and handed me a small, open-backed gown for Jen to wear.

“Leave my clothes on,” the child insisted. “I want my shirt on. Don’t take my shoes off.” Jen was terrified. It was our seventh visit to Children’s Hospital in three weeks, visits which invariably began in the outpatient clinic on the first floor with a technician pricking her finger for a blood sample, followed by a doctor’s probing and palpitations. The more recent trips, like this one, often turned into a two- or three-day stay in the hospital, much to Jen’s growing dismay.

Ten months earlier, when Jennifer was 20 months old, her mother and I noticed a lump on her side after lifting her from the tub one Sunday night. She had been lethargic for a couple of weeks before that but the pediatrician said she was probably anemic and prescribed iron pills. After the swelling appeared though, we took her to Alexandria Hospital where they operated and discovered neuroblastoma, the most common form of solid-tumor cancer that strikes infants and toddlers.

In the months that followed, we had taken her to a private oncologist for chemotherapy every other day for the first two months. We were lucky. The combination of drugs and radiation had worked and produced what the doctors said was “complete remission,” which simply meant there was no trace of the disease. It was not to be confused with a “cure.”

Still, we had begun to allow ourselves the luxury of believing she just might be cured anyway, when suddenly, the lethargy, the failing appetite, the constant crying from the discomfort – and the tumor—all reappeared. A relapse.

But before Jen’s first appointment at Children’s, this bitter, abrupt change started me on the last stretch of a psychic marathon, a race known only to countless families of the cancer-stricken – The Miracle Chase. I am talking now of hope and fear. Sunrise. Sunset, the dread remains, the hope remains.

The senses are seized and the stomach alternately tightens, then churns. I had experienced this first at the Alexandria Hospital when we thought Jen would survive only a few weeks at most. Despite the fear, because of the fear, you keep functioning. In recent weeks, I had furiously researched and read all I could about neuroblastoma and where and how it was treated.

Was there any new treatment, any drug that looked hopeful? There were calls to Sloan Kettering, to Roswell Park, M.D. Anderson Hospital and Tumor Clinic in Houston, Texas, even to Dr. Andrew C. Ivy whose curative claims for Krebiozen in the late 1950s led to his indictment in 1964 (and subsequent acquittal) on 49 counts for violations of the Food, Drug and Cosmetic Act. But Dr. Ivy, now in his 70s, seemed more interested in attacking his persecutors of ten years ago and the consequent restricted use of his drugs than he was in their effects on neuroblastoma.

Desperate for help, I found none. Most likely, there was none to be found. There still isn't – for a variety of reasons.

The fourth floor at Children's brims with activity, at least during the day. Youngsters on short, spindly legs waddle along the length of the hallway like small penguins. Assorted toys, mostly the bulky wooden types found in pediatricians' waiting rooms, litter the hall at odd intervals, abandoned by youngsters whose interests have been diverted or who have been taken elsewhere for treatment. Occasionally, a nurse or volunteer is seen pushing a quiet, pallid child in a wheelchair, equipped with an intravenous bottle suspended from a pole. Solutions drip from the bottle along a rubbery tube and ultimately into the child's languid arm.

At her insistence, I carried Jen up and down the long hallway pointing out other youngsters in their beds and trying to coax her with, "Look how that little boy is resting in his bed; wouldn't you like to take a little rest, too?"

"No, I want you to carry me" she shot back.

In one room, a haggard looking mother sat rocking in a chair beside her child's bed. She look drained of emotion, her eyes sullen, hair slightly disheveled. Except for a quick glance toward the door as we walked by, she kept her eyes trained on her small child as he slept.

Each of the rooms on the ward is a mixture of utilitarian, the clinical and the playroom in appearance. As in most children's hospitals, the beds resemble cages, mounted on legs about three feet off the floor and enclosed by metal bars rising up another two feet beyond the level of the mattress. By draping a clear plastic cover over the bed, it can be converted into an oxygen tent. At the same time, an attempt is made to make the rooms colorful by painting the trim a different color, but the walls are left a pale, clinical green.



One soon becomes accustomed to a constant ambient noise on the floor, the PA system echoing throughout the building incessantly summoning a doctor, mixed with the cries, screams, laughter and shouts of sick children.

As a concession to get her to stay in bed, we spent most of the day reading Jen's favorite books to her over and over – Peter Pan, The Animal Book, Mother Goose Rhymes and others. Periodically, someone would come in either to prick her finger, take her temperature or check the I.V. that had been inserted once we got her settled down. By late afternoon, Jen finally fell asleep and a nurse offered to stay wither while we went downstairs to get something to eat. But we did so reluctantly, knowing Jen was never receptive to strangers in the first place and fearful of losing any time with her in the second.

The nurse was a kindly woman, 40ish, who came in only on weekends. Somewhere along the line during her career, she had lost that detached, clinical austerity. We felt comfortable about leaving Jen in her care.

When we returned about a half hour later, there was Jen in the woman's arms, feebly smiling up at her. The whole scene went through us like a knife. Jen wanted so much to be near someone. She was so frightened at being alone that she, surprisingly, found comfort in this kindly stranger to hold her. Happily, the nurse had the good sense and kindness of heart to pick her up, I.V. and all, and rock her – a gesture we would never forget.

For the most part, Jen had always been a shy child, fearful and distrustful of strangers, even other children until she got to know them. She was cautious in her play and was easy prey for older youngsters who would run her off the sidewalk as they raced along on assorted four-wheeled vehicles.

Except for her long, blond, curly hair, all of which she lost after the chemotherapy and radiation treatments, she more closely resembled Carolyn, her mother. Jen's eyes, too, resembled her mother's, rounder than mine but blue instead of Carolyn's brown. Her face and arms, now thin and colorless, were once chubby and lively.

Jen was always very close to her mother, even though AI always harbored the notion that Jen was closer to me in personality. We often shared our closest moments in play. Our favorite game usually took place on Saturday mornings when we both hid under the bed sheets from Carolyn while Jen called out, "Mama, come find us." She'd squeal with delight as Carolyn stalked into the room wondering aloud, "Now where can those two be hiding?"

It rained most of the afternoon without providing any relief from the steamy July heat outside. By early evening, the rain subsided. Accumulated water from the air conditioning unit on the floor above ours had begun to drip with uninterrupted precision on the unit just outside our window, producing a tinny but loud drumming sound. The noise was keeping Jen awake and unnerving us. Finally, we persuaded the nurses to let us move next door to room 403. As they wheeled Jen's bed into the room, I noticed a small bronze plaque on the wall just beside the door which read: "This room is the gift of Gertrude E. Brown and Sarah M. Brown." For a brief moment, I wondered who they were and if maybe some child in their family had died there.

That night Carolyn and I slept in shifts, watching over Jen when she waked to throw up bile. She didn't really have enough strength to do anything more than simply turn her head. So we had to watch her carefully and occasionally slide a small, stainless steel bowl beside her mouth to avoid soiling the bedsheets.

Whenever she awoke, I stroked her head and rubbed her arm trying to give her some comfort. “Daddy will make you feel better; it’ll be all right honey,” I’d say to her. When she had to vomit again, she’d become upset and I’d tell her again, “That’s all right honey. It’s okay. You get some rest and I’ll stay here with you.” At one point during my shift, I fell asleep with my head on her mattress, just inches away from her face.

During the night, a thought kept recurring to me. It was something one of the doctors had said some nine or ten months ago, back in Alexandria Hospital. I had asked him why it was that Jen didn’t seem to complain very much about her discomfort and pain. He said, “Children are often the easiest patients to treat simply because small youngsters in these circumstances, those with severe and sometimes painful illnesses like Jennifer’s, don’t know enough about life to complain. For them, this is what life is all about; they haven’t yet experienced enough to know that life is not all pain. This is part of life and they just accept it.”

The next morning, I sat on the edge of the bed and started to read a new book I had picked up, Gay Talese’s *The Kingdom and the Power*, while Carolyn slipped downstairs for a quick breakfast and Jen slept. I read only enough that morning to learn that New York Times reporter Tom Wicker’s 106 paragraph on-the-spot report of the assassination of John F. Kennedy would be saved “by hundreds, perhaps thousands of readers” and that students and historians would be reading it again and again a half century later. I wondered if 50 years from now anyone would give a damn that Jen had died of cancer or even that she had lived at all.

A special kind of bitterness was welling up in me – an anger with God and man and impotent science.

But my thoughts were interrupted by our doctor who came into the room at that point to examine Jen. She was awake now and lay quietly as he breathed on his stethoscope and briskly rubbed it on his jacket to warm it before he touched her chest with it. For the first time, I thought I noticed some irregularity in her breathing as he bent over her; he stared at the wall as he listened.

“There’s something in her lungs,” he said. He wanted to put her in an oxygen tent. While the oxygen equipment was brought in, he wanted to have her X-rayed to see what that “something” was.

I wasn’t prepared for all this. “Now wait a minute,” I said. “She’s pretty uncomfortable. I don’t see what an X-ray is going to accomplish.”

The doctor tried to reassure me; he only wanted to take a look to see if anything was obstructing her breathing.

This was all a little too sudden for me, but I reluctantly agreed. “Okay, okay. Let’s get it over with. My wife is in the cafeteria, though. I want to get here.” We were, the doctor said, going to be right past there on our way.

An attendant wheeled Jen through the door which wasn’t wide enough for me and the bed at the same time. Seeing me still in the room and not beside her, Jen held her arm up, and as she had so many times before, said, “Daddy, you stay with me.”

“I will baby. I’m right here.” And once in the hall, I took her hand. Jen wanted Carolyn too. And I promised her that her mother would meet us downstairs. Luckily, Carolyn was waiting for the elevator when the doors opened and they pushed Jen’s bed out.

I told her what the doctor wanted. Carolyn, too, was upset about the X-ray. But realized the futility of complaining, the attendant kept pushing the small bed down the hall.

Jen was difficult for them to handle in the X-ray department. They wanted her to lie flat on her back, which, of course, she couldn't do without wincing. Then they asked me to sit her up, turn her on her side and hold her head. Jen didn't want any part of this. "Daddy, my tummy hurts," she cried.

I was getting angry and impatient with the technicians. "Look, I'm sorry, but she can't sit up. Try something else. Let's get this over with."

I felt my eyes start to burn as I spoke now and I fought to held back the tears. "She's dying," I said, feebly. It was 10:30 am.

*"What, then are we getting for our money? To start with, a few lives. Every year, at the start of its fund drive, the American Cancer Society cites the same figures: one of five cancer patients was saved in 1940; one of three is saved today. It could be one of two if we made the best use of existing methods of detection and treatment. A proud accomplishment of the War of Cancer is that it really has pushed the survival figure close to the 50 percent mark."*

"How goes the war on Cancer?" Saturday Review World, May 18, 1974.

When we returned to the room, the oxygen tent was in place, draped over the top of the bed. To try to make Jen happy and comfortable, I read her a book – Raggedy Ann and Fido. She paid close attention to the story, watching the pictures intently as I read. Midway through the story she said, "Daddy, you hold me." That request has haunted me ever since she said it. I was terribly torn. Here wasn't anything more I wanted to do than to pick her up. But I hesitated. I

thought about the I.V. and the oxygen tent. It was supposedly doing her some good. So I didn't pick her up. Like a damn fool, I went on with the story, trying to divert her attention.

She watched me read and looked at the pictures again as I held the book up for her. She even mumbled "Uh-huh," or "Uh-uh," to questions I'd ask her about the story. Or I'd leave out key words in sentences and she'd fill them in.

I again noticed her starting to have trouble breathing. So I went around to the other side of the bed while Carolyn took my place. I reached under the tent and tried to elevate and arch her back and maybe turn her on her side to face Carolyn. I cranked the bed up a bit, hoping that by raising her head slightly, it might ease her breathing. Nothing helped.

"I'm going to get the doctor to make sure there's nothing wrong with her," I said to Carolyn on my way out.

I saw our doctor talking to nurses halfway down the hall, near the nurses' station. "Hey, Doc," I called. "Come here, quick. He turned and started for me at a quick trot, and followed me into the room. "Doc, she's not breathing right. What's going on?"

He examined her with his stethoscope but I couldn't detect any show of concern on his face. I don't remember exactly what he said, but I think he must have known what was happening.

Carolyn was standing right behind me and I began to talk to Jen. I held her right arm, the one with the I.V. still plugged into it, and stroked her forehead like my father used to do when I was Jen's age to get me to fall asleep.

I kept telling her, “Daddy’s going to make you feel better, baby. Everything going to be all right.” I thought perhaps she was getting upset or excited; her breathing became even more irregular. Then, her attention turned away from me. She had been looking at me, but now she looked straight ahead. Her breaths began getting shorter and closer together, like gasping.

I still wasn’t quite fully aware of how serious things were at this point. Somewhere along the line, the doctors had told us that we would be told when Jen entered the terminal phase. I looked across the bed at the doctor. He wasn’t doing anything. Just standing there looking at her. I looked back down at Jen and she was struggling for breath now.

Excited now, I shouted, “Hey, Hey, man. Doc!” I was waving my hands, directing him to the door. “Go get something. Go, man. Right now!”

He started for the door; then he stopped and started to say, “Well, Mr. Becker...” and then started to leave again. Before he got past the foot of the bed, though, I motioned him back. I knew there was nothing he could do and I wanted him to stay there. I guess I was half hoping there might be some last-minute thing he could do. Maybe, too, I expected some help from him, for me.

There was a sound in Jen’s throat. I felt Carolyn’s fingers grasp my shoulders. Small flecks of saliva seeped through her teeth, and she gritted her teeth. Her gaze was still fixed ahead. That tore me. “This is it,” I thought. “Holy good God, man, this is it!” I could feel everything slipping away. I began to plead, “No, no, Jen. Don’t. No, no, Jen. No ...” I looked up at the doctor, “Doc, what is happening?” He had a deadpan look on his face. A nurse must have heard the commotion because I thought I heard the door shut.

Carolyn was vigorously patting my shoulder, trying to calm me down. She was saying something, but I didn't hear her. My voice was getting knotty and the whole scene was overwhelming.

I felt the sting in my eyes. No, Jen. Don't go, Jen. Stay with me now. Don't go." And then her eyes rolled back. There was silence for a couple seconds. Then a sudden tensing of her features, almost like shivering from a chill. Then she relaxed. In that split second, I looked up and asked the doctor what time it was.

"Eleven twenty-five," he replied. "I want to remember that, and I have ever since.

For a few minutes, it was totally quiet in the room. None of us said a word. We all just looked at Jen.

Inside, a monologue was going on, telling all the other parts about what had just happened. "Man, this really happened," the voice said. "She's gone. That's the end of the line." Then it all began to cave in. all at once.

Carolyn was crying now, and I was coming unglued. I started talking to Jen again, quietly, almost whispering. "Jen. Jen. Come on, Jen. Jen..." Her lips were only slightly parted. Her eyes were half open. They were different though. Not like the eyes of people who are alive. There was no contraction of the pupils. There was absolutely nothing.

"This is my child," I kept thinking. "How the hell does this happen? It's unbelievable something like this could really happen.



*“If they (people) ever walked into a cancer ward, they’d run away so fast. And we want them to stop running away from this goddamn disease.”* Spokesperson for American Cancer Society quoted in a June 1973 Esquire article, King Cancer, by Philip Nobile.

The thought of death had never completely registered in my mind; the finality of it I mean. It’s something the mind blocks out on its own. We had become accustomed to dealing with life on a minute-to-minute basis, almost totally without regard to what had passed or what lay ahead. But now, suddenly in the past few moments, all was very different and it all came rushing in on us, crushing us; that it has happened. This is it.

The doctor had left the room, unnoticed by either of us until we finally stood up. Carolyn held my arm with both hands and helped me to stay calm long enough to say a prayer at the foot of the bed.

It was a long prayer. I don’t know where the words came from, but they just kept coming. Later that day, as I had practically every day of Jen’s illness, I would carefully record words and feelings in a detailed journal – a solace and release.

“Holy Father, we thank Thee for Jen. For giving her to us. For the happiness and joy she brought to our lives. We know that she was a gift to us and that Thy purposes for taking her back are beyond reason. We accept Thy will in taking her back to live with Thee forever. We pray, O Father, we beg Thee, Father that we might live our lives according to Thy Holy Will, that one day, we might be together again with Jen to worship Thee.

“Please help us, dear Lord, to keep forever alive the sweet memory of her life and the blessings of happiness she brought to us from Thee. Never let us forget her, though the world surely will. Never let us lose sight of her little face O Lord, and the many happy moments our

little family shared together. Never let us lose the real meaning of love that she taught us, Lord. Help us to forever keep her with us and all the rich lessons of life she showed us.

“And above all, Lord, let us somehow, if it be Thy will, be an instrument of the love she gave us and help us to mold our lives that we might somehow convey that love to others. Through Jesus’ name we pray. Amen.”

It was a humble prayer. One that reached back 30 years to a tiny Presbyterian Sunday School room in New Jersey where prayer was taught to be extemporaneous and liberally punctuated with “Thee’s” and “Thy’s” at appropriate intervals. But it also was a prayer that would change in time and become distorted by doubt, suspicion and even brazen anger before subsiding again into acquiescence.

We left to call the family while the nurses unplugged the I.V. and tried to make her look comfortable. Everyone reacted predictably, crying at first, then trying to comfort us and finally saying they’d all come down together the next day.

After the calls we went back to the room. The nurses were still there. “Say, look,” I said to their somber faces. “I’m really sorry about coming unglued. I guess I really wasn’t quite prepared.”

“Oh, please don’t apologize, Mr. Becker,” said one nurse, a tall black woman who was one of a handful of practical nurses on the ward. “You have to do whatever you feel.” She was right.

I’m sure they expected us to go home at that point, but we couldn’t bring ourselves to leave her. It was like we’d be abandoning her, not really fully grasping the reality of her leaving

us. Before the nurses left us alone again with Jen, Carolyn turned to them and with controlled dignity in her voice, said, "I don't want you to cover her up when you bring her downstairs."

The nurses looked a little bewildered but quickly agreed to her wishes, probably knowing we'd be out of the building when they would finally take Jen to the basement of the hospital. The day before, a little girl, about 7 or 8, and almost directly across the hall from Jen, had died alone in her bed from some blood disease, an inability of her bone marrow to manufacture red blood cells, we were told later.

Though the staff usually manages to discreetly close the doors on the ward whenever a dead child is removed, Carolyn and I just happened to open ours just at the moment they were wheeling the child down the hall. There was a white sheet drawn over her face. We both wept, not only because she died but also because she died alone. Later that morning, three rather large women, one of them the girl's mother, cried loudly in the hall, berating the doctors and nurses that no one had been able to save her or even be with her when she died. It all had a heavy impact on us, especially Carolyn.

The nurses no sooner left, than the young doctor came into the room. Cautiously choosing his words, he began to explain that this was a particularly hard time for him and that he realized this was a very difficult time for us too. But, could he have permission to do an autopsy?

Immediately, Carolyn shot back, "No, absolutely not. She's been poked at and jabbed and hurt enough. No more."

It wouldn't be hurting her now, the doctor said, pointing out that Jen was beyond any pain now. It would be of great help to all the doctors in the hospital and to other children who would come here with this type of cancer.

Seeing I hadn't said anything, Carolyn turned to me and begged, "Bob, please. Just do this for me. Please don't let them" she was crying freely now. The doctor probably saw I was still undecided at this point and he was right. "Just what help will it be to you if you perform the autopsy?" I asked.

He explained that it would help them see the course of the disease, how it had spread and where. I felt the pressure in my gut again. Carolyn grabbed my arm and pleaded again, "No, Bob. Please don't do this." She was not to be persuaded, but finally agreed to let me decide. I said yes. It was a decision I would come to regret ever since.

The doctor left and we stayed with Jen for the next three hours. Strangely, it seemed like just minutes. Neither of us was tense any longer. We were comfortable with Jen now. We no longer were anxious about the tumor spreading or causing her pain and discomfort. She didn't murmur or cry out or turn from side to side hoping to avoid the nagging pain. She just rested comfortably now.

Shortly after 3 p.m., we left the hospital. It was blazing hot in the parking lot and inside of the car was too oppressive to get in right away. I looked up at the fourth floor window of Jen's room while the heat from the car escaped through the open windows,

"I'm leaving her up there," I thought. "We're leaving her behind." And it was very strange for me, suddenly going somewhere without Jen. I looked over at Carolyn and knew from the tears that she sensed the same loneliness. I imagined what Jen would feel being left like this. Even before she got sick, we rarely went out without her. She had a great fear of being separated from Carolyn. During her illness for the past ten months, one of us, mostly Carolyn, had been with Jen very minute of every day.

When we got home after the 40-minute drive along the Beltway to Reston, Carolyn started picking up some of the mail that had accumulated from the past two days. The August issue of "Psychology Today" was among the bills. On the cover was a picture of an open grave. The lead article was about death and dying. I quickly hid it.

Carolyn went into our room to lie down while I went to Jen's room I began to hear Carolyn crying softly, the sound muffled by the pillow. I hung my head over Jen's crib and let it all out, sobbing. Carolyn heard me and came into comfort me. It was odd. Neither of us wanted the other to grieve. It hurt each of us to see the other weep.

*"Unless medical personnel can cope and come to terms with their own feelings about death and dying they cannot give the type of support required by the terminally ill child. Indeed, how can they appropriately monitor the child if they try to avoid him. It is an incredibly frightening experience for a parent to be left virtually alone without supportive care deal with their dying child. For this reason, we request that N.C.I. (National Cancer Institute) be directed to...include programs related to the training of the physician and nursing personnel on how to deal with death and the dying patient."*

Mrs. Grace Monaco, president of Candlelighters, a parent support group lobbying for increased appropriations, testifying before the House Labor and HEW Appropriations Subcommittee, May 7, 1974.

Sun and moon. Time goes. Four years have passed since Jen died. The sorrow sears less. But an intense need to keep her memory alive remains. I dread that one day she might fade from my memory and the incidents of her life and death drift into haziness. Recollections have already become clouded with the subsequent births of Krista, now three, and Kathleen, just turned three

months. Krista, it seems, is an extension of Jen. The two are virtually indistinguishable in photographs. She delights in the same games we played with Jen so long ago, though Krista is a good deal more aggressive and certainly bolder about life than Jen.

And, as I watch Krista and her sister grow and pass through the stages of maturity Jen had before them, I'm constantly reminded of a clipping someone handed to me shortly after Jen died. I never found out where it came from, but it was by a Richard J. Needham writing about relationships between parents and their children.

He wrote, "My favorite philosopher, George Santayana, had many distinguished friends, among them the Marchesa Iris Origo. When her little boy died, he wrote to her: 'We have no claim to any of our possessions. We have no claim to exist; and as we have to die in the end, so we must resign ourselves to die piecemeal, which really happens when we lose somebody or something that was closely intertwined with our existence.'

"This would seem a wise attitude to take toward children. They are not possessions, we have no claim on them, they owe us nothing. They are lent to us, you might say, and are taken away by death or, more commonly today, by the natural process of growing up."

### **Revelations**

Many more years have passed since I wrote those remembrances. In all that time, I have never re-read this story of the death of our daughter Jennifer. It was only in the process of typing the entire story direct from the pages of the Washington Post article I've saved all these years that I allowed myself to reenter that sorrowful event that occurred four years earlier, on July 26<sup>th</sup>, 1970.

As I retraced the events of that morning, I began to feel the same emotions I felt that day. The fear mostly that she might be dying. The frenetic scrambling in my mind as I realized that I was unable to do anything to save my daughter and nor could anyone else.

Even the same feelings of bristling anger I felt when the X-ray technician wanted me to prop her up when she could barely lay still as the pain increased. The realization that I had made a terrible mistake by allowing the doctors to perform an autopsy, despite the pleadings of my wife. And the engulfing wave of guilt that swept over me in the aftermath of that decision. It all came back in a rush. As the text approached the moment of her death and I read the all too explicit descriptions of what Jen was going through in that hour, I had to struggle to make myself type the words. It was an unbearable exercise to revisit every word, every memory. I felt like I was there again, on the fourth floor, room 403. And it was so frightening.

I learned something from recalling the details of that day. I learned something about bereavement that I never realized. Bereavement doesn't begin and end at some point in the aftermath of death. It actually begins as events unfold well before the actual death. What difference does that make? Probably none. But somehow it's important to me and certainly to my wife Carolyn who had to deal with her own grief while also tending to the erratic behavior of her husband.

My first indication of encroaching bereavement was when I wrote that line as I wondered whether "50 years from now, would anyone give a damn that Jen died of cancer or even that she had lived at all." A foretaste of the anger beginnings to swell up in me. The very next line amplified my sense of outrage that this should happen to any child. "A special kind of bitterness was welling up in me – an anger with God and man and impotent science."

But it was the deep swaths of guilt that continue to take a toll on my conscience to this very day. Therese A. Rando, in her classic *“Treatment of Complicated Mourning,”* thinks “guilt keeps the individual from forgetting an event and thus keeps the event from becoming dishonored or meaningless.” She goes on to explain that “the powerful effects of guilt in defending against the helplessness, fulfilling the need of self-punishment, and enhancing the meaning may explain the guilty person’s resistance to therapeutic intervention.”<sup>9</sup>

For the record, back in 1970 Children’s National Hospital was located between 12<sup>th</sup> and 13<sup>th</sup> Streets in southeast Washington. I remember the security men patrolling the halls of the hospital to prevent youthful gangs from running through the building late at night grabbing anything of possible value along the way. The rooms were as I described in the text. Green walls and metal cage-like beds. There was a “well worn” atmosphere about the entire building which the parents probably never noticed being more concerned with their sick children.

Originally built in 1870 on 13<sup>th</sup> and F streets NW, the building was expanded in 1875 and again in 1890. An article entitled “Children’s Hospital & Cemetery at 13<sup>th</sup> and V Streets” noted that “the backyard featured a large expansive lawn that faced 12<sup>th</sup> Street. It also contained a small cemetery for burials of unknown, abandoned, or homeless children or other indigents of the city.”

By 1968, in the wake of race riots that year, plans were made to relocate the hospital to “a more expansive land in NE.” The original building was torn down in 1998. A modern building eventually was constructed on Michigan Avenue in Northwest Washington.

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<sup>9</sup> Rando, op.cit., 478.



**Italicized Texts**

A word about the italicized text. The original intent of this article when it was published in the Post in 1974 was to alert the public and lawmakers to the need for additional funding for cancer research during the Nixon era. The inclusion of italicized text here reflected the disposition of the times toward that goal. Some of the texts that have been omitted were somewhat more vitriolic in content and would detract from the core issues of bereavement. Other italicized inserts were extracted from the many responses to questionnaires.

Parenthetically, the FY 1994 Appropriations for NCI was \$30 million, a figure that was mandated for FY 1993 through FY 1997.

The Consolidated Appropriations Act for FY 2017 included an appropriation is \$5.389 billion for the NCI. There is no current information about whether the current Administration might reduce that amount as a fallout of the failed efforts to address the health care legislation.<sup>10</sup>

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<sup>10</sup> NCI Budget Appropriations. Current Fiscal Year (FY 2017) Budget, [cancer.gov/about-NCI budget](http://cancer.gov/about-NCI/budget), FY 2017 Budget.

## CHAPTER ONE

### THE PROBLEM, THE THESIS AND HYPOTHESIS

*“Clergy, like everyone else, are often embarrassed and ineffectual when face-to-face with those who have been or are about to be bereaved. Many have not abandoned the tradition of routinely visiting bereaved parishioners they may have never met.”* From *“Bereavement: Studies of Grief in Adult Life,”* Colin Murray Parkes, 188.

Granted, Dr. Parkes’ book contains the perspectives on death and bereavement based on his experiences in British hospices, however, his findings are universally applicable, most notably in the United States.

I begin my thesis with this quote because it encapsulates my hypothesis, perspective and conviction that the church and its clergy are experiencing a malaise in addressing the spiritual needs of the bereaved.

This malaise is the product of many factors far beyond Parkes’ observation that clergy are “embarrassed and ineffectual.” The quote raises the obvious question of how the Church and parish clergy have arrived at this precipice and what steps might be taken to rectify the problem, all of which are examined in the core chapters of this thesis: Perspectives of Behavioral Sciences on Death and Dying and Perspectives on the Theology of Death and Dying.

#### **The Clergy**

From personal conversations with bereaved parishioners, the results of surveys of clergy of Region V in the Diocese of Virginia and questionnaires that address the spiritual needs of the

bereaved and their experiences and expectations of the role of the Church, it has become clear that the demands of administering the intricacies and demands of running a church constitute valid reasons for this omission of spiritual care. But the fact remains that there is an urgent need for “targeted” training for clergy on the complexities of grief and the spiritual needs of the bereaved.

At the present, there is only one course at Virginia Theological Seminary that addresses the ways clergy can provide some measure of comfort and meaning in one specific locus: the dying patient and peripheral concerns of family members. Clinical Pastoral Education remains a requirement for M.Div. students. Having completed over 500 hours in CPE at Sibley Hospital in Washington D.C., I realized that the course was constructed to examine the students’ psychological, theological and pastoral responses to the varied experiences of pastoral care. Precious little of that experience delved into the spiritual needs of the patients.

I believe we are in the midst of a sea change in how clergy view the importance of long term bereavement to the point where a bereaved parent responded to my Facebook question about the availability of clergy in times of bereavement.,

*“Clergy of some denominations do disappear! Some denominations never appear during any of the time no matter how many times they are called.”* Facebook response, August 3, 2017

## **The Church**

The ancillary fallout of this “spiritual malaise” or spiritual disregard, is that my research has revealed that people harbor negative impressions of the Church and its role in times of grief and spiritual need. In my research I have concluded that there are two responses to this lack of spiritual care on the part of the Church.

The most significant response is that people are leaving the Church largely due to failure to respond to requests for spiritual guidance on the many questions and doubts that arise in the aftermath of the death of a loved one.

In an interview with a bereaved spouse, I asked whether her church had been supportive to her. Her response was to praise the church for the moving funeral service. “But then I felt abandoned. I didn’t get a call or a visit ever,” she said. I agreed to be a Stephen Minister but I still felt no one was caring for me.”

Dr. Dennis Klass in his book “The Spiritual Lives of Bereaved Parents,” explains that parents who lose their child still try to maintain a spiritual connection with their child. They do receive some comfort from the rituals but their spiritual lives have diminished. This woman had lost two babies.

*“I don’t pray in church anymore. I go because you’re supposed to. How can I tell the children to go to church if I don’t? I think I used to pray and feel close to God. But not anymore. I don’t feel anything there.”<sup>11</sup>*

A second response is the growing number of bereaved family members who sense a strong need to preserve some spiritual bond with their deceased family member.

I have become a member of a national group, Bereaved Parents of the USA. In August 2017, I attended a conference of over 300 members from across the nation. One “workshop” was entitled “Discovering a New Spirituality for Grieving.”

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<sup>11</sup> Klass, Dennis. *The Spiritual Lives of Bereaved Parents*. Brunner/Mazel, 1999, 30.

A panel of four bereaved mothers spoke about “recognizing your spirituality, not necessarily religions can be a major tool in your grieving toolbox.” All four spoke glowingly about their experiences in continuing their relationship with their beloved one “through signs, symbols and synchronicities.” One woman spoke about how the hospice experience helped “open a door to exploring the possibility of survival of consciousness after physical death.” Several panel members also spoke about their new found ability to maintain contact with her deceased daughter through meditation and through mediums.

At the end of the discussion, when the moderator asked for questions, my hand shot up and I asked, “Is God in there anywhere?” The panelists were quick to acknowledge that they still believed in God, but that they considered these metaphysical practices as “aids” to enable them to maintain connection with their loved ones.

Then there is the devout Roman Catholic relative of my wife who lost her husband just over a year ago. She is a faithful member of her parish who receives comfort and relief from her anxieties by attending Mass every Sunday. She also teaches religion at the school that is part of the parish. She firmly believes that her husband is in heaven and that he watches over her and their daughter. She says “I have so many examples of how he has come through to me in my life.”

Whenever she sees a cardinal (bird) “I’ll know you are here.” On one occasion, a cardinal landed on her car. After pulling over to the side of the road, she said, “that cardinal just looked at me through the windshield for about three minutes.” For her it was a sign that she should proceed with a financial decision she was considering.<sup>12</sup>

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<sup>12</sup> Personal interview with wife of deceased husband.

These encounters with grieving spouses and parents have become sources for frustration for me as has my concern that perceptions of the Church as a leading influence of comfort and meaning in times of grief has greatly diminished. I am fearful that people who grieve are desperate in their search for “connectivity.” My sense in listening to these folks is that only rarely do I hear any reference to Jesus Christ. Instead, people seem to cling to other avenues that hold out the possibility of a continuing bond with their loved ones. Even those who maintain their love for the liturgies and rituals of the Church still want to believe they are in touch with their loved ones, some even claim to carry on conversations with their departed loved one.

Their loved ones may be in heaven, but they still long for some tangible means to keep the channel of love open and in the process, receive comfort and reassurance that their loved ones are in a place of peace. Let me be clear on this. I cannot bring myself to completely discard claims of having seen images that represent their departed loved one. But I truly grieve that the Church takes a back seat to this desperate need, even to the point of dependency on the medical community for answers to their questions.

### **The Medical Community**

There was one occasion when I was involved in a situation that deliberately disregarded the spiritual needs of a patient who was near death. It was around midnight in the intensive care section where I was called to attend to the dying patient with prayer and hopefully provide some measure of comfort. The doctor and one nurse were on duty when the doctor decided it was time to discontinue life sustaining measures and allow her to die. But he needed the permission of the husband, who was at home and had gone to bed.

The doctor called the husband, an elderly man in his 80s who was roused from his sleep to be told by the doctor that it was time to discontinue the respirator and the medications and “let her die in peace.” Without any previous conversation with me, he added that “the chaplain is here and he agrees to my opinion to discontinue life support.”

The husband, clearly near his wife’s age of mid 80s, was a bit groggy but he gave his permission. After that conversation the doctor turned to the nurse and ordered a shot of morphine with a dosage that would suppress her bodily functions and result in death.

What was fascinating about this order was the nurse’s response. “You sign this form authorizing the dosage level and I’ll prepare the syringe.” I realized that the nurse was avoiding any culpability. But it also told me that he lied to the husband by telling the man that I had agreed to the decision. It wasn’t until the woman had finally died that I was allowed to pray for her soul. A corollary to this issue is the doctor’s indifference to the need to attend to the spiritual aspects of impending death.

I was privileged to attend a lecture by Dr. Elisabeth Kubler-Ross and Suburban Hospital some years ago. The lecture was directed to the medical staffs and other health care practitioners. At one point in her lecture, she posed a question to her audience. “How many of you when you know there is a dying patient in a particular room, will avoid that patient?” I looked to my right where all the physicians were seated and was amazed to see nearly every one raised their hand.

Fortunately, all that has begun to change since the 1970s largely due to the work of Dr. Christina M. Puchalski who has made it her life’s work to introduce an awareness among physicians and care givers of the spiritual needs of their patients. As was noted in the chapter on Behavioral Sciences, Dr. Puchalski has led the Association of American Medical Colleges to

incorporate courses that address the relevance of spirituality in clinical care. Over the past 15 years, she has been instrumental in the inclusion of courses in spirituality and health in 70 percent of the medical schools in the United States.

### **Some Conclusions and Considerations**

My frustrations aside, I have learned that people will migrate to wherever they find some resolution to their spiritual needs, be it loss of a loved one or finding their place in the world. That migration reminds me of the Exodus, a journey of a people desperately in need of some measure of reassurance that they are on the right path. They stumbled, they grumbled, they doubted and they questioned the meaning of their lives. It took a few “two-by-fours” to get their attention and keep them moving in a direction that would bring them to a new place in their lives: Moses coming down with a tangible list of guidelines for life and meaning. Bread coming down from Heaven. Whirlwinds and pillars of fire. For us, it was the Cross.

I think of Viktor Frankl’s imprisonment in the hell of Auschwitz and what he learned about the meaning of life from those experiences. I opened his book on “Man’s Search For Meaning,” and right away the book opened up to his discourse on the meaning of suffering. “We must never forget that we may also find meaning in life even when confronted with a hopeless situations, when facing a fate that cannot be changed.” (p.116)

If that’s true, and I think it is, based on my own expedience of suffering the death of a two-and-a-half year old daughter I held in my arms, then maybe that’s the message the Church should bring to the bereaved: there is hope and meaning in every aspect of life, all made possible by the sacrifice of Jesus on that Cross.



## **CHAPTER TWO**

### **THE THESIS PROJECT**

#### **Initial Project Proposal**

In mid-2016, when the first proposal for a thesis project was submitted, the project's parameters were to rebuild and reinforce the parish's pastoral visitation ministry which had begun to decline with the cessation of the Stephen Ministry program which had been active for the previous eleven years.

A new visitation ministry was envisioned that would focus on creating a pastoral visitation program that would embrace spiritual care for the sick, patients from the parish who were near death and those in bereavement. The initial plan would create a core group of parishioners who were interested in this new ministry and include plan for training members for this unique ministry.

The first step in this process was to assess the need for this ministry. Members of the parish were interviewed and a questionnaire was sent via email to all members of the parish. Other parish rectors were consulted on their perceptions of a need for the formation of such a group in their own parish.

#### **Project Revisions**

Toward the end of the year, the direction and purpose of the project changed, rather dramatically. The idea of creating a visitation group was simply not feasible, largely due to the

paucity of parishioners who were afflicted to the point of near death. Accordingly, the focus shifted.

In the process of discerning the needs, it became clear that the greater need was for those who were in bereavement over the loss of a loved one. Parish clergy and several parishioners were well prepared to assist grieving parishioners and their families in preparing for the funeral and burial services.

In the immediate weeks the clergy would contact the bereaved family members by visitation and phone calls. But over time, this attention dissipated. With the exception of reading the names of the deceased in the Prayers of the People, over time, the spiritual needs of the bereaved were largely ignored.

Beginning with my joining the local group of bereaved families who belonged to the national organization of Bereaved Parents of the USA, and rejoining the reconfigured version of the Candlelighters group of parents of cancer afflicted children that my wife and I were among the 10 or so co-founders of in 1970, I became immersed in the need for providing spiritual care for bereaved parents.

After reviewing my revised proposal with the D.Min. Director, Dr. David Gortner, it became clear that focusing solely on bereaved parents of young cancer patients was too “narrow” in terms of potential bereaved family members. Accordingly, the focus of my thesis project underwent a third revision to include the spiritual needs of bereaved families and a set of guidelines for forming and/or sponsoring bereavement groups in parishes.

## **The Bereavement Group**

In February of 2017, I learned of a group in Germantown, Tennessee, a suburb of Memphis, that included family members who had lost a loved one and were experiencing a wide range of bereavement issues. This group of about nine to ten people meets once a month to discuss their bereavement issues with the goal of learning how to cope with loss of a loved one and how to “recover” from their bereavement. During my visit, I was allowed to observe the group and was able to interview five members individually the next day. A salient aspect of the formation of this group was the dedicated work of one woman who worked for certification in grief counseling while holding down a full time job.

Since several members of the group were members of the Presbyterian Church in a suburb of Memphis, the woman approached the senior pastor for permission to have space in the church for the meetings. He readily agreed with the concept and allowed the group to use a meeting room. But when she asked him if he would be willing to meet with and help oversee the meetings, he immediately raised both arms with palms out, and said, “No, that’s something I have any interested in. You are the one who formed this group. You run it.”<sup>13</sup>

That reaction was my first revelation of what I now see as universal response by clergy to anything having to do with death and bereavement. I remain in frequent contact with the gifted woman who started her bereavement group and as a result of her guidance, I formed a bereavement group in my own parish. It began with a 45-minute presentation at an adult ed

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<sup>13</sup> Personal interview with leader/founder of bereavement group in Germantown, TN Presbyterian Church. She prefers to remain anonymous.

session which the church offers between services. Thirty-two people showed up which signified the interest and the need for this program.

The formation of the Bereavement group at Holy Cross was widely promoted through March and April of 2017. The group decided to meet twice a month for three months to assess the need for this form of spiritual care for those who had lost a loved one. Nine participants participated in the group meetings which I moderated.

The plan now is to persuade the seven parishes in Region V of the Diocese of Virginia to offer this program in their parishes. To that end, I have hand delivered a short questionnaire to every rector of Region V to assess their interest. The result of that questionnaire, though disappointing in terms of the few rectors that even bothered to respond, the responses of those who did respond revealed a “tepid” interest which will be further explored this fall.

## CHAPTER THREE

### PERSPECTIVES OF BEHAVIORAL SCIENCES ON DEATH AND DYING

Some years ago, a dear friend died. He was a true “southern gentleman” and a high ranking officer in the U.S. Postal Service serving as Consumer Advocate for the entire agency. Tom Chadwick’s office had a view of L’Enfant Plaza where the Postal Service’s headquarters was located and where Tom was widely respected throughout the building.

In his dealings with major customers and everyone in the Headquarters building, Tom exuded a gentle persuasive style yet in a manner that reflected his South Carolinian background. He was always dressed in a tailor-made suit and vest, and shirts with gold cuff links. Everything about Tom’s manner and style reflected a dignified yet gentle spirit and friendly demeanor that earned the respect and admiration of other senior officers and staff members from every department in the building.

His unruffled style of dealing with the problems of the institution was his hallmark, even in the face of his impending death back in the mid-1990s. At his funeral service one of his daughters spoke of her father’s last moments in a hospital room in a hospital in northern Virginia.

“The day Dad died, the entire family came to say their “goodbyes” as he lay there. Dad was not only perfectly lucid but he was also very gracious and loving with each relative. There must have been 20 or so of our extended family, many of whom had made the trip from South Carolina. He would take each outstretched hand and thank them for coming. It was more like a homecoming celebration than a deathbed farewell.

“After everyone had told Dad how much he was loved and respected, everyone stood quietly in the room. I guess they all expected Dad would take the hint that it was time to go. Instead, being always mindful of others, he turned his head toward the family members and said, ‘ I’m kinda’ new to this business of dying. Haven’t done it before. So does anyone know what we’re supposed to do now?’”<sup>14</sup>

The entire gathering of people seated in the church who heard this story burst into laughter. Which made his passing a joyous and a memorable occasion which reflected his entire life.

### **Sociological and Psychological Perspectives**

Today, as I reflect on cultural and sociological aspects of death, it occurred to me that Tom’s individual style was an emblematic representation of how death is viewed in our modern society. When it comes to death and dying, we are on our own it seems. We do not know what to expect let alone what is expected of us. It seems to me that this modern day version of bereavement is the new way of thinking about the effects of death in any circumstance.

As Klass puts it, “With the rise of modern individualism in late industrial capitalism, a new way of grief has developed. In the modern world, the dead are gone and can be of no use to an individual making sense in a competitive world.”<sup>15</sup>

Moreover, “individual survivors must make meaning within the family and community in which the death occurs.”<sup>16</sup> Indeed, our assumptions of the benevolence and meaningfulness of

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<sup>14</sup> From notes of the eulogy by daughter of deceased father.

<sup>15</sup> Klass. *op. cit.*, 138.

<sup>16</sup> *Ibid.*, 139.

the world and worthiness of the self, are shattered by these losses “leading us to believe that the world is malevolent, that life is meaningless, or that we ourselves are unworthy or undeserving of good things, and cause us profound distress.”<sup>17</sup>

### **The Fear Factor in Death and Dying**

My mother did not want to talk about her impending death. When my sister and I would raise the issue of end of life decisions, she would shrug it off and make some reference to her religious beliefs which were at the center of her life and would now serve to allay her concerns about the dying process and what happens to her soul. She would tell us “God will take care of my dying and I know I will go to be in heaven.” And that would be the end of that conversation.

But one night during the early stages of her body’s responses to her condition, congenital heart failure, she felt the need to admit to us that “there’s really only one thing that scares me and that’s the possibility that I might lose my mind. I can’t stand to see these poor old folks not knowing their own children. Or even their spouse. Their life must be a nightmare. Not even knowing who they are or where they are. I pray that God will let me keep my mind alive as long as I’m alive.”<sup>18</sup>

Psychologists and sociologists use the term, “death anxiety” to explain the reasons why we experience the multidimensional concerns listed below. The rationale for these concerns is

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<sup>17</sup> Gillies, James & Neimeyer, Robert A. “Loss, Grief, and The Search For Significance: Toward a Model of Meaning Reconstruction In Bereavement,” *Journal of Constructivist Psychology*, 129:31-65, 2006.

<sup>18</sup> Notes from conversation with Marjorie L. Becker (mother) c. July 1990.

that we fear death. In fact, “death in the United States is viewed as fearful because Americans have been systematically taught to fear it.”<sup>19</sup>

Horror movies, which have become endemic for anyone who tunes into any internet movie channel, portray death as ghouls and armies of resurrected vampires eager and insatiably thirsty for blood. The strange result is that our children love those portrayals.

Leming and Dickinson explain that “death anxiety is a multidimensional concept and is based on eight concerns listed below.”<sup>20</sup>

1. Dependency
2. The pain in the dying process
3. The indignity in the dying process
4. The isolation, separation and rejection that can be part of the dying process
5. Leaving loved ones
6. The finality of death
7. The fate of the body

The authors assert that we are a death-defying society as evidenced by our preference for euphemisms for words other than dying, death and dead. Instead, we use words like succumbed, passed away, was taken, went to heaven, departed this life. Indeed, conversation about death has become a taboo.

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<sup>19</sup> Leming, Michael R. & Dickenson, George E. *Understanding Dying, Death and Bereavement*. Harcourt Brace, 1996, 20.

<sup>20</sup> *Ibid.*, 21.



“Caskets are constructed to suggest the deceased has taken a long nap. “Caskets have built in mattresses, and the head of the deceased person rests on a pillow in the casket.” The room is called “the slumber room.”<sup>21</sup>

Mindful that sociology involves collection of data from various components of society, such as social groups and family structures and social phenomena rather than focus on individuality, this assessment will examine sociological practices and related to death experiences such as funeral rites, rituals and meaningful actions by bereaved persons.

For example, social exchange theorists contend that funerals provide an opportunity for interaction with the bereaved at a time when individual anxieties have reached a climactic level that can best be addressed by being surrounded by family members and friends. Social exchange theorists would contend that “individuals will attend funerals (even though they tend to feel uncomfortable in such situations and find viewing the body as distasteful and anxiety-producing) because they perceive social benefit in being supportive or bereaved friends,” and convey a sense of meaning in the process.<sup>22</sup>

Even famed psychologist Sigmund Freud weighed in on this fear factor of death and dying. As the noted anthropologist Ernest Becker wrote in his book *The Denial of Death*, “He talked less about the power of the Oedipus complex and more about ‘human perplexity and helplessness in the face of nature’s dreaded forces, the terrors of nature, the painful riddle of death, our

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<sup>21</sup> Ibid., 16.

<sup>22</sup> Ibid., 56.

anxiety in face of life's dangers and the "great necessities of fate against which there is no remedy." <sup>23</sup>

Becker himself, added his own theories about the nature of our innermost fears of death which I find more helpful not only for his distinguished name, but also for his insight into the deeper psychological aspects of this fear as reflected in this quote from Maslow's *The Need to Know*.

"In general, this kind of fear is defensive, in the sense that it is a protection of our self-esteem, of our love and respect for ourselves. We tend to be afraid of any knowledge that would cause us to despise ourselves or to make us feel inferior, weak, worthless, evil and shameful. We protect ourselves and our idea image of ourselves by repression and similar defenses, which are essentially techniques by which we avoid becoming conscious of unpleasant or dangerous truths." <sup>24</sup>

Gillies and Neimeyer pose this interesting parenthetical finding in their research about how bereaved experience changes in their outlook on life, what they refer to as "finding benefits in tragedy." They cite research which revealed that "deriving benefits from the loss or trauma is a key means of assigning positive value or significance for one's own life. In one study "70% to 80% of respondents reported some benefit in the experience which ranged from personal growth and changed outlook to better interpersonal relationships and support."<sup>25</sup>

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<sup>23</sup> Becker, Ernest. *The Denial of Death*. Simon Schuster, 1973, 52.

<sup>24</sup> Ibid.

<sup>25</sup> Gillies & Neimeyer, op.cit., 46.

Not long after my father's death my mother and a friend who had recently lost her husband went on a cruise together. For the first two nights, the woman wept and loudly lamented the death of her husband.

My mother, in desperation and fear that the woman would be grieving the whole trip, said to her, "We're going to make a deal. We'll spend this night remembering our lives with our husbands, but after tonight we're going to enjoy the rest of the trip and forget about our husbands." The woman agreed -- I suspect more out of fear of some retribution from my insistent mother than any other reason.

## **Symbols**

Symbols, both spoken words and objects also convey meaning in bereavement. For instance, spoken condolences by well-meaning friends often present an opportunity to comfort a bereaved friend. But they also can unknowingly evoke uncomfortable responses. At the "viewing" of my child who died from cancer, the people from my office came to the funeral home to "pay their respects." I fully understand the need to convey a sense of sharing the grief but occasionally that sharing may convey a negative response.

When the president of the corporation came up to me, he said, "You know you have your own little angel in heaven." Obviously, he meant the comment as a gesture of condolence. As I thanked him, the thought occurred to me that a little angel in heaven meant precious little to me. I'd much rather have her home with us as the little angel in residence. During our stay at Children's Hospital, one of the doctors who were treating our daughter asked "Do you have other children at home?" A perfectly logical question to ask. But in my state of mind at that point, I interpreted the question as a suggestion that if we had other children, we could spare losing this

one. A completely illogical reaction on my part but one that was triggered by the anger I was experiencing about the whole experience.

Similarly, at my mother's funeral, the funeral company had changed hands from a family owned business whose proprietor knew everyone in the community to a large corporation whose employees knew little or nothing about our community. As a result, they placed a rosary in my mother's hands and a crucifix on the inside cover of the casket. The funeral cards had a picture of Mary on one side and a Catholic prayer on the reverse side.

Knowing how devout a Presbyterian my mother was all her life, I found these oversights absolutely hilarious. My sister didn't see it that way. She flew into a rage and stormed up to the funeral attendant and gave him an unvarnished display of her outrage over such an error in judgment and propriety. The funeral staff hurriedly removed the symbols and replaced all the funeral cards with a picture of Jesus on one side and the 23<sup>rd</sup> Psalm on the reverse side just moments before any other family members or friends showed up. Symbols are significant to the bereaved.

### **Anthropological Perspectives**

From an anthropological perspective, ritual mourning practices can reveal some cultural and sociological insights. For example, in the United States it is common practice for weeping at some point in the funeral, especially at the grave site. It is anticipated if not expected that women in our country display their emotions more than men. Mourning, as is the case with Jewish tradition, continues for a set period of time.

In many societies, mourning is symbolized by ritual behaviors. These behaviors serve to reinforce sentiments that help make death less overbearing for family members, but also

reinforce and validate values. In Ireland, the dead have a special role which involves dialogue. The dead are called upon to cure the afflicted and comfort the lonely,” which is why mourners never say farewell because it is expected that the dead will hear from their family and friends again.

“Cheyenne Indian women cut off their long hair and gash their foreheads as the blood flows.” In New Guinea the ritual at death requires relatives to give formal expressions of their grief at the time of death by weeping, cutting off fingers tearing their clothes, and loud singing.<sup>26</sup>

In the Athabascan village I visited, after the rituals of burial are completed, many families construct “spirit houses” which contain objects of sentimental value from the home of the deceased. Although beliefs vary considerably among different tribes, many believe that the soul of the deceased remains in the spirit house for a year before it is released into heaven.

### **Rituals**

These practices underscore a core understanding of death as more than a biological process that focuses on the body. Rather, it is the act of dying that provides the understanding of death as a social, shared experience. Rituals are reflections of death related behaviors that differ from one society to the next.

Christians in the U.S. observe All Saints Day with prescribed prayers. Beyond that, the meaning of the observance seems muted. New Orleans is an exception. “A century ago in New

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<sup>26</sup> Leming & Dickenson. *op.cit.* 358.

Orleans on All Saints Day crowds poured into cemeteries from dawn to dusk. Families gathered for picnics, entertained friends and told stories about the dead.”<sup>27</sup>

In Mexico families celebrate the Day of the Dead every November 1. The observances present a clear example of the sociological combined with religion in the belief that the dead come back to visit their families. The celebration becomes a family affair with picnics where the deceased is buried and the living family members bring the favorite foods of their deceased relative. The relatives spend the night there eating, drinking and singing. All of which serves to accent the behavioral, anthropological and even theological differences between different cultures while also underscoring the common societal aspects of death.

### **Deaths From Violence**

Attitudes toward a killing death and death by violence invoke different psychological behaviors and responses. British sociologist and university professor at Goldsmith College in London, Dr. Clive Seale points out that “The sense of triumphal survival gained by killing others, the confirmation that one is indeed immune to death, and that they do so at one’s will... is tempered and restrained... by civilization which prohibits the unbridled extension of the ego to do as it wills.”<sup>28</sup>

Colin Parkes, a hospice consulting psychiatrist in London takes the view that “Some, but not all, violent deaths are the result of human agency in which case reactions of anger and guilt

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<sup>27</sup> Ibid., 360.

<sup>28</sup> Seale, Clive, *Constructivist Death: The Sociology of Dying and Bereavement*. Cambridge University 1998. 58.

are understandable. In a study of 200 people who reported bereavement (from loss due to violent acts) 47 percent blamed someone else for the death... and a desire for revenge.”<sup>29</sup>

Parkes goes on to suggest that “The combination of sudden, unexpected, horrific and untimely death , with all the rage and suspicions which followed...could be expected to overwhelm the family as a support for its members and lead to lasting psychological problems.”<sup>30</sup>

A woman in a bereavement group I attended talked about how her son was murdered by two men who were about to break into the home around midnight. When he went outside to see who might be the culprit, he was shot dead. The two marauders have never been identified. In sharing her story, her words were brief, a sure sign that after 14 years she continues to harbor long term bereavement. When asked how her loss affected the bond she had with her 20 year old son, she simply said, “Losing him was like an amputation of part of my soul. I love him and always will. I expect to see him again in a heavenly place. But I don’t attend mass as much as I used to.”

### **Suicide and Bereavement**

One common reaction of families in bereavement from loss of a family member due to violence or suicide is need to find some path that points to the meaning of the loss and the feelings of isolation that emerge in the wake of these unexpected and inexplicable deaths. In the case of a suicide parents are reluctant to discuss the circumstances of the death because unlike

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<sup>29</sup> Parkes, Colin Murray, op.cit., 133.

<sup>30</sup> Ibid.

other causes of death, suicide is the result of choice. Often the parents of young people who commit suicide have undergone difficult times with their child.

One father in a bereavement group described the circumstances that led up to his 19 year old daughter's suicide. The young woman had been adopted by the parents who had experienced the deaths of two babies, both dying shortly after birth. The adopted child was diagnosed with dyslexia and had encountered difficulty keeping up with others in her class.

One night she and a friend were being followed by a group of boys who threatened the two girls with harm. She and her friend made it home safely but the experience unnerved both girls. The one daughter had nightmares about death and being shot. Her father explained what happened several days later.

*I got home from work one night. I called out for my daughter but got no response. She was always a careful child. Home no later than 9 pm. She had a part time job and we thought she was making progress with her bouts with depression. I had to take some tools downstairs in the basement. When I turned on the light, I saw her. She was hanging from a steel-like cord. Judging from the burn marks on her neck, I think she had tried to hang herself with a rope. I yelled her name and grabbed her legs to get her down. I went back upstairs to tell my wife not to go down there. 'It's horrible,' I said. We called the police and ambulance people. I couldn't speak. My throat was dry. And I was angry, probably at myself.*

Two years later, the couple divorced. "We never talked about it," he recalled. "That was 43 years ago and I still carry the mental scars of that night."



As is so often the case in suicides, both parents wrestled with the possibility that maybe they could have avoided the tragedy if only they had realized the signs of depression sooner or had taken some preventative action.

Klass offers a wider perspective on parental grief. “The vast majority of children’s deaths today have meaning only to the parents and family.”<sup>31</sup> But Klass also notes that with the rise of modern individualism a new way of thinking about grief developed. “As meaning is increasingly found less in the public sphere and more in the private, having children becomes more and more significant to the personal meaning parents make of their world. When children die, their deaths have no public significance, but the deaths have intense personal significance to the parents.”<sup>32</sup>

### **The Role of the Church**

From my personal perspective, this rationale explains how bereaved parents and/or other bereaved family members relate their grief and search for meaning in how they regard their religious beliefs. Some bereaved parents are adamant about their decision to sever their ties to their former places of worship and no longer maintain their belief in a merciful and loving God. It also explains why many others in bereavement find that the church is the medium by which they can maintain a bond with their departed loved one.

And therein lies the challenge for churches and places of worship today. The tendency is that pastors visit the ailing parishioner at their home or while they are hospitalized. Depending on the circumstances, we are often present at time of death. We are there for the family in the

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<sup>31</sup> Klass, *op.cit.*, 138.

<sup>32</sup> *Ibid.*, 139.

interim period between the death and the funeral service. Depending on the relationship between the pastor and the bereaved family, we may visit or call at varying times after the funeral.

But unless the bereaved family members attend church, contact with the family declines at some juncture. I would press the case that pastors and/or trained lay persons make periodic visits or some form of personal contact over the course of a year.

Mindful of the multiplicity of demands on clergy these days when very few parishes have more than one pastor, I would advocate for the training of selected and interested parishioners to maintain the bond between a bereaved family and the parish family.

Indeed, in my questionnaire which was distributed to bereavement groups in Northern Virginia and Germantown, Tennessee, and members of Bereaved Parents of the USA organization who attended the August 3 -5 2017 conference of bereaved families, respondents were asked to name their preference for “someone who would provide spiritual support for bereaved family member.” Seventy-five percent suggested “train a group of interested lay persons to provide spiritual support to those who are bereaved.” Half suggested a pastor or assistant pastor “make periodic contact with a bereaved parishioner, either by visitation or phone.”

### **Medical Perspectives on Spirituality and Death**

A research study conducted in 2015 intended to discern whether nurses might be a source for providing spiritual care for dying patients concluded that most nurses “felt it was a challenge to uncover dying patients’ spiritual and existential suffering. The nurses were able to convey

consolation when they had managed to help patients to find peace and reconciliation in the final stages of dying...but they felt that religion was a very private and personal matter.”<sup>33</sup>

The study included six registered nurses who tended to patients in the medical and oncological wards of a general hospital. Four of the six had degrees in oncology nursing and palliative care. The study was predicated on previous studies that revealed that spiritual and existential care is frequently overlooked in palliative care.

Furthermore, several studies referred to in this study concluded that although many “patients are satisfied with their medical and physical care, seriously ill patients often refrain from discussing their spiritual and existential thoughts with nurses because they do not feel that nurses acknowledge this need. Other studies show that nurses often feel unprepared to meet with patients facing spiritual and existential care at the end of life which can be a barrier against conducting spiritual and existential care for the dying.”<sup>34</sup>

Similarly, other studies revealed that “health care professionals tend to overlook family needs and family members are often referred to as “hidden patients”... and therefore,”it is crucial that nurses are able to discern spiritual and existential distress and its effects on overall family health.”<sup>35</sup>

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<sup>33</sup> Tornoe, Kristan Anne, et al. “The Challenge of Consolation: Nurses’ Experiences With Spiritual and Existential Care For the Dying – A Phenomenological Hermeneutical Study,” BioMed Central,<http://bmcnurs.biomedicalcentral.com/articles/10.1186/s12912-015-0014-6>.

<sup>34</sup> Ibid., 4

<sup>35</sup> Ibid., 3.

### **Results of Consolation Study**

The results of the study revealed “entangled” results that were interwoven with physical, emotional, relational, spiritual and existential pain. The following list of findings encapsulates the experiences of the nurses.

- Dying patients and their families could become lonely and alienated from each other when they were unable to share their burdens of fear, grief and sorrow.
- Dying patients often were deeply anxious about how their children and spouses would cope without them.
- Nurses experienced that patients could express their anxiety of dying as an existential fear of disappearing “into a black hole.”
- They encountered patients who experienced spiritual and existential suffering because they thought God had given them illness and pain to punish them for their sins.<sup>36</sup>

### **The Praxis of Spiritual Care**

Yet, despite the reluctance of the nurses to enter into the religious issues facing their patients, the study presented extraordinary evidence that these nurses actually provided a wide range of spiritual interventions that clearly served to address the spiritual and existential needs of their patients by what I would term the *praxis* of spiritual care.

In the case of the patient who believed God was inflicting pain on her as a means of punishment, the nurse “desperately searched for a way to reach in to the patient (when) it suddenly dawned on her that she could use prayer ‘to turn the situation around.’ So she asked if

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<sup>36</sup> Ibid., 7.

the patient wanted to say 'The Lord's Prayer' with her. According to the nurse, sharing the prayer helped her connect with the patient. This opened up a natural opportunity to talk with her about her picture of a punishing and vengeful God."<sup>37</sup>

This nurse had claimed that she was "not very religious" yet she shared her belief in a trusting and loving God. By praying and addressing her religious distress, the nurse managed to obtain the patient's permission to alleviate her physical pain. "That was the first time I had been so frank with her about religion. She said. "I sat beside her after that prayer and we talked a lot about why she thought God was using cancer and pain to punish her."<sup>38</sup>

It was interesting to note that the nurses' used the word, "consolation" instead of specifically religious terminology to explain their efforts to help patients achieve peace and tranquility. Among the narratives given by the nurses, one noted that "*sometimes, I'm really astonished that they choose to share their troubles and worries with me! Even though I'm a nurse, I'm still a stranger.*"

Occasionally patients and families directed their anger and frustration at the nurses. "We get a lot of verbal abuse that can seem extremely unfair," said one nurse. But the nurses also realized that they felt "obliged" to alleviate the patient's and the family's distress as best they could. "I guess we react like this because it's more rewarding to help patients and their families to find peace than it is to cope with angry patients who protest and refuse to accept their situation. It's a demanding job! Not all nurses are cut out to care for the dying."<sup>38</sup> According to the study results, nurses admitted their reluctance to expose themselves to their own anxieties

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<sup>37</sup> Ibid., 9.

<sup>38</sup> Ibid., 11.

when providing a presence as death approaches. But they also knew from experience when their patients needed nurses who were willing to endure and show their patients they would not abandon them in their time of need.

*“When I saw that her time was running out, I told my colleague that I was going to stay with her. I just sat there holding her hand, and occasionally stroked her hair and her forehead. Sometimes I murmured a few words to let her know that she wasn’t alone.”* An observation by one of the nurses.

It seems unavoidable to remember the women who remained at the foot of the Cross as Jesus endured the pain and suffering of his eminent death.

### **Preparing Health Care Professionals**

Dr. Christina M. Puchalski is well known for her work with physicians, nurses and hospital social workers to change the reluctance of health care professionals to infuse a spiritual dimension in their care of patients. She is associate professor at The George Washington Medical School in Washington, D.C. and director of the school’s Institute for Spiritual Health. Over the past decade or so, she has conducted research on the need for health caregivers to be equipped to attend to the spiritual needs in patients and in their own personal spirituality.

The author of numerous research findings and articles in medical journals and lectures to health professionals, she has been an advocate for training medical students and other health care providers on the spiritual lives of their patients and how to engage patients in seeking meaning about their illness and the prospect of death.

Indeed, in one of her research studies, she found that of “108 women undergoing treatment for gynecologic cancer, 49% noted becoming more spiritual after their diagnosis. In a

study of parents with a child who had died of cancer, 40% of those parents reported a strengthening of their own spiritual commitment over the course of the year before their child's death."<sup>39</sup>

In 2004 Dr. Puchalski gave an interview on her goal to infuse a sense of spirituality in the training of physicians, nurses and other health care providers. The following excerpted quotes outlining her controversial vision were extracted from an article published in the "Journal of Spirituality and Health International," vol. 5, Issue 2, 2004, Whurr Publishers Inc.

"There's still a lot of negativity, even hostility, around suggesting spiritual care by doctors. (According to one prominent physician), 'Spiritual care is not province of doctors and you should stay away from it.' "His criticism is largely about research. He presupposes that conclusions are being drawn that are not supported by the results. He's also concerned about opening the door to proselytizing by the conservative Christian movement.

"A physician may privately think homosexuality is wrong. But it would be unethical to push it onto the patient. The same logic applies to politics and to religion."

Asked what kind of spiritual care doctors can give, she said, "We define spirituality as whatever gives meaning and purpose to a person's life. Spiritual care is relational. It is found in each interaction we have with each other when we provide compassion, caring connection listening and being present.

"Spiritual assessment, doing a history, asking questions, these are important parts of this process – questions like 'What is important to you?' 'How can I help you?' This is something I

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<sup>39</sup> Puchalski, Christina M. MD. Chapter 58, "Spirituality in Issues in Palliative Care," 1999.53.

teach physicians, nurses, even social workers to work with. ‘Are you spiritual or, do you have spiritual beliefs that can help you cope? What does your life mean? How important are these beliefs to you?’

“You can do a lot of listening there. You can reflect on what influence do these beliefs have on your own healthcare giving?

“Ask about the community they belong to. This can be religious or it can be like minded friends; people have many types of communities that provide spiritual support. Then, ask yourself what can I do with the information the patient shares.

“Let’s say the patient shares that their particular religion makes them think their illness is a punishment from God.’ Your action in that case may be to refer them to a chaplain. Psychiatrists seem to be getting into this much more and are doing counseling along those lines. They are working on how beliefs affect a person in terms of mental health issues they are addressing. Here again, a referral to a chaplain might be appropriate.

“Generally, what we say is that you should take a spiritual history when you first meet your patient and on a yearly follow up exam. For example, if someone is depressed and they tell you that they have stopped doing everything including church or meditation, you might ask them to say a little bit more. Certainly end-of-life situations will be an ongoing conversation we urge physicians to pursue. Maybe they’re not taking medication because they are frightened of it, or the side effects. Maybe they believe prayer might cure them.

“Clearly, spiritual beliefs and practices impact on health care and as doctors we can no longer ignore that.”



## CHAPTER FOUR

### PERSPECTIVES ON THE THEOLOGY OF DEATH, DYING AND BEREAVEMENT

#### Theology of Dying and Death

Craddock makes an interesting distinction between a theology of dying and a theology of death – both of which have a bearing on bereavement. In his assertion that a “Christian approach to dying... should begin with Jesus and end with Jesus,”<sup>40</sup> he makes the case that although there may be an overlap between dying and death, “a theology of death is, to put it bluntly about what happens after one dies. It is about heaven, hell, the destiny of the physical body, and the condition of the soul; it is about judgment and eternity.”<sup>41</sup>

Although a theology of dying should be a summation of facts and beliefs that inspire hope and confidence based on the life and death of Jesus Christ, the case can also be made in his assertion that the benefits that arise from his death, namely, “new life, freedom from sin, and freedom from fear of death...effected a new relationship between humans and God by eliminating the divisive effect of sin and by overpowering and taking command of death.”<sup>42</sup>

Hence Paul’s definitive teaching in Romans 8: 38-39:

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<sup>40</sup> Craddock et al., *op.cit.* 53,

<sup>41</sup> *Ibid.*, 54.

<sup>42</sup> *Ibid.*, 76.

*For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, or powers, nor height, nor depth, or anything else in creation, will be able to separate us from the love of God in Christ Jesus.*

The fact that Jesus died for us and that he continues to dwell with us through life and death, constitutes the hope that all who grieve seek.

This new understanding of death must have come as philosophic shock to those living in the first century when the world was languishing in matters of death prompting the ancient philosophers to ponder the nature of death and the afterlife. In his *Apology* (40C), Plato's "logic led him to recognize death as one of two states: 'A person is either the same as nothing, not having any kind of sensation of anything, or death is the removal and relocation of the soul from here to another place.'"<sup>43</sup>

Apuleius' *Metamorphosis* includes this promise to Emperor Lucius: "You shall live blessed. You shall live glorious under my guidance; and when you have travelled your full length of time and you go down into death, there also, on that hidden side of earth, you shall dwell in Elysian Fields and frequently adore me for my favors."<sup>44</sup>

Jesus' resurrection created a new metamorphosis for the early Christian community, both in terms of freedom from fear (2 Cor. 3:12) and new hope but also the promise that just as Jesus was raised from the dead, so will we be raised with the Lord Jesus and be in his presence. Moreover, "we know that our old self was crucified with him so that the body of sin might be

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<sup>43</sup> Longnecker, Richard N. ed. *Life In the Face of Death, The Resurrection Message of the New Testament*. Wm. B. Eerdmans, 1998. 67.

<sup>44</sup> *Ibid.*, 76.

destroyed, and we might no longer be enslaved by sin. For whoever has died is freed from sin.”

(Romans 6:6-7)

In my many interviews with Christians about how the loss of a loved one affected or changed their beliefs about sin, forgiveness and redemption my sense was that those interviewed in Memphis placed greater emphasis on how they viewed the effects of sin as a causal factor in the death of a loved one than those interviewed in Northern Virginia.

But for all who were interviewed a common denominator emerged in how they related sin and suffering. Suffering causes us to change. It has to do with our identity. McGill starts with what he calls “The Ecstatic Identity of Jesus” “His teachings and miracles, the response of the crowd and the hostility of the authorities, his dying and his resurrection – these are not read as windows into Jesus’ own experience, feelings, insights and growth. The center of Jesus’ reality is not within Jesus himself. Everything that happens to him, everything that is done by him, including his death, is displaced to another context and is thereby reinterpreted.”<sup>45</sup>

The core ideology here is that a shift occurs in Jesus’ life and works. This shift is not becoming aware of himself, but rather he is constantly aware of God. He knows God. He is aware that God is in the ongoing condition of his own being and not of his own making. “He is the only one who keeps receiving himself from God. Jesus never has his own being. He is always a son. Herein lies the ecstatic character of Jesus’ identity.”<sup>46</sup>

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<sup>45</sup> McGill, Arthur C. *Death and Life: An American Theology*. Wipf and Stock, 1987. 49.

<sup>46</sup> *Ibid.*, 50.

All of which underscores what Paul is talking about in Romans 6. By incorporating ourselves “with Jesus Christ so that we die to sin and live to God.”<sup>47</sup> The corollary for purposes of understanding our bereavement, is McGill’s assertion that when we realize we are always related to God we take on a new identity as well, an identity focused on the experience of love we continually receive from God in those grief-filled moment of loss.

Paul offers some grounds for hope in time of death. For those of us who wilt under the grief of loss, Paul reminds us that we are not alone. “The Spirit helps us in our weakness for we do not know how to pray as we ought, but that very Spirit intercedes.” Romans 8: 26. How often when we learn of the sudden death of a loved one, perhaps a young man in deep despair, chooses to take his own life, and we are suddenly bereft of knowing what to say, let alone what to pray for.

In asserting confidence in God for a first century Christian facing a world of aggression and suffering, also serves as a reminder to us of God’s love in times of unfathomable death. “For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come , nor powers, nor height, nor depth, not anything else in call creation will be able to separate us for the love of God in Christ Jesus our Lord.” Romans 8:38-39.

Some theologians take another view of suffering. Van de Beek thinks suffering brings us close to God. “In extremity, people learn to pray. But suffering can so embitter people that they can no longer believe in God. Or, if they still believe in God, they can only spit in the face of the God who did it to them.”<sup>48</sup> The author concludes that “when God strikes us, the reason is that

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<sup>47</sup> Ibid., 51

<sup>48</sup> Beek, A. Van d. *Why? On Suffering, Guilt and God*. Wm.B. Eerdmans,1990. 30.

He feels responsible for us as our Father; he wants to put us on the road to mature sanctification.”

The connecting linkage here is that “chastisement is the pedagogical punishment for sin.”<sup>49</sup> Van de Beek cites Hebrews 5: 8 to substantiate his position. “Although he was a Son, he suffered; he became the source of eternal salvation for all who obey him.”

After wading through the complexities of Kierkegaard’s position on suffering it becomes apparent that he sees the “obstinacy” (my word, not his) of one’s will to be oneself, as the source for despair. His concern is when the self in despair is acted upon, a despair that “wills itself to be itself, that one encounters some difficulty which the Christian world would call a cross, a basic defect, whatever it may be.”<sup>50</sup> One could conclude that he sees the young man who contemplates suicide and being “unwilling to hope in the possibility that an earthly need, a temporal cross, can come to an end.”<sup>51</sup>

Essentially, he sees “the despairing person who in despair wills to be himself is unwilling to do that. He has convinced himself that this thorn in the flesh gnaws so deeply that he cannot abstract himself from it.”<sup>52</sup>

*“We adopted her when she was two years old. She was one of five or six children when we adopted her. Her mother had gotten involved with a sailor who had committed suicide. The child that we adopted had dyslexia and had trouble catching up in school. She was in October*

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<sup>49</sup> Ibid.

<sup>50</sup> Kierkegaard, Soren. *The Sickness Unto Death*. Princeton University, 1980.70.

<sup>51</sup> Ibid.

<sup>52</sup> Ibid.

*the year she turned 19 when we took her to a concert. We lost contact with her after it ended. We looked everywhere. She had run through the woods to get away from a gang of young kids. I discovered her that night. It was 9 pm when I took my tools to the basement. When I turned the light on, she was hanging from some steel-like cord. I yelled her name. Grabbed her legs to pick her up. I called 911. The police arrived. When I came back up I told my wife and other son, "Don't any of you go down there. It's horrible. She's gone."* From interview with the father of the child.

The father told me this happened in 1975 and that he's been carrying his grief and guilt every day since.

### **Meaning Making in the Bereavement Process**

At approximately 11:30 am on July 26, 1970, my wife and I stood at the foot of the bed where the body of our two and a half year-old daughter lay having succumbed from neuroblastoma, a solid form of childhood cancer. We needed to pray. I remember thinking to myself, "What am I supposed to pray? I have no idea why this has happened, nor do I know what to say to God." As I have done many times over the years, I just decided to pray whatever words came out of my mouth. These are the words I heard the Spirit put into my mouth to say.

The entire prayer is found in the Preface along with the story of Jen's illness and death. But after all these years, I am still somewhat surprised by my theology back then, particularly the idea that God had "taken her back." Seems a bit arbitrary now, to think that God actually makes a conscious decision, "Well, I guess it's time to take her away from her parents. So I guess I'll give her cancer and see how they deal with that." Forgive me for sounding too harsh if not outright irreligious. But I do not see it happening that way. It may be a backlash from my

“predestination days” in our hometown Presbyterian Church in the 40s. I didn’t buy that then and I still don’t.

Besides, it makes God sound more authoritarian than compassionate. The remainder of our prayer still holds true. Now, nearly four decades later, we do remember and treasure the “many happy moments” we had with her. And we have never forgotten her and the true meaning of love she taught us. And I’m still startled by the words I heard myself say. I remember turning to Carolyn and say, “Where did all that come from?” Fearful I might forget what I prayed, and wanting to share the prayer with the rest of the family at some point, I sat down and wrote out the words on a scrap of paper.

Beyond that, there are several salient points in that prayer that might shed light on the issue of meaning in the context of bereavement. First, it’s clearly a prayer that acknowledges the presence of some force that is beyond the comprehension of the two parents. It is a prayer with origins from the Holy Spirit immediately present at this particular moment, the time just after the death of their daughter. The young man admits to his wife that he “has no idea what to pray” creating space for the Holy Spirit to enter into this time frame just after death but just before the weight of awareness and bereavement sets in.

Second, the plea to allow the couple to remember their child and their willingness to give her back to God reflects Jesus’ resurrection from the tomb, and their complete surrender of their loved one to God’s care. Arthur McGill makes the case for what he terms, “ecstatic identity.” Our identity has become ecstatic,” he writes.<sup>53</sup> It is a God-given identity that is more a response that originates from God’s self and not from our own powers. The young man’s need to pray is a

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<sup>53</sup> McGill, op.cit., 58.

reflection of his need to find comfort and stability and to assimilate their loss into their world view without needing to search for meaning. It's already been given to them.

McGill would suggest that our willingness to give our anguish to God evokes Jesus' words at his crucifixion when he said, "Father, into thy hands I commit my spirit (Luke 23:46). It is "a death which brings life," hence, my willingness to take her back to live with you forever, and my admission that taking our child back to live with God is beyond comprehension. Which gets us to the couple's understanding of the meaning of her suffering and death: It was God's will!

There is an interesting footnote to their acceptance of our child's death as the will of God. In my notes reiterating the words of my prayer, I wrote a prediction that this prayer "would change in time and become distorted with doubt, suspicion and even brazen anger before subsiding again into acquiescence."

Today, nearly five decades later, I am astounded by my acclamation that "We accept your will to take her back to live with you." I understand the notion that it was indeed God's will that our daughter would live in Paradise with God. I am in line with other parents who adopt the belief that "I know my child is with God in heaven and someday I'll join him/her."

But did I really believe that it was God's will that she suffer and die? I think there is merit in examining just where that idea originated. One theory is that it is traceable to my Calvinistic upbringing. Back in the 40s, I was taught it was sinful to think too highly of oneself. The notion of being "unworthy" was instilled in us kids from Sunday School into early adulthood. God was in charge of your life. Your part in life was to obey. God will take care of the rest.



I remember bristling over the idea that it was all worked out ahead of time. God had already selected who will go to heaven and who won't make it.<sup>54</sup> Which to my little mind meant no matter how good or bad I was in life, it was already decided whether my name was imprinted in some big book that listed who goes where. It is not a great leap of logic to expect that if God sent my daughter to live with us for some undefined period of time, it was also true that it could be God's will to take her back. Hence my insertion of that theology in my prayer over my daughter's body. Klass makes a strong case that "bereaved parents cannot escape the religious

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<sup>54</sup> This complicated doctrine centers around the doctrine of grace which erupted in the fifth century when questions about human nature, sin and grace were topics of concern for theologians, among them Augustine of Hippo (354-30) and Pelagius over whether salvation was a reward for good behavior or a free gift from God. Augustine came down on the side that grace was a gift, not a reward and that God was free to give or withhold grace. Eleven centuries later (1559) John Calvin publishes his *Institutes* and makes the case for a doctrine of predestination. In Book 3, chapter 21 he writes, "We shall never feel persuaded as we ought that our salvation flows from the free mercy of God's as its fountain... (and) that he does not adopt all promiscuously to the hope of salvation but gives to some what he denies to others." He cites Paul's letter to the Romans, (11:6-7) to substantiate his doctrine of the elect: "Israel failed to obtain what it was seeking. The elect obtained it, but the rest were hardened." Calvin deduces that "there is a remnant according to the elections of grace. And if by grace, then it is no more of works: otherwise, grace is no more. But if it be of works, then it is no more grace.

All of this was laid out for us kids in Sunday School as a basic belief in the Presbyterian Church back in the 40s, at least. I distinctly remember arguing with our poor teacher, Mr. Ransom, that this didn't make sense to me. "Then why should I be good if God already has it all worked out as to who gets into heaven and who doesn't? I was about 12 then. To this day I remember how Mr. Ransom tried to explain it and perhaps mollify me by adding that we can choose how we live our lives. God just already knows how we will choose. I'm not sure that was how Calvin would put it but it gave me some hope that I might still get into heaven. Today, I tend to think it's a both-and proposition. As a Capuchin priest and teacher of a course on spirituality I took at the Capuchin College in Washington, a Christian who believes in Jesus Christ will *want* to choose to do good. God's grace cannot be earned but believing in Jesus and living our lives the way he taught is what Christians do. The rest is up to God.

and spiritual realities in death, because the child is one of the bonds parents have with sacred realities.”<sup>55</sup>

Every tradition has a ritual to acknowledge that bond. “The first words whispered into a Muslim child’s ear are the Shaddah, ‘There is no God but God.’”<sup>56</sup>

A Jewish boy child is circumcised as the sign of the covenant between God and Israel. “Christians baptize or dedicate their child as a sign of God’s grace.”<sup>57</sup>

Over the years, I have come to think I said those words about God’s will in the death of our child for a much simpler reason. I took comfort in believing that God has a special place in his sacred heart for children. And, for that reason, I believe that God’s holy angels will take these children to Paradise where they can be safe from the evils and terrors of this world -- a place of love and peace. In my daily morning prayers when I remember a growing list of friends and relatives who have died, I close them out with a single petition: Lord, may we see our loved ones again in your heavenly kingdom.

Wortmann and Park, both associated with the University of Connecticut Department of Psychology, explain that “in some cases, the bereaved may find comfort in their religious/spiritual meaning systems and readily assimilate the loss into their worldview without need to search for meaning.

“Other bereaved individuals, when faced with reconciling the loss of a loved one with the belief that God is a benevolent, omnipotent protector or imply with the goal of maintaining an ongoing relationship with that loved one, may question the meaning of the loss or even the

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<sup>55</sup> Klass, op.cit. 32.

<sup>56</sup> Ibid. 33.

<sup>57</sup> Ibid.

validity of their religious/spiritual worldviews. *This struggle may lead to loss of faith.*<sup>58</sup>

**(emphasis added)**

### **World View**

Studies in the relationship between bereavement and spirituality reveal that for most people, regardless of their cultural environment and belief systems, “religion or spirituality underlines their general approach to life and form the system of meaning through which they experience and understand the world and operate on a daily basis.”<sup>59</sup>

Often, the death of a loved one forces family members to examine their world view for understanding what drives their innermost thoughts about their own place in life and the orderliness or disorder of the world they live in.

He begins with unveiling the results of a survey of 145 parents of children who had died of cancer and wide range of theodicies they attribute to their child’s death.

1. Those that blame or question the mercy of God. The child’s death was attributed to a supreme being who was viewed as uncaring and unmerciful for allowing the child to suffer and die.
2. Those that view the death as a punishment incurred by survivors for wrong doing.
3. Those that reveal their belief that the child’s death occurred because it was intended by God to serve a good and useful purpose.

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<sup>58</sup> Wortmann, Jennifer H, & Park, Crystal L. “Religion/Spirituality and Change In Meaning After Bereavement: Qualitative Evidence For the Meaning Making Model.” *Journal of Loss and Trauma*, 14:1 17-18. 2017.

<sup>59</sup> Park, Crystal L. & Halifax, Roshi Joan. “Religion and Spirituality In Adjusting to Bereavement Grief As Burden, Grief As Gift.” *Journal of Constructivist Psychology*, 2011. 358.

4. Those that regard suffering primarily as a state of mind, which is influenced by how one defines the situation.
5. Those that regard death in fatalistic, coincidental, or solely causal terms. In these cases, parents imputed little meaning to their child's death, regarding it instead as a matter of fate or nature."<sup>60</sup>

Klass goes on to explain that "worldviews are the beliefs, myths, rituals and symbols by which individuals and communities answer two questions: How does the universe function? Does the power in transcendent reality impact on the everyday world of living people? Do humans have any power to affect their destiny and if so, how much and what kind of power do they have?"<sup>61</sup>

Although Klass is principally interested in the bereavement of parents who have lost a child, his discussion on the impact of individual worldviews are applicable to other losses of family members. Indeed, the death of a loved one forces the rest of the family to enter into a completely changed world where basic spiritual understandings are put to the test. Is there really a God out there, and if so, where was he when our loved one was facing death?

Most of the answers to these questions are woven into the spiritual fabric of a community. Religion provides the world view that binds a society together.

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<sup>60</sup> Cook, J.A. & Wimberley, D. W. "If I Should Die Before I Wake: Religious Commitment and Adjustment to the Death of a Child," *Journal of Scientific Study of Religion*, 22(3), 222-238, as cited in Talbot, Kay, *What Forever Means After the Death of A Child*. Brunner-Routledge, 2003.127.

<sup>61</sup> Talbot, op.cit., 126.

In 2012 through 2015, I traveled to Allakaket, a small Athabascan community five miles north of the Arctic Circle to conduct Christmas Eucharist for the 160 or so people who lived in this community, along the Koyukon River. Their world view is articulated in categories which constitute their understanding of their life, their community and the world around them.

- The natural and supernatural worlds are inseparable; each is intrinsically a part of the other.
- Explanations for the origin, design and functioning of nature and for proper human relationships to it, are found in stories of the Distant Time.
- Natural entities are endowed with spirits and with spiritually based power.
- Humans and natural entities are involved in a constant spiritual exchange that profoundly affects human behavior.<sup>62</sup>
- Two observations stand out and were enacted in the various ceremonies in which I participated along with the tribal chief and the senior most elder in the community. What fascinated me about their worldview was how it intersected with Christian spirituality.

All the tribes along the Koyukon River are faithful Christians. “They have attained a fairly high level of fluency in white culture without losing the vitality of their own Athabascan lifeways. There is a native way and a white man’s way, and the two coexist comfortably.”<sup>63</sup>

Taboos are observed but there is a pervasive sense of individualism which is woven into their belief systems which clouds impressions made by outsiders to categorize their practices and

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<sup>62</sup> Nelson, Richard K. *Make Prayer to the Raven, A Koyukon View of the Northern Forest*. University of Chicago, 1983. 227-229.

<sup>63</sup> *Ibid.*, 235.

traditions. Although they welcomed me on my three visits, when I sought permission to live among them for a short duration to interview members of the tribe for a doctoral thesis, I was told that would not be permitted. “They don’t want an outsider to come in and look over their shoulder,” was how the Bishop of Alaska explained the situation.

Maintaining their ancient traditions has been a threatening experience, especially for the elders of the tribe. Younger generations of the Athabascan tribes are fearful of their young people moving away from the traditional beliefs. There is no high school in the village. Which means that every young boy or girl must move out of the village to live in private homes in Anchorage or Fairbanks for nine months of the year.

Women in the village told me how their children are exposed to the ways of the outside world while in high school a couple hundred miles away from their village. When they return “they seem to have a limited understanding of the ideology and often ignore their elder’s teachings and ritual practices.”<sup>64</sup>

Their understanding of the ancient Distant Time stories they had learned growing up in the tribal community had framed their identity and their place in the world. Their exposure to new ideas and ways of life, especially in terms of technology, clouds the lessons of the ancient stories of the tribe. Some come back to their village disoriented about their identity while others choose to attend colleges and universities in the Southwest and never return to their village. My visits to the village gave me a window to how the elders cling to the ancient ways for understanding death.

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<sup>64</sup> Ibid., 236.

On all but one visit to Allakaket, the moment I stepped off the single-engine aircraft that flew from Fairbanks to the northern reaches of Alaska, I was greeted by a senior member of the community who advised me that I would be conducting a funeral service for someone in the village who had died. Two of the three deceased had taken their own lives, due to alcoholism or drug abuse and the ensuing depression. The funeral services offer clear insight to the coexistence of tribal traditional ways of mourning with Christian rituals for mourning and the theology of the Resurrection.

The first task was to bring a moose to the funeral meal (*potlatch*) shared by both Athabascan and the Eskimo community from the other side of the river. Hunters who were designated by the tribal council for this task were immediately sent out to find and kill a moose for the communal meal. I was told by an elder that the hunters were not allowed to come back empty handed. On this occasion, they came back after four days in the wilderness when they had killed a moose and two caribou as well. The spirituality behind this practice is based on their belief that all animals and some plants possess spiritual powers and that “humans and natural entities are involved in a constant spiritual interchange that profoundly affects human behavior.”<sup>65</sup>

Following the communal meal for about 150 Athabascans and their Eskimo neighbors across the river, members of the community were invited to stand and offer remembrances of the deceased person whose body, dressed in native garb, was visible in a wooden casket. The elder-most Athabascan would slowly make his way to the middle of the circular tribal house and tell a story of a villager who had lived and died in this environment many years earlier. A hush fell over the crowd when he began to speak in his native language.

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<sup>65</sup> Ibid., 228-229.

Finally, it fell to me to officiate the funeral service. My sense was that it was a “cross over” moment, morphing from ancient memorial stories to the Christian story of Jesus’ death and resurrection.

My understanding from talking with the elders earlier that afternoon was that the village was converted by an Athabascan who had been ordained as an Episcopal priest back in the late 1800s. It seems he traveled the length of the Koyukon River converting and baptizing everyone in each village and gave each one a Christian name which coincided with biblical leaders in the Bible. There were many Johns and Lukes and Josephs and Pauls as well as some Sarahs and several Marys.

When everyone in Allakaket had been converted and baptized, the migrant Athabascan missionary also built a log chapel in the village replete with a wood burning stove. The nave accommodates somewhere around 30 to 50. Since it was rare for a priest to visit the community, Sunday services were from Morning Prayer liturgy led by a woman in the community. In reviewing some of the village records which went back over a hundred years, I noticed that the village was often visited by the diocesan bishop, mostly to officiate at funerals and baptisms.

Around the early 1900s, most deaths were the result of accidents and illnesses. In more recent years, the records show the cause of death as a suicide. Although Allakaket is legally a “dry community,” I did notice a flask being passed around as men and women gathered around the huge black grills for cooking the various pieces of moose, caribou and bear, all of which came from the hunt or donated from the “stores “of food each family had frozen for food during the winter months.



As I finished my blessing at the conclusion of the Eucharist, I nodded to the elder-most member of the tribal council, which he knew was the signal for him to give the final words and presumably a blessing of his own, all in his native language, to the entire congregation from the two tribes. The pronouncement was a symbol of the need to maintain spiritual connection with their forbearers. It also was the signal for everyone to head to the burial ground, five miles away up a mountain.

The casket was fastened to a sled and towed by snow mobile for the journey to the sacred burial grounds. Just as there are persons selected to serve as hunters, so too are members of the tribe entrusted to dig the grave according to specific dimensions and depth. Once begun the digging must not stop until the grave is completed which means the official grave diggers often remain at their task through the night and up to the time of burial in the late afternoon. Women from the tribe are assigned to remain at the site through the night to prepare food for the grave diggers and keep a fire burning.

Bear in mind this entire funeral service and burial is performed in utter darkness since there is only an hour and half of discernable light during the time from 11 am to 1 pm.

The journey up the mountain in darkness by snowmobile with the casket in tow was treacherous. The trail through underbrush covered with snow was only four feet across at most. I sat behind the driver who, in this case, was the chief of the tribe in Hughes, about 50 miles south. He maintained a speed of about 40 mph the entire trip, occasionally hitting a rough spot causing the snowmobile to almost tip over. (After the service I chose to climb down the other side of the mountain often stumbling over rocks and slices of the path that created crevices hidden by two feet of snow.)

Accompanied by four young women who sang traditional songs, the chief and elder offered a few words in their native language. As the casket was lowered into the grave, I said the closing words of the Committal. Thanking the chief from Hughes I let him know I'd be walking back and asked him to arrange for someone to pick me up at the bottom for the trip back to the tribal office where I slept.

On my way down, I reflected on what had happened that day. I wondered what sense of meaning that I and everyone else took back with them. For me, it was as if I had just been in another world. I think I was most affected by the realization that I had experienced another dimension of personal spirituality. Although I was a white man dressed all in black in the midst of this community of Athabascan Indians with their own traditions and ways of living, I learned how the two cultures began to blend together.

As the four young women sang Christian hymns alternating with ancient Athabascan songs for the dead, I took my place at the edge of the grave in minus 20 degree weather and offered the words of committal while the men took ends of rope wrapped around the casket and gently lowered their loved one into her final resting place.

Parenthetically, I noticed that in addition to officiating at funerals, I celebrated the Christmas Eucharist for the community. The women seemed especially eager to bring their children to the Christmas service to be baptized. As many as 10 children were brought forth to be baptized. Clearly, one reason for the many children brought for baptism was the fact that clergy visited the village only on rare occasions. But my strong sense was that they viewed baptism as a ceremony whereby the children were formally acknowledged as members of the community.

### Worldview as Function of Discerning Meaning

I came away from the experience with a new vision of what theologians refer to as a “worldview” approach to finding order and meaning in the lives of individuals in grief or in search of finding some process to identify meaning and order.

Dr. Viktor Frankl, psychiatrist and survivor of the Auschwitz concentration camp during WW II, proposes a remarkable solution to determining the meaning of life, based on a “meaning-centered psychotherapy he calls “logotherapy” which “defocuses all the vicious-circle formations and feedback mechanisms which play such a great role in the development of neuroses.”<sup>66</sup>

In his classic book, first published in 1946, “*Man’s Search for Meaning*,” he explains that this therapy “focuses rather on the future, that is to say, on the meanings to be fulfilled by the patient in the future.”<sup>67</sup>

There is a clear indication from his writings that the work of discerning meaning of one’s life is a singular process, that success is a function of “tragic optimism that is, an optimism in the face of tragedy and in the view of the human potential which at its best always allows for (1) turning suffering into a human achievement and accomplishment; (2) deriving from guilt the opportunity to change oneself for the better and (3) deriving from life’s “transitoriness” an incentive to take responsible action.”<sup>68</sup>

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<sup>66</sup> Frankl, Viktor E. *Man’s Search For Meaning: An Introduction to Logotherapy*. Simon & Schuster. 1984. 104.

<sup>67</sup> Ibid.

<sup>68</sup> Ibid., 140.

Looking at his prescription for understanding the worldview of the meaning of life in the context of suffering, pain, guilt and death, it would seem the process is a solely singular undertaking – an inner confrontation with the past and one’s ability to “rise above himself... and by doing so, change himself.”<sup>69</sup>

I take a different approach in defining the work of discerning a worldview which I view as the underpinning of how we make sense of the wrenching experience of the death of a loved one and in the process, we discover how this experience can be accommodated and “accepted” in the future.

### **Narrative as Mechanism for Discerning Meaning**

My position is that the true path toward a worldview of suffering and death is through narrative. Jesus depended on narrative to convey his teachings which the gospel writers laced together to tell the story of the Jesus’ life and mission. Those stories constitute their worldview of the world around them, and defined the very purpose of their lives going forward.

At the end of every day of our child’s illness and death, in the wake of swirling medical procedures that were beyond our ability control, my wife and I would write down every experience and procedure our child endured, the actual words of the physicians and surgeons and social workers on legal size pads of paper. The events recorded in the narrative of her last 24 hours in the hospital and in the world are preserved in a huge collection of paper pads which preserve the memory of the treatments and more important, our innermost psychological and spiritual reactions throughout the entire six months of her illness.

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<sup>69</sup> Ibid., 147.

Looking back, this practice of writing the narratives of hope and loss accomplished two important tasks. Our writings became a treasured source for memories and meaning. We look back on the events of those days and see the presence of the Holy Spirit, moving through our minds and souls, urging us to attend to the needs of our daughter, by consoling and loving her in the moments of pain and fear of whatever imposing and terrifying procedure might be required whenever someone dressed in white entered her room.

Moreover, the stories we collected and wrote have become the testament of faith that provide a framework for our life story, both spiritually and emotionally. Frankl would say that collecting, writing and meditating on those recorded memories supports his assertion that discerning our spiritual worldview is the key to discovering meaning. I don't think so. Those memories originated from our transcribing the events of each day. But in time, they have taken on a new life of their own, quite beyond serving as a set of personal remembrances.

I think the worldview that emerges from those pages helped us get through the death and rekindled our belief that God has indeed been present with us, even at death which I think is why moments after her death, we both prayed at the foot of her bed. As it was with John and the two Marys at the foot of the Cross, we too were overcome with physically and mentally crippling sorrow. But remembering that God was a grieving parent who understood our misery, empowered us to set aside our grief to offer a short prayer of thanksgiving for her life with us.

In a way, those written narratives containing the stories of her life and death have become sacred texts for us. Over the course of seven years after her death, I merged those texts into a larger document that traces my entire journey toward priesthood.

## Religion and Bereavement

It is true that “for many individuals, religion and spirituality define their general approach to life and forms the system of meaning through which they experience and understand the world and...make the universe seem benign, safe, just, coherent, and ultimately controllable. Clearly, when facing highly stressful experiences such as the death of a loved one, this meaning system will influence their responses to it.”<sup>70</sup>

Religion and spirituality does indeed provide a means for understanding the loss of a loved one. But in time. The more immediate reaction to death and suffering of a loved one is so shrouded by grief and anger and depression that even the acknowledgment of God’s love and presence is lost in the mist of sorrow.

My friend, Tom, would agree with me on that. When I asked him how was he doing – a year after his wife’s death – in a voice of deep grief tinged with anger, he said,

*“Is it getting any easier for me? Hell no. I’m fine. But I’m really not. I just want to remember. The feelings. I don’t want it to go away. I want her on the tip of my memory. I’m mad at God. She didn’t deserve to suffer and die the way she did. There’s no justification for that. It’s not supposed to be that way.”*

There’s a lot in there that reveals a critical change in Tom’s worldview about death, suffering, guilt and blame. He is struggling to find a worldview that addresses the meaning of this inexplicable loss. His sense of order to his life has been shattered including his own identity.

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<sup>70</sup> Park & Halifax, op.cit. 358,

He craves for some explanation that will enable him to function. Some reasonable explanation that will give him strength to restore the orderliness of his everyday life. Instead, he is immersed in grief that makes him question his understanding of how he sees himself and his life. In his case, the death of his wife is compounded by the remembrance of the severe pain and frantic frustration that she endured and which no one could change or alleviate. Anger and frustration had become part of his grief.

Tom and his wife Meredith and my wife, Carolyn, and I all share a common experience of loss. We were neighbors back in the late 1960s. Both women were pregnant with our first child. Their daughter was born two months before our daughter. A year later, they both were diagnosed with neuroblastoma, a relatively rare form of solid tumor cancer in children. The two little girls died within two months of each other. That was in 1970. We continue to mourn their deaths to this day.

Tom and I have a unique bond. Not only because of the deaths of our daughters, but because we share the same beliefs about Jesus, his life, his death and his resurrection. We know those stories. We grew up having learned them in our churches and in our families. So what do you say to Tom's somewhat "inflamed" response?

"You know what I think, Tom? I think I don't have any more idea of why Meredith and our daughters died. But I know for damn sure that they left a message for us. It's love. Tom, you were blessed by Meredith. The two of you shared a love that will never be broken. It'll never die. It's the same with your (daughter) Tracy.

And I'll tell you something else. I think God is weeping with us because his son suffered and died. I think that's why God gave you and Meredith and Tracy the gift of love. You have a

treasure that won't ever get lost. You know just as well as I do that we'll see them when we get to heaven."

I have no idea where all that came from. Probably from the same source of that prayer I said at the foot of my daughter's bed the day she died. But I believe it and it comforts me when I remember my daughter, every day.

An interesting footnote to this episode was the role of the clergy in attending to Meredith's suffering. The couple were more than parishioners. The senior pastor and the assistant pastor were daily visitors when Meredith was in the hospital. The senior pastor was present when she died. His presence at the time of death was rare in my experience. My sense is that clergy tend to absent themselves from near death situations.

Many years ago, I was present in the auditorium of a prominent hospital in the Washington DC area to hear a talk by Dr. Elisabeth Kubler-Ross. At one point in her presentation, she asked the physicians and nurses in the audience who among them avoided the room where they knew there was a dying patient. I looked over to the section of the audience reserved for medical staff and saw a clear majority of those wearing white coats raised their hands.

Again, strictly from my own experience, my sense is that many clergy would have the same response. In some parishes where I have served, more often than not, it was left to the laity of the parish to visit the dying parishioner in their home or hospital room.

A corollary to this situation is what happens after the death. A woman whose husband recently died and was a member of the Memphis bereavement group that met in a local church had this to say.



*“The church couldn’t have been more supportive while he was in the hospital. The clergy, friends and other parishioners would visit my husband every day. And I praise God for that. But after he died, I felt abandoned. No one visited. No one would even make a phone call. Instead, the church sent me books on grief and I realized I was on my own.”*

### **A Theology of Bereavement**

At the risk of confusing instead of clarifying a proposed “working” theology of bereavement, I have elected to identify the theological subjects and select an analysis of responses to each subject from the viewpoint of the bereaved.

### **The Resurrection. The Theology of Jesus’ Resurrection From the Dead**

The resurrection message of the New Testament addresses the principal needs, concerns and hopes of all humanity. As Professor Longnecker puts it so succinctly, the significance of this message is that it is a message “for the living of life, the facing of death, and the longing for the future after death.”<sup>71</sup>

Even before Jesus’ death, the gospel writers prepare us for this eventuality. If we can step aside from the child-like fascination with the story of Jonah and the whale for a moment, we can easily see that Luke intended for this story to be a foretaste of the resurrection of Jesus. (Luke 11:29-32)

Longnecker thinks Luke takes the story from Q and uses it in 11:30-32 as “the sign of Jonah” to illustrate “the preaching of Jonah and Jesus to teach repentance of the people of

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<sup>71</sup> Longnecker, op.cit.ix.

Ninevah and the unbelief of the Jews.”<sup>72</sup> Matthew finds a parallel with the three days Jonah spent in the belly of the whale with the three days Jesus was in the tomb. The story then becomes “an irresistible analogy to the time that the body of Jesus was in the tomb.”<sup>73</sup>

The transfiguration narrative in Mark 8:31, Matthew 16:21 and Luke 9:22 is clearly a reference to the resurrection and issues of life after death. But more relevant to those who grieve the loss of a loved one is Jesus’ suffering and death. Longnecker cites elaborate descriptions of Jesus suffering: being mocked, spat upon and scourged before his death.<sup>74</sup>

John’s gospel story about Lazarus “brings it all home.” It’s a story of grief so wrenching that even Jesus is in agony. It’s about hope. Hope that at any moment Jesus will arrive and heal Lazarus from his ailment. Hope seemingly extinguished when he doesn’t show up in time to save his friend. Some doubt creeps in only to be replaced by loss of hope. So much for the presence and promise of God. Lazarus’ suffering. Jesus’s suffering and the suffering of the two sisters.

Jesus prayer “so that they may believe.” Jesus’ command. “Lazarus, come out... unbind him and let him go.” (John 11:41-44) Lazarus rises from the tomb. Resurrection.

### **Resurrection in Praxis**

Earlier this year I met with a bereavement group in Northern Virginia to record their remembrances of their loss of a loved one. As I listened to each person tell their story, I could not imagine how much each person had suffered through illnesses that resulted in death, a fatal

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<sup>72</sup> Ibid., 102.

<sup>73</sup> Ibid.

<sup>74</sup> Ibid., 103,

car accident and even suicide. The next day I met with four of them along with their group leader to ask them to recall the events that led to the loss of their loved one. This man was in his 60s and he was still grieving the loss of their first child.

“I remember when we took her to the hospital for a diagnosis. We knew this lump on her side was a bad sign. But we held out hope it might be something harmless. The look on the surgeon’s face told us what we were dealing with. She had cancer.”

“How could this happen?” we asked ourselves. I remember I barely listened to what the doctor was telling us, something about the diagnosis being questionable. It might be some type of cancer that can be treated. My wife’s sister is a very spiritual person. She shared our grief. But my wife was still terrified that we might lose our daughter. Still there was some hope. It seems strange that we actually prayed it might be the kind of cancer that could be treated. Praying for another form of cancer. We were that desperate.

“We’ll just have to wait it out and see whether it can be treated,” my wife said to her sister. “But there was no evading the strong possibility it might not be treatable. All we could do was wait and weep.

“Finally, the next day we were told it was an aggressive form of cancer and the outlook was not favorable. That afternoon, our pastor came to the hospital. He was a young man – about our age. But he saw the grief all over our faces. When we told him the news, he put his arms around my wife and held his hand out to me. We saw that he too was weeping with us.

“Later, my wife recalled his grieving with us. Among the words he said to us, we both remembered something he said that eased our fears and gave us some comfort.

”I want you to know that Jesus is right here with you and with your daughter. He will never leave your side. God too was a parent. And he too suffered the grief you are experiencing right now. He loves you and your daughter and he will never abandon you, I promise.’

That afternoon, he resurrected our hope and faith.”<sup>75</sup>

### **Where is God in all this?**

Dennis Klass, Ph.D., professor of psychology of religion and author of books and articles on the subject of spirituality and grief, is currently engaged in researching grief in Buddhist, Hindu and Muslim cultures. In his book, *“The Spiritual Lives of Bereaved Parents,”* he quotes an Islamic medieval teacher, al-Ghazzali on how he approached this question.

“When questioned about ‘Does God exist?’ he responded, “The question should be, Can God be found?’ His answer was that God could be found in direct intuitive experiences which is beyond rational or metaphysical understanding.”

He goes on to explain, “We do not know about God; we know God as we know our children or our spouse. In Bhakti Hinduism... the symbol of that reality is in the relationship, not in the idol.

“In these moments when we encounter or merge with transcendent reality, we remain in our life’s circumstances. We are who we are when we encounter the divine...Surely, to parents whose children had died, the encounter with transcendent reality has a different meaning than it has for others.”<sup>76</sup>

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<sup>75</sup> From daily notes the man had written down.

<sup>76</sup> Klass, op.cit., 22-23.

Inevitably, the ultimate question arises: How can God let this happen? Was it God's will that my (child, spouse, parent) die? In a survey monkey about bereavement experiences I conducted in early 2017, 62% respondents affirmed their belief that "it was God's will."

Although my prayer at the foot of our daughter's death bed clearly affirms this belief, today, 46 years later, I cringe at that indictment. My assumption is that I made that claim because I really have no idea what caused this child to die. I am not alone in that thinking. Drawing on some of the many responses to a questionnaire I passed out to members of the Bereavement USA group I attend, along with responses from the bereavement group in Memphis and the bereavement group I started in my parish as part of my thesis project, there is no clearly identifiable consensus on who is to blame, if anyone.

*"There is no quantifiable rationale, no rational explanation. Not evil. Not God's will. No blamable person. It's just that disease exists in the same way that flowers and rainbows exist. God made them all. Whichever one(s) befall you is a matter of chance."* Man who lost his wife due to kidney failure.

*"I have to trust that God knows why my mother and brother were so depressed that they chose to shorten their lives. But I don't think God caused it or made it happen."* Woman whose mother and brother died from suicide.

*"I don't feel a need to explain any 'rationale.' Although it is painful to grieve, death is a natural part of our lives. Grief is the price we pay for love and I'd rather experience love and relationships and suffer grief than live in isolation."* Woman who lost her father to cancer.

Studies by noted researchers Wortmann and Park found that grief over the loss of a loved one may be expressed “as a feeling of anger toward or disillusionment with God or religion.”<sup>77</sup> In a 1965 study, they found that the bereaved also cast resentment toward God or the clergy who attended the deceased. Later studies revealed that some chose to abandon the church. Parents who lost a child blamed God directly: “As far as I’m concerned,” said one father, “God did the worst thing possible He could have done to me and my wife.”<sup>78</sup>

A parent who had experienced a miscarriage wondered why God would punish her in such a way. Other studies revealed that many HIV positive gay men who were bereaved described “shattered meaning of feelings of punishment from God and a sense of anger and abandonment.”

A study of bereavement by British author and psychiatrist Colin M. Parkes revealed elements of self-reproach by many widows who felt they had not done enough to comfort and alter the course of impending death of their spouses.

“I think to myself, ‘Did I do right?’” said one woman. “I wonder whether I could have done any more, Is there anything I could have seen early on?”<sup>79</sup>

Seven of the twenty-two widows expressed self-reproachful ideas centered on some act of omission which might have harmed the dying spouse or in some way disturbed his peace of

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<sup>77</sup> Wortmann & Park, *op.cit.*, 23.

<sup>78</sup> *Ibid.*

<sup>79</sup> Parks, *op.cit.*, 84.

mind. They seemed to be looking for a chance to somehow reverse the course of events as if by accepting blame they could ...get back the missing spouse.”<sup>80</sup>

Inevitably, the conversation that emerges in response to this issue points to the Book of Job where God and Satan work out an arrangement to assess how Job responds to a series of afflictions. Satan singles out a devout man who had a loving wife and 10 children, along with the trappings of a wealthy man: sheep, camels, oxen and donkeys. Satan challenges Job’s devotion by proposing to inflict death and destruction on Job and his belongings with the prediction that “He will curse thee to thy face.” God allows these events to afflict Job with the caveat that Job not be killed in the process.

Job’s initial response to these sufferings raises two salient revelations. After tearing his robe and shaving his head in profound grief, he falls the ground and “worshipped” God. No blame is cast. No cursing. Instead, Job performs acts of *worship*. In 1: 21 he relinquishes all bitterness even in the face of unfathomable suffering. “Naked I came from my mother’s womb, and naked I shall return there; the Lord gave, and the Lord has taken away; blessed be the name of the Lord.”

The crowning conclusion to this discussion comes when Job acknowledges God’s divine purpose.

*“I know that you can do all things, and that no purpose of yours can be thwarted. 42:2 “I had heard of you by the hearing of the ear, but now my eye sees you; therefore I despise myself, and repent in dust and ashes.” 42:5-6*

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<sup>80</sup> Ibid.

An important footnote here is that although Job does not receive any explanation for his suffering, he suddenly realizes that his Creator has visited him in person. There is a personal relationship between Job and God and a realization that God was close to him through his suffering and that He knows that God was present in his time of pain and grief.

This acknowledgement is underscored in verse 22 where we are reminded that “That in all this Job did not sin or charge God with wrong doing,” which suggests that suffering is not retribution for sin nor does blame be attributed to God’s will.

And yet, suffering can be experienced as a function of faith. Those familiar with third century Christian martyrs will recall the suffering and brutal death of Perpetua, a wealthy Roman woman and her companions Felicitas, Revocatus, Saturninus and Secundulus, all of whom faced martyrdom in the arena if they refused to renounce their Christian faith.

In *Martyrdom of Saints Perpetual and Felicitas*, a book, presumably written in 203 AD, the year of their deaths, is believed by scholars to be the words of Perpetua. In it, her jailers asked how she expected to be able to face the beasts in the arena. Her answer was “Now my sufferings are only mine. But when I face the beasts there will be another who will live in me, and will suffer for me since I shall be suffering for him.”<sup>81</sup>

In Peter’s first letter to the Christian community in Rome where Christians are being persecuted for their faith, Peter offers the reminder that,

*“If you endure when you are beaten for doing wrong, what credit is that? But if you endure when you do right and suffer for it, you have God’s approval. For this you have been called, because*

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<sup>81</sup> Gonzalez, Justo L. *The Story of Christianity. Vol.1.* Harper Collins, 1984. 84.



*Christ also suffered for you, leaving you as an example, so that you should follow in his steps.”*

2:20-21

Similarly, in 1:6 Peter exhorts these fledgling Christians who are about to be martyred for their faith that the suffering they are about to endure for their faith is a precious gift, in which *“you rejoice, even if now for a little while you have had to suffer various trials so that the genuineness of your faith – being more precious than gold, that though perishable, is tested by fire – may be found to result in praise and glory and honor when Jesus Christ is revealed. 1:6-7*

Talbot cites Christopher Currier’s article in *Dissertation Abstracts International* 1982 where he notes that God too is a bereaved parent, Currier concludes “It was God’s will...for Jesus to be followed and not that Jesus die on the Cross. God wanted humanity in right and proper relationship both with other human beings and with Himself. This is the message of Christ...Humanity chose crucifixion; God did not... While God was powerless to stop the crucifixion. He was powerful in not allowing human will to prevent what he set out to do in the personhood of Christ.

“The Cross which Jesus died upon, a weapon of violent and painful death in biblical times, today is a symbol of love and life. God was not made impotent in the shadow of the Cross but rather transformed His bereavement experience through resurrection so that the Cross we see today in thousands of churches symbolizes hope and assurance.”<sup>82</sup>

And yet, for most people who grieve the loss of a loved one the fact remains that “It was God’s will.” That’s how 62 percent of those who responded to my survey (see appendix B) when

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<sup>82</sup> Currier, Christopher. “A Pastoral Theology of a Child’s Death As Developed Through Ministry to Selected Bereaved Parents,” University Microfilms, no. 82 – 199951.

asked how they explained the “rationale” for the death of their child or loved one. When I wrote the prayer in my Washington Post article, I said the same thing (see Preface). I no longer subscribe to that belief. (See “Making Meaning in the Bereavement Process” Chapter 4.)

Which raises the issue of how do clergy and lay visitors respond to that claim? Was it God’s will that my child should suffer and die? How can a loving God let that happen?

I offer two personal responses.

When I hear a grieving parent say this, a red flag goes up for me. I resist answering this directly mostly to avoid turning the visitation into a debate. That goes nowhere in my opinion. Moreover, it can create a contest of whose beliefs are valid and whose are ill founded. A wide gulf is created between the one who is grieving and the one who is there to offer solace and to simply listen. It goes to the issue of trust. If we set ourselves apart by entering into a theological debate trying to win the bereaved to our way of finding meaning, we have failed in our mission to bring peace into a family in bereavement.

Parenthetically, the situation underscores the conviction of many in grief that no one can fully understand what the bereaved person is experiencing unless they have had the same experience in their life. There is an aura of believability and trust that emerges from that sharing of a similar experience of loss of a loved one. The caveat here is that the visitor is not there to recite their experience but rather to bring the love and peace of Jesus into their grief. The bottom line for the pastoral visitor is to understand that the underlying need for the bereaved family member is seeking meaning.

Which brings me to my second recommendation when we hear the phrase “It was God’s will.” There’s more behind this statement than a declaration of faith. Which is why I resist a

direct answer. Instead, I would want to delve into the person's religious background. I would probably ask, "Why do you think that God caused this to happen to your child?" Or, "what has been your experience with God in your life?"

I would look for signals that suggest anger. I would want to affirm that response. I would want to build some measure of "connectivity" with the bereaved mother or father or sibling. But I would also want to look for signs of guilt which I believe is unique to parental bereavement. That may be an issue for follow up visits.

But depending on signs that the person would want to pursue the issue of God's will, I would want to look for an opportunity to offer an alternative explanation for God's role in this loss. I would want to suggest that God is a bereaved parent also. As for God's will, I might want to suggest that God's will was for us to follow Jesus – to enter into a relationship with Jesus who chose to live as one of us.

God did not will Jesus to die on the Cross. "Humanity chose crucifixion; God did not."<sup>83</sup> Jesus' death on the Cross was a symbol of God's love for us. I would want to add that God grieves with them in their grief. Here again, these are issues for subsequent visitations. The first visit is a mission of love and just being there to listen.

### **Blame - Guilt**

The issue of "blame" seems endemic at times, sometimes in the guise of "regret." Conceivably, it could be argued that the seven widows cited above were experiencing regrets over something they could have done but failed to do so. At some point this sense of regret can

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<sup>83</sup> Talbot, op.cit. 124.

morph into guilt which is an attempt “to defend against helplessness and serve as self-punishment and a tool for retribution.”<sup>84</sup>

In any encounter with God, there is one word that transcends all varied understandings of who is God and how we know when we are in the presence of God. Love. All other means to explain the nature of God, whether as a theological pronouncement from a religious institution or a response from an individual, stem from this truth. The corollary is that “our confrontation with God is always going to be shaped by our understanding of God and that understanding is always going to be personal – and imperfect.”<sup>85</sup>

The closest I came to experiencing the presence of God as a love that is shaped by a personal yet imperfect understanding of God was when I was called to a room in a hospital in Washington D.C. where I was fulfilling my CPE (Clinical Pastoral Education which was neither clinical nor pastoral) requirements for ordination. Three large African American young men were gathered at the foot of the bed where their mother had died just moments earlier.

As I learned from one of her sons, the mother had been a faithful and active member of her church. From what little the young men told me about her, she was indeed the matriarch of the family. The father was a non-entity.

“And who are you?” was the greeting I received when I entered the room. The tone of the question told me a lot. These were three very angry but very loving and protective of their mother. In their eyes I was a distraction to their mourning at best, and a suspicious older white guy who was intruding at a sacred time.

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<sup>84</sup> Rando, *op.cit.*, 478.

<sup>85</sup> Klass, *op. cit.* 22.

“My name is Bob Becker and I’m a chaplain intern here. I wanted to stop by and maybe offer some prayers for your mom and her family and to see if there’s anything I can do for you.”

That slowed things down a bit at least long enough for one of them to tell me about their mother who worked two jobs while trying to raise three hefty sons both in size and in temperament. From what I gathered, the mother had done her job and then some. A second son, no longer scowling at me, proceeded to tell me about how his mom was always going to church and how she tried her hardest to get her sons to go with her. I could tell that their reluctance to attend church had caused them to feel some guilt..

“Chaplain, you need to know she loved Jesus and wanted us to know and love him too. But seeing her gone and being such a good mom and Christian all her life, how come God let her just die like this? How come God didn’t come here when she went to him so much?”

I hesitated. I admit it. I should have anticipated there might be some question along those lines having been on the receiving end of their suspicious greeting.

“God was here. And he still is, right now and here in this room,” I said. “He has never left your mom’s side all through her illness. He’s here for one reason. Because he loved your mom. And he loves you – all of you.

“Well, I don’t see any sign he’s been here,” said one of the brothers.

“Signs?” I said. “Look at your mom. Look at her face. She is in God’s loving care right now. Just look at her peaceful face. God is here for the three of you right now for the same reason he was with your mom. He loves you just as your mom loved you.”

There was a silence in the room that I couldn't read. I figured this was a good time to pray. Without any directions from me the three of the young men gathered around their mother, joined hands with each other and with me as I put my free hand on the mother's forehead. All I can remember about the prayer was the love that this family had shared and how God had been beside their mother and would take her to God's home where she could still keep watch over her sons.

Finally, one of the brothers who I assessed to be the eldest said, "Can you help us with some of the arrangements? We don't know what to do next. Can you tell us what we're supposed to do now?"

For the next half hour I consulted with the charge nurse about hospital procedures and got a recommendation for a funeral home to transport the body to the mortuary. I told the brothers what to expect in the way of paperwork and that the funeral home people would help them make some decisions. Before walking out the door, I offered a prayer asking God's loving presence in the lives of the three sons in their time of grieving the loss of their mother.<sup>86</sup>

### **Personal Transformation**

As I walked down the hall from the hospital room, it occurred to me that these young men had changed. When I first entered the room their resentment and anger was written all over their faces. I have to admit, I was intimidated by their reception of this old white guy intruding in their time of shock and grief. I felt like I had walked into the middle of a sacred space, a different world where they had never been. In retrospect I think I might have been wiser had I

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<sup>86</sup> Extracted from student CPE patient report. April 1995.

given them an opportunity to invite me in or tell me “this is not a good time, pastor. Come back later.”

But it also was clear these brothers needed some pastoral support in this time of disorientation. As the time passed, much of it in silence, I also sensed a change in their demeanor. When I let them know that all the arrangements were being made I shook their hands and made my exit. One of the brothers thanked me for my help and for being with them in their time of great sorrow.

It was the beginning of many changes they would encounter in the days and weeks ahead of them. It was not a transformation. God willing, that may evolve over time. But I could see they recognized they had to begin by changing themselves.

Jerry Sittser is a professor of religion at Whitworth College. In one of his several books, *A Grace Disguised: How the Soul Grows Through Loss*, he writes, “People can be changed by the unchangeable losses they experience. They must somehow transcend what lies behind and reach forward to what lies ahead, directing their energies toward changes they can make now. In other words, they must seek *personal transformation*, which comes only through grace.”<sup>87</sup>

These three young men hadn’t reached that point in their grief process. But they were headed in that direction. I think the mother had left a precious gift with her sons. From what I gathered from our conversation, they had resisted following their mother to church, at least not on regular basis. But the seeds had been planted. They had witnessed how their mother’s faith had prepared her for her life and now for her death.

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<sup>87</sup> Sittser, Jerry. *A Grace Disguised*. Zondervan, 2004.98.

The next step is up to them. As Sittser puts it, “loss can also be transformative.”<sup>88</sup> But they had to do the work of soul searching. They needed to take a hard look at their lives and realize there were new possibilities out there. Suffering the loss of a parent can be a catalyst for that transformation to begin. Some are unable to reconcile the circumstances of their loss with their religious and spiritual beliefs, including their trust in God and the church.

In a survey I conducted in 2017 with members of a Bereavement USA group, respondents were asked a series of questions about how their loss of a loved one had changed their spiritual life. When asked to “explain the rationale for the death of a loved one,” 62% said “it was God’s will.”

But when asked whether the loss of a loved one had changed their life in some manner, the results revealed that even after several years of bereavement, they gave mixed reviews. “I ended up changing jobs. I went into debt. Although I never affiliated myself with any denomination, I did believe in God. I still do. But I’m still angry with him more frequently.”

“Life will never be the same,” wrote another respondent. I have come to terms of my new normal, but feel very sympathetic of people that lost a child or a family member.

“I have a different group of friends now, most are Bereaved Parents. I had continued attending Mass on Sundays, but cried every single week for a few years. I finally stopped attending regularly because I felt that I should feel good about being there. But I couldn’t because I felt that I could no longer trust God. I stopped praying as well from the day we lost our

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<sup>88</sup> Ibid., 103.



daughter because I believed God must not be listening to me or He would have kept my daughter from making such bad choices which ended her life.”<sup>89</sup>

In their research into how religion and spirituality intersect to bring new meaning to the bereavement process, noted authors Jennifer Wortmann and Crystal Park came to different conclusions confirming that suffering the loss of a loved one can result in positive perceptions of God. They cite the example of women who had lost their mother and, as a result, had come to “doubt God’s existence or to see God as punishing.” But in recalling the relationships with their mothers, had “changed their view of God to also be faithful and loving... These women experientially modified their worldviews to accommodate a comforting vision of the loss.”<sup>90</sup>

A subsequent study of adults who had lost a spouse, fiancé, or child “attested to meaning discrepancy and distress following bereavement. The participants’ experiences included anger at God, self, and the world and loss of identity, control and purpose, accompanied by emotional and physical pain. At the same time, the comments suggested that the loss led to enlightenment and spiritual growth, for instance, ‘I know I’ve grown spiritually’ and ‘I feel closer to God.’”<sup>91</sup>

My own transformation occurred over time. A long time. Today, 47 years after the loss of our daughter, I am not the same young man who endured the anguish of that moment of death. Aging does change us. The loss of energy and strength is palpable. But the memories linger.

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<sup>89</sup> Survey Monkey Summary, “The Spirituality of Bereavement” distributed to members of Bereavement USA, Woodbridge, VA chapter, March, April 2017.

<sup>90</sup> Wortmann & Park. op.cit. 26.

<sup>91</sup> Ibid.

They are just less searing. I am still fearful that some day I may lose those memories. Which is probably why I have written so much about that whole experience over the years. I want to preserve her memory, the fact that she once existed and was so much a part of my soul.

My transformation has to do with my relationship with God. I still harbor a strain of anger that rises to the surface when I see children suffering, even being killed. Taped to a cabinet in my "home office" is the photo in the Washington post of the body of a little boy washed up on a beach. The words splashed across the top of the page read, "Wrenching Photos Drive Home Tragedy of Syrian Refugee Crisis." I don't know why I put it up there. I just think it is terribly important to remember that little boy. And so I rage at the injustice of his death, just as I did with our daughter's death. But his life still matters. I want to remember that.

God is familiar with injustice. God's son was a victim of injustices but in his suffering, we can draw comfort in our own suffering. But that is now. Back then, 47 years ago, I was furious with God that would allow her to die.

Those were tough times. My transformation began with that prayer I offered at the foot of our daughter's bed the day she died. But it was several days later when that one priest came to our home (after the debacle of the inebriated rector). This priest came with a gift from God. A gift of grace. A gift of compassion. He didn't say much. Just listened to our grief pouring out from our souls. It was as if he had come to us to calm the storms of grief that were engulfing us.

Knowing and remembering that experience and knowing that God was present and at work through that priest, calmed my anger and restored my faith. Today that remembrance serves to renew my commitment for this "mini-mission" of urging clergy to do the same for others who suffer losses in their lives. That is my transformation.

### **The Afterlife: Continuing the Bond**

My grandmother holds the family record for longevity. She was one day short of 90 when she died. Her last years were in the company of my mother and father; all three of them lived in a two-bedroom apartment near the Jersey shore where our entire family lived. I had a great love for her and my grandfather both of whom came from England somewhere in the 1930s and brought with them a treasure trove of traditions and memories of family.

“Family” was important to both grandparents, a proclivity that they passed on to succeeding generations. A few months before she died, she invited me to sit with her one afternoon. Just the two of us. She began to tell me about seeing members of her family who died decades ago. As she told me the story, it seems these ancient family members would literally “parade” along the foot of her bed each night; different relatives would pass by and wave at her as she lay on her bed.

When I told my mother about this phenomenon, she dismissed it as a condition that made me wince: “It’s just hardening of the arteries,” she explained. “She sees all kinds of people in her visions at night.”

Today, I wonder about that. Several authors make a case for family members who survived the death of a relative as needing to preserve a bond with deceased family members. Continuing the bonds formed in life after death accomplishes several benefits. Visions and a sense of presence of the deceased loved one allow family members to include the departed loved one in their lives and even call on them in difficult times. The net effect being a source of

comfort in their sorrow. Klass thinks these experiences of “presence allow the person to still be a part of us and our conversations with the person can continue.”<sup>92</sup>

They are “not simply pictures, ideas or feelings. They are inner representations... of who that person was to us when they lived and who the person continues to be to us now.”<sup>93</sup> In the case of a child who has died, many parents work to maintain the bond with their child in family portraits made after the child’s death.

Widows also reported dramatic times when they were convinced of their husband’s presence as a spirit. “Driving in a hurricane, driving in dense fog, watching a daughter receive an award, extreme frustration on a hot day, attending a wedding alone. These were highly emotional experiences that were felt to be consoling.”<sup>94</sup>

In my survey conducted with two bereavement groups in two locations, respondents were asked “What do you believe about the afterlife, e.g., is there a heaven? Do you expect to see your loved one again in some heavenly place?

*“I don’t know. But I would like to believe that the souls of my wife and child are in communication and that sometime I may also be with them. But this is a major leap of faith.”*

*“I believe there is a heaven and we will sense being around those we loved on this earth although I’m not sure that will be important to me once I am in heaven.”*

When asked whether they sensed a presence of their loved one, the answers were less definitive.

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<sup>92</sup> Klass, op. cit., 39.

<sup>93</sup> Ibid.

<sup>94</sup> Ibid., 186

*“I have dreamed of my dad and other loved ones. Those dreams are very realistic and most of the time I am not only talking to them, but trying to touch that person. Often I wake exhausted and literally crying tears.”*

*“I also believe in my heart that Jesus is at my right hand. And Rob (her husband) is on my left. I know that! I say to Rob, ‘I know you’re in heaven; I’ll let you know when I need you.’ I tell him ‘nobody deserves heaven more than you.’ I do believe he is waiting for me to get up there and join him.”*

As a priest and a bereaved parent, I cling to the promise Jesus made to his disciples in that upper room before his own passion, suffering, death and resurrection from the dead.

*“Do not let your hearts be troubled. Believe in God, believe also in me. In my Father’s house there are many dwelling places. If it were not so, would I have told you that I go to prepare a place for you? And if I go to prepare a place for you, I will come again and will take you to myself, so that where I am, there you may be also.”* John 14: 1-3

## **GRIEF AND RECOVERY**

### **Myths**

In her enormously rich and comprehensive book, “Treatment of Complicated Mourning,” Dr. Therese A. Rando includes a list of myths associated with grief and mourning which provides the reverse look at the grief recovery process.

1. Grief and mourning decline in a steadily decreasing fashion over time.
2. All losses prompt the same type of mourning.
3. Bereaved individuals need only express their feelings in order to resolve their mourning.

4. To be healthy after the death of a loved one, the mourner must put that person out of mind.
5. Grief will affect the mourner psychologically but will not interfere in other ways.
6. Intensity and length of mourning are a testimony to love for the deceased.
7. When one mourns a death, one mourns only the loss of that person and nothing else.
8. Losing someone to a sudden, unexpected death is the same as losing someone to an anticipated death.
9. Mourning is over in a year.<sup>95</sup>

Precisely what is recovery is a moveable feast of conclusions that vary among authors and professional grief counselors. For instance, James and Friedman have posited, “Recovery means feeling better. Recovery means claiming your circumstances instead of your circumstances claiming you and your happiness. Recovery is finding new meaning for living, without fear of being hurt again. Recovery is being able to enjoy fond memories without having them precipitate painful feelings of regret or remorse. 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. 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. Recovery is one day realizing that your ability to talk about the loss you’ve experienced is indeed normal and healthy.”<sup>96</sup>

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<sup>95</sup> Rando, Therese A., “Treatment of Complicated Mourning,” Research Press, 1993.28.

<sup>96</sup> James, John W., Friedman, Russell, “The Grief Recovery Handbook,” William Morrow, 2009. 6-7.

Parkes and Weiss cite the quote of an elderly widow who explained, “You don’t get over it; you get used to it.”

My own recovery from grief and mourning has changed over the past half a century since the death of our daughter as chronicled in the Preface. The intensity has lessened over the years. I very rarely weep and when I do it is when we make our bi-annual visit to her grave.

My bereavement is silent now. Before, in the early years, I sensed the anger that seemed to linger just beneath the surface even in conversations with friends. That first year was difficult. I wanted to preserve some sense of her presence every day. I became frustrated when I was unable to do that which only served to summon the anger beneath the frustration. Those visits to the cemetery became sacred times for my wife and me. We would stand there and remember. Only rarely did either of us actually speak of those remembrances.

Now, as a priest and an old man who occasionally ponders his own demise, my grief and mourning persist but it’s different. With one exception. Over all those years, we have faithfully been at her grave site twice a year, on her birthday and the day and minute of her death (July 26, 11:25 am). One year we were on vacation traveling through California that day. We were visiting the San Juan Capistrano monastery where we knelt at an altar rail to pray for her at precisely 11:25 am.

I pray and meditate every morning facing a semi-circle of photos of my family, both departed and living. The photo of Jen with my mother reading to her is at the center. Both practices -- the July 26<sup>th</sup> observance and my daily prayers for family and friends -- are rituals which preserve memories.

Indeed, if I had to describe my bereavement now in my late 70s, I would have to say it is all about preserving memories and making time to remember and pray for her, for myself, and for my family. To discard or ignore her memories would suggest that she never existed and I could never allow that to happen.



## CHAPTER FIVE

### ANALYSIS AND CONCLUSIONS

#### ANALYSES

##### **The Thesis Project**

As noted in Chapter Two, The Thesis Project, the core of my project was to create, organize and serve as group leader for a bereavement group at The Church of the Holy Cross in Dunn Loring, VA. The plan to form the group was made known to the entire congregation during January through March by means of weekly notices in the Sunday bulletins, emails to the congregation and some personal contact with known parishioners who had experienced the loss of loved ones.

In addition, I traveled to Memphis to visit a friend who had lost his first child to cancer many years ago and had lost his wife a year ago. He has been attending a bereavement group of about nine or ten others who had lost loved ones through a variety of causes including suicide, cancer, congenital heart failure and divorce. I was allowed to observe a meeting of the group which is led by a lay woman who has clearly been “touched” by the Holy Spirit to form this group and earn appropriate credentials. I also was able to interview seven of these people and record their stories and how their loss had affected their spiritual life.

A third part of my preparation for organizing a bereavement group was to join a local chapter of Bereaved Parents of the USA which meets monthly in Woodbridge. Over the course of three months I was able to interview all the members who attend the bereavement meetings and send a questionnaire to the remaining 270 members in Northern Virginia. Although I was not permitted to observe a bereavement group at Virginia Hospital Center, I was able to speak

with the hospital chaplain who orchestrated the group and the social worker who leads the group meeting.

The principal learning from this information collection process confirmed my hypotheses that (1) there is a long term need for spiritual care for those who have lost a loved one, (2) that the Church is not an active participant in addressing these needs and (3) the clergy are both ill prepared to provide this spiritual care to their own members, that they are uncomfortable in these settings of providing spiritual care for the bereaved, and/or they are simply overwhelmed by the many demands of running a parish.

I also learned first-hand the dynamics of bereavement notably the fact that although those experiencing bereavement can and often do become able to deal with their loss over time (given the necessary support of a group who are experiencing the same bereavement), the fact remains that bereavement never goes away.

For a variety of reasons, most notably lack of response by parish clergy, I learned that many of those who grieve and are in the process of seeking meaning for their loss have lost their faith to the point of leaving their church and seeking spiritual guidance and support from psychic intermediaries.

### **Experiences at National Conference of Bereaved Parents of the USA**

In August 2017 I attended a national conference of Bereaved Parents USA which was attended by over 300 persons who are in various stages of grief.

Throughout the four days of the conference, participants were able to attend a series of 48 workshops aimed at helping the bereaved to “transform” their lives and be better equipped to deal with their losses. I attended the one on “Discovering a New Spirituality for Grieving” that

recognized “your spirituality, not necessarily religion, can be a major tool in our grieving toolbox.”

Four panelists talked about “varied metaphysical topics” that enabled the bereaved family member to “incorporate a new spirituality in their lives” which included meditation and encounters with mediums to communicate with their deceased loved one. Each panelist gave examples of how they were able to continue “loving relationship with their loved one” by signs, symbols and “synchronicities” that gave them the peace and reassurance they were seeking.

When the session concluded, the moderator invited questions from the audience. Immediately, my arm shot up. “I have just one question for the group,” I said. “What happened to God and Jesus in all this? Do these experiences replace the need for God?”

The moderator and all four of the speakers were quick to explain that “God is very much present in our bereavement. What we’ve experienced is simply a way that God enables us to know that our loved one is okay and happy,” said one woman.

My initial reaction to these practices was ambivalence; “Whatever floats your boat,” was my reasoning. But Dr. Dennis Klass explains that these parents “do not detach from their child. They transform the bond in ways that enable them to keep the child as an important element in their lives... They know their child is dead. But as their grief progresses, they find new ways in which the child continues to play an important role in their lives and in their family systems.”<sup>97</sup>

All well and good. But the fact remains that in their recitation of their extra sensory experiences, there was no mention whatsoever that they might turn to their pastors for spiritual

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<sup>97</sup> Ibid., 51.

guidance instead of mediums. Clergy are simply absent in addressing their needs. Hence the need for my proposed thesis project.

These practices and beliefs amplify an important question for the Church and parish clergy: Where is the Church in this equation of seeking solace in the wake of the death of a loved one? Indeed, are these people substituting extrasensory experiences of communicating with their departed loved ones for their religious beliefs?

Based on my conversations with the panelists who spoke about their experiences of communicating with their deceased children, and interviews with other grieving family members, my sense is that there is an ongoing interplay between the religious spirituality and the “extra-representations” that is beginning to take root in bereavement.

True, some these inexplicable experiences are prompted by a “disconnect” with the Church. But I tend to think all these bereaved family members are *searching for a way to maintain or reconnect the bond they had with their loved one*. They feel they are cut off from God and migrate to other sources and practices such as mediums and metaphysical experiences. Some simply change their religious affiliation. Others become more engaged in the life of the Church.

For most parents who lost a child their religious lives become compartmentalized. All those who responded to my questionnaire clearly stated a belief that their child was in heaven with God and that one day they will rejoin the child. But some seek seeking meaning and bonding from unusual life experiences that they believe allow them to communicate with their loved one and thereby maintain the bond.

## **The Search for Meaning**

But the greater truths are far more complex. The bereaved, be they parents of a deceased child, spouse or parent, all seek some meaning to this unfathomable loss. For most of those interviewed, all seek meaning – the “why’s and how’s – and, in the process, *they simply need some connectivity to the bond they had when the loved one was with them in life*. They are presented with a universe of spiritual and psychosocial issues to juggle and analyze.

Talbot refers to a report by Klass that offers a diagram of the larger questions that are presented to the grieving parent or other family member. How the universe works, place and power of the self, bond with the child, meaning of the parent’s life, community/family membership, meaning of the child’s death and bond with transcendent reality.<sup>98</sup>

Although Klass glosses over the religious issues here, my clear sense is that clergy and lay people who are engaged in pastoral visitations with the bereaved can help address if not disentangle these external and internal issues of grief and underscore the issue of God as bereaved parent.

## **CONCLUSIONS**

### **The Bereavement Group**

Despite the prevalent understanding of grief is a solitary experience, the truth is that family members who have lost a loved one need a safe place to do the work of grieving, to reconcile their loss and find some measure of peace and comfort in their grief by finding meaning and new way of life. Led by skilled leaders, the coming together of people who have

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<sup>98</sup> Talbot, Kay, “What Forever Means After the Death of A Child,” Brunner-Routledge, 2002. 129

lost a loved one often provides comfort and understanding needed by those who are in bereavement.

These bereavement groups often are affiliated with or supported by churches. Some groups are led by clergy but many are led by trained lay persons who are committed to helping those in grief. Bereavement groups help grieving people by introducing them to others who have had similar reactions, thoughts and feelings. The goals of a bereavement group address the unique needs of the bereaved.

- Countering the sense of isolation in a culture that often imposes shame and mourning avoidance
- Providing emotional, physical and spiritual support in a safe, nonjudgmental environment
- Allowing them to explore their thoughts and feelings about their grief and discover ways to be compassionate with themselves
- Helping them trust others in their life and enable them to bond again
- Giving them a forum to search for meaning in life and death
- Instilling a desire to reengage in life and receive hope for healing.<sup>99</sup>

Many bereavement groups consist of members of the church that provides space and assistance from clergy. They may or may not be familiar with the purposes and goals of bereavement groups. The corollary truth is that not all grieving persons make good group members. Some may have serious emotional problems and may need professional counseling.

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<sup>99</sup> Wolfelt, Alan D., "The Understanding Your Grief Support Group Guide." Companion Press, 2004, 7-8.

Discerning the needs of people by a brief conversation with potential members to make that assessment.

Group leaders would do well to gather a list of professional grief counselors for those who express a desire for more in-depth counseling.

The coping needs of those who are bereaved will likely vary. In my group there were participants who had lost a spouse, a parent and a child. My observation was that each of these members were able to provide compassionate support and understanding simply by listening to each other. Despite the varying losses represented around the table, there was a commonality of knowing that they were not alone, that each person was able to convey hope for recovery. Those who had experienced a recent loss gained reassurance from hearing others tell their story.

### **Agendas and Frequency**

My group met once a week for nine weeks. My intent was to experiment with the variables associated with meetings. We found that meeting in the evening posed a problem for those who had to commute to and from work. But even those who had that experience to deal with never missed a meeting. From the outset, it was clear that we needed an agenda for each meeting. Each meeting began with prayer and a brief review of “carry over” issues from the previous meeting. Each member was invited to tell their story, an exercise that became the “spring board” for our discussions. Observing comments from other members soon revealed they were beginning to bond with each other by posing questions and offering insights.

We also discovered that nine weeks did not provide the time needed to do the work of healing. I have encountered other bereavement groups that have met for several years. The

catalyst for that degree of frequency was the passion and commitment of the lay woman who started the group. Without that passion the group would have faltered.

Given the short term structure of our bereavement group I was not able to introduce one salient practice that is essential for the growth and healing of the group. Journaling. The task of writing one's thoughts and responses to experiences, people and new ideas is absolutely essential for the healing process. If nothing else, it is a valuable therapy for anyone who is experiencing difficult times in their job, in family relationships and with issues of self-esteem. Journal writing enables the member to trace changes that occur over time and learn from them. I would make journaling a requirement for any bereavement group.

### **Suggested Resources**

“Bereavement and Support: Healing in a Group Environment” by Dr. Marylou Hughes is an excellent resource for anyone who is called to this ministry. Chapter four, “Setting Up a Bereavement Group,” covers the issues discussed above as well as a subsection on Knowledge of Psychodynamics which I found most helpful. Published by Taylor & Francis in 1995, the used paperback book is available from Amazon.

Alan D. Wolfelt, Ph.D. is the author of the second valuable resource entitled, “Understanding Your Grief: Support Group Guide.” This excellent resource provides a thorough set of “how to” instructions for orchestrating and leading a twelve session series of bereavement issues and topics. It is published by Taylor and Francis in 1995. A used paperback copy also is available from Amazon.



### **The Holy Cross Bereavement Group**

*“I found sharing my story really helpful to me. I think I always find my way through things by hearing other’s stories. Although we have different types of bereavement we felt we were all being supported and aided. The formation of this group came at a time when I really needed it.*

Comment from questionnaire distributed to group participants

After listening to each member recall their stories of loss of a loved one, it became clear that there was considerable healing occurring within the individuals and as a group. (See questionnaire responses in Appendices) They all expressed interest in continuing the meetings and urged internal promotion to encourage others to join the group. They all recommended changing the meeting times from early evenings to Sundays between services. That would interfere with the parish’s adult ed schedule but may be workable as an alternative offering to those who are interested in bereavement. My plan is to discuss this possibility with the Rector and explore other meeting times and places.

### **Extending the Bereavement Group Concept to Other Region V Parishes**

A very succinct questionnaire was hand carried to each rector of the five Region V parishes in June, 2017. The fact that only three parishes responded and of those three, one was actually completed by the Rector attests to my hypothesis about clergy malaise toward matters dealing with death.

In all fairness, one parish is still looking for a new rector and does not have an interim, and one other rector was on vacation does mitigate my assumption. Based on the responses to key questions that were addressed by the participating clergy, there were several important conclusions that are helpful.

In response to the question about whether lay or ordained persons should meet with family members at time of death, the three respondents preferred that the clergy make the visit at time of death. Lay persons are not present but they do provide subsequent visits to family members. In one case it is the Stephen Ministry ministers who make these visits. In another case, however, the responding Rector emphasized that follow up visits were made by the parish clergy only but friends are encouraged to “stay in touch” with the bereaved family members.

When asked how long these follow up visits continue, one said “3 months to a year, depending on family and experience.” Another said “usually periodically over a year.” No response by the third parish.

On the issue of whether a rector might consider forming a bereavement group in his/her parish, the responses were noncommittal.

### **Preparing Seminarians to Provide Spiritual Care to Bereaved Families**

Based on the model created by Dr. Christina M. Pulchalski (see Behavioral Sciences Chapter and Bibliography) who persuaded 75% of the nation’s medical schools to include courses designed to teach medical school students to incorporate awareness of spirituality into the care of patients in a wide variety of clinical contexts,<sup>100</sup> **I am proposing that Virginia Theological Seminary introduce a one-week 10 hour course for all seminarians in the week in January between the two semesters on how to provide spiritual care for bereaved family members. Or, woven into the pastoral theology course offerings. A proposed syllabus for the course can be found in Appendix G.**

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<sup>100</sup> Puchalski, Christina M. MD. “Spirituality and Medicine” Journal of Cancer Education, vol. 21. Number 1. 2006.

The one-week course would be “team taught” by a priest who is experienced and knowledgeable in the subject of bereavement and experienced in praxis of this ministry. Co-presenters would be guest speakers who are professional experts in bereavement issues such as grief counselors, psychologists, social workers, hospital chaplains and leaders of national groups such as Compassionate Friends, Bereaved Parents USA and Candlelighters.

### **Equipping Parish Lay Persons for Visitations to the Bereaved**

This model can be adapted by parishes to train the laity on the unique spiritual needs of bereaved family members and to assist parish clergy with the visitations with bereaved parishioners for a period of one year, depending on the needs of the bereaved family member. The training for Stephen Ministers does include some guidance for visiting the dying. But this training should be expanded to include providing spiritual care to the bereaved along with parish clergy.

### **THESIS PROJECT: FORMING A PARISH BEREAVEMENT GROUP**

*“One reason bereavement groups abound is that there are a lot of bereaved. But the main reason for their popularity is that they work.”<sup>101</sup>*

Bereavement groups have one common goal: To help participants to recover aspects of their lives that have been lost or damaged as a result of grief. Having formed and facilitated a bereavement group in my parish and based on my observations of two other bereavement groups,

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<sup>101</sup> Hughes, Marylou, *Bereavement and Support*, Taylor and Francis, 1995. 15. Cited from DiGuilio, R.C. *Mutual Support Groups. Beyond Widowhood: From Bereavement to Emergence and Hope*, Free Press, New York. 1989.

my conclusion about the efficacy of bereavement groups is that they help grieving people regain some measure of assurance and emotional stability to enable them to find meaning and enter into a new life.

A couple important caveats are in order here. Recovery is not forgetting. Those who grieve the loss of a loved one desperately need to remember. Indeed, memories serve as an ongoing source of bonding with a loved one who has died. Which is why forgetting is not an option.

The second is like unto it: bereavement never goes away. Many years ago I remember telling a friend, "It's like a wound. In time, it heals over and leaves a scar. But it doesn't take much for that scar to erupt and bleed again." A bit overly dramatic, perhaps. But today I can recognize an undercurrent rage in that description. I am still fighting with residual anger, and have been for the past 47 years.

Bereavement groups help people whose lives remain entangled with the residual effects of a loss, particularly of a child. That loss becomes a sacrilege fueled by anger over the injustice of the death of a little child.

John W. James and Russell Friedman, authors of book for facilitators of these groups, says it better. "Recovery means feeling better. Recovery means claiming your circumstances instead of your circumstances claiming you and your happiness. Recovery is finding new meaning for living, without the fear of being hurt again. Recovery is being able to enjoy fond memories without having them precipitate painful feelings of regret or remorse."<sup>102</sup>

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<sup>102</sup> James, John W. & Friedman, Russell, *The Grief Recovery Handbook*, Harper Collins. 2009. 6

Bereavement groups are very insular. Outsiders are excluded. Frankly, I was admitted to observe the group in Germantown, Tennessee because a member there is a close friend whose daughter died of the same cancer that afflicted our daughter, and that made me a bereaved person. The piece of plastic I wear around my neck was inconsequential.

Normally, one would expect that a clergy person would be a natural facilitator. In my experience, that is rarely the case. As noted elsewhere in this document, the pastor of the church where the Germantown group met vehemently declined to organize and oversee the group largely because he was not comfortable in that role. Usually, the rector will defer to an associate pastor to either facilitate the group and/or attend the meetings.

Elsewhere, lay persons have been selected for their pastoral demeanor, their affinity for this kind of work and the training they have received. Other options include active or retired social workers who are members of the parish, retired clergy and seminarian interns. Whomever is selected by the parish pastor, he or she must be a good listener, have a compassionate demeanor and an understanding of group dynamics.

### **How to Begin**

The facilitator should first meet with the rector or senior pastor of the church to review the goals working plans and promotion within the parish for participants. Given the possibility of hesitancy or discomfort about the group, it is essential that the announcement of the group comes from the senior clergy member of the parish, both at an appropriate time during the service and in parish bulletins and newsletters.

To engage the members of the congregation who might be interested in joining the group, I first arranged three educational adult education presentations between services. The first was a

presentation on palliative care and hospice by an official from a corporation that offers these services at hospitals and hospice clinics.

### **Myths About Mourning**

The second presentation was on issues of bereavement, focusing on the myths of mourning, which I led. The presentation explored some of the notable myths including the following:

- Grief and mourning decline in a steadily decreasing manner
- All losses prompt the same type of mourning
- Bereaved individuals need only to express their feelings to resolve their mourning
- To be healthy after the death of a loved one, the mourner must put that person out of mind
- Intensity and length of mourning are a testimony to love for the deceased
- Losing someone to a sudden, unexpected death is the same as losing someone to an anticipated death
- Mourning is over in a year<sup>103</sup>

The third presentation focused on aspects of bereavement group was led by a seminarian who had worked with a bereavement group in a nearby hospital. Over 30 parishioners attended each of the three sessions.

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<sup>103</sup> Rando, op.cit., 27.

Notices about the formation of the group and how to sign up to participate were sent via email to all parishioners and sign-up sheets were available in the parish hall. Nine parishioners signed up for the group.

The first meeting was taken up by explaining what bereavement is, what they can expect to accomplish, issues of confidentiality and a decision on when and where the group would meet and the time, duration and frequency of the meetings. The group decided to meet twice a month for three months in the church office meeting space from 7 pm to 8:30 pm. A decision was made to change the meeting time to Sunday morning and to consult with the parish clergy on when the group might resume.

### **Organizing and Orchestrating Bereavement Group Meetings**

Each meeting began with prayer offered by the facilitator or a group member. New members were introduced, followed by follow up discussion of the previous meeting. At each meeting one or two members were invited to tell their story. Members were invited to ask questions and comment on the issues they heard in the story.

The remaining portion of the meeting was taken up by discussion on a salient issue of bereavement or responses by the group to a homework assignment that was assigned at the previous meeting. During the course of the program, two homework assignments were given to the group. Participants received email reminders the week preceding the meetings along with some meditation provided by the facilitator.

Invariably, issues discussed at the previous meeting prompted comments from the group and examples of their experiences that were related to the topic. The group always ran into over-

time at each meeting which reflected their engagement with the subject matter and their interest in the discussion.

### **Proposed Subjects for Group Discussion**

Topics of interest often emerge in the course of group discussion. For instance, if a participant mentions issues of conflict over funeral arrangements, the issues of blame, guilt and anger may become evident. The group facilitator may want to devote the next session to one or more of these issues. Other topics of interest to the bereaved include:<sup>104</sup>

Estate planning	Living wills
Social situations	Depression
Hope	Anxiety and fear
Remarriage	Taking risks
Unresolved grief	Stress management
Dealing with fatigue, sleeplessness	New life styles
Traveling alone	In-laws and relatives
Help for grieving children	Spiritual changes
Nutrition	Living one day at a time

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<sup>104</sup> Hughes, Marylou, op.cit., 132-133.



### **Analysis of the Holy Cross Bereavement Group Project**

The formation of a bereavement group was the centerpiece of my thesis project. The rationale for organizing the group was to test my premise that there is an unmet need for a group of those who have lost a loved one to express their grief openly, to listen to the experiences of others who experienced similar grief from the deaths of their loved ones, and to guide the group toward recovery from their bereavement. The demographics of this group reflected the makeup of our congregation in that all were college graduates. Their ages ranged from mid 30s to early 60s. Two men and seven women signed up though not all were able to attend all scheduled meetings due to work requirements.

All had lost a family member. We began every meeting with prayer followed by one person sharing their experience of loss. Although we decided to limit the telling of their stories to half an hour, in every case, their stories often lasted 45 minutes to an hour. The rationale was clear. These folks had never been part of a group of people – strangers to some – to come together to share their innermost thoughts and feelings about the death of their loved one. After a couple weeks of listening to one another, a bond of trust and comfortability had formed among all participants.

After each person spoke, and without any prompting on my part, the others in the group would ask some questions and offer words of comfort and reassurance. The fact that they all shared the experience of losing a parent and offered insights and comforting words not only led to sense of community but also underscored the unique value of this ministry.

At the conclusion of the three months of meetings, the participants were asked to complete a questionnaire to assess how the group helped them understand the many aspects of

bereavement and how the interactions of the group may have helped them in their own bereavement. Copies of their responses are included in Appendix A. But given the acute insights they expressed in answering the questions, it may be helpful to summarize their responses to some of the more salient issues of their bereavement.

When asked whether they found it helpful to express their own experiences with the group, a woman who had recently lost her mother said, “Although the idea of sharing my own grief experiences caught me off guard, I am grateful that I did so. Saying it out loud to a group of people who have their own issues and unresolved conflicts dealing with the loss of someone made each of us take ownership of the group and provide the safest environment. We were all in this together and sharing to help ourselves and others was beautiful.”

A man whose wife suffered from advanced dementia (and who just recently died) put it this way. “The point is that I think being able to openly talk about problems is an important step in the healing process. Support groups of various sorts provide a forum for participants to talk about their problems without judgment is ok. Not only is such talking an important step in the healing process, but there is a powerful sense of bonding that occurs with the participants. Could that possibly be the working of the Holy Spirit?”

A woman who had lost her father some years ago offered this observation: “I was glad to hear how people have coped and how things have changed over time for them. Learning their coping mechanisms and their thoughts about their losses was very helpful to me.”

A man who had lost his mother a year ago expressed some reservations about his experiences. “I thought it was helpful to tell our stories. I think that kind of sharing builds a bond

that gives people some measure of reassurance. I think it would prove useful for many. I am not sure I would continue though.”

My own assessment of the thesis project is that in our coming together to share our experiences and discuss the issues that accrue from our losses, we only touched the top of the iceberg. Listening and watching how they responded to others in the group and the emotional release that seemed to occur as they recalled their own losses, had a powerful effect on me. On several occasions when a participant got to the heart of their grief experience, it was like a “coming out of myself” experience. We all became caught up in the terrible pain the group member had experienced. At times it felt like the person was actually reliving the moments of pain and anguish they had experienced at the time the loss occurred.

In the wake of most stories, I watched the physical and emotional expressions on the faces of the group as the speaker spoke of his or her grief experiences in rather graphic terms. They all were quiet but very attentive. But at the conclusion of the recitation, all of them leaned forward and with hand gestures that depicted their need to reach out and be of some help, they all had some words of comfort to offer; some even made suggestions based on their own grief experiences that were parallel to the story that was shared.

Only rarely did I speak. When I did have something to say it was usually a question that was related to the presence of God and how did they experience that presence now. Every evening was just like the experiences I had in my year of Clinical Pastoral Education in Sibley Hospital in Washington. After just three visits with patients I literally staggered to my car late in the night, completely exhausted, but mindful of the healing presence of God in every visitation.

The transformational experiences I encountered with our bereavement group was different. God was there in those meetings. But over time, I could sense a change come over the group. I could actually feel the tension and anxieties of the first two meeting begin to dissipate. At first, I thought the group had merely run out of steam, no longer caught up in the mechanics of their grief.

That was when I changed gears on the dynamics of the group by focusing on the roots of their patterns of grief. It was time to help them explore how their losses affected their day-to-day living. How their losses may have restricted the way they live now. What may have occurred in their formative lives that morphed into patterns of behavior or response to loss of a loved one?

To help them discover and decipher the origins of these patterns I had them complete a “loss history graph” which required them chart the dates that they experienced some loss over a period of their entire life: deaths, divorces, broken relationships, change in work, military service, drop outs.

When we reconvened to share our grief histories I had them focus on what they wished they had done differently, better or more. We talked about grief as a conflict of human emotions caused by an end or change in a familiar pattern of behavior.

The discussions were enlightening and fascinating, far too complex to write about suffice it to say that for some it marked the beginning of their recovery from grief.

### **Comments From Pastors On Bereavement Groups**

The following comments from pastors who have experience in overseeing the bereavement groups in their parishes were obtained from one-on-one telephone conversations.

**Associate Pastor in a Presbyterian Church in Germantown, Tennessee**

“Our bereavement group came out of the church’s need for a strategic plan for the various ministries of church. The various groups were supervised by one of the church’s associate pastors. Since I had previous experience as a chaplain, I was assigned to provide oversight of the pastoral care groups such as Stephen Ministry and pastoral visitation.

When the idea of starting a grief support group was raised, our senior pastor simply didn’t have the time to take on that responsibility so it fell to me to provide overall support for a grief support initiative. Fortunately, a woman in the congregation came forward and offered to take over the formation of the group. She had a passion for this work and on her own initiative, she earned certification as a grief counselor.

It made sense to have a lay person who was skilled in grief counseling and had all the skill sets to organize and run the group. She and I report to the senior pastor on a quarterly basis to review the needs of the group and any issues that needed his attention. I came away from this experience with a clear realization that some clergy either aren’t knowledgeable in this field or they simply weren’t comfortable dealing with issues related to death and bereavement. When asked what role he might want to fill, our senior pastor was quick to point out that this kind of ministry just wasn’t something he was prepared to do nor did he have the time. I attend some of the group’s meetings but I think it is more of an expected formality than an expectation of active participation.

\* \* \*

### **Rector of an Episcopal Church in Northern Virginia**

“In our parish, the need for a bereavement group is a ministry that everyone in the parish has come to realize that it is one of our most valued ministries. A large component of the congregation ranges from late 50s to the very elderly. We have several funerals a year that require pastoral care by the clergy which consists of myself and a part time associate. But the work of providing spiritual and pastoral care to the family the clergy usually stops at some point after the funeral.

“My work in the parish is confined to managing our finances, fund raising, working with staff and vestry, program management, managing the budget and allocating resources to keep our ministries going on a daily basis. There simply isn’t any time left for me to participate in the bereavement group.

“The irony in this situation is that before I was ordained, I was a family counselor and a grief advisor. Although I have the academic and practical experience for being actively involved in the decision-making process of our bereavement group, there just isn’t enough time left over at the end of the day to do so.

“Since our part-time associate also has limited time due to her responsibility to plan and execute the parish’s programmatic ministry and serve at the Altar every Sunday either as preacher or celebrant, our temporary solution has been to recruit an elderly, retired clergy person to organize and run our bereavement group.

“The only other possibility we’ve explored is to assign a seminarian to lead this group. But I have yet to see a seminarian with the skills and interest in managing a bereavement group.

Which is why I would endorse the recommendation for the seminary to offer an intensive course in bereavement group ministry.”

\* \* \*

### **Presbyterian Church in Vienna, Virginia**

The associate pastor for this church of 2,600 members, the largest Presbyterian Church in Northern Virginia and Washington D.C., offers care ministries for families going through the process of divorce and bereavement. This “umbrella” of care ministries also includes the pastoral care work of Stephen Ministers. The associate pastor oversees the work of four team leaders who manage each care ministry.

The associate pastor also is responsible coordinating the work of fellow pastors or Stephen Leaders to do the training. The other pastors and directors of programs are responsible for identifying members of the church who might be in need of one of three care ministries: Grief/Share, Divorce/Care, Stephen Ministers and Deacons. Referrals for members who need professional care outside of the church are managed by the associate pastor.

Their training “regimen” consists of a 13-week series of DVDs provided by the national Grief/Share organization as a core element in training the laity for these ministries. The group meetings consist of viewing each DVD and an outside professional who is invited to speak on various topics related to the work of the group, e.g., divorce, bereavement, followed by a period of small group discussions.

When asked why the care program depends on trained lay persons from the church, the pastor explained that “some clergy members often do not have the sensitivity” needed for pastoral care, especially when it comes to providing pastoral care for the bereaved. The second

reason is what he termed the “band width” of time available to pastors. “Their time is so compressed with many responsibilities of running a church that we must concentrate on equipping lay leaders to serve the central and essential role of shepherding the flock.”

To that end, I have been in conversation with our rector about using this Grief/Share program to resume a reconstructed bereavement group that would also serve to train lay leaders to manage this ministry next spring.

### **Closing Comments**

As stated in my Introduction, and confirmed by the above comments from parish clergy and the comments of bereaved family members, my firm belief that parish clergy are neither equipped to perform bereavement ministry nor do our clergy have time to allocate to this ministry is still an unmet need in most parishes.

The corollary truth is that many clergy simply do not possess the pastoral sensitivity or interest in dealing with issues related to death and bereavement also is confirmed by the clergy leaders whose comments are cited above.

Based on the experiences of the associate pastor from the Vienna Presbyterian Church, I am considering the efficacy of using the Grief/Share program to also train interested lay parishioners to participate in a new bereavement visitation ministry.

At the same time, I remain confident that an intensive, one-week course on bereavement be instituted at Virginia Theological Seminary for seminarians to address the unmet needs of their bereaved parishioners.



Finally, I find it inconceivable that a priest would “shrink away” from a request to be involved in a sacred ministry of bringing some measure of comfort and healing to those who are bereaved over the loss of a loved one, simply because he or she are “not comfortable” in that setting.

I can understand the need to defer this ministry to other clergy due to the pressing demands of time consuming administrative and organizational duties. But to decline to attend to the spiritual needs of a parishioner who has experienced the loss of a loved one because “that is not part of my skill set” (or calling), is unfathomable to me.

When I heard of a pastor who declined to meet with members of a bereavement group in his own parish, I tried to understand why he turned away from participating in this ministry in any fashion. Why did he say that? Why was he admittedly uncomfortable with even meeting these bereaved members of his own church?

Writer-author Maggie Ross examines this proclivity in her book, *Pillars of Flame: Power, Priesthood and Spirituality* in which she claims that her “vocation is to Christ’s priesthood in my being, not to function as a part of the ordained secular power structure that currently organizes the church and regards itself as the church. My discernment suggests that while there are a few clergy (men and women alike) of singular priestly holiness, there are many more who may be ordained but evidenced in their behavior that the meaning of *priest* is unknown to them. Their dedication is rather to power and expediency.”<sup>105</sup>

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<sup>105</sup> Ross, Maggie, *Pillars of Flame: Power, Priesthood, and Spiritual Maturity*, Church Publishing, 2007. xiv.

With that explication in mind, toward the end of her book, she offers a helpful insight about the questions I posed about these reluctant clergy who decline to get involved in bereavement. Fear!

“The first step,” she writes, “is to become willing, to come to an understanding of our fear of our creatureliness, our unacknowledged or perhaps all-too-explicitly acknowledged fear of death and how this cripples us. Fear is a way of being in the world that provides us with a mask of self-importance.”<sup>106</sup>

### **Recommended Resources for Parish Bereavement Group Leaders**

In addition to conversations with other leaders of bereavement groups who offer advice and counsel from their own experiences, I relied on three principal resources to guide me in the planning and implementation of our bereavement group.

*The Grief Recovery Handbook* by John W. James and Russell Friedman, Harper Collins, 2009. This excellent book offers explicit guidance on issues related to personal recovery for those in grief. It includes instructions on two “homework projects” for group members.

The first is an assignment to list of myths they experienced and a list of common clichés people use in times of grief such as “you can’t fall apart,” “He’s in a better place,” “Be thankful you have other children,” and “you shouldn’t be angry with God.” During the wake for our daughter, the head of the organization where I worked told me, “Now you have your own little angel in heaven.”

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<sup>106</sup> Ibid., 117.

The second homework assignment was to make a loss history graph mentioned above: to design a detailed chart of the loss events they experienced in their lives and identify patterns of behavior that emerged.

*Bereavement and Support: Healing in a Group Environment,*” by Marylou Hughes, published in paperback by Taylor & Francis. This valuable book is a well-organized guide that gets into attitudes about death and moves on to the why and wherefore of bereavement support groups, how to promote the group, setting up a bereavement group, various structures for support groups, and special categories of grief, e.g., widowed persons, suicide survivors, accidents, death of a child and community disasters.

Lastly, I would strongly recommend contacting other parishes that have a bereavement group. Most will have reservations about an outsider sitting in on a group meeting. It is disruptive to the group and the leader to have an outsider listen to very personal issues of their particular loss. The fact that I was a bereaved parent was the only “credential” that gave me an entre into one group.

But every group leader was extremely willing to share their experiences and knowledge about organizing and leading a bereavement group. No two groups are the same which means there is a wealth of information available just by contacting the group leader.

I started with two sources to find a group: the hospital chaplains and pastors of large parishes of varying denominations which were more likely to be equipped to offer this ministry. Both are more likely to either offer bereavement ministries or know where bereavement groups have been formed for all types of bereavement. As noted in the experience of the Presbyterian

group, the Grief/Share organization also offers training materials for various church bereavement groups and family support ministries.

There are three national organizations that are specifically oriented to those who have lost a child: Bereaved Parents USA, Compassionate Friends and Candlelighters. Contact information is available for all of these resources on the Internet.

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**APPENDIX**

- A. SUMMARY PARISH BEREAVEMENT GROUP END OF SESSIONS RESPONSES**
  
- B. RESPONSES TO QUESTIONNAIRE SENT TO MEMBERS OF LOCAL BEREAVEMENT PARENTS OF THE USA**
  
- C. RESPONSES TO QUESTIONNAIRE BY BEREAVED GROUP IN TENNESSEE**
  
- D. RESPONSES BY CLERGY IN REGION V OF THE DIOCESE OF VIRGINIA**
  
- E. AGENDAS FOR HOLY CROSS BEREAVEMENT GROUP AND HOMEWORK ASSIGNMENT FOR FINAL MEETING**
  
- F. BEREAVEMENT GROUP PROMOTIONAL MATERIALS AND BEREAVEMENT PRAYER**
  
- G. PROPOSED SYLLABUS FOR A COURSE ON SPIRITUALITY AND BEREAVEMENT FOR SEMINARY MDIV STUDENTS**



## **APPENDIX A**

### **SUMMARY OF PARISH BEREAVEMENT GROUP END OF SESSIONS RESPONSES**

The parish bereavement group was assembled from members of the parish who responded to several announcements of the purpose and process of a group of parishioners who had experienced the loss of a loved one. The formation and work of the group constituted my thesis project aimed at providing spiritual and pastoral care for those in bereavement.

Preceding the actual formation of the group, a series of presentations on the effects of bereavement were made to parishioners during two adult education sessions, one on hospice and palliative care and one on the myths of bereavement. Announcements about the formation of the group were sent to every member of the parish and were printed in Sunday bulletins. Parishioners who might be interested in joining the group were asked to sign up on a form provided in the "Upper Room," where parishioners gathered after each service.

Nine parishioners signed up. Two later declined. The group met twice a month for three months from February 2017 through May. At the conclusion of the sessions, participants were asked to complete a five-question questionnaire.

The question asked for their opinion on the value of the program, their experiences in the group environment, their opinion on whether the group should continue in some other format and time, whether inviting persons who were knowledgeable in various aspects of bereavement and whether the sessions would attract more parishioners if the program was incorporated into the adult education series.

All respondents assessed their participation in the group favorably.

**Comments:** "It is exceptionally good for anyone who has grief issues."

"I found talking about my issues helped because others had comments to help and support me."

"I found this group immensely valuable. It came at a time when I really needed it.

"Although we had different types of bereavement, I felt listened to, supported and aided."

"Saying my story out loud to a group of people with issues and unresolved conflicts...made each of us take ownership of the group and provided the safest environment to share and help ourselves and others. It was beautiful."

All expressed interest in continuing the meetings but suggested once a month and holding the meetings as an alternative for adult ed sessions. (We met on Wednesday evenings from 7-8:30 pm)

COMPOSE



v Search Mail

### Re: Feedback on Bereavement Group

to you show details

Today on AOL

Inbox 90

Drafts 7

Sent

Spam 18

Trash

Contacts

Calendar

v Folders

Saved Mail

Saved Chats

Dear Bob,

My apologies for my tardiness in replying to this.

Best,  
Megan

1. How would you assess the value of the group?

I found this group immensely valuable. It came at a time when I really needed it. There is

2. Did you find it helpful to express your own experiences and those of others in a sense of support from others. If not all that helpful, please mention what was

I found sharing my story really helpful to me. I think I always find my way through things with the help of others. I found it valuable to hear others' stories. Although we have different types of bereavements, I felt listened to, supported, and aided. I felt that my connections to the other group member

3. Should the group continue to meet? Perhaps resume in the fall (to allow

I would love to have the group continue to meet. I would make attending it a priority.

4. Would it be helpful to invite guests to speak to the group (or adult ed) as

Yes, I would think so.

5. As an alternative, should we offer a series of adult ed sessions on various

If it were a choice between the two, I would choose the group, but I could see value in doing

If so, specify which of the following ideas might attract interest from the participants



**From:** ~~Alta~~  
**To:** rbecker007 <rbecker007@verizon.net>  
**Subject:** Re: Feedback on Bereavement Group  
**Date:** Wed, Aug 2, 2017 2:17 pm

---

You're welcome. And thank you Bob for offering an invaluable class!

---

**From:** rbecker007@verizon.net <rbecker007@verizon.net>  
**Sent:** Wednesday, August 2, 2017 8:00:49 AM  
**To:** ~~Alta~~  
**Subject:** Re: Feedback on Bereavement Group

Aleta,

My thanks for your responses. Very, very helpful. I've been thinking about your suggestions -- the idea of losing pets never occurred to me although holding our little dog with whom I had an amazing bonding experience, came to mind and the remembrance of how devastated I was as the vet injected him.

I've also been thinking about your idea of just doing one session or so between services. Great idea which I'll discuss with Denise.

Meanwhile thank you for being with the group. I especially appreciated your insights and comments at our meetings. Will let you know what happens next after I meet with Denise, probably after everyone gets back from vacations.  
Bob+

-----Original Message-----

**From:** ~~Alta~~  
**To:** rbecker007 <rbecker007@verizon.net>  
**Sent:** Sun, Jul 16, 2017 2:44 pm  
**Subject:** Re: Feedback on Bereavement Group

Bob, please forgive me for taking so long to reply to your email. I do hope that I'm not too late.

Peace,  
~~Alta~~

1. How would you assess the value of the group?

Based on a scale of one to ten, I'd value it at nine -- it's exceptionally good for anyone who has grief issues.

2. Did you find it helpful to express your own experiences and those of others in the group? How was it helpful, e.g., reveal something you didn't know before, provide a sense of support from others. If not all that helpful, please mention what was not helpful and why.

Although the idea of sharing my own grief experiences caught me off guard, I am grateful that I did so -- saying it out loud to a group of people who have their own issues/unresolved conflicts dealing with the loss of someone made each of us take ownership of the group and provided the safest environment. We were all in this together and sharing to help ourselves and each other. It was beautiful.

3. Should the group continue to meet? Perhaps resume in the fall (to allow time to promote the group).

I would strongly suggest meeting again in the fall -- perhaps once a month or once every other month. To me, the biggest issue is timing: holding the class before or after a main service at church ensures a steady, robust attendance like the first meeting. My friends with families would love to participate, but could never schedule evenings during the school week.

4. Would it be helpful to invite guests to speak to the group (or adult ed) as we did with the speaker on hospice?

Absolutely!

5. As an alternative, should we offer a series of adult ed sessions on various aspects of the grief process?

It depends. If the participants of the group could vote from a list of topics, then yes, it would be extremely helpful. For instance, grieving the loss of "the spouse you knew and married" vs. the partner who is still physically alive, but is an entirely different person due to dementia should be advertised heavily for all Region 5 churches.

If so, specify which of the following ideas might attract interest from the parish. Add others that come to mind.

How to talk with children about death.

Frankly, I don't have the experience to offer a good suggestion and would be more inclined to ask someone like Denise (Trogdon) who has an extensive psychotherapy background. I do know that there are some excellent children's books on the subject.

An evening of remembrance that might merge Evening Prayer service with a candlelighting ritual, a reading of the names of loved ones who have died and prayers written by the Bereavement group and/or parishioners.

This one I like; however, I would open it up to: (1) those that prefer to leave the loved ones names anonymous, (2) people who have lost pets -- which would *really attract people* from the larger community and (3) a prayer for those who don't know if a loved one is dead or not (long-time missing persons who are presumed dead).

A session(s) on Documents and Records, i.e., preparing a will, life insurance, finances, funeral planning, legal advice, property.

No opinion on this one.

6. ANY OTHER COMMENTS, SUGGESTIONS, OBSERVATIONS will be welcomed.

Whoops, I answered that earlier. Here it is again.

- (1) those that prefer to leave the loved ones names anonymous
- (2) people who have lost pets -- which would *really attract people* from the larger community
- (3) a prayer for those who don't know if a loved one is dead or not (long-time missing persons who are presumed dead).

---

**From:** rbecker007@verizon.net <rbecker007@verizon.net>

**Sent:** Thursday, June 29, 2017 9:42:40 AM

**To:** [REDACTED]  
[REDACTED]

**Subject:** Feedback on Bereavement Group

Dear Friends,

I am reminded by the doctoral studies people at the seminary that I should request assessments from those who have participated in our Bereavement group sessions. So when you get a chance, would you please respond to the following questions? Your comments will remain anonymous and will be included in my thesis document. So please feel free to be completely verbose.

Beyond that, I will ask to meet with the Rector and the Rev. Jamie Samilio about any recommendations for future bereavement group meetings and/or subjects for adult ed classes.

In the meantime, my thanks to all of you for participating in the group meetings. I hope you found the discussions helpful in your journey through the grief process. I certainly found the sessions helpful in understanding my own loss. I will get back to you after I meet with Denise and Jamie to discuss your responses to the following questions.

1. How would you assess the value of the group?
2. Did you find it helpful to express your own experiences and those of others in the group? How was it helpful, e.g., reveal something you didn't know before, provide a sense of support from others. If not all that helpful, please mention what was not helpful and why.
3. Should the group continue to meet? Perhaps resume in the fall (to allow time to promote the group).
4. Would it be helpful to invite guests to speak to the group (or adult ed) as we did with the speaker on hospice?
5. As an alternative, should we offer a series of adult ed sessions on various aspects of the grief process? If so, specify which of the following ideas might attract interest from the parish. Add others that come to mind.

How to talk with children about death.

An evening of remembrance that might merge Evening Prayer service with a candlelighting ritual, a reading of the names of loved ones we have died and prayers written by the Bereavement group and/or parishioners.

A session(s) on Documents and Records, i.e., preparing a will, life insurance, finances, funeral planning, legal advice, property.

## **APPENDIX B**

### **RESPONSES TO QUESTIONNAIRE SENT TO MEMBERS OF LOCAL BEREAVED PARENTS IN THE USA**

This questionnaire was emailed to members of the Bereaved Parents of the USA Woodbridge chapter in the spring of 2017. As a member of the group, I invited the members to respond to 28 questions related to bereavement issues I intended to examine in my thesis on “Spirituality and Bereavement.” All 11 of the active members responded. The results were helpful in terms of reinforcing previous assumptions or invalidating those assumptions. Causes of death varied from hydrocephalus and other natal abnormalities to heroin overdose, accidental hanging and murder.

In terms of their religious preferences, 36% were Christian, 27 % had no religious affiliation. A clear majority of the respondents (70%) said their initial reaction to the death of a loved one was an inability to function, underscoring my view that the presence of clergy at time of death is extremely important.

When asked to specify who provided spiritual support at the time of loss, 60% said their pastor. But 30% said no one provided spiritual support.

Responses to the question of how their lives had changed as a result of their loss, all respondents specified a number of varying changes among them, changing jobs, sudden indebtedness, broken relationship with a family member, different group of friends mostly other bereaved parents, loneliness, discontinued attendance at Sunday Masses.

Asked how they understood the “rationale” for the death of a loved one, 62% said it was God’s will. Twenty-five percent had no idea why.

A dramatic response (100%) came from bereaved who “still feel some bond with their loved one.”

Asked what they thought may have caused the sense of presence of their loved one, the responses varied from weeping while driving and sensing a smell of her baby in the car; a stuffed animal that had been lost but suddenly appeared on the way to her child’s memorial, and “While practicing yoga, my mind was clear and open, and there he was.”

There was a universal belief in the afterlife. 54% said they “expect to see my loved one again in a heavenly place.”

When asked how their place of worship might provide needed spiritual support, the responses came as a surprise to me. Seventy-five percent said “train a group of interested lay persons to make periodic contact with the bereaved parishioner.” That response prompted me to think about how our parish and other parishes might pursue that suggestion.

*Summary all responses* B



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## The Spirituality of Bereavement

Summary → Design Survey → Collect Responses → Analyze Results

### CURRENT VIEW

+ FILTER + COMPARE + SHOW

No rules applied

Rules allow you to FILTER, COMPARE and SHOW results to see trends and patterns. [Learn more »](#)

### SAVED VIEWS (1)

Original View (No rules applied)

+ Save as...

### EXPORTS

### SHARED DATA

No shared data

Sharing allows you to share your survey results with others. You can share all data, a saved view, or a single question summary. [Learn more »](#)

[Share All](#)

RESPONDENTS: 11 of 11

[Export All](#) [Share All](#)

Question Summaries Data Trends Individual Responses

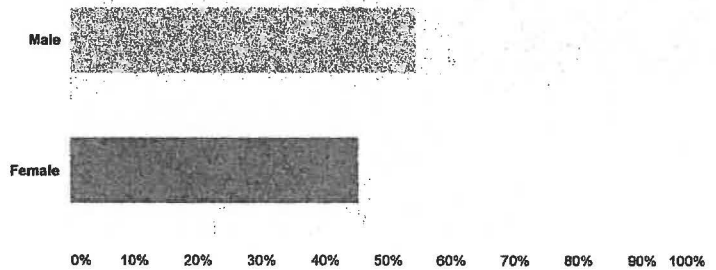
PAGE 1

Q1

[Customize](#) [Export](#)

### What was the gender of your departed loved one?

Answered: 11 Skipped: 0



#### Answer Choices

- ▼ Male
- ▼ Female

Total

#### Responses

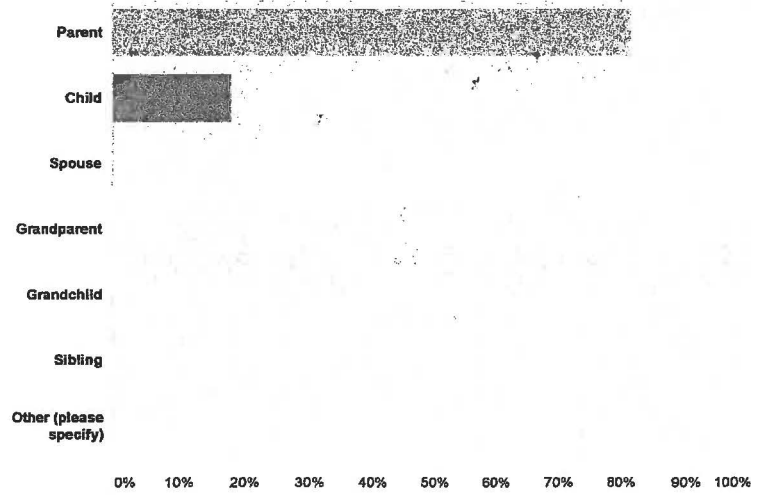
Male	54.55%	6
Female	45.45%	5
Total		11

Q2

[Customize](#) [Export](#)

### What is your relationship to the departed?

Answered: 11 Skipped: 0



Answer Choices	Responses	Count
Parent	81.82%	9
Child	18.18%	2
Spouse	0.00%	0
Grandparent	0.00%	0
Grandchild	0.00%	0
Sibling	0.00%	0
Other (please specify)	0.00%	0
<b>Total</b>		<b>11</b>

Q3

Export

### If the departed was a child, how old was he/she?

Answered: 11 Skipped: 0

Responses (11)

Text Analysis

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Filter by Category

Search responses

Showing 11 responses

- He was born stillborn at six months.  
4/3/2017 10:13 PM [View respondent's answers](#)
- At birth  
4/2/2017 12:13 PM [View respondent's answers](#)
- 18 years, 11 months  
3/31/2017 7:34 PM [View respondent's answers](#)
- 28  
3/31/2017 2:51 PM [View respondent's answers](#)
- 20  
3/31/2017 2:41 PM [View respondent's answers](#)
- 28  
3/31/2017 1:44 PM [View respondent's answers](#)
- 19  
3/30/2017 11:42 PM [View respondent's answers](#)



Q4

Export

### What was the cause of death?

Answered: 11 Skipped: 0

Responses (11) Text Analysis My Categories

#### PAID FEATURE

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Showing 11 responses

- Hydrocephalus  
4/3/2017 10:13 PM View respondent's answers
- Multiple anomalies with the baby  
4/2/2017 12:13 PM View respondent's answers
- Accidental Hanging following a night of binge-drinking.  
3/31/2017 7:34 PM View respondent's answers
- Asthma attack  
3/31/2017 2:51 PM View respondent's answers
- Blood clots in lungs  
3/31/2017 2:41 PM View respondent's answers
- Heroin overdose  
3/31/2017 1:44 PM View respondent's answers
- Murder  
3/30/2017 11:42 PM View respondent's answers

Q5

Export

### When did the death occur?

Answered: 11 Skipped: 0

Responses (11) Text Analysis My Categories

#### PAID FEATURE

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Categorize as... Filter by Category Search responses

Showing 11 responses

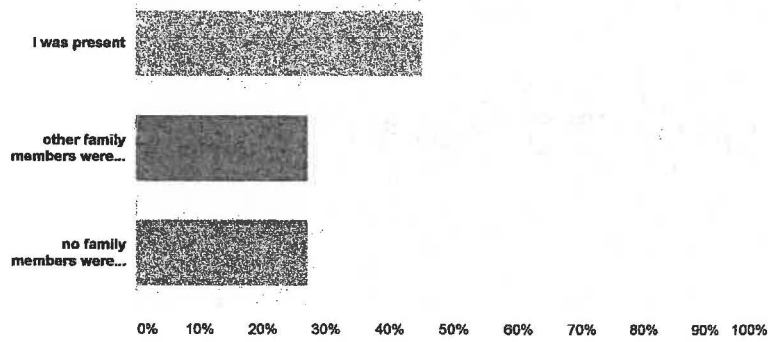
- I delivered him 3 days after I was told he had passed, on June 10 2013.  
4/3/2017 10:13 PM View respondent's answers
- 2/11/2012  
4/2/2017 12:13 PM View respondent's answers
- 3 am Friday, February 22, 2008  
3/31/2017 7:34 PM View respondent's answers
- Aug 31, 2012  
3/31/2017 2:51 PM View respondent's answers
- 11.01.2014  
3/31/2017 2:41 PM View respondent's answers
- Oct. 9, 2004  
3/31/2017 1:44 PM View respondent's answers
- June 30 2003  
3/30/2017 11:42 PM View respondent's answers

Q6

Customize Export

## Were you or other family members present?

Answered: 11 Skipped: 0



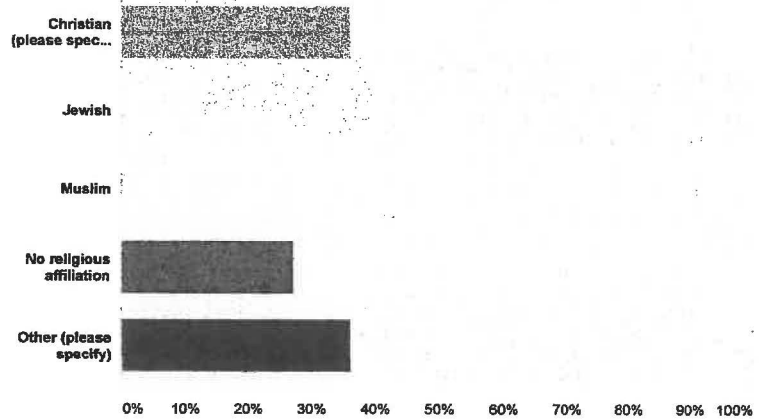
Answer Choices	Responses	Count
▼ I was present	45.45%	5
▼ other family members were present	27.27%	3
▼ no family members were present	27.27%	3
Total		11

Q7

[Customize](#) [Export](#)

## What is your religious affiliation?

Answered: 11 Skipped: 0



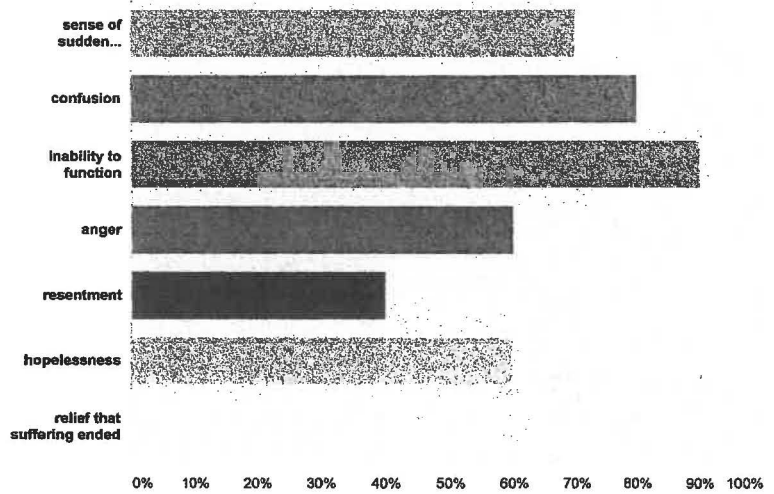
Answer Choices	Responses	Count
▼ Christian (please specify denomination below)	36.36%	4
▼ Jewish	0.00%	0
▼ Muslim	0.00%	0
▼ No religious affiliation	27.27%	3
▼ Other (please specify)	Responses 36.36%	4
Total		11

Q8

[Customize](#) [Export](#)

### What was your initial reaction to the death of your loved one? (check all that apply)

Answered: 10 Skipped: 1



Answer Choices	Responses	Count
▼ sense of sudden emptiness	70.00%	7
▼ confusion	80.00%	8
▼ inability to function	90.00%	9
▼ anger	60.00%	6
▼ resentment	40.00%	4
▼ hopelessness	60.00%	6
▼ relief that suffering ended	0.00%	0

Total Respondents: 10

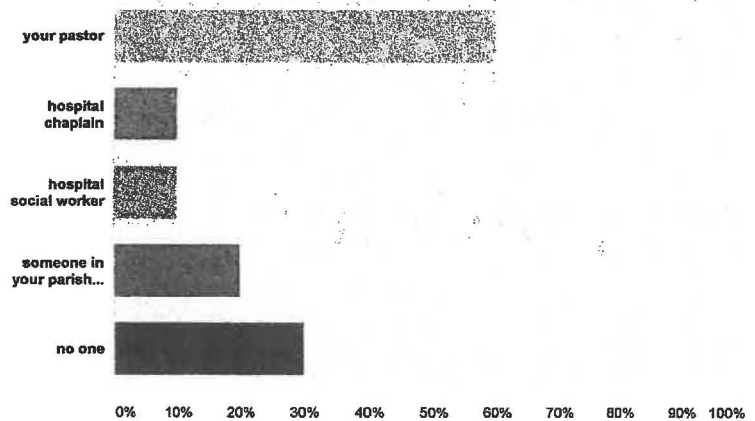
Comments (6)

Q9

[Customize](#) [Export](#)

### From whom did you receive spiritual support at the time of your loss?

Answered: 10 Skipped: 1



Answer Choices	Responses
your pastor	60.00% 6
hospital chaplain	10.00% 1
hospital social worker	10.00% 1
someone in your parish other than the pastor	20.00% 2
no one	30.00% 3

Total Respondents: 10

Q10

Export

### Whose spiritual support did you find most helpful and why?

Answered: 10 Skipped: 1

Responses (10) Text Analysis My Categories

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Showing 10 responses

Support groups and my faith

4/2/2017 12:13 PM View respondent's answers

Friends I'd met through TCF who remained very strong in our faith in spite of the suicide of their son.

3/31/2017 7:34 PM View respondent's answers

My spouse. She understands.

3/31/2017 2:51 PM View respondent's answers

Noone

3/31/2017 2:41 PM View respondent's answers

I'm member of Alcoholics Anonymous. My AA sponsor and others from the Fellowship were primary suppliers of spiritual/emotional support.

3/31/2017 1:44 PM View respondent's answers

Pastor and Christian friends and family also a Christian therapist

3/30/2017 11:42 PM View respondent's answers

Pastor and family

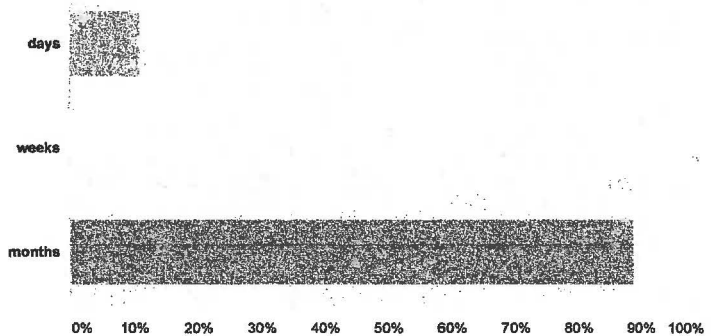
3/30/2017 11:14 PM View respondent's answers

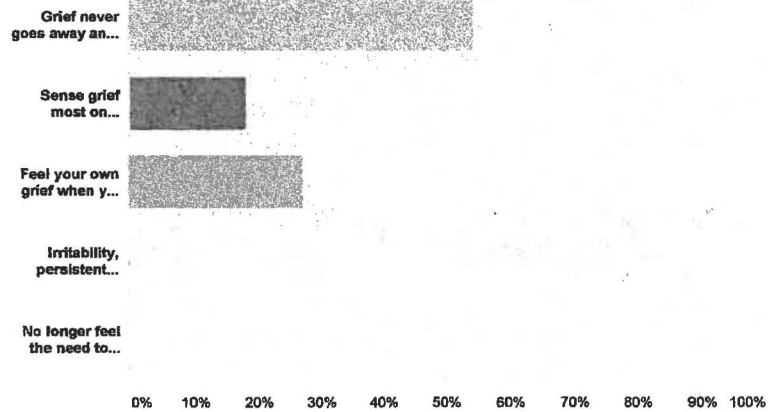
Q11

Customize Export

### How long did you receive spiritual support?

Answered: 9 Skipped: 2





Answer Choices	Responses
Grief never goes away and never will	54.55% 6
Sense grief most on anniversary of birth and death	18.18% 2
Feel your own grief when you hear about the death of someone else's loved one	27.27% 3
Irritability, persistent anger	0.00% 0
No longer feel the need to grieve	0.00% 0
Total	11

Comments (3)

Q14

Export

**What has changed in your life as a result of this loss of a loved one? Mindful that this information will be held in the strictest confidence, please describe what has changed and what caused the change? Examples from others who are still experiencing bereavement include: strain on the marriage, divorce, attention to siblings, loss of faith, stronger sense of presence of God, belief in God, attendance at place of worship.**

Answered: 11 Skipped: 0

Responses (11) Text Analysis My Categories

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Showing 11 responses

I ended up changing jobs. I went into debt and destroyed my credit because I missed almost three months of work. Although I have never affiliated myself to a set denomination of religion, I did believe in a God. I still do, but I am angry with him. I find myself being angry with him more frequently. My relationship with the father has suffered due to our differences in grief.

4/3/2017 10:13 PM View respondent's answers

Life will never be the same, I have to come to terms of my new normal, but feel very sympathetic of people that loss a child or a family member!

4/2/2017 12:13 PM View respondent's answers

I have a different group of friends now, most are Bereaved Parents. I like being alone much more now, although I have always been very much an extrovert. Re: my faith - I had continued attending Mass on Sundays, but cried every single week for a few years. I finally stopped attending regularly because I felt that I should feel good about

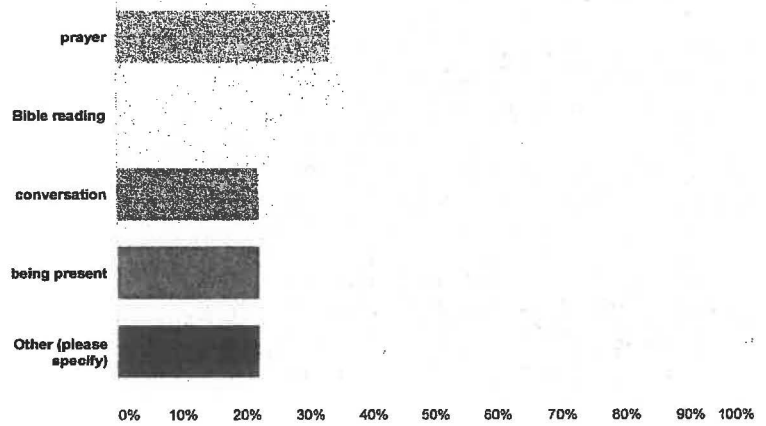
Answer Choices	Responses	
▼ days	11.11%	1
▼ weeks	0.00%	0
▼ months	88.89%	8
Total		9

Q12

[Customize](#) [Export](#)

### Which form of spiritual support was most helpful?

Answered: 9 Skipped: 2



Answer Choices	Responses	
▼ prayer	33.33%	3
▼ Bible reading	0.00%	0
▼ conversation	22.22%	2
▼ being present	22.22%	2
▼ Other (please specify)	22.22%	2
Total		9

Q13

[Customize](#) [Export](#)

### How would you describe your bereavement now?

Answered: 11 Skipped: 0

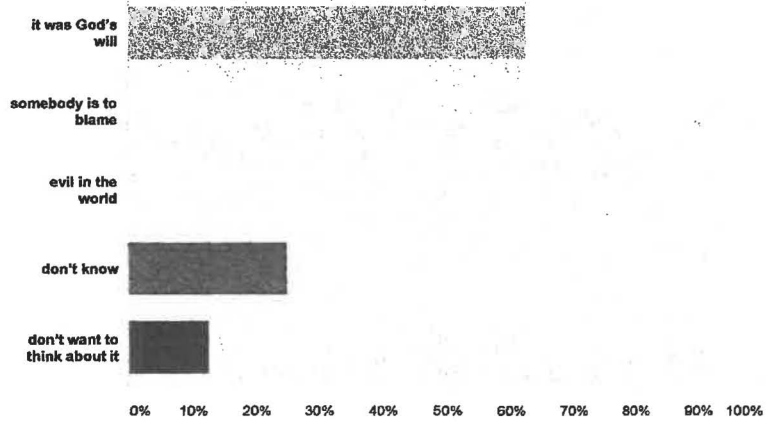
Q15

Customize

Export

### How do you explain the "rationale" for the death of your child or other loved one.

Answered: 8 Skipped: 3



Answer Choices	Responses	
▼ it was God's will	62.50%	5
▼ somebody is to blame	0.00%	0
▼ evil in the world	0.00%	0
▼ don't know	25.00%	2
▼ don't want to think about it	12.50%	1
Total		8
Comments (5)		

Q16

Customize

Export

### How would you describe your religious practices right now?

Answered: 10 Skipped: 1

Q18

Customize Export

### Do you still feel some bond with your departed loved one? If so, how would you describe that bond and how does it affect your bereavement?

Answered: 10 Skipped: 1

I still feel a bond (please...

I no longer feel a...

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Answer Choices	Responses	
I still feel a bond (please explain)	100.00%	10
I no longer feel a connection	0.00%	0
Total		10

Comments (9)

Q19

Export

### Have you ever experienced some sense of the presence of your loved one? What was that experience? What do you think caused that occurrence to happen and why?

Answered: 10 Skipped: 1

Responses (10) Text Analysis My Categories

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Search responses

Showing 10 responses

I saw something that said "When feathers appear, angels are near" and the next day began seeing feathers at random. I believe I saw that photo for a reason so I would understand the feathers when I saw them.  
4/3/2017 10:13 PM View respondent's answers

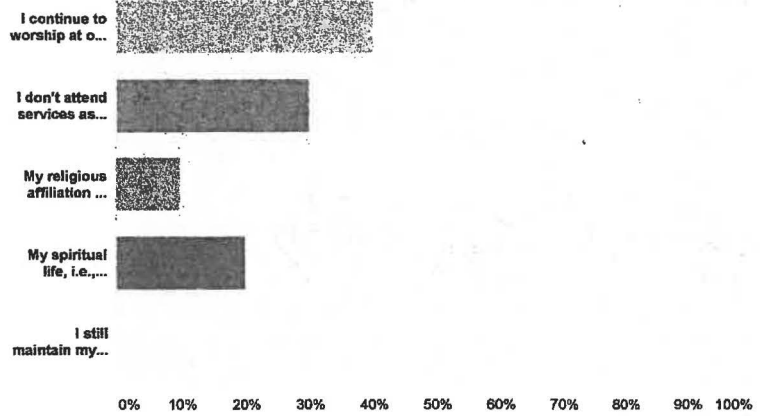
Yes I have I was crying and driving to work and I was praying and told God All I wanted was to smell him the baby smell its unique and my car the inside was filled with this aroma of a baby!!  
4/2/2017 12:13 PM View respondent's answers

Yes, a few times. One time is too long to describe, but in a nutshell... I'd been carrying her stuffed animal around for three weeks, but the day of her memorial, I'd forgotten it at home. I became hysterical and a woman handed me a tissue which happened to have a design printed on it - a cat that looked exactly like her stuffed animal that I'd left at home! I knew Kristin was there because she knew how much I needed it at that time!  
3/31/2017 7:34 PM View respondent's answers

Early on, expected her to be at home...to be sitting in living room, or to take care of her dog, etc. Why, possible because of routine. Just the way things had been for a long time.  
3/31/2017 2:51 PM View respondent's answers

Felt this while practicing yoga - my mind was clear and open - and there he was!  
3/31/2017 1:44 PM View respondent's answers





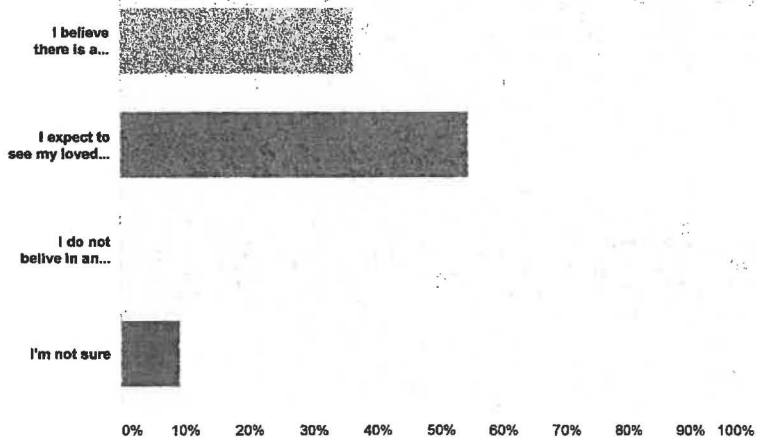
Answer Choices	Responses
▼ I continue to worship at our regular place of worship.	40.00% 4
▼ I don't attend services as much as I used to.	30.00% 3
▼ My religious affiliation has changed. (please explain below)	10.00% 1
▼ My spiritual life, i.e., relationship with God has not changed	20.00% 2
▼ I still maintain my religious practices but my belief in God has changed. (please explain below)	0.00% 0
<b>Total</b>	<b>10</b>
Comments (3)	

Q17

[Customize](#) [Export](#)

### What do you believe about the afterlife?

Answered: 11 Skipped: 0



Answer Choices	Responses
▼ I believe there is a heaven	36.36% 4
▼ I expect to see my loved one again in a heavenly place	54.55% 6
▼ I do not believe in an afterlife	0.00% 0
▼ I'm not sure	9.09% 1
<b>Total</b>	<b>11</b>

Q20

Export

**Do you treasure some object that belonged to your loved one that serves as a bond with your loved one? Or, is there a particular memory about your loved one that is especially meaningful to you in your bereavement?**

Answered: 10 Skipped: 1

● Responses (10)    🗨️ Text Analysis    📁 My Categories

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Search responses

Showing 10 responses

I have his blanket and hand/foot prints.

4/3/2017 10:13 PM    [View respondent's answers](#)

Pictures of him

4/2/2017 12:13 PM    [View respondent's answers](#)

Yes, the stuffed animal, Mittens, that I mentioned in the above question. Also, she loved to refer to my husband and me as "Tom and Linda" to get a smile out of us! My big memory of Kristin is the laughter. I'd never met anyone funnier than her. Also, the love - she never hesitated to hold my hand and tell me how much she loved me - which is why I miss her so much!

3/31/2017 7:34 PM    [View respondent's answers](#)

We want to hear stories from friends that they remember about her. She loved red Corvettes. Butterflies remind us of her presence. And there are many other triggers that remind us.

3/31/2017 2:51 PM    [View respondent's answers](#)

Stuffed animals

3/31/2017 2:41 PM    [View respondent's answers](#)

Childhood photos and the shoes he was wearing when he died.

3/31/2017 1:44 PM    [View respondent's answers](#)

Q21

Export

**Describe any personal practice you maintain such as personal prayers, visiting a grave site on an anniversary, arranging for special prayers at a worship service, or setting aside times to be alone at some favorite place.**

Answered: 10 Skipped: 1

● Responses (10)    🗨️ Text Analysis    📁 My Categories

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Search responses

Showing 10 responses

I do something on the day of his birth. One year it was getting a tattoo of his name, the next was giving my delivery nurse flowers.

4/3/2017 10:13 PM    [View respondent's answers](#)

Praying

4/2/2017 12:13 PM    [View respondent's answers](#)

I still sing the song I made up for her when she was a baby. I hate going to her grave because I hate the thought of her body under the nasty ground, perhaps covered with bugs. We offer a Mass for Kristin on her angel date and birthday, and at times we ask that the song "Lord of the Dance" be played.

3/31/2017 7:34 PM    [View respondent's answers](#)

Q22

Export

### Why is this important for you?

Answered: 9 Skipped: 2

Responses (9)

Text Analysis

My Categories

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Categorize as...

Filter by Category

Search responses

Showing 9 responses

I want people to remember him. I want to honor and cherish his memory. I want to put good into the world on his behalf.

4/3/2017 10:13 PM View respondent's answers

This is the only way I can cope

4/2/2017 12:13 PM View respondent's answers

Memories - it's all we have!

3/31/2017 7:34 PM View respondent's answers

Assuming you mean Q 21.... To help keep her memory alive. She was a kind, giving person.

3/31/2017 2:51 PM View respondent's answers

I'm allowed to just be...no expectations

3/31/2017 1:44 PM View respondent's answers

It keeps me sane knowing that he is ok

3/30/2017 11:42 PM View respondent's answers

? It just is.

3/30/2017 11:10 PM View respondent's answers

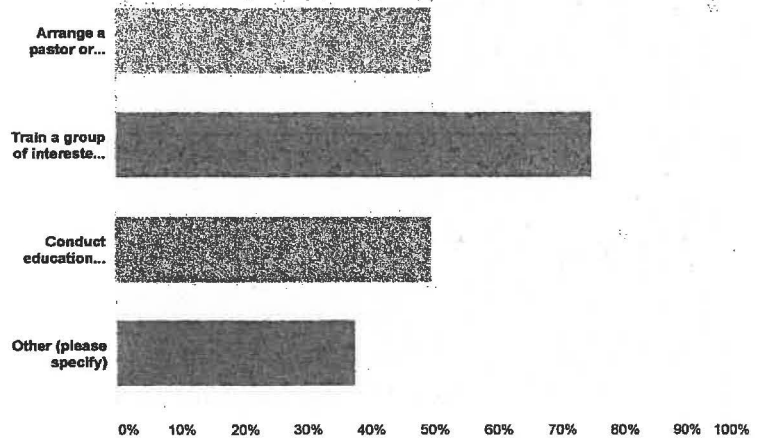
Q23

Customize

Export

### In your opinion, how might your place of worship provide the needed spiritual support for someone who has experienced the loss of a loved one?

Answered: 8 Skipped: 3



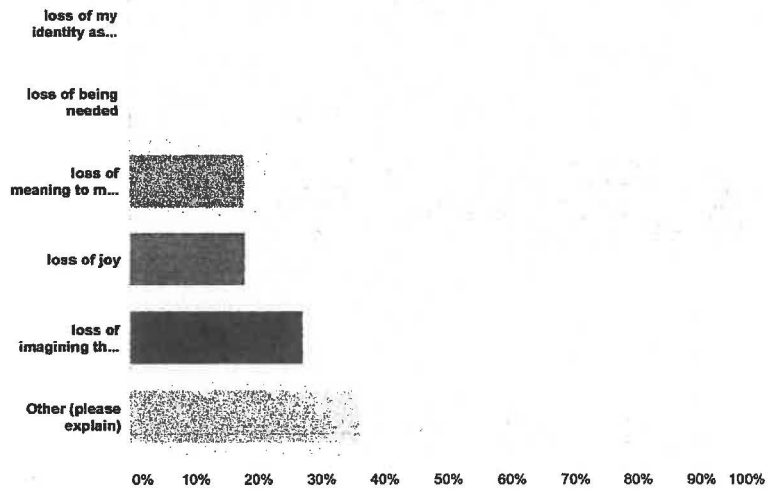
Answer Choices	Responses
▼ Arrange a pastor or assistant pastor to make periodic contact with a bereaved parishioner, either by visitation or phone.	50.00% 4
▼ Train a group of interested lay persons on ways to provide spiritual support to those who are bereaved	75.00% 6
▼ Conduct education program for entire congregation on death and dying and how to deal with the bereavement process.	50.00% 4
▼ Other (please specify)	Responses 37.50% 3
Total Respondents: 8	

Q24

Customize Export

### How has the death of your loved one affected you most?

Answered: 11 Skipped: 0



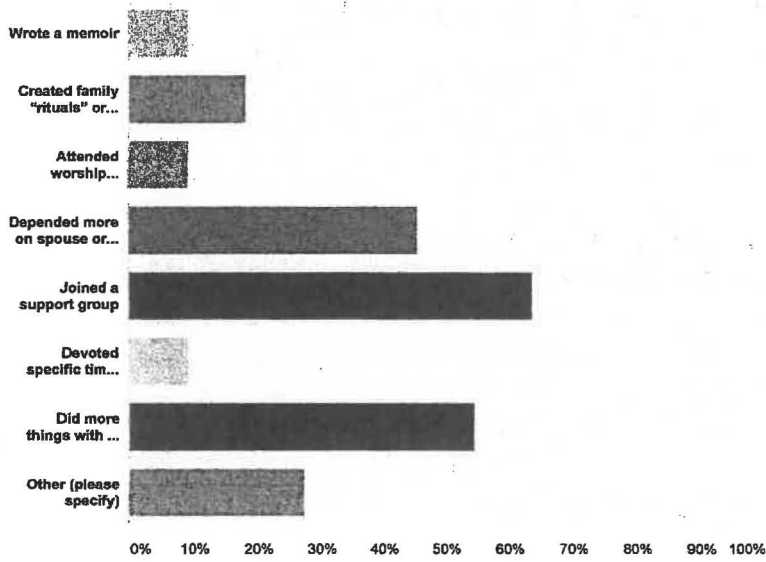
Answer Choices	Responses
▼ loss of my identity as parent, grandparent, sibling, spouse	0.00% 0
▼ loss of being needed	0.00% 0
▼ loss of meaning to my life	18.18% 2
▼ loss of joy	18.18% 2
▼ loss of imagining the future life of loved one	27.27% 3
▼ Other (please explain)	Responses 36.36% 4
Total 11	

Q25

Customize Export

### What other practices have you engaged in as you work through the grief process?

Answered: 11 Skipped: 0



Answer Choices	Responses	Count
Wrote a memoir	9.09%	1
Created family "rituals" or observances to remember the loved one	18.18%	2
Attended worship services more frequently	9.09%	1
Depended more on spouse or other "strong" family member	45.45%	5
Joined a support group	63.64%	7
Devoted specific time and place to be alone and pray	9.09%	1
Did more things with my family	54.55%	6
Other (please specify)	Responses	27.27% 3

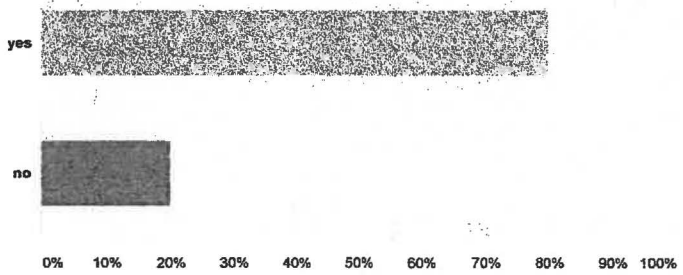
Total Respondents: 11

Q26

[Customize](#) [Export](#)

**Do you believe that in time you will find some way to "accommodate" your loss into your life and allow your life to take up a new direction? Please explain.**

Answered: 10 Skipped: 1

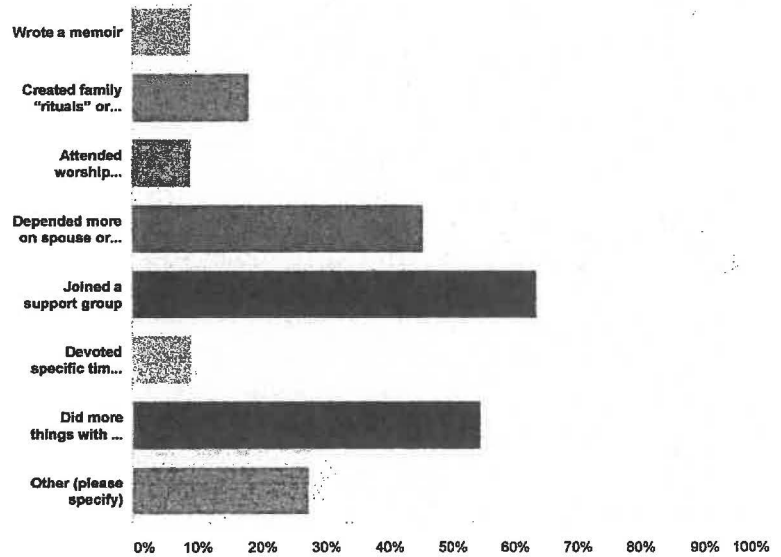


Answer Choices	Responses	Count
yes	80.00%	8

Total

10

Comments (6)



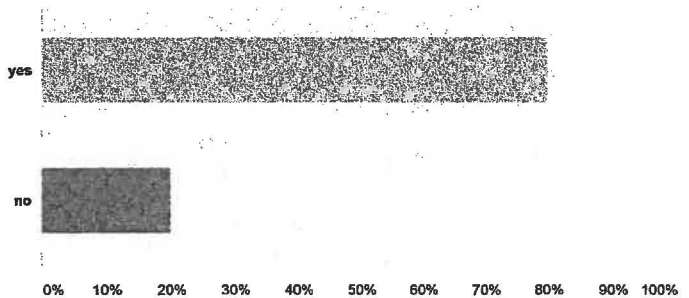
Answer Choices	Responses	Count
Wrote a memoir	9.09%	1
Created family "rituals" or observances to remember the loved one	18.18%	2
Attended worship services more frequently	9.09%	1
Depended more on spouse or other "strong" family member	45.45%	5
Joined a support group	63.64%	7
Devoted specific time and place to be alone and pray	9.09%	1
Did more things with my family	54.55%	6
Other (please specify)	27.27%	3
Total Respondents: 11		

Q26

[Customize](#) [Export](#)

**Do you believe that in time you will find some way to "accommodate" your loss into your life and allow your life to take up a new direction? Please explain.**

Answered: 10 Skipped: 1



Answer Choices	Responses	Count
yes	80.00%	8
no	20.00%	2
Total		10
Comments (6)		

## **APPENDIX C**

### **RESPONSES TO QUESTIONNAIRE BY BEREAVED GROUP IN TENNESSEE**

#### **Background**

A dear friend of some 40 years had moved from Northern Virginia to a suburb of Memphis, TN. They had been our neighbors in Alexandria in the early 70s. Their first daughter and our first daughter were born around the same time. Both were diagnosed with neuroblastoma within three months of each other. The two little girls died within three months of each other.

This year, my friend's wife died. He joined a bereavement group along with 11 others who were attending the Presbyterian Church in Jermantown. With his intervention, I was allowed to travel to Jermantown and observe a meeting of the group and distribute a questionnaire about their loss. The next day seven members agreed to one-on-one interviews. Some of their comments are included in this thesis.

#### **Observations and Responses**

I noticed some differences between the group in Jermantown and those in Northern Virginia. All were faithful members of the Presbyterian Church; one was a Baptist. The southern group seemed more inclined to blame God for their loss. One man wrote, "When our child died and now my wife's death, I realized God does not control the good and the bad things that happen. When my wife suffered "unfairly" it confirmed my belief that God does not micromanage the world."

Others expressed a tendency to blame oneself for the death of a loved one. "I feel I should have done more to help (his wife) with her suffering so long. I blame myself. What should I have done?"

Several expressed appreciation for the pastoral presence of their pastor and family friends. Some said their relationship with God remains unchanged, that they continue to attend church regularly.

Anger over the suffering the loved one experienced was expressed by two members of the Southern group. One said his anger has become an enduring part of his ongoing bereavement.

I observed that the people in the South were deeply rooted in their faith. They seemed more "philosophical" about their loss than the people in Northern Virginia. When asked to describe his bereavement now, one man wrote, "Peace. Looking at my brother's life and not death. Considering his life and profound influence on my life as a gift."

**THESIS GOALS**

**EXAMINE THE SPIRITUAL NEEDS OF FAMILY MEMBERS WHOSE LOVED ONE HAS DIED?**

**EXAMINE THE ROLE OR RESPONSIBILITY OF CHURCHES AND CLERGY TO ADDRESS THOSE NEEDS?**

**Questions for bereaving family members who have lost a child or an adult family member.**

1. Please specify the gender and relationship of your loved one.

**BROTHER**

2. What was the cause of death? When did death occur? Were you present?  
Were other family members present?

**TRAFFIC ACCIDENT, 12/14/15 - on the Monday morning following his daughter's wedding on Saturday. No family present.**

3. What is your religious affiliation?

Christian (specify denomination) **Presbyterian**  
 Jewish  
 Muslim  
 Other (please specify)  
 None



4. What was your initial reaction to the death of your loved one? e.g., sense of sudden emptiness, confusion, disorder, inability to function, anger, resentment, hopelessness, some relief perhaps that your loved one no longer suffers. Please explain.

Shock, no tears shed, disbelief

5. If you received spiritual support at the time of your loss, who was the most helpful and how?

My pastor - ~~father~~ came over to my house as soon as he heard

Hospital chaplain

Hospital social worker

Someone in your parish other than your pastor - friends

Other, please specify - facilitators of Grief Support Group reached out, making me feel I was not alone. The acknowledgment made me feel that ~~they~~ someone realized my loss was significant.

6. Did these visitations cease at some point? If so, how long after your loss, e.g., a week, month? Were there any follow up contacts e.g., phone calls?

Not visitations. Cards, memorials, & emails came 2-3 months afterward. Support group reached out until I actually attended first session.

7. Which method of spiritual support was most helpful?

Prayer

Bible reading

Conversation

Being present

Other (please specify)

8. How would you describe your bereavement now?

Grief never goes away and never will

Sense grief most on anniversary of birth and death

Feel your own grief when you hear about the death of another child

Irritability, persistent anger

No longer feel the need to grieve

Other *peace, looking at my brother's life and not death. Considering his life and profound influence on my life a gift.*

9. What has changed in your life as a result of this loss of a loved one?

Mindful that this information will be held in the strictest confidence, please describe what has changed and what caused the change? Examples from others who are still experiencing bereavement include: strain on the marriage, divorce, attention to siblings, loss of faith, stronger sense of presence of God, belief in God, attendance at place of worship.

*I realize how fleeting life is and am coming to terms with my own mortality. I'm holding remaining family members close and appreciating and enjoying our time together. Thanking God for my brother's life and our time together. Looking forward to a reunion with him and my other family members who have passed on.*

10. How do you explain the "rationale" for the death of your child or other loved one, e.g., it was God's will, somebody is to blame, evil in the world, don't know, don't want to think about it (why)

I don't blame God. I'm thanking him for the years I had my dear brother.

11. How would you describe your religious practices right now?

I continue to worship at our regular place of worship.

I don't attend services as much as I used to.

My religious affiliation has changed from \_\_\_\_\_ to \_\_\_\_\_.  
Why or what provoked that decision?

My spiritual life, i.e., relationship with God has not changed

I still maintain my religious practices but my belief in God has changed. If so, please explain.

12. What do you believe about the afterlife? e.g, is there a heaven, do you expect to see your loved one again in some heavenly place? *YES!*  
*yes*

13. Do you still feel some bond with your departed loved one? If so, how would you describe that bond and how does it affect your bereavement?

*yes*

14. Have you ever experienced some sense of the presence of your loved one? What was that experience? What do you think caused that occurrence to happen and why?

15. Do you treasure some object or something that belonged to your loved one that preserves as a bond with your loved one? Or, is there a particular memory that you preserve in your mind about your loved one that is especially meaningful to you in your bereavement?

*yes, have his overcoat hanging in my laundry room. Many memories.*

16. Do you have any personal practice you maintain such as visiting a grave site on an anniversary of a birth or the date of death, arrange for special prayers at a special worship service, photos of earlier times, written remembrances such as a journal, designated times to be alone at some favorite place, e.g., beach?

Why is this important for you?

Yes, posting on FaceBook on the anniversaries, birthdays.

Extremely important to me that this special person is never forgotten.

17. In your opinion, how might your place of worship provide the needed spiritual support for someone who has experienced the loss of a loved one?

Arrange a pastor or assistant pastor to make periodic contact with a bereaved parishioner, either by visitation or phone.

Train a group of interested lay persons on ways to provide spiritual support to those who are bereaved *we have this at GPC*

Conduct education program for entire congregation on death and dying and how to deal with the bereavement process.

Other

*we have this through Stephanie's ministry at GPC*

18. What is your most persistent fear about the future with regard to your loved one?

- Fear I'll never find meaning for this loss
- Fear that memories of loved one will fade in time
- Fear that it could happen again
- Other (please explain)

19. What other ways have you engaged in as you work through the grief process?

- Write a memoir
- Create family "rituals" or observances to remember the loved one
- Attend worship services more frequently
- Depend more on spouse or other "strong" family member
- Join a support group - GPC
- Devote specific time and place to be alone and pray
- Do more things with my family
- Other

20. Are you optimistic that in time you will find some way to "accommodate" your loss into your life and allow your life to take up a new direction? Please explain.

Yes, I feel I am starting to do that by initiating family gatherings, etc.

NOTE: If you would prefer to add some additional information or expand on any of your responses, or if you have any questions about how this information will be used, please feel free to contact me by home phone preferably by email at [rbecker007@verizon.net](mailto:rbecker007@verizon.net). My home address is 11244 Handlebar Road, Reston, VA 20191-3908

The information you provide will be used exclusively for my doctoral thesis and possibly in a publication. Mindful of the need to preserve your privacy, your name and the name of your loved one will not be used in the thesis or a publication, unless you specifically give me that permission.

As you may have surmised from the questions I have posed, my desire to write my thesis on this subject is to stimulate awareness within the Church for greater attention to the spiritual needs of those of us who continue to grieve the loss of a loved one – a process we too often must experience by ourselves and which has no end.

Finally, my deepest thanks and appreciation for taking time to respond to these questions. I am fully aware that some of these questions may awaken some sorrowful remembrances on your experience. Please know that I am deeply grateful for sharing those memories which I hope and pray will stimulate changes in the way our places of worship might respond to the spiritual needs, of those who are in bereavement. In the meantime, I will keep all of you in my daily prayers for the healing presence of God in our lives

Faithfully,

The Rev. Robert A. Becker (Bob)

**THESIS GOALS**

**EXAMINE THE SPIRITUAL NEEDS OF FAMILY MEMBERS WHOSE LOVED ONE HAS DIED?**

**EXAMINE THE ROLE OR RESPONSIBILITY OF CHURCHES AND CLERGY TO ADDRESS THOSE NEEDS?**

**Questions for bereaving family members who have lost a child or an adult family member.**

1. Please specify the gender and relationship of your loved one.

*Wife*

2. What was the cause of death? When did death occur? Were you present?  
Were other family members present?

*Kidney & Liver stop working, finally the heart gave out, As a result of long medical  
12-13-16, Yes*

3. What is your religious affiliation?

- Christian (specify denomination) *Baptist*
- Jewish
- Muslim
- Other (please specify)
- None

*I feel I should have done more to help her with her problem before it got this far along. I blame myself. Will someone please tell me what I should have done.  
I know its too late now  
I miss you honey*



4. What was your initial reaction to the death of your loved one? e.g., sense of sudden emptiness, confusion, disorder, inability to function, anger, resentment, hopelessness, some relief perhaps that your loved one no longer suffers. Please explain.

*all of above*

5. If you received spiritual support at the time of your loss, who was the most helpful and how?

My pastor

Hospital chaplain

Hospital social worker

Someone in your parish other than your pastor

Other, please specify

*sister in-law*

No one

6. Did these visitations cease at some point? If so, how long after your loss, e.g., a week, month? Were there any follow up contacts e.g., phone calls?

*Contact - on going*

7. Which method of spiritual support was most helpful?

Prayer

Bible reading

Conversation

Being present

Other (please specify)

8. How would you describe your bereavement now?

- Grief never goes away and never will
- Sense grief most on anniversary of birth and death
- Feel your own grief when you hear about the death of another child
- Irritability, persistent anger
- No longer feel the need to grieve
- Other

9. What has changed in your life as a result of this loss of a loved one?

Mindful that this information will be held in the strictest confidence, please describe what has changed and what caused the change? Examples from others who are still experiencing bereavement include: strain on the marriage, divorce, attention to siblings, loss of faith, stronger sense of presence of God, belief in God, attendance at place of worship.

*I am loner, empty nest, Missing her  
more every day, I have to force myself  
to do the things I need to take care of  
Making sure when I pass on I  
don't leave a burden on my kids.  
Phone & face book is my only life line  
to my kids.*

10. How do you explain the "rationale" for the death of your child or other loved one, e.g., it was God's will, somebody is to blame, evil in the world, don't know, don't want to think about it (why)

I ask god to help my wife with her suffering, to make her better, Gods Choice for stopping her suffering, was not the Choice I would have made. But in her condition it probably was the best choice. She is back with her parents now. Now I'm the one suffering. I don't have the pain she had but I have a hole in my heart, I cant fill. Very lonely, even with people around me.

11. How would you describe your religious practices right now?

\_\_\_ I continue to worship at our regular place of worship.

\_\_\_ I don't attend services as much as I used to.

\_\_\_ My religious affiliation has changed from \_\_\_ to \_\_\_\_\_.  
Why or what provoked that decision?

\_\_\_ My spiritual life, i.e., relationship with God has not changed

\_\_\_ I still maintain my religious practices but my belief in God has changed. If so, please explain.

I believe I'm closer to God than I have ever been. I believe he is my God and Savior and that he is in my heart, I believe that my beautiful loving wife (Pam) is my guiding Angel and is watching over me. I ask Jesus to give her a kiss and hug for me everyday I miss her so much

12. What do you believe about the afterlife? e.g, is there a heaven, do you expect to see your loved one again in some heavenly place?

I know we will be together again one day.

13. Do you still feel some bond with your departed loved one? If so, how would you describe that bond and how does it affect your bereavement?

I can feel her presence I just can't touch her.

14. Have you ever experienced some sense of the presence of your loved one? What was that experience? What do you think caused that occurrence to happen and why?

Some of the choices I make, I feel she has some influence in my choice.

15. Do you treasure some object or something that belonged to your loved one that preserves as a bond with your loved one? Or, is there a particular memory that you preserve in your mind about your loved one that is especially meaningful to you in your bereavement?

I remember every time I fixed her breakfast and took it to her, she always said "thank you Chuckie", (my nick name) she always thank me. I hope and pray I made a difference in her life.  
she was my soul mate.  
our wedding vow - till death do us part resonates with me.

16. Do you have any personal practice you maintain such as visiting a grave site on an anniversary of a birth or the date of death, arrange for special prayers at a special worship service, photos of earlier times, written remembrances such as a journal, designated times to be alone at some favorite place, e.g., beach?

Why is this important for you?

3-2-17 She would have been 62 years young  
I always give her flowers, card and candy  
on her birthday, I took her flowers, card, 1-  
candy bar, I told her I would have to eat  
your candy bar for you hope you don't mind  
then I said a little prayer, I ask Jesus  
to give her a kiss and hug for me, then  
I told her I love her, and miss her.  
Which I tell her every day, with out fail ure

17. In your opinion, how might your place of worship provide the needed spiritual support for someone who has experienced the loss of a loved one?

\_\_\_ Arrange a pastor or assistant pastor to make periodic contact with a bereaved parishioner, either by visitation or phone.

\_\_\_ Train a group of interested lay persons on ways to provide spiritual support to those who are bereaved

\_\_\_ Conduct education program for entire congregation on death and dying and how to deal with the bereavement process.

\_\_\_ Other

at this time I can not  
give you an honest opinion  
on that subject

18. What is your most persistent fear about the future with regard to your loved one?

- Fear I'll never find meaning for this loss
- Fear that memories of loved one will fade in time
- Fear that it could happen again
- Other (please explain)

*I know my sweet Pam would want me to go on and try to have some type of quality of life who knows I might meet someone I could learn to love again. But it would be very hard to find someone who would match up to her standard. At this time nobody could, best left hard to live alone.*

19. What other ways have you engaged in as you work through the grief process?

- Write a memoir
- Create family "rituals" or observances to remember the loved one
- Attend worship services more frequently
- Depend more on spouse or other "strong" family member
- Join a support group
- Devote specific time and place to be alone and pray
- Do more things with my family

Other *stay busy, processing her paper work changing things around in the home, eventually I will have to decide what am going to keep and what am going to have to get rid of.*

20. Are you optimistic that in time you will find some way to "accommodate" your loss into your life and allow your life to take up a new direction? Please explain.

*I haven't thought that far along into the future.*

NOTE: If you would prefer to add some additional information or expand on any of your responses, or if you have any questions about how this information will be used, please feel free to contact me by home phone preferably by email at [rbecker007@verizon.net](mailto:rbecker007@verizon.net). My home address is 11244 Handlebar Road, Reston, VA 20191-3908

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**THESIS GOALS**

**EXAMINE THE SPIRITUAL NEEDS OF FAMILY MEMBERS WHOSE LOVED ONE HAS DIED?**

**EXAMINE THE ROLE OR RESPONSIBILITY OF CHURCHES AND CLERGY TO ADDRESS THOSE NEEDS?**

**Questions for bereaving family members who have lost a child or an adult family member.**

1. Please specify the gender and relationship of your loved one.

*Female - Spouse*

2. What was the cause of death? When did death occur? Were you present?

Were other family members present?

*Ovarian Cancer on June 4, 2016. I was present, our children and a few friends were present.*

3. What is your religious affiliation?

Christian (specify denomination) *PRESBYTERIAN (PCUSA)*

Jewish

Muslim

Other (please specify)

None



4. What was your initial reaction to the death of your loved one? e.g., sense of sudden emptiness, confusion, disorder, inability to function, anger, resentment, hopelessness, some relief perhaps that your loved one no longer suffers. Please explain.

*Losing his wife, a man feels devastated by the sudden absence of most of the beauty, grace and glamour in his life. Adding the loss of intimacy adds a burden that is overwhelming in the sense of sudden emptiness. Although there is relief in the knowledge that she no longer suffers, the focus and purpose of one's life in providing care is suddenly gone leaving confusion and disorder. You ask, "why her and not me?" Loneliness begins to rule one's existence. Everybody says stay busy. There is no amount of activity that can replace so great a loss.*

5. If you received spiritual support at the time of your loss, who was the most helpful and how?

My pastor

Hospital chaplain

Hospital social worker

Someone in your parish other than your pastor

Other, please specify *My sister-in-law and close friends*

No one

*provided great support.*



6. Did these visitations cease at some point? If so, how long after your loss, e.g., a week, month? Were there any follow up contacts e.g., phone calls?

*Phone calls and sympathy notes were the principal follow-up contacts. The calls were weekly for an extended period and continued now eight months later.*

7. Which method of spiritual support was most helpful?

Prayer

Bible reading

Conversation

Being present

Other (please specify)

8. How would you describe your bereavement now?

- Grief never goes away and never will
- Sense grief most on anniversary of birth and death
- Feel your own grief when you hear about the death of another child
- Irritability, persistent anger
- No longer feel the need to grieve
- Other

9. What has changed in your life as a result of this loss of a loved one? ✓

Mindful that this information will be held in the strictest confidence, please describe what has changed and what caused the change? Examples from others who are still experiencing bereavement include: strain on the marriage, divorce, attention to siblings, loss of faith, stronger sense of presence of God, belief in God, attendance at place of worship.

*I feel that my heart is buried at Memorial Park which I pass daily. I have tried to become more involved in church and in lunch groups that formed after retirement.*

10. How do you explain the "rationale" for the death of your child or other loved one, e.g., it was God's will, somebody is to blame, evil in the world, don't know, don't want to think about it (why)

*The explanation of the death is obvious - disease. The rationale is difficult to grasp. One continues to ask, "why did she have to leave me?" Soloniness is kin to punishment of an ~~innocent~~ innocent person. Her passing robbed me of the focus and purpose my life had in her care. One has to accept the reality of the loss. The priorities that remain are faith, family and friends.*

11. How would you describe your religious practices right now?

I continue to worship at our regular place of worship.

I don't attend services as much as I used to.

My religious affiliation has changed from \_\_\_\_\_ to \_\_\_\_\_.  
Why or what provoked that decision?

My spiritual life, i.e., relationship with God has not changed

I still maintain my religious practices but my belief in God has changed. If so, please explain.



12. What do you believe about the afterlife? e.g, is there a heaven, do you expect to see your loved one again in some heavenly place?

*Jesus' sacrifice paved the highway to heaven for believers. I believe in eternal life and do expect to see my beloved wife again.*

13. Do you still feel some bond with your departed loved one? If so, how would you describe that bond and how does it affect your bereavement?

*I still feel a bond with my departed wife. A loving relationship of 53 years follows her life with joy and creates an emotional, spiritual and physical bond. The memory of her in life helps to assuage the grief.*

14. Have you ever experienced some sense of the presence of your loved one? What was that experience? What do you think caused that occurrence to happen and why?

*I think of her often. Activities that we used to share caused the memories to emerge.*

15. Do you treasure some object or something that belonged to your loved one that preserves as a bond with your loved one? Or, is there a particular memory that you preserve in your mind about your loved one that is especially meaningful to you in your bereavement?

*She loved the ocean. Walking on the beach with her is a memory that comes often to comfort me. She loved family activities. Seeing children and grandchildren brings her memory to the forefront.*

16. Do you have any personal practice you maintain such as visiting a grave site on an anniversary of a birth or the date of death, arrange for special prayers at a special worship service, photos of earlier times, written remembrances such as a journal, designated times to be alone at some favorite place, e.g., beach?

Why is this important for you?

*I do visit her grave regularly, enjoy scrap books, and share fond memories with friends. It is important that she not be forgotten.*

17. In your opinion, how might your place of worship provide the needed spiritual support for someone who has experienced the loss of a loved one?

Arrange a pastor or assistant pastor to make periodic contact with a bereaved parishioner, either by visitation or phone.

Train a group of interested lay persons on ways to provide spiritual support to those who are bereaved *e.g. Stephen Ministry*

Conduct education program for entire congregation on death and dying and how to deal with the bereavement process.

Other

18. What is your most persistent fear about the future with regard to your loved one?

- Fear I'll never find meaning for this loss
- Fear that memories of loved one will fade in time
- Fear that it could happen again
- Other (please explain)



19. What other ways have you engaged in as you work through the grief process?

- Write a memoir
- Create family "rituals" or observances to remember the loved one
- Attend worship services more frequently
- Depend more on spouse or other "strong" family member
- Join a support group
- Devote specific time and place to be alone and pray
- Do more things with my family
- Other

20. Are you optimistic that in time you will find some way to "accommodate" your loss into your life and allow your life to take up a new direction?

Please explain.

*I am optimistic because the support of family, friends and my church family encourage me.*

NOTE: If you would prefer to add some additional information or expand on any of your responses, or if you have any questions about how this information will be used, please feel free to contact me by home phone preferably by email at [rbecker007@verizon.net](mailto:rbecker007@verizon.net). My home address is 11244 Handlebar Road, Reston, VA 20191-3908

The information you provide will be used exclusively for my doctoral thesis and possibly in a publication. Mindful of the need to preserve your privacy, your name and the name of your loved one will not be used in the thesis or a publication, unless you specifically give me that permission.

As you may have surmised from the questions I have posed, my desire to write my thesis on this subject is to stimulate awareness within the Church for greater attention to the spiritual needs of those of us who continue to grieve the loss of a loved one – a process we too often must experience by ourselves and which has no end.

Finally, my deepest thanks and appreciation for taking time to respond to these questions. I am fully aware that some of these questions may awaken some sorrowful remembrances on your experience. Please know that I am deeply grateful for sharing those memories which I hope and pray will stimulate changes in the way our places of worship might respond to the spiritual needs, of those who are in bereavement. In the meantime, I will keep all of you in my daily prayers for the healing presence of God in our lives

Faithfully,

The Rev. Robert A. Becker (Bob)

## **APPENDIX D**

### **RESPONSES BY CLERGY IN REGION V OF THE DIOCESE OF VIRGINIA**

There are seven Episcopal churches in Region V. Mindful that the rectors of these churches are extremely busy, I visited each one personally and handed the questionnaire with a self-addressed, stamped envelope to each rector except one who had not started his new position as rector. I considered two of the seven as personal friends having known all of them for the past eight years. The purpose of the questionnaire was to assess their pastoral attention to the needs of bereaved members, and to offer my assistance in forming a bereavement group in their parish.

Two of the seven responded. One was rector of a prominent church in an exclusive part of Northern Virginia. In the absence of the rector of one church, the parish's Director of Operations answered my questions verbally.

#### **Summations**

The lay director of operations was most forthcoming in his responses about visitations to bereaved members. He explained that the parish has a policy that either the rector, lay pastoral care providers and/or Stephen Ministers visit bereaved families. What was surprising was that these contacts often continued from three months to a year depending on the family's needs.

The rector of the prominent church explained that clergy visit the family "often at a hospital, facility of home wherever the death occurs." There are no provisions for lay persons to do these visitations which occur "periodically over a year." His interest in forming a bereavement group was noncommittal though he did express interest in a packet of guidelines for forming a group.



Ed  
Dear Pastor:

The following questionnaire is a key part of my doctoral thesis from Virginia Theological Seminary. My hypothesis for the thesis is that the Church has been unable to provide long term spiritual care needed by members of parishes who are experiencing the grief of the loss of a loved one over an extended period of time. The obvious reason is the pressure of time which must be allocated to multiple obligations and the day-to-day operations of running a parish. The problem becomes even more acute when there is only one clergy person on staff who is charged with the multiplicity of responsibilities.

Accordingly, my thesis addresses the spiritual needs and ancillary psychological and behavioral aspects of bereavement and the need for finding solutions to address those needs. One of which is to propose that parish rectors explore the benefits of forming bereavement to help bereaved family members recover from the grief process. In the absence of clergy who are versed in how to organize and moderate a bereavement group, a packet of materials on how to organize and manage meetings of bereaved parishioners will be sent to rectors who have lay persons who are interested in this ministry.

To help me assess the need for this ministry, I am asking Rectors of Region V parishes to respond to the following questions and return the completed questionnaires to me in the attached self-addressed stamped envelope. My thanks to you for completing this questionnaire and for any additional comments or suggestions you may want to include.

The Rev. Bob Becker  
Church of the Holy Cross

1. Who is the principal person, lay or ordained, who meets with family members of your parish when a death occurs? Are these first visits made at the hospital or other health facility or at the family home? *Clergy - often a hospital, facility, or home - wherever death occurs.*
2. Do you have lay members in the parish who make subsequent visits with the family and if so, do they receive any special pastoral training?  
*No - Follow up primarily with clergy - also informally friends*
3. Do you assign an associate pastor who makes subsequent visits or do you as Rector undertake that responsibility? *Both - depends on circumstances. Will stay in touch.*
4. Over what space of time do you continue the visits and/or phone calls after the funeral, e.g., a month, three months, a year? *Usually periodically over a year.*
5. Would you be interested in forming a bereavement group in your parish? If so, would you want to receive a packet of guidelines and suggested promotional materials? Please comment, using the space on the reverse side of this questionnaire if necessary.

*Not sure about group. Interested in packet.*

*Thanks for stopping by. Rn*

## **APPENDIX E**

### **AGENDAS FOR HOLY CROSS BEREAVEMENT GROUP AND HOMEWORK ASSIGNMENT FOR FINAL MEETING**

#### **SUMMARY**

The first meeting underscored the group's "mission" to "resolve unresolved grief" and help them let go of pain and hold onto memories and hopefully, move toward fullness of life and daily living.

To that end each meeting began with prayer and an open invitation for a member of the group to share his/her story and enter into group conversation.

The first meeting on May 17 also included discussion about grief, some examples of loss and common responses.

The second meeting on May 31 was largely devoted to "myths of mourning," and the making of a "Loss History Graph" which charted losses experienced from the earliest to the most recent. This exercise sparked a great deal of interest in the group especially when they were asked to look for patterns that had emerged.

The third meeting on June 14 centered on group discussion of their loss history charts, e.g., psychological factors such as guilt and impact of multiple losses. Discussion of bereavement issues that arose over the first year after the loss revealed that many reported changes in their responses such as depression, guilt and diminished participation in religious activities, most notably questioning God's role in the loss.

At the conclusion of the meeting, each participant was given instructions to create a "relationship graph" that charted remembrances of relationships over the years including their deceased love one. It was designed to uncover unresolved conflicts over what feelings arose from failure to act or forgive. Unfortunately, the group never was able to discuss these critical issues.

The third and final meeting on June 28<sup>th</sup> focused on senses of bonding with the loved one and the afterlife. Most said they expected to see their loved one again in heaven. Their personal practices of bereavement were discussed. Some said they feel the presence of their loved one every day. An interesting common conclusion was to cherish memories of their loved one.

We discussed the changes that have occurred since the death of their loved one and the meaning they attached to their loss. That discussion led us into the ritualistic practices in the wake of their loss, whether they were helpful or no longer held meaning. All concluded that the funeral and burial services constituted a valuable entry into their bereavement.

Some expressed disappointment over the "drop off" of visitations and phone calls after the funeral. I detected some lingering anger in one member over the loss itself and a strong sense of injustice that their loved one had to suffer.

## **BEREAVEMENT GROUP – OUTLINES FOR MAY 17, 31, June 14, 28**

### **May 17 Agenda**

**Goal: Our purpose is to resolve “unresolved” grief – to help you move through the grieving process, to get to a place if recover – to feel better, to work through the pain, isolation and loneliness caused by your significant loss, so that although your loss has forever changed you, you will be able to let go of pain and hold onto memories, moving toward fullness of life and daily living.**

**Grief – what is it?**

- Feelings in the aftermath of loss
- Caused by end of or change in familiar pattern of behavior

**Examples:**

- Loss of a pet
- Moving to another location, especially after long term in one place
- Marriage – Divorce, separation
- Retirement
- Major health changes
- Empty nest
- Graduation
- Death of loved one

**Some Common Responses**

- Anger – general irritability, bitterness, world has become insecure, dangerous place, indignant response to relatives, friends who try to get you to stop grieving before you’re ready.
- Blaming – blame spouse for not telling physician about symptoms, hospital authorities (you sent him home too early)
- God – where were you when we needed you?
- Self – what could I have done, done more, some act of omission that might have hurt or upset peace of mind.
- Regrets – aka unresolved grief. Didn’t tell her how much she did for family, others, sacrifices made
- Loss of identity – Used to be husband, father, now don’t know who I am, my purpose, meaning

**Sharing Experiences (voluntary)**

**Homework:** Complete questionnaire, bring to next meeting on May 31

## **BEREAVEMENT GROUP – SESSION II**

### **May 31 Agenda**

#### **Unfinished business from previous meeting, questions,**

- Sharing experiences
- Will we need more than 4 sessions to accomplish goals?
- Invite guest speakers, e.g., hospital chaplain, clinical social worker?

#### **Discuss questionnaire**

#### **Myths of Mourning (discussion)**

1. Grief declines steadily over time
2. All losses prompt same type of mourning
3. Bereaved persons need only express their feelings to resolve mourning
4. To be healthy after loss of loved one, one must put person out of mind.
5. Intensity and length of mourning are testaments of love for deceased.
6. Losing someone to sudden, unexpected death is same as from anticipated death.
7. Mourning is over in a year.

#### **IV. The Loss History Graph**

Take standard notebook paper (8 1/2 X 11 1/2) or legal size pad.

Draw line across center of page. Divide the line into four equal parts making sections lightly.

Plot down of conscious memory or earliest recollection. Whether it's a loss or not and mark it just after year of birth. Probably be between age 2 and 5, closer to 5. It may be happy or sad, event, experience, an object or a place.

Identify you most painful loss. Find approximate date point and draw vertical line downward to bottom of page. Make notation of loss, e.g., mom died, child died, divorce.

Now, let your mind go back to your earliest memories and start making vertical lines to establish the relative intensity of loss. Make short notes, e.g., lost business, dog died. Most people over age 14 have at least 10-15 losses to plot. For adults, the average is between 10 and 15.

If there's time, we will read our charts to the group. If not, please bring you charts to the May 31 meeting so we can notice the many parallels there are between grieving people.

When done, examine what you can learn, e.g., what you were influenced to believe. Some losses were a function of misinformation or taught. Suspend judgment and criticism of those who taught you any incorrect ideas.

## **BEREAVEMENT GROUP SESSION III**

**June 14, 2017**

### **UNRESOLVED GRIEF**

#### **Unfinished business: Reading and discussion of Loss History Charts**

##### **Social factors include:**

- Social negation of the loss
- Social isolation
- Socially unacceptable loss.

##### **Psychological factors:**

- Guilt
- Loss of an extension of the self
- Reawakening of an old loss
- Overwhelming impact of multiple loss
- Inadequate ego development

##### **Diagnostic Criteria (6 mos. to one year after death)**

- History of delayed or prolonged grief
- Symptoms of guilt and self-reproach, panic attacks
- Somatic symptoms representing identification with the deceased one, often the symptoms of a terminal illness
- Searching behavior
- Recurrence of depressive symptoms
- Unwillingness to move the material possessions of the deceased
- Diminished participation in religious and ritual activities

##### **Criteria for successful recovery**

- Depression of bereavement is resolved
- Verbalizing: "I think I can begin to let time to go on. But that's hard because it mean I am going on without him."
- Holidays, particularly Christmas and Thanksgiving, becomes enjoyable as they were before loss
- Patient is able to discuss the deceased with relative equanimity and with nostalgia or the sweet sadness
- The mourner discovers and identifies with positive aspects of the deceased

#### **The Relationship Graph – take home assignment**

## **BREAVEMENT GROUP – SESSION IV**

**June 28, 2017**

### **SPIRITUALITY AND BEREAVEMENT**

#### **Discuss Relationship Graph Assignment**

##### **Spirituality and Bereavement**

The issue of spirituality embraces a wide spectrum of psychosocial needs of those experiencing bereavement over the loss of a loved one. Several questions posed in the survey monkey sent to members of the Northern Virginia Bereavement USA organization explored some of the spiritual aspects of their bereavement.

**When asked whether they “still feel some bond with your loved one?” every respondent said they still feel that bond.**

**When asked whether they experienced the presence of their loved one, and if so what may have caused that occurrence to happen, their responses affirmed that experience.**

- “I saw something that said, ‘when feathers appear, angels are near’ and the next day I began seeing feathers at random.”
- “Yes, I have. I was crying and driving to work and praying to God. All I wanted was to smell him in the baby smell and suddenly the inside of my car was filled with the aroma of a baby!”
- Felt this while practicing yoga – my mind was clear and open – and there he was.”

**Responses to the question whether they believe in an afterlife, the results were mixed.**

- 36% said there is a heaven
- 54% said they “expect to see their loved one again in a heavenly place.”
- 9% said they weren’t sure

**Asked whether they maintained any personal practice such as personal prayer, visiting a grave site on an anniversary, arranging for special prayers at a worship service or setting aside times to be alone at some favorite place, the answers reflected diverse responses.**

- “I do something on the day of his birth. One year it was getting a tattoo of his name. The next was giving my delivery nurse flowers.”
- “I still sing the song I made up for her when she was a baby. We offer a Mass for her on her angel date and birthday and at times we ask that the song, ‘Lord of the Dance’ be played.”
- “I think about him almost every day as well as feel his presence.”

**When asked why this was important to them, the respondents offered varied opinions.**

- “I want people to remember him. I want to honor and cherish his memory. I want to put good into the world on his behalf.”
- “This is the only way I can cope.”
- “Memories – it’s all we have.”
- It keeps me sane knowing that he is ok.”

### **SPIRITUALITY, BEREAVEMENT AND COMMUNITY (what do you think?)**

- “Each religious tradition – Christian, the Buddha, the Dharma and the Sanga, Islam, Taoism and Confucianism, all espouse the sense of the transcendent, finding purpose and membership in community are all necessary elements of the spiritual life.”
- “If we are to understand the spiritual lives of bereaved people adequately, we will do so within the context of pain and suffering that cannot be fixed.
- “Bereaved family members find their pain alienates them from their usual support networks. But grieving is not an individual process. It is interpersonal. Grief and the resolution of grief, it seems, are integral elements of our social bonds. In other words, grieving persons often draw spiritual support and social support by becoming members of a support “community” dedicated to the personal needs of a particular cause of death.”
- “Like religious practices, transformational changes occur in the bereaved person. They encounter an “otherness” that takes one beyond oneself. There is a sense of a higher world view and find meaning and purpose to their loss.”

### **RITUALS AND SYMBOLS**

“Linking objects are objects connected with the deceased person’s life that like the bereaved to the dead. In doing so, they evoke the presence of the dead. Linking objects function like relics of saints in which any personal possession or part of a person’s body can carry the power or saintliness of the person who has died and make him or her present once again.”

(Cite Athabascan practice of death houses containing memorable belongings of deceased.)

It’s called “cultural symbolism.” But as grief matures, the bereaved feel less of a need to be in daily contact with the linking object.”

What do you think about symbols and rituals? Eucharist services. Burial rites. Photos. Tattoos. Preserving an entire room.



## The Relationship Graph

This is our final homework assignment but it's also a very revealing and helpful exercise. Please try to finish it up and bring it with you for our next and final session together on Wednesday, June 28<sup>th</sup> at 7 pm. Since we will have a guest, the Rev. Claudia Tielking, talk a bit about losing a child and the bereavement process, I'm going to try to go over the results of this assignment before she speaks. So please try to get there by 7 pm if at all possible.

Here's some background and instructions for the Relationship Graph.

The goal is to identify undelivered communications. Basically, we need to complete a relationship that was supposed to be but never was. Relationships do not end with death or divorce. So here's how it'll work.

As we did before, use a sheet of paper at least eight and a half by eleven. Turn the paper sideways and draw a line from left to right across the middle of the page. The left end of the line represents the beginning of a relationship. If you are graphing a parent, that date is probably the same as your dawn of conscious memory. For all other relationships, it is the year you met the person. The right end of the line represents the current year; enter it now. If you are graphing a death or divorce, mark the year of that event in the appropriate place.

Next, go to the beginning and reconstruct the relationship to the best of your ability. Let your memory wander. Mark down whatever pops into mind. Decide which events are positive (above the line) or negative (below the line). Identify misunderstandings as well as memorable events.

Do not judge what happened. We're looking for the feelings you had when these events happened. Keep the graph centered on the relationships. You may find it difficult to allow yourself to remember anything negative about a positive relationship. On the other hand, some of you will struggle to identify positive events in your relationship with a less than loved one. While a parent may have been abusive at many levels, he or she may also have paid the rent and provided food and clothing. The idea here is to arrive at a truthful portrayal of the relationship.

Use the length of your lines, above and below the horizontal to indicate the intensity of your feelings at the time the event occurred.

To communicate and complete the discoveries made in your Relationship Graph, you must first put them into one of the following three categories.

Apologies

Forgiveness

Significant emotional statements

Apologies – you may owe an apology for something you actually did. Or for something you did not do. Or you may have communicated something positive before the death or divorce. In this category we are primarily concerned with you and your perception of your own action or nonactions.



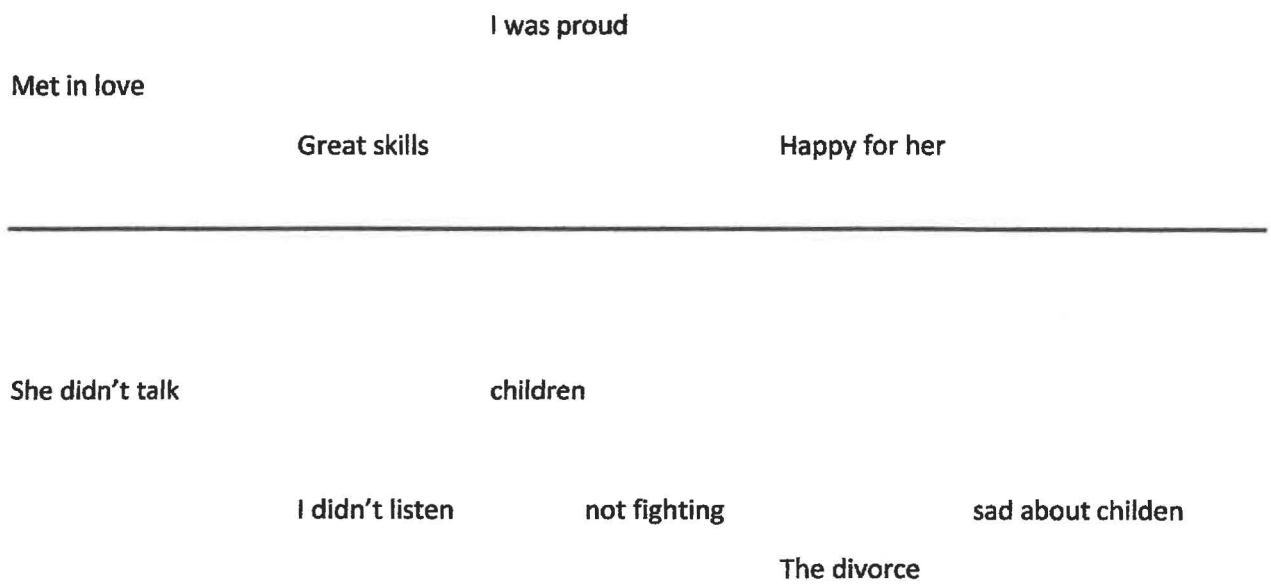
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Forgiveness – is giving up the hope of a different or better yesterday. Any memorized resentment of past events will limit and restrict our ability to participate fully in life. Forgiveness is giving up the resentment you hold against another person. You may need to forgive them for something they actually did.

Significant Emotional Statements – Any undelivered emotional communication that is neither an apology nor a forgiveness falls into this catchall category. Some examples:

I love you. I hated you. I was very proud of you. I was very ashamed of you. Thank you for the sacrifices you made for me. I appreciated the time you spent with me.

Here's the best I can do since I can't draw vertical lines with a computer. This is a graph for a former wife



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## **APPENDIX F**

### **BEREAVEMENT GROUP PROMOTIONAL MATERIALS AND BEREAVEMENT PRAYER**

#### **SUMMARY**

The two articles included here were printed and reprinted in the parish Sunday bulletins for several weeks preceding the first meeting date of May 17. A verbal announcement about the group was made at every service from February 2017 through May.

In addition, the two articles were emailed to every member of the parish on two occasions before the start-up date.

During the three month period the group met, a reminder was sent to each participant along with a meditation and/or a prayer which is attached.

## **SUNDAY BULLETIN ARTICLES**

### **End-of-Life Adult Ed Sessions**

Starting Sunday, May 7<sup>th</sup> adult ed program will feature two sessions on end-of-life issues. The May 7<sup>th</sup> program will focus on hospice care and palliative care and how these measures prepare families and patients for impending death of a loved one. Hospice is a movement dedicated to ensuring people die in comfort and care to meet physical, emotional and spiritual needs. Palliative care refers to medical procedures aimed at alleviating suffering and pain. Our speaker is the Rev. Michelle Chapman-Campbell, Associate Minister at Ebenezer Baptist Church, Chaplain for the VCU Medical Center and the Compassus Palliative and Hospice Care in Reston. She holds masters degrees in Business Administration, a M.Div. and a Masters degree in Patient Counseling. She is currently working on a doctoral degree in Faith Leadership in the Global Context.

The following Sunday, May 14 we will focus on bereavement. The presentation will provide a basic understanding of the grief process, an overview of myths and misconceptions associated with grief and how to facilitate healing. This session will give attendees an overview of how the new Bereavement Group will focus on grief and mourning on alternate Wednesday evenings starting May 17<sup>th</sup>, from 7 p to 8:30 pm. The Rev. Bob Becker will lead the May 14<sup>th</sup> discussion and each of the four meetings of the Bereavement Group. Bob is currently working on a doctoral thesis on "Spirituality and Bereavement" at Virginia Theological Seminary. He has served as a part time assisting priest at Holy Cross for the past nine years.

Sunday adult ed programs are held in the parish hall after the 9 am service from 10 am to 10:50 am

### **New Bereavement Group Being Formed**

Parishioners of Holy Cross who have experienced the loss of a loved one are invited to participate in a new Bereavement Group being formed to help those who grieve over a loss to gain skills that will facilitate the healing process. Four-sessions will be offered on alternate Wednesday evenings beginning May 17<sup>th</sup> through from 7 pm to 8:15 pm. Members of the group will participate in exercises and homework projects to help identify various mourning symptoms, e.g., unresolved grief, anger and depression, and explore ways to deal with those symptoms. The Rev. Bob Becker will be the principal facilitator of the group with assistance from clinical bereavement counselors who will be invited to speak on specific issues.

The group will meet in the parish office suite on the following evenings. May 17, 31, June 14 and June 28. Interested parishioners are asked to sign up and give their email address on a form provided in the Upper Room.

Dear Friends,

First, my thanks to those of you who were able to make it to the adult forum this past Sunday. Frankly, I was amazed to see so many folks actually turn out for this session – and on Mother's Day no less.

Please remember that we will meet this Wednesday evening at 7 pm in the parish office suite. I promise we will finish up NLT 8:15 pm. Our practice for each of the four sessions, May 17, 31, June 14 and 28<sup>th</sup>, will begin with each of you to talk about your loss. If you're not ready to do this, it's perfectly okay. Perhaps at a later session or just take a pass.

I have a tentative volunteer who may be available to speak about her loss this Wednesday. I'll confirm that today if possible. After one of us tells our story, the plan is to engage in some conversation about some of the issues we all face at some point in our bereavement. This week we'll get into regrets, what grief therapists call unresolved grief. There will even be a very short homework assignment which you can bring with you at the May 31<sup>st</sup> meeting for discussion.

The goal for our sessions together will be to help you move through the grieving process, get to a place to recover and to feel better as we work through the pain, isolation and still treasure the memories.

Again, thank you all for signing up for these sessions. I'm really looking forward to seeing you all and to work together on some issues that linger in the wake of our losses.

Bob

## **WHAT TO PRAY WHEN YOU DON'T KNOW WHERE TO START OR YOU DON'T THINK YOU CAN PRAY**

1. The Lord's Prayer: Our Father who art in heaven, hallowed by your name. Your kingdom come. You will be done, on earth as it is in heaven. Give us this day our daily bread. And forgive us our trespasses as we forgive those who trespass against us. And lead us not into temptation, but deliver us from evil. For yours in this kingdom and the power and the glory forever. Amen.
2. Lord, sustain me with your presence. Pour your healing power upon me and give me courage and strength for this journey of recovery and healing. Amen.
3. Lord, Jesus Christ, may you uphold me and fill me with your grace, so that I may know the healing power of your love in every area of my life. Amen.
4. Lord, I pray that you will set me free from all anxiety, doubt, fear and uncertainty. Amen.
5. Send, O God, your healing light and power and energy into every part of me. And grant that every place of brokenness and injury be case out and that wholeness of both body and spirit be given to me. Amen.
6. Gracious God, I give you thanks for the medical professionals whose dedication and commitment to healing give me hope and peace. I give you thanks for family and friends, for their love and support, their kindness and their care.
7. Holy God, I come to you at a place where I am not comfortable. I am not used to being unable to care for myself, rather, I am the one who cares for others. Lord, comfort me and speak to me in ways that will enable to accept my situation and to accept letting go and letting others help me. Give me the courage to be comfortable in this new role as the care receiver, knowing that in due time, I will be healed and strengthened for whatever lies ahead. Amen.

8. Holy Spirit, fall afresh on me, melt me, mold me, heal me, use me. Holy Spirit, confident in your indwelling in me, I beseech you to offer prayers on my behalf to God. Pray for me those things that I do not know to pray.  
Amen.
9. Lord, help me feel your presence and rest in your promise to be with me always. Fill me with the Holy Spirit. Help me trust in your sovereignty and to keep strong faith in the great physician, our Lord and Savior, Jesus Christ.  
Amen.
10. In the quiet of these days and this time, when I find myself in despair and the halls of darkness, speak to me O God. Calm my fears, erase my anxieties, ease my pain. Let me be reminded that even in darkness, the light of our Lord, Jesus the Christ, still shines. Amen.
11. Holy Father, I come to you as your child, broken of body and spirit, in a place where I have never been before, sustain me, bring me your words from scripture to comfort and encourage me. Even when I cannot form the words, Lord, give me a sense of your presence so that I may gain solace and hope.  
Amen.

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## APPENDIX G

### **PROPOSED SYLLABUS FOR A COURSE ON SPIRITUALITY AND BEREAVEMENT FOR SEMINARY MDIV STUDENTS**

This course is purely introductory in content. It is intended to give seminarians an understanding of the nature of bereavement, the psychological and theological implications of bereavement and the need to provide spiritual support to members of their congregations who have experienced the loss of a loved one.

It is designed to be a one-week course consisting of ten hours of instruction, discussion and exposure to pastors, counselors, bereavement group leaders and bereaved family members.

The course consists of two one-hour segments each day. The first segment is devoted to lectures by the priest-leader and invited guests to review the assigned readings in group discussions.

After a 15 minute break, the second hour consists of presentations by those who are engaged in bereavement counseling and formation of bereavement groups sponsored by a parish. Presenters will include grief therapists, parish clergy who are engaged in bereavement programs, chaplains, hospice leaders, a panel of parishioners who have experienced the loss of a loved one and the spiritual needs of bereaved family members.

Timing of when this course may be offered may be complicated. One possibility would be to include it in the scheduling of pastoral care courses. The recommendation to offer it the week between semesters would be complicated by GOEs and end of semester papers. Since the course is intended for M.Div. students, scheduling the course in the summer also is problematic for those who normally head for home. All of which suggests scheduling the course in conjunction with other pastoral course offerings.

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## **Proposed Syllabus for Seminary Course on Spirituality and Bereavement**

**Course Description:** This course will examine and define the pastoral, theological and praxis of the Church's role in providing pastoral presence to parishioners experiencing the bereavement in the wake of the death of a family member or loved one. The intent of the course is to prepare future priests of the Church to attend to the unique spiritual needs of the bereaved and understand the dynamics of bereavement that will affect their response to those in need of spiritual care.

The course is designed to offer five sessions that will address the issues listed below. It is envisioned that the course could be offered on five two hour Saturday mornings: lecture and discussion followed by presentation and discussion with guests who are engaged in bereavement issues, e.g., grief counselor, clergy from parishes that offer successful bereavement groups, a panel of parents who have lost a child, a hospice worker, people who have benefited from bereavement groups.

**Credit hours: 2**

### **Learning Outcomes for this course:**

1. Knowledge and understanding of the range of spiritual, psychological experiences of parishioners in the aftermath of period of bereavement that occurs in the wake of the death of a loved one.
2. A working knowledge and understanding of how to respond to the spiritual needs of those who are grieving the loss of a loved one including the importance of rituals and pastoral visitations both in the near term and over an extended period of time.

### **Required Texts:**

“Understanding Your Grief Support Group Guide,” Alan D. Wolfelt, Ph.D. Used paperback copies are available from Amazon.

“Bereavement and Support: Healing in a Group Environment,” Marylou Hughes. Used book is available from Amazon.

“Recovery From Bereavement,” Parkes and Weiss. Copies available electronically under Resources in the course folder in My VTS. Used book available from Amazon.



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**Course Format:** Participants will be required to respond to several questions to be issued before the beginning of classes. The questions are intended to stimulate the student's thinking and predispositions on the issues related to dying, death, mourning and the afterlife. Responses are to be short and to the point and to be submitted to me before the first class.

Class sessions will be in two segments: (1) Comments and discussion on the subject for the day; (2) presentations and observations by people in bereavement, professional practitioners, e.g., grief counselor, leaders of bereavement groups.

**Concluding Reflections:** At the conclusion of the course, participants will be asked to submit a five-page critique of the material that was presented, including comments by invited guests. Consider the following aspects.

- Lecture and discussion sessions
- Reading assignments
- What aspect of the course will be more helpful to you in your ministry?
- Which session was the least helpful?
- What was your reaction to the premise that parish clergy are reluctant to visit members of their parish who are in bereavement?
- What was the "take-home message" you learned from the course?

## **Course Schedule**

### **Session One: Theology of Dying, Death and Bereavement**

**Myths**

**Phases of Grief and Mourning**

**Where is God?**

**The Resurrection**

**Readings:** "Treatment of Complicated Mourning," Therese A. Rando, pp.30-43  
"Spirituality and Bereavement," R. Becker, pp. 91-100

### **Session Two: Understanding Death Attitudes**

**Fearing Death**

**Anger**

**Blame**

**Guilt**

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## **Denial**

**Readings:** “Understanding Dying, Death and Bereavement,” Leming & Dickinson, pp.20-22  
“Bereavement: Studies of Grief in Adult Life,” Parkes, pp.80-86, 100-106.

## **Session Three: Spiritual Responses to Death**

### **Continuing the bonds**

### **Links, occurrences, memories**

### **Web of Bonds and Meanings**

**Readings:** “Continuing Bonds,” Klass, Silverman, Nickman, pp. 349-350;  
“The Spiritual Lives of Bereaved Parents,” Dennis Klass, pp.46-52; 94-115, 174-  
“Treatment of Complicated Mourning,” Therese A. Rando, pp. 462-488. Copies  
are available electronically under Resources in course folder in MyVTS.

## **Session Four: Death of a Child**

### **Spiritual Needs of Parents**

### **Visitations**

**Readings:** Chapter 6 “Confronting a Spiritual Crisis: Where Is God When Bad Things Happen?” in “What Forever Means After the Death of A Child,” Kay Talbot. Available electronically in course folder in MyVTS. Used paperback available from Amazon.

## **Session Five: Bereavement Groups**

This two-part session will focus on presentations and Q&A by leaders of bereavement groups; topics for discussion will include the need for forming parish-related bereavement groups and the value of this ministry as expressed by members of two bereavement groups.

**Readings:** “Understanding Your Grief Support Group Guide,” Alan D. Wolfelt, Ph.D. Used paperback copies are available from Amazon.

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“Bereavement and Support: Healing in a Group Environment,” Marylou Hughes, Chapter 4: Setting Up a Bereavement Support Group.” Used book is available from Amazon.

Chapter 5 of “Recovery From Bereavement” pp. 155-174, Parkes and Weiss. Copies available electronically under Resources in the course folder in My VTS. Used book available from Amazon.

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Attachment A  
Identification of Content

Title of Content: Spirituality and Bereavement

Author(s): The Rev. Dr. Robert A. Becker

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Description of Content: the text examines the spiritual, psychological  
anthropological issues of bereavement.

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