



Understanding Grief and Loss
pastoral care team training
september 26, 2010, 6:30 – 8:30 pm

John 11:32-35

³² When Mary reached the place where Jesus was and saw him, she fell at his feet and said, “Lord, if you had been here, my brother would not have died.”

³³ When Jesus saw her weeping, and the Jews who had come along with her also weeping, he was **deeply moved in spirit and troubled**.

³⁴ “Where have you laid him?” he asked.

“Come and see, Lord,” they replied.

³⁵ Jesus **wept**.

Jesus responds to Lazarus’ death in some interesting ways. When Jesus sees Mary and the other Jews weeping, the text says Jesus was “greatly disturbed in spirit and deeply moved” (v. 33) But the Greek words used there (the original language in which John’s Gospel was written) are not so sentimental. The sense is that Jesus is *indignant* and *all stirred up inside*. *Jesus is fuming, irate, furious, livid!*

The shortest verse in the Bible is verse 35, “Jesus wept.” There is a lot of weeping going on in the wake of Lazarus’ death. Martha is weeping. Mary is weeping. The Jews are weeping. But the Greek word used to describe Jesus’ tears is a different word and is more like “burst into tears.” Jesus essentially started balling his head out at this point. **So here we have an irate and furious Jesus balling his eyes out.**

Grieving is natural. NOT grieving is UNnatural.

It is a normal and expected response to any loss, not just death. And any change involves loss. It is the process that helps us to adapt to the changes that come with loss. All of us grieve in our own way. Our grief is based on our perceptions of loss. These perceptions belong to us and do not need to be validated by others. What we feel is what we feel!

QUESTION: What sorts of changes might lead to a difficult grieving process?

Grieving takes time

Often more time than we think. It touches all aspects of our lives: physical, psychological, emotional, social, cultural and spiritual.

Grieving is Christian

see 1 Thess 4:13

Grieving is hard work

It takes energy, both physical and emotional, to cope with the changes that come with loss. It can also be painful, and at times it might seem impossible to resolve. But peace will come. Some people need help to grieve, to deal with old or recent losses. Unresolved grief can lead to serious physical, emotional, spiritual and psychological problems. In other words, it’s worth the work!



Biblical Insights for Understanding Grief

The Bible dignifies grief by presenting it as a God-given, therapeutic response to loss.

God grieves

The Father grieves over evil in Noah's day (Gen 6:6)

The Son grieves over the death of Lazarus (John 11:35-38)

The Spirit grieves over believers' sin (Eph 4:30)

God responds to our grief

Recording our tears (Ps 56:8)

Sympathizing with our weakness (Heb 4:15-16)

Eventually ending our grief (Isa 65:19; Rev. 21:4)

Grief measures the meaning of our attachments

Our attachment to friends (John 11:36)

Our attachment to family (Gen 50:1)

Grief potentially interrupts life's routines

Leaving mourners with little appetite (2 Sam 12:17)

Causing mourners to wish for death (2 Sam 18:33)

Multiplying m o d s illness and death (1 Sam 4:18-22)

Grief potentially persists over an extended period of time

For seven days (Gen 50:10)

For thirty days (Num 20:29)

For seventy days (Gen 50:3)

Grief is potentially expressed in a variety of ways

Before a loss (Mt 26:37-38)

By shock, numbness, or denial (Mark 8:31-32)

In anger (Job 10:9)

Through bargaining (Isa 38: 1-22)

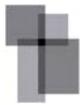
With depression (2 Sam 12: 16-18)

With acceptance (Phil 1:12, 21-24, 4:11-13)

Grief is potentially facilitated by various expressions

Through songs (2 Sam 1:17-27)

Through poetry (Lam 1-5)

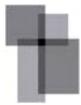


SOCIAL READJUSTMENT RATING SCALE

(From Thomas Holmes & Richard Rahe, University of Washington School of Medicine)

Stress, whether positive or negative, affects you. Use this scale to assess your current level of stress.

Life Events	Value	Points
1. Death of a spouse	100	_____
2. Divorce	73	_____
3. Marital separation	65	_____
4. Jail term	63	_____
5. Death of a close family member	63	_____
6. Personal injury or illness	53	_____
7. Marriage	50	_____
8. Fired at work	47	_____
9. Marital reconciliation	45	_____
10. Retirement	45	_____
11. Change in health of family member	44	_____
12. Pregnancy	40	_____
13. Sex difficulties	39	_____
14. Gain of a new family member	39	_____
15. Business readjustment	39	_____
16. Change in financial state	38	_____
17. Death of a close friend	37	_____
18. Change to different line of work	36	_____
19. Change in number of arguments with spouse	35	_____
20. High mortgage	31	_____
21. Foreclosure of mortgage or loan	30	_____
22. Change in responsibilities at work	29	_____
23. Son or daughter leaving home	29	_____
24. Trouble with in-laws	29	_____
25. Outstanding personal achievements	28	_____
26. Wife begins or stops work	26	_____
27. Begin or end school	26	_____
28. Change in living conditions	25	_____
29. Revision of personal habits	24	_____
30. Trouble with boss	23	_____
31. Change in work hours or conditions	20	_____
32. Change in residence	20	_____
33. Change in school	20	_____
34. Change in recreation	19	_____
35. Change in religious activities	19	_____
36. Change in social activities	18	_____
37. Low mortgage or loan	17	_____
38. Change in sleeping habits	16	_____
39. Change in number of family get-togethers	15	_____
40. Change in eating habits	15	_____
41. Vacation	13	_____
42. Holidays	12	_____
43. Minor violation of laws	11	_____



Scoring:

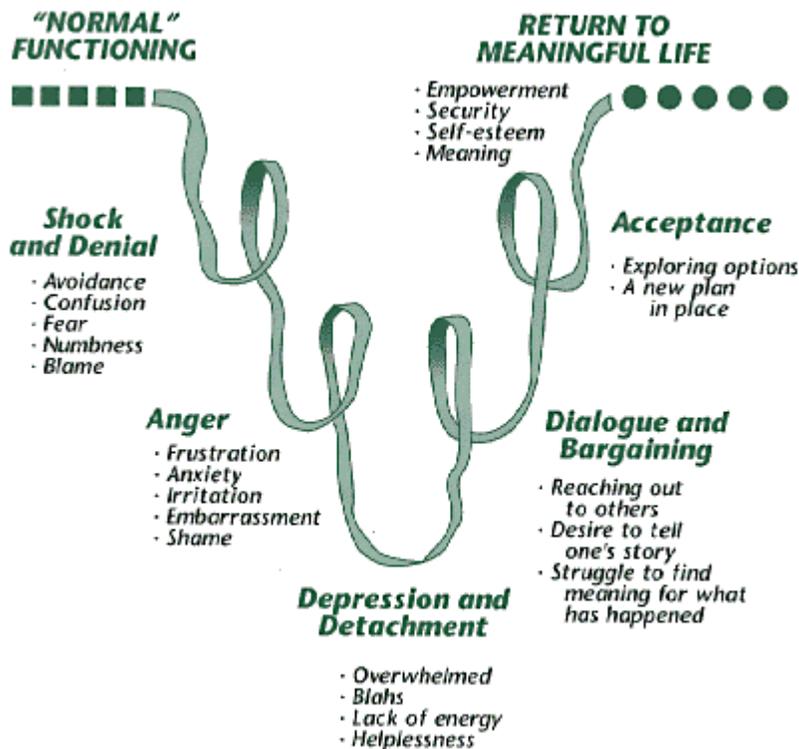
The preceding list is a typical scale used to measure the repercussions of changes occurring in one's life. Add values to the right of each event that has occurred in your life in the last 12 months.

If your total is **less than 150**, your situation is comparable to that of the average population and your susceptibility to contract a serious illness is approximately 30% (or less).

If your total is **between 150 and 300**, you have an approximately 50% chance of becoming ill.

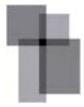
If your total is **more than 300 points**, you have an 80%/90% chance of experiencing a serious change in your health status.

KUBLER-ROSS MODEL OF GREIF (from Elisabeth Kübler-Ross, *On Death and Dying* (1969).



Stephen's Ministry model of grief

- Stage 1: Impact
- Stage 2: Recoil
- Stage 3: Recovery



SIGNS AND SYMPTOMS OF GRIEF

Each of us experiences grief in our own way. Although there are some very common signs and symptoms of grief, not all of us will experience each of these responses. Signs and symptoms of grief may come and go over time.

emotional

- Shock, numbness, emptiness
- Indifferent to daily routines or activities
- Withdrawn or explosive
- Needing to review the loss

mental

- Poor concentration, forgetfulness
- Daydreaming
- Anger, guilt
- Denial, disbelief
- Confusion, sense of "this can't be real"
- Constant thoughts about the person who has died (or other loss)

physical

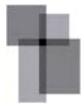
- Tight chest, palpitations
- Shortness of breath
- Diarrhea, constipation, vomiting
- Crying, sighing
- Lack of energy, weakness, rigidity
- Dizziness, shivering, faintness
- Restlessness
- Loss of appetite, overeating
- Insomnia or sleeping too much
- Increased drinking and drug use
- decreased sex drive

social

- Distance from others
- Lack of interest in others' activities
- Unrealistic expectations
- Poor judgment about relationships

spiritual

- Blaming God or life
- Lack of meaning or direction in life
- Wanting to die, to join the dead person



THE WORK OF GRIEVING

Grief is a universal human response to loss. It is an experience involving complex emotions, spiritual states, behaviors and thoughts. Grief is described as stages or phases. These stages are useful as frames of reference for our understanding as helpers. They may imply some automatic process or passivity, if used alone, and we need to couple this view with a more dynamic one. Another way of viewing grief is as "work." Much as we say birthing is labor, grief is also work – tasks to be done to ensure the grief is "good grief." This is an approach to grief that allows the griever some sense of initiative and power - something that he/she can do.

The four grief tasks:

- (1) **accept** the reality of the loss
- (2) **experience** the pain of the loss
- (3) **adjust** to the new environment
- (4) **invest** in new relationships/activities

1. **ACCEPT the reality of the loss** - by moving from denial of the loss and avoidance of recognition of the loss.

Shock is healthy and denial is a normal reaction. The relatively brief experience of shock helps the griever to begin to adapt to the loss. This experience will usually last a few minutes or a few days. If it persists, it becomes maladaptive and works against the griever.

DO try to accept grievers in their denial of their loss.

DO accept how difficult it is for them to accept the loss.

DO encourage grievers to talk about their experience of the loss and then LISTEN.

Encourage the griever to talk about his/her loss

- to dwell upon that which was lost
- to remember what it was like before the loss and
- to relate the events surrounding the loss

DO NOT rush in to set them straight and encourage them to accept reality.

DO NOT SUPPORT FALSE HOPES AND MISCONCEPTIONS.

2. **EXPERIENCE the pain of loss.** This is done by...
 - a. *Relieving, repeating and working through the pain of the actual loss event.* Most individuals will talk about how the loss occurred, where they were, what they did, repeating the material many times.
 - b. *Working through the fear that they will not "make it."* Bereaved people describe themselves experiencing waves of agonized feelings. They are reminded at every turn by simple, everyday events. Nights are particularly painful. They will ask, "How long will this go on?" "Will it ever end?" They may see or hear or feel the presence of the deceased



person (if the loss is a death). These experiences may be comforting or disturbing, but they are normal. They are part of saying goodbye. The bereaved may visit the grave repeatedly or be unable to dispose of belongings.

DO give reassurance that these experiences are normal and that the pain, in time, will lessen. How much time is difficult to say. The intensity of the pain diminishes but the experience of grief continues for a long time – perhaps years. Anniversary dates, music, places or another loss may trigger acute grief again.

DO NOT hurry grievers along by suggesting it's time they snapped out of it, that they dispose of deceased things.

DO accept the expression of guilt and express that “it’s O.K.” It’s natural to feel guilty. Encourage grievers to talk about how they believe they failed the deceased. Let them know that you see the guilt feelings as real.

DO reinforce the good things, the positive deeds. Grievers need this reassurance.

Expressing and "letting go" of anger...

- anger at the deceased for “deserting” the survivor
- anger at God for causing this to happen
- anger at caretakers who did not prevent the death
- anger at others who have not "lost" someone

The anger of grief is usually a secondary feeling stemming from the feeling of guilt, of abandonment, of the insecurity of being alone.

DO encourage griever to ventilate feeling. Grievers may unload hostility by exploding angrily, expressing quiet bitterness or breaking into tears.

DO NOT attempt to talk griever out of it, defend God, shame griever or denigrate their attitude. IDEALIZATION: Burying undesirable and painful memories. If feelings of guilt and anger are not worked through, an idealization of the deceased may occur, preventing movement into new relationships. Idealization of the dead is a common grief experience. Part of burying the dead is burying painful memories.

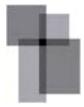
DO empathize and accept the griever's idealization as a way of handling the pain of loss.

DO try to be sensitive to any indication by grievers that they want to deal with negative feelings. Some may be using idealization simply because society says, "Speak well of the dead" and may be suppressing other feelings.

DO listen nonjudgmentally

DO NOT rush in to correct the idealization and help him/her to be more realistic.

DO NOT reinforce idealization.



Society also pressures grievers to suppress feelings and to resume jobs. Grievers are often restless, their thought processes are affected. They are often unable to make good decisions.

DO NOT give advice about being busy, getting involved and forgetting the past.

3. ADJUST to the environment where the loss is felt by...

Working through feelings of intense loneliness (even when surrounded by people) and move toward reaching out to others.

4. INVEST emotional energy in new relationships/activities.

Grief is a process of slow and gradual adaptation to the loss. It may be the most painful experience of life, but if grievers avoid it, the goodbye is never completed. Until the grief work, and the "Good grief" is done, the grievers cannot give their attention or their commitment to what has not been lost. Grief work holds within it the promise of reintegration.



What the pastoral care-giver can do in the denial/anger/depression stages

1. Pray
2. Be available
3. Be aware of special dates
4. Encourage emotional expression.
5. Encourage expression of specific feelings

Facilitating the Expression of Feelings

Care receiver says: "I really miss her so much. What will I do without her?!"

Don't say: "You'll get along somehow."

Do say: *"You must be feeling a deep sense of loss without her here. You're really missing her, and I can see that's very hard on you right now. What do you miss the most?"*

Accepting Feelings of Anger/Hostility

Care receiver says: "God must be absolutely horrible to have done this to me. I hate him."

Don't say: "Why, that's terrible of you to say that! Why are you so hostile?"

Do say: *"It sounds as if you're feeling pretty angry at God because of what happened. Could you tell me more about how you feel?"*

Facilitating Expressions of Guilt

Care receiver says: "I feel so terrible that he died before I could arrive at the hospital."

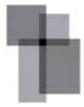
Don't say: "Well, it is silly for you to feel bad about it. You couldn't make it, that's just the way it was."

Do say: *"I can sense that you're having some guilt feelings about being absent at the time of death. Did you have something you wanted to say to him before he died?"*

6. Avoid saying platitudes

Platitudes to Avoid Saying

"God willed it."
"God only takes the good."
"We know that all things work together for good for those who love God" (Rom 8:28).
"Every cloud has a silver lining."
"Everything will be all right."



7. Gently confront the platitudes of the care receiver

Confronting Platitudes

Care receiver: "God must have willed it."

Care giver: "Could you tell me more about that?"

Care receiver: (after a thoughtful pause) "I guess I really don't know what I mean by that."

Care giver: "It is really difficult to make sense out of all this, isn't it?"

8. Mobilize support
9. Encourage self care

B. What the pastoral care-giver can do in the bargaining/acceptance stages

1. Pray
2. Encourage new social relationships
3. Keep in touch

www.endurance.org → *Encourager Magazine*, reflections of the journey through pain and suffering

THE PROCESS OF GRIEF (HEALTHY & UNHEALTHY)

A bereavement is a loss or death. The reactions to a loss are collectively described as grief or the mourning process. Grief unfolds over time and can take at least a year or more to settle. The intensity of the reactions should ease over time.

To describe the grieving process in stages is too limiting. One author (Simpson) has stated that grief has 305 stages, rather than 5 or 7 or 12 or whatever. We will look at grief in terms of reactions: Physical, Social, Spiritual and Psychological.

Bowlby has written about grief phases to help us understand how the process evolves. These general phases are as follows:

- a) Numbing - interrupted by outbursts of extremely intense distress a few hours to a week.
- b) Yearning or searching/anger - some months to years.
- c) Disorganization and despair - several months.
- d) Reorganization (to a greater or lesser degree).

Other researchers have explained the process of grief in terms of a story which has a beginning, middle and end. To help understand how the grief reactions occur we will look at them in terms of being early, middle or late reactions. Notice the word late instead of "end". It is as if, in some ways, the grief never really ends.

Healthy Grief Reactions

1. Physical: This collection of reactions usually occurs in the early phase of grief. Included are the following: tightness in the throat, shortness of breath, a marked tendency to sigh, emptiness or discomfort in the abdomen, lethargy, insomnia or oversleeping, loss of appetite or overeating, shaking or tremor, body pain (neck, head, back etc.) and bowel inconsistency.

There is a physical/emotional behavior which can occur throughout early, middle, and even late grief and it is described as a "wave of grief". It is as if one is overwhelmed by a large wave of emotion which renders one helpless for a short period of time (perhaps 10 - 15 minutes). In this case the helplessness would be a loss of control and a period of crying. Such "waves" are initiated by a memory, a picture, a song or other reminder of the missing person.

The "waves of grief" and sighing tend to occur repeatedly over the span of the grief process. They should occur less frequently and intensely over time.

When physical reactions persist into middle or late grief, it could mean that the psychological reactions are not being well managed.

2. Social: There is one main social reaction to loss and that is loneliness. The grieving person is often abandoned by friends or family, who do not know what to say or do.

There is an air of discomfort and awkwardness around grief in our culture because we continue to ignore real personal death. We are usually not taught in school what normal grief is all about, so we are unprepared for the losses in our lives.

Around the time of a loss we will often be surrounded by many caring well-intentioned people. In the early phase we are in a sort of shock, and so apart from some physical needs, there is not a lot for friends to do early on. Some types of loss have no early support as the loss is not acknowledged by society to be a death, ie. (failure to conceive or even miscarriage).

About a month following a loss the shock has begun to lift and the despair sets in and supportive company has disappeared. Some friends will even expect the griever to be better already. In essence these people take the mountain of grief and try to make it into a mole hill.

In the middle part of grief we can find ourselves feeling lonely and, at times, resentful. When there are people who keep in touch they will frequently offer platitudes such as "you are still young" or "I understand how you feel" and these comments only isolate us further from those who try to help.

To lessen the social isolation of grief we will have to coach a few friends on the support we require. We will have to tell them that we do need to speak of our loved one and we will likely cry or become angry (or whatever) and that what we need is a good listener and a tissue box. We need to tell our friend to allow us to grieve and not to worry about us; to not give us advice or talk about God, unless we ask her to do so.

In the late part of the grief the intensity of our mourning has eased dramatically. We may have been reluctant to reach out and become involved intimately because of our anguish and to some degree, our fear of being hurt again. To wait for a year or so before becoming intimate with someone new is wise. To impulsively "replace" the missing person early or midway through the grief can be disastrous.

3. Spiritual: If we are religious, there will likely be an increase or decrease in the quality of the faith commitment. If we are not religious, we may become so, or continue as we were before.

Some people question their values, goals and priorities and make changes (often for the better) in their lives.

These reactions begin early and can continue throughout the grief. Sometimes they do not get resolved until late in the process.

Often we will find ourselves growing through our grief experiences. We become different people in some ways. Some examples of these changes will be outlined in the section entitled cognitive (head) reactions.

4. Psychological: We experience reactions to loss in our heads and our hearts. For this reason, this section is divided into two subsections.

a) Cognitive (head) - Following a loss our minds do not work as they usually do. There will be a loss of concentration and short term memory. We will have no sense of direction and may lapse into lethargy or rush around busily doing many different tasks.

We lose control of our feelings and this can alarm us, particularly if we value self control in upsetting situations.

There is a tendency to be preoccupied with the one who has gone. They may appear in dreams or memory flashes or we may hear their footsteps on the stairs (as we did so often when they were with us).

One piece of research (Parkes) has found that 50% of those suffering a major loss actually have visions of the one who has died. Such "sightings" usually occur just upon going to sleep or awakening.

It has been suggested that we must accomplish three tasks as we live through our grief: Let go of the one who is gone; develop a new relationship with him; and become a new person ourselves.

Some forms of unhealthy grief occur because we do not "let go". The failure to detach ourselves may have to do with "unfinished business" concerning the dead person.

The new relationship with the deceased person may involve memories, occasional thoughts or conversations about them and special recollections on anniversary dates.

It is particularly important to become a "new person" to some degree when we have survived the loss of a significant relationship through separation or divorce. In the middle to late part of the grieving process we must ask ourselves what we could have done differently to have prevented the relationship from dying. The key here is to not take either too much or too little responsibility.

When a relationship has died, and we understand what could have prevented such a loss (by both partners) we are in an excellent position to prevent such a loss from reoccurring.

b) Emotive (heart) - Emotionally, grief is a chaotic, confusing and unpredictable experience. For those of us who like to be emotionally controlled or private, it will be a most uncomfortable time. It is as if we are forced to ride an emotional roller coaster.

Early in the grief there is shock and numbness with outbursts of anxiety or anguish. In the latter part of the early grief (ie. one month to six weeks post loss) the emotions begin to flow dramatically.

It is the "heart" or emotional reactions which extend over the entire length of the mourning process. They are most intense in the middle phase (eight to ten months) and should become much less noticeable as time passes, particularly towards the late portion of the process (eleven to twelve months or beyond).

It is important to mention that the emotions of grief are all appropriate. The sharing of such feelings may not always be appropriate because of timing, or surroundings or persons on hand. However, the emotions, whatever they are, "come with the territory" and need to be shared as constructively as possible.

There are "classic" feelings which we inevitably encounter at points along the way: anger (directed at almost anyone and everyone, even the deceased), guilt (the "what ifs"), depression/sadness and yearning or searching. Any other feeling we might experience is also normal and needs to be accepted and shared.

Unhealthy Grief Reactions

We need to be cautious when we think of grief as unhealthy or abnormal. Normal grief feels very abnormal. The unfolding of grief can be quite scary, particularly for people who have no idea what to expect and perhaps 80% of the population fits into this group.

For our purposes we will briefly examine four kinds of unhealthy grief (or lack thereof): absent, delayed, prolonged and exaggerated.

1. Absent: When the aforementioned reactions do not appear to be present, the grieving person is at great risk. Various studies have indicated that we are quite vulnerable within the first year or so following a major loss. Some have gone so far as to predict that we are 40% more likely to become seriously ill within that time.

When we attempt to withhold our normal grief reactions, particularly the feelings we experience, we undergo tremendous stress and will likely become physically or psychologically ill.

Sometimes grief is repressed because we may have learned as a child not to share personal thoughts or feelings; that to do so is weakness. It is necessary to unlearn some old habits that get in the way of surviving the losses we encounter.

2. Delayed: In this situation the healthy reactions are slightly present and then set aside for a time because of pressing duties. We can be so busy (or drugged) around the time of a loss or even thereafter (for months) that the grief is held in abeyance.

When we slow down, the reactions will flow with intensity and this can be alarming as we may have thought we were "doing so well".

It is important to return to some sort of routine schedule even early in the grief, however, too much activity (or too little) can be counter productive.

3. Prolonged: It was mentioned earlier that grief unfolds over time and should become less intense in the process. Sometimes we may find that even after a year or more that the early intensity remains and even intensifies (complete with physical symptoms).

It is not uncommon for us to have "unfinished business" with a person who is gone. We may have wished to tell him or her certain feelings we have for them or ideas which may have caused controversy if shared while the person was alive.

Sometimes we were hurt by the person who left and we have not forgiven him or her. We will not be able to overcome our loss if we do not let go of the person who has died or left. We may need to forgive before we can let go.

There are types of loss which are particularly hard to recover from. The grief remains intense for an extended period of time and may look unhealthy but in reality is appropriate. If the relationship lost was very close and the end very unexpected and tragic (and/or the person young), the grief will naturally take longer to exhaust itself. An example of this "chronic" sort of grief would be that experienced by the parents of murdered children.

4. Exaggerated (stuck): If we find ourselves at a middle point in the mourning process and we are not experiencing the chaos of varied emotions, we may be bogged down (with a return of early physical reactions). If one of the feelings becomes a major theme for us and remains day after day, we likely are being selective with what we share.

We may have grown up behaving that it is not appropriate or safe to share anger and as a result we get stuck in depression during grief. Or we dare not weep and find ourselves angry much of the time.

As in the prolonged grief we may also have unfinished business with the deceased and this will need to be addressed verbally or by writing.

Factors Influencing Grief

a. The quality of the relationship with the deceased ie. the unique nature and meaning of the severed relationship and the roles it fulfilled (Rando).

b. The type of death - accident or illness or separation. When the loss is sudden and unexpected there can be an intense grief process (ie. traffic accident with a drunk driver involved). Illness can also be hard but less dramatic if there has been some anticipation or warning. When there is a diagnosis and long term illness, there is anticipatory grief before the actual death which could leave us feeling relieved (and then guilty) when death comes.

c. The individual's coping behaviors, personality and mental health (Rando).

c. The support network of friends and family around the bereaved.

e. Former experiences with loss play a part in current adjustment. If we were unable to resolve a past loss, a new one might prove particularly difficult. If we were able to "work through" earlier losses and continue in life as a renewed person, it will be somewhat less difficult when a new loss arrives. It never gets easy but it does get a bit easier.

f. Other concurrent sources of distress. We may (as we become older) find ourselves experiencing several losses at one time. At times there is a form of ripple effect where one loss leads to numerous others. It is possible to experience grief overload.

Denis Boyd