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Teleconferencing For Bereaved Fathers

Following The Loss Of A Child

A Demonstration Project

By Moshe E. Bomzer, Rabbi

Mentors

Dr. Neil Gillman (HUC – JIR) and Dr. James Ellis (PCMH)

Submitted in Partial Fulfillment of the Requirements

For the Degree of Doctor of Ministry

Hebrew Union College – Jewish Institute of Religion

Post Graduate Center for Mental Health

March 2002

Adar 5762

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Prologue

R. Hama said in the name of R. Hanina, "What does it mean, You shall walk after the Lord your God?" (Deut. 13:5) Is it possible for a person to walk and follow God's presence? Does not the Torah also say, "For the Lord your God is a consuming fire?" (Deut. 4:24) Rather it means to walk after the attributes of the Holy One. Just as God clothed the naked, so too shall you clothe the naked, as it says "And the Lord made the man and his wife leather coverings and clothed them." (Genesis 3:21) The Holy One, visits the ill, as it says, "And God visited him (Abraham) in Elonei Mamreh (Genesis 18:1); so too shall you visit the ill. The Holy One, comforts the bereaved as it says, "And it was after Abraham died, and that God blessed his son Isaac..." (Genesis 25:11) so too shall you comfort the bereaved. The Holy One buries the dead, as it says, "And He buried him (Moses) in the valley" (Deut. 34:6), so too should you bury the dead."

(Babylonian Talmud Sotah 14a)

JUST AS GOD COMFORTS THE BEREAVED SO TOO SHALL YOU COMFORT THE BEREAVED

Comfort, Lord our God, the mourners for Jerusalem and the mourners who mourn this bereavement. Comfort them from their sadness and cheer them in their sorrow, as it is written, "As a man is comforted by his mother, so will I comfort you and through Jerusalem will you be comforted. Blessed are You, O Lord, who comforts Zion by rebuilding Jerusalem.

(*Birkat Hamazon* [grace after meals] in the presence of mourners)

Dedication

To Hakadosh Baruch Hu: May I warrant to serve God proudly for a lifetime and beyond.

To my family who give me strength, courage, understanding and the love I need to continue serving Kial Yisroel and the world.

To my parents whose indomitable spirits have kept my dreams alive throughout my lifetime and with God's help for many years to come.

To Dr. Carol Ochs: HUC - JIR, for always challenging me to be the best I could be.

To Dr. Neil Gillman: Jewish Theological Seminary, for your insights, sensitivities and real "Menschlichkeit." (HUC - JIR mentor)

To Dr. James Ellis: Post Graduate Center For Mental Health, with many thanks for your guidance, support and special concern for this project.

To Dr. Steven Dworkin: who gave me the support I needed, when I needed it.

To Dr. Anshel Weiss for believing I could start and finish this degree.

To my synagogue family and special friends who gave me the positive reinforcement, pride and privilege to embark upon this dream.

To Bev Shor, without whom the last eighteen years never would have happened, and the last three never could have succeeded.

To my family beyond my family. Todah Rabbah.

To the special people of my life who give me the strength to care for the bereaved and share in the Chesed community.

To Chai Lifeline for an extraordinary year of visioning and of caring - may we see the day when we will be healed of all sickness and sorrow and grief will be assuaged forever.

To Rachel and the kids a very special thank you.

Albany, New York, March 2002

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Chapter One:

A statement of the problem and issues addressed by my project

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A. Background of the issue within the agency and among the clients to whom I plan to minister

Grief is a natural phenomenon that occurs after the loss of a loved one. In many ways grief is an individualized process that can vary greatly from person to person and from experience to experience. Because of the pain, grief is exacerbated by the fact that we have few words in our vocabulary to describe it. The most common terms are bereavement, grief, loss and mourning, and these are often used interchangeably to describe the feelings and emotions being experienced.

Bereavement is the exponential state that a person endures after realizing that loss has taken place. Bereavement engenders an array of emotions, experiences, changes and conditions that take place as a result of the loss. The depth of bereavement can depend upon: a) the intensity of the attachment to the deceased; b) whether the death was anticipated with enough time to allow for saying goodbye and a measure of closure, and; c) the crisis and tragedy which ended in death.

Grief, on the other, hand represents the particular reaction one experiences while in the state of loss. Reaction experienced as grief might include anger, guilt, somatic illnesses, despair, sadness and depression. C.M. Parkes (1993) describes grief as "an

emotion that drains us toward something or someone that is missing. It arises from awareness of discrepancy between the world that is and the world that 'should be.'"

Death is an ignominious intrusion into our lives. It is unwelcome and forces us to make radical adjustments. Both death and grief cannot be ignored. We acknowledge the fact of death intellectually and it is experienced emotionally when it comes home to us. One day it all changes, death tragically takes one who is as dear to us as life itself. Suddenly we are involved personally in a crisis of grief, sorrow, pain and loss. We are face-to-face with the villain, death, which traumatizes one's very being. Once grief strikes, it is then a part of our humanness forever. Grief is interrupted love, loneliness, helplessness, frustration, regret and finality. It leads to, and needs, appropriate expression.

Chai Lifeline, an international agency caring for children suffering from terminal illnesses, has provided loving support and care to hundreds of families for the past fourteen years.

During the year 2000 – 2001 Chai Lifeline established a department of Bereavement and Grief Counseling. I have been chosen to direct this department, titled *The Caring Hearts Program of Chai Lifeline: The Center for Bereavement and Grief Counseling*. The Department is mandated to care for those families who have been part of the Chai Lifeline family and have suffered loss, as well as new families who have entered into the agency caseload by suffering loss through tragedy. The Department is also

designed to help those families where a parent has died leaving a spouse and young children to grieve. The support services include helping the family through direct counseling and support, as well as through children's schools and youth groups. The department has developed an emergency task force for responding to emergencies that arise within schools, a lending library of audio and visual materials, and a total team approach to caring for the needs of the family.

Along with the ongoing counseling and support during this past year, Chai Lifeline has for the past seven years hosted a full weekend retreat for families grieving the loss of a child. Sessions and activities have been established to allow for parents, men and women, separately and together, to share their grief and process through their experiences.

B. The Specific Needs to be Addressed

The pilot project I have chosen will respond to the needs of fathers located in different parts of the country. I have chosen to develop a Chai Lifeline Teleconference Program. In a world where many feel that one cannot begin to fathom the depth of tragedy and loss engendered by the death of a child, it has been seen time after time that grieving mothers and fathers find solace, support, empathy and sympathy through special bonds called the "circle of mourners." This is where they can share with others who have faced similar experiences.

There were a number of outcomes I projected for these teleconference sessions. They have implications for the existing group, as well as for future groups.

1. Teleconferencing has been used with success by support groups caring for individuals with cancers (breast and leukemia), child abuse, spousal abuse, and crisis and drug intervention. The use of teleconferencing for bereaved fathers was seen as innovative and challenging. It is hoped that openness to sharing feelings about loss, and even common religious issues, will help nurture a supportive environment on the Teleconference Line.
2. It was hoped that on-going contact with the dads between sessions, and concerns about other family members, would help in the process of the group.
3. It was hoped that commonality of trauma would bridge the lack of physical presence and that connections between the dads would be fulfilled through what they would communicate with each other.
4. Could the dads see each other through the phone by describing each other? Could they bond with each other through their voices and through their stories? Could the fathers connect to each other by way of describing their spiritual levels and religious concerns?

Could the fathers deal with deep emotional issues with others, without the benefit of eye and body contact? How trusting could they be with

each other? Could I, as facilitator, create the bonds of empathy and introspection necessary to make this group an effective tool for grief counseling and therapy? Would the fathers achieve levels of deeper understanding and application for their future growth and processing through of their loss?

5. Would the fathers be able to take their new insights and apply them to their daily lives and to the lives of their families and communities? Would they be able to reach a level of comfort and solace to reach out to God in a new fashion and overcome not only their grief but also their anger and frustration at God and community?

One of the most difficult realities of grieving is that even within the context of Jewish law, which provides a powerful framework for initial grief and support, nevertheless, Jewish law does not provide a framework for on-going support. Jewish law does provide the framework for grieving through; rendered garments, the expression of the Kaddish, abstention from joyous activities and the consecration of the monument in memory of the deceased. Nevertheless, families need ways to grieve, fathers need to grieve, fathers need to grieve with each other. They need someone who can facilitate the process and help them do a great deal of work to help themselves.

C. The Relevance of this Project to a Wider Ministry

The death of a child is an unbearable sorrow. For parents the wound cuts deeply and is often very difficult to heal. Many factors affect parental bereavement. The parent – child bond is a major consideration. Often a child represents a love object which tends to offer a unifying effect for the parents themselves, making them feel a part of each other through their child. Certainly one of the most important facts of the bond are the fulfillment of deep-seated needs representing a serious narcissistic involvement for each parent. Often family unity is dependent on the child, who plays an important role in the developmental growth of the family.

Identification with a child also affects parents' responses to death.

When a child dies the parents grieve not only for the deprivation of being without their child, but also for the lost aspects of themselves. Parents are physically intact but emotionally fragmented; their sense of self has been attacked. Identification continues to be experienced in psychological ways after the death, such as attempting to complete tasks started by their child or continuing hobbies of interest to their child. For the short term it may give the parents a sense of purpose. However, it can act as a deterrent to grief resolution if it is carried on too long or too intently. It can impact immeasurably if there are other children for which to care.

Not only are children a physical part of parents, but also they are a part of parents' social world, which is often arranged by the interaction with other parents or adults

who come into contact with their child. When a child dies the parents lose a connection between that child and the world. The age of a child may not seem to be a critical factor in determining parental grief reactions; it is always untimely. Nevertheless, there seems to be different grieving styles and experiences between mothers (women) and fathers (men) regarding death. (Martin, TL 1998)

Given all of the above, fathers who have suffered the loss of a child face a difficult challenge: how to deal with their loss and develop strategies that will help them help other members of their families. These strategies and insights will also allow them to overcome their tragedy as they begin to construct new lives without the presence of their child.

The fundamental concept of the demonstration project is to construct a model of teleconference sessions where fathers grieving the loss of a child can reach out to each other. They will be able to discuss relevant issues of loss, in a safe space, with some anonymity and with a professional pastoral counselor as facilitator and guide. Helping fathers grieve more appropriately will help families begin to heal more dynamically. The structure of the program can be duplicated by other synagogues, schools, or social service agencies in a fairly simple fashion for these issues as well as other crisis related issues and counseling.

Men are ostensibly socialized to be strong, controlling, self-sufficient family protectors. These factors work against open expressions of emotion, thereby

inhibiting the grief response. Loss over the death often strips a father of his ego and sense of self, leaving him angry and guilty with a strong sense of personal failure.

Schatz (1986) outlined six roles that can impede a father's positive grief resolution:

1) being strong (macho men control their emotions); 2) competing needs, winning in a crisis (and now they've lost); 3) being the protector of family and possessions; 4) being the family provider; 5) being the problem solver; 6) being the controller and role of being self-sufficient. All of these impact on fathers' responses to their grief and will affect the way they interact with their entire world.

Chapter Two:
Guiding and Informing Principles

Chapter Two : Guiding and Informing Principles

William Worden (1991) and Reverend Catherine M. Sanders(1989) offer four stage models which can help describe and prescribe a framework for understanding the dynamics of the grief process.

In the encounter with grief, individuals frequently experience the following stages which may correspond in some ways to the religious spiritual cycle suggested by Jewish mourning rites: 1) the initial shock and denial; 2) facing the painful truth; 3) putting together the pieces; and 4) affirming life and legacy.

Psychological and psycho-spiritual models have been developed to describe the grieving experience and to explain how grief changes over time. Although these models describe specific phases of grief, and each individual may react differently, knowledge of the phase and the psychodynamics of these phases, coupled with psycho-spiritual support, can help provide the kind of pastoral support that may be needed at each stage.

A. Pertinent Religious Principles

There is no question that the crisis points of illness and death are central to our human condition. We cannot escape their reality, or their impact. The most challenging of these realities is when they strike at children. Judaism posits a philosophy of affirmation of life and the need to search for meaning through illness and after death regardless of age.

Finding the meaning can be helpful in supporting a grieving individual or to even carry on in everyday life with faith and trust.

Throughout Jewish life and history we have been provided with a vast treasury of insights and guidance of how to deal with death and grief. The source materials begin with the Bible and continue throughout Jewish history, including the Mishnah (second through fourth century Rabbinic authority), the Talmuds (Babylonian and Jerusalem), the works of Maimonides, and Joseph Caro, and the Codes of Jewish Law. Today there is a veritable library of religious sources, which guide the bereaved through the labyrinth of law and lore. Through the process of comforting the bereaved we can help family systems begin to heal and rejuvenate after facing illness, tragedy and loss.

There are major Rabbinic Jewish sources that help us understand the reality of death, the challenge of death and the presence of God in our lives, they explain how we can act most godly when faced with the tragedy of loss. Through the process of comforting the bereaved, we can help family systems begin to heal and rejuvenate after facing illness, tragedy and loss.

Highlighting some Rabbinic thoughts regarding death and bereavement can be found in the following expressions of scholars who lived during the past one hundred years.

Rabbi Joseph B. Soleveitchik, in an article titled *Catharsis* (1978), posits that the most difficult challenge to the human being is to face the loss of a child. "Death is always the

great evil which man cannot accept. It is certainly unacceptable to a father whose grief over the loss of a son is limitless."

Rabbi Israel Meyer HaKohen Kagan, known as the Chofetz Chaim, writes in similar words following the passing of his son Leib, "When the Bible testifies that God commanded Aaron, the first high priest, following the death of his two sons Adav and Avihu that he was to remain silent." If this was true of Aaron, said the Kagan, "I too must remain silent at the loss of my son. I who have entered into the service of God, heir to grandfather Aaron, must also practice total inner withdrawal. Here is where the challenge of my faith begins. It is here that Jewish law intervenes in the most intimate and personal phases of our lives and demands of us a total dedication, often to the chagrin of those looking in our lives."

German Theologian Rabbi Samson Raphael Hirsch writes:

"Nothing needs such vigilant precaution as the emotions of the human being. For it is just in his emotions that man swerves so frequently from one extreme to the other. Both a running wild of the emotions, and a petrifying deadening of them are equally dangerous. Life itself with its major and minor hardships soon set the target and lead to the conclusion that man must meet the challenge of loss, or he loses the battle for life. The feeling of grief, however, has a deeper importance. While feelings of joy can produce a feeling of goodness, of wholesomeness, and of total embrace which can beget love; grief, on the other hand, because it is the expression of some form of constraint, has the tendency to

throw man back against himself. Grief has a way of filling the heart with only the self and leaves no room for anything or anyone else. Excess of feelings of grief render a person feeble and numb. The stifling of one's feelings of grief can deaden a person not only to God but to oneself, and one's family, and one's friends." (Horeb, 1964)

Rabbi Shmuel Berenbaum, (Dean, Mirrer Yeshiva, Brooklyn, New York) after the death of a second son declared, "Let no one who hasn't experienced death pay a condolence call, for one cannot begin to understand unless one has experienced the loss themselves."

The Codes of Jewish law provide guidelines for how we should grieve and the insight of how long we should grieve. Nevertheless, the codes can only be guidelines; they must allow for different feelings while at the same time try to frame them so they can prevent these feelings from either going too far or not far enough. The goal of the law is to help the griever overcome the emptiness in his life. It is important to reflect upon Judaism's perceptions of the grief journey and how these understandings can help guide the counseling process so that griever achieve a level of healing and renewal in their lives.

During the early parts of the grieving stages, which deal with shock and denial, mourners enter into a stage called *Aninut*, which means that one's personality is outraged by a sense of loss. This is the stage associated with the period prior to the funeral when the mourner may be confused, uncertain of how to focus their grief and in search of an understanding of what is happening to their child.

This concern may well continue long after the actual funeral. It is very important to help mourners talk about their concerns and even their experiences of postmortem contact. How the griever shares the experience with others and how they make sense of their personal experiences are very important in the grieving process. During and following the funeral, the goals of honoring and remembering the life of the deceased child and the ability for community to offer support to the griever is also very important. The experiences of *Shiva* (the period between the time of burial and the following seven days), the expressions of *Aveilut* (the process of mourning), sharing the expression of the *Kaddish* (memorial prayer expressed in the presence of a quorum of ten Jews at services throughout the mourning period), and even the silence (L'Chai Dumiyah Tehillah – to you silence is praise) are part of the early stages of grieving.

When the griever enters into a second phase of grieving, a new set of concerns may surface. Grievers may reflect upon the status of their child in heaven, and the concerns of *Kappora*, forgiveness here on earth, enter into the grieving process. The continued expression of the *Kaddish* prayer, with its long-standing tradition associated with redeeming the deceased from punishment, help continue the “spiritual connection between the mourner and the soul of the deceased.” (Lamm, Maurice, 1968) This part of the grieving process often allows for the mourner to work through unresolved feelings of anger, rage, resentment, guilt, sadness and longing for a deeper sense of love, peace and forgiveness. The stage of facing the painful truth can be facilitated by sharing the background of the dying experience with others. Knowing whether there was illness and

then death in contrast to traumatic accident can often guide the griever in a particular direction. The task of the pastoral counselor at this stage is to help the griever express dimensions of their bereavement reactions and help the process of moving on with life by tempering the grieving process.

The third phase of mourning can be described as a time of contemplation to allow the mourners to put the pieces together, and to look at the larger picture of past, present and future. Questions about the meanings of life, death, suffering and an understanding of God expand during this phase. Raising theological issues about God, religion and the future require "proper timing." For example talking about dreams and uncovering deep unconscious feelings about the deceased can be very enlightening. Helping mourners cultivate a spiritual perspective in the face of loss strengthens the ability for the griever to deal with loss.

In the fourth, and final, phase of the bereavement journey, mourners begin to reinvest energy in new activities, relationships and goals. The task of this phase is to say yes to life and to affirm its fullness. Dealing with marriage, new children, *Yahrtzeits* (anniversary of death) and the tasks of re-entering are all part of the phase. Rearranging personal priorities and refocusing meanings and purposes become part of the work of the phase. Grievers may develop a new sense of spiritual renewal, a recommitment to Jewish living and even a change in careers to meet with new feelings of wanting to share. The task of the phase is to search for ways to affirm that life goes on without denying the pain of loss, even when celebrating joyous occasions. By remembering and not forgetting, by

treasuring precious moments and letting them be memorialized in an appropriate fashion, mourners are able to grieve and honor the memory and the legacy of the one who has died.

B. *Pertinent Clinical Principles*

Sander's and Worden's four-phase dynamic model of the grief process include the following stages: initial shock and denial, facing the painful truth, putting the pieces together and finally affirming life and legacy. These phases can help provide a positive model for counseling bereaved parents.

Because the grief process is supported by a number of theories, the type of psychotherapy used will depend upon the particular training and orientation of the therapist. Grief is a process rather than a state. It is often the case that a bereaved person will be stuck in one phase or another for an extended period, feeling stress at not being able to move on. In the earliest stages of grief therapy it is most important for the therapist to offer non-judgmental support, compassion, and most particularly, sensitive and sympathetic listening.

The following therapeutic modalities have been recommended as possible techniques to be used by counselors. The primary approaches fall into the categories of Existential – Humanistic Approach and Behavior Therapy Approach. The primary theorists of these approaches have been Alfred Adler, Harry Stack Sullivan, George Pollock, John Bowlby, Colin Murray Parkes, Theresa Rando, Catherine M. Sanders and William Worden.

The psychodynamic approaches I am most comfortable with are the Adlerian and Rando Approaches. However, I think it is most effective to employ a variety of approaches.

Adlerian psychotherapy asserts that behavior serves goals, that personality is formed by interpretation of perception, and that personality malfunctions are often due to basic errors. The Adlerian approach to group therapy has been labeled "directive – verbal – deep box (insight therapy)." Adlerian group psychotherapy is a Gestalt type procedure, emphasizing the importance of insight by forcing clients to see themselves as others see them. Adlerian psychology also incorporates ethical values. Adjustment is not useless; it is the goal of living a useful and productive and supportive life. For the Adlerian, finding one's place in society is a key to successful living.

The Adlerian therapist always keeps in mind that man has three major areas of concern: family, work and society. There is an opportunity of finding insight through group process. For Adlerians the direction of human action is from the intellect to the emotion and then to the behavior. The Adlerian wants to find out how a client thinks, and tries to help him think better. Once this occurs, the feelings and behaviors will take care of themselves. Ultimately, the change mechanism is primarily via understanding and insight.

For therapy to be effective there is a need to combine variations of faith, hope and love into the therapeutic alliance. A therapist's faith system coupled with an appearance of wisdom, strength and assurance, supported by the therapist's willingness to listen without criticism, are all used by the patient to strengthen his faith. Patients enter therapy with varying degrees of hope, from complete hopelessness to hope for everything. Because of

the efficacy of the self-fulfilling prophecy people tend to move in the directions of making their anticipations come true. Adlerians use encouragement as a prime technique in therapy. The therapist's faith in the patient, his non-condemnation of him and his avoidance of being overly demanding of him, may give the client hope. The client may gain hope when he feels others are working with him, where he feels security and strength in the therapist, and where he feels some symptom alleviation. He may gain hope from attempting some course of action he feared or did not know was available to him. Love is a powerful tool in therapy if used correctly. The goal of being loving and caring helps to develop a client's social interest. Being loving from within the group will help the client understand that within the process of treatment he is absolutely free to do, or not to do, as he pleases. The key elements of the educational model of therapy is to foster social interest and decrease inferiority feelings and overwhelming discouragement. It includes the ability to transform big mistakes into little mistakes, change faulty innovations, encourage the person to recognize his equality among his fellowmen, and help him become a more contributing human being.

Theresa Rando has carefully outlined three basic phases of grief and mourning characterized by a major response toward the loss: avoidance, confrontation, and accommodation. Rando feels that these items cover all the different loss reactions, regardless of type or source. These are not discrete, but oscillate among themselves, depending upon situational or personal issues of each case. The avoidance phase serves as a buffer, acting as an emotional anesthesia to the bereaved while allowing the griever a period in which to absorb the terrible awareness of the death. The confrontation phase is

a time of coming to grips with the loss, of grappling with and acknowledging the pain of separation, and of dealing with the vacillation of emotion that often fluctuate between deep anger and sadness. During this period reconstructions are taking place slowly, while the bereaved struggles to live without the deceased and, at the same time, trying to keep the new relationship with the deceased appropriately alive. The third phase of accommodation is the one in which the bereaved learns to live with the loss and readjust one's new life accordingly. Accommodation doesn't mean that one no longer mourns, but that one manages to continue life without the loved one. Rando has also posited her "4R's" process of mourning: recognize the loss, react to the separation, and recollect and re-experience the deceased and the relationship. These steps include being able to relinquish the old attachments to the deceased and the old assumptive world, readjusting to move adaptively into a new world without forgetting the old and reinvesting for the future.

After the numbness of shock wears off, the process of mourning moves into an active phase. Living without the deceased child, the mourner begins to process feelings of anger, despair, sadness and anguish, either alone or together. With reality setting in mourners are often burdened with confusing and conflicting emotional and physical reactions. The challenge is to work through these feelings and experience the pain of the grief as much as possible. The goal of counseling is to be an active listener as the mourner shares his story of what he is experiencing, without judgment or denial of the pain. Whether the grieving period is very close to the experience of death or if time has passed it is very important for pastoral counselors to be available. Mourners need a

caregiver who cares enough to reach out to them, and can stay with them in their pain and grief without trying to make the pain go away. As time goes by the type and intensity of grief reaction will vary depending upon the circumstances of the death. Each parent responds according to their own level of intensity regarding the child and the family structure.

The American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorder*, fourth edition, has created a mental health classification called Bereavement Reaction which suggests that, "given the emotional challenges of grief, the seemingly abnormal reactions experienced in bereavement are quite normal." Accepting the fact that one may go through a range of emotional expression and that the mourner can be encouraged to accept these emotional swings is part of the healing process. "What you are experiencing is a normal part of the grief journey. The pain you feel is an important part of the healing process" (1994).

It is during this stage of grieving that one should encourage the bereaved to tell their stories, over and over again if necessary. Talking about the deceased child, particularly when there was illness and stress which preceded death is important. The bereaved parent doesn't want to forget the loss, just learn how to cope with it. The bereaved parent may experience conflicting emotions and the group setting can be a very safe space to share whatever is on their heart or mind. As long as a person needs to talk, they should be encouraged. This is how grief moves towards resolution. When the tragedy is caused by accident, talking about the guilt can help the bereaved come to grips with the

experience and begin to allow for forgiveness. Ultimately the understanding of conflicting emotions, such as love and hate, guilt and ambivalence, are important components to be explored. During the group process issues of adjustment and reconstruction come into focus, both functionally and emotionally. Being aware of family dynamics can often lead to more psychological concerns. Taking time to celebrate, giving time to children individually, celebrating holidays together, and planning out family rites of passage are all psychosocial components that must be explored as well. Learning from one another how to experience life together once again while still respecting the loss of the child is very important. Reaching out to friends or other family members, planning how to use time effectively and learning how to experience losses together are ways in which mourners can allow the process of grief to unfold in a healthy way. Sharing these ideas with others open up vistas and insights for all concerned. Learning how others prepare for Yahrzeits, for birthdays and holidays can help each father process through the loss and reconstruction.

Through the process of teleconferencing, the potential to analyze and learn about responses can be very helpful in the healing process as well. Ultimately the goal is to appreciate the gift of the past, recognize the challenge of the present and prepare for the destiny of the future. The focus for the future is to reach a point where the mourner will be able to reinvest energy into the future and say yes to life, rearrange priorities and to re-enter life with new found meaning and purpose. The goal of the pastoral counselor is to affirm life, honor grief, and preserve the past; to move from mourning to memory, from grieving the loss to honoring the memory.

In the emotions engendered by death, there are a number of issues that can, and should be considered:

- A) The inevitable feelings of pain, which can no more be dismissed than the physical suffering when a limb is amputated. The ego of the individual feels that part of him has been torn away. This is the initial condition of "*Anninut*," where one's personality is outraged by a sense of loss. While time may change the environment, it is possible to remain within the stage of *Anninut* past the burial and grieving processes. It is here that peer counseling and a recognition of "partners in pain" can be very helpful.
- B) When the loss recedes into the past, and one's ego feels only the after-effects. The pain is then more mental, because the loss, being in the past, exists only in the mind. The pain, since it is of mental nature, can be mastered with great effort. Its character is "*Aveilut*," the shrinking of one's mortified personality. At times the need is great, but the outlet is unavailable, to release the emotional buildup, and this is where connecting with others can be of great benefit.
- C) The third stage can be described as when the pain has now been overcome and one's ego is able to raise itself again upright and independent, but it has not yet regained self-confidence. Therefore, it neglects its outer appearance. The individual's personality confronts his outward appearance. When this is achieved the griever begins to reconnect with the society to which he belongs. With the feeling of belonging comes a true sense of camaraderie and a safe space to test one's re-entry style and success. It is here that emotions are let out, defenses are let down, and the process of trust begins anew.

Chapter 3:
The Methodology

Chapter Three: The Methodology

A. Approach and Procedure

The Dad's Bereavement ChaiLine will take place over a ten-week period. Each session will begin at 9:00 PM and conclude at 10:30 PM on alternating Monday nights. The teleconference link will conclude prior to a major Bereavement Retreat scheduled at a campsite in Upstate New York during the weekend of August 31 – September 2, 2001. Before the teleconference hook-up a detailed questionnaire will be sent to each father. The self-evaluative psychological work-up must be completed prior to a father being accepted for the teleconference link. The project population will range from those whose children had already been suffering with terminal illnesses, and those who will come from a population where their child died a sudden or tragic death due to physical collapse or accident.

Once fathers have responded to the questionnaire (found in the appendix), an assessment will take place to determine whether the fathers will be appropriate for a teleconference-counseling group. The issues of readiness will be assessed and telephone conversations will take place with each candidate to review the information. Once a father has been deemed appropriate for the program, his name will be put on a list to be called the night of the teleconference. A special teleconferencing agency will coordinate the calls within a fifteen-minute period of starting time.

Fathers will be advised of how the teleconference call will work and guidelines will be sent to each participant. Each father will receive a list of the other fathers on the line, with only their first name and the name of their deceased child. Once the group has been established, with an expectation of no more than six fathers on the line, I will be setting a framework of the issues that I believe would be important to discuss during the course of the program. Issues such as sharing the story of their tragedy, the support network available, the process of preparing for burial, the mourning experiences, the saying of the *Kaddish* prayer, and the impact upon spouses, other children, grandparents and friends are some of the issues that will be explored. Each session will focus on one or two concerns and then allow for open discussion of any issues they may have.

It is my expectation that we will also deal with meanings of life, death and trauma. We will also deal with God's presence and/or absence, as well as our ability to understand or explain the absurd and unknown.

B. Assessment Methodology

The evaluation of the success of this program will be determined by a questionnaire, which will be sent immediately after the last session, and the personal reflection written during the Bereavement Retreat. The purpose of the reflection will be to assess the psychosocial capacity of each father, create new bonds of sharing between the fathers, and determine means of providing on-going support for the fathers and their families. At the end of the five teleconference sessions the fathers will be offered an opportunity to

participate in another five sessions. If they choose to continue, other issues will be explored. There will then be a follow-up group established check in three months after the conclusion of the retreat.

Several responses concerning the audio teleconferencing technology suggest that the participants were satisfied with its use and that the technology itself was not a deterrent or inhibiting factor for their support network. Participants were also questioned on the perceived strength of several therapeutic and curative factors common to face-to-face self-help support groups, including universality, "the realization that others have similar problems," which empowers participants to share their personal experiences and feelings through the knowledge that others will understand them; group cohesion, "the recognition of commonalities," which leads to the formation of strong emotional and personal bonds between participants; and the instillation of hope through the development of positive perceptions of one's situation.

Other information touched upon the program's disadvantages, including a suggestion that "the sessions were too short to allow for real depth." One father noted that he was "reluctant to share because he was afraid others were on the phone with us." The lack of everyone being able to attend the Bereavement Retreat at the end of the program left one father feeling the "lack of follow-up support and face-to-face interaction" as a major disadvantage.

The respondent's overall perceptions of the self-help support program at a distance were positive. The overriding majority strongly agreed that the teleconferencing sessions addressed their need for social support and information regarding grief therapy. Also, there was strong interest in participating in future teleconferencing sessions and the participants strongly agreed that it would be important to continue. Clearly the fathers were satisfied with the program and the extent to which it met perceived needs for support from other griever.

A number of fathers commented that the program made them feel they "were not alone" in their struggle with reconstructing their lives. Each noted that the program offered an opportunity "to share and hear the experiences of others."

In the end, it is evident that audio teleconferencing technology can satisfy many of the support needs so much so that Chai Lifeline is investing in even more groups for the coming year. By sharing experiences and providing support at a distance, these fathers were able to overcome some of the isolation they experienced in their home communities.

Chapter Four:

Results

Chapter Four: Results

A. *Description of Outcome:*

The process for determining the success and potential adaptation of this project is based on the methodology described in Chapter 3B.

The Dad's Bereavement ChaiLine was set for the Monday nights of May 14, June 4, July 2, July 16 and July 30, with the post-teleconference Bereavement Retreat planned for August 31 – September 2, 2001.

There were five dads registered with the group and the teleconferencing company ADI (Passaic, NJ) has been professional. Sessions began at 9:00 PM and have concluded at 10:30 PM. During the group process one father dropped out due to conflicting commitments, but still felt committed to joining with the other fathers at the Bereavement Retreat. Other fathers have asked to participate on the line and a second Bereavement ChaiLine is planned following the Labor Day retreat. Each of the fathers expressed the deep meaningfulness that the program has provided, and the comfort it has given both on a psychological, as well as a spiritual level.

The initial ChaiLine consisted of five bereaved dads. Each dad had responded to letters I had sent, following an appropriate period of mourning, since the passing of their child. The ages of the children (from two to 19 years old) who had passed away, as well as the ages of the fathers (from 28 to 62 years old) varied. This created a diverse dialogue in

the group sessions. Each dad filled out a psychological inventory, which I reviewed together with the agency's director of programming and clinical psychologist.

The entire group had contracted for the five sessions. The group proved to be an appropriate size with excellent interaction and a great deal of empathy and reflection from each of the dads. Without divulging confidences and using only first initials, I have provided both a general overview of each session and the synopsis of dialogue between the group members.

It is important to note that the fathers were at different time periods of their grieving. In most of the cases this will account for the "phase" each father was experiencing during the teleconference project. For example, one father was seemingly stuck at phase one and two of the fathers were moving towards at least phase three, if not to phase four, of their grief journey.

Each father entered the teleconference group between four months and fourteen months after the death of their child.

B. *Summary of Sessions:*

Issues considered:

- History of each father
- Contrasts of grieving with family and with the group
- Reflection of different types of losses (disease vs. – disaster mode)
- Reflection of relationship with spouse
- Reflection of relationship with other children (born and unborn)
- Replacement theory
- Holiday preparation
- Rites of passage
- Age of participants in group
- Thinking about future
- Talking with others
- Openness about loss
- Personal expression of grief
- Coping with memories
- Facing and coping with tears
- Family conflicts with illness and bereavement
- Use of counselors
- Use of imagery
- Special memorials
- Triggers of grief
- Changing careers
- Emotional outlets
- Preparing to meet each other
- Closure of existing group

An overview of their histories is presented. Each story provides a backdrop to the coping and non-coping skills being used by the dads and their families in dealing with the ongoing reality of loss.

H – lost his only child when M was 19. M suffered from cancer between ages 15 and 17 and then went into remission until age 19 when the cancer returned with a vengeance. M died within eight months of the new fight.

D – lost his child at age three and a half due to choking on a grape. The baby died when her mother was unable to dislodge the grape from her esophagus. For D it is more challenging because he happens to be a clergyman, and all of the issues of God's place in life have been very challenging.

S – lost his eldest child at age 12 ½ when she collapsed at half time of a basketball game. There were no warning, no previous conditions and no ability to stop the loss. Now the fear for the other children clouds everything S and his family do. Issues of community, classmates, rites of passage, memories, and even career choices, are highlighted in his presentation.

Do – lost his son at age two after fighting a battle from the time of his birth against congenital defects. Do's issues transcend family conflicts and deal with issues of aggressive interventions versus passive euthanasia, as well as the place of community. Rites of passage and memorial services are also important. Issues of place within the

family, the silence of loss (such as answering the question, "How many children do you have?"), and how this is dealt with between spouses, siblings, grandparents and community were very important issues for him to discuss.

L- lost his child at age nine after his son had suffered with cancer for two years. Issues of detachment, spousal conflict, and the uses of defense mechanisms being used to neutralize and anesthetize the effect of loss were all important for him to discuss. The feelings of loss of future and the ultimate meanings of life were all part of L's explorations during the sessions. L chose to drop out of the group after session two, explaining that there was a conflict within the family and he could no longer continue. L was very interested in joining the Bereavement Retreat and hoped the group would allow him, although he would miss the last three sessions of the group process. All dads on the line were very supportive of L and looked forward to meeting him at the Bereavement Retreat.

B. Synopsis of teleconference sessions, preparations for Bereavement Retreat and plans for the future

Phase One: The Initial Shock

"It has been said, 'The death of a parent is a death of the past. The death of a spouse is the death of the present. But the death of a child is a death of the future.' Is that what I am feeling? The death of the future? Future isn't even a word I recognize anymore. I

can't imagine the future without him. My wife and I wanted him so much. Why did his life end so soon after it began? We are really struggling. I go to work and she stays in our empty house. I don't know what I'm doing. They say my wife's in a depression. We call it our broken hearts. I really don't know if I can live without him. Our friends say 'don't worry, you're both young, you'll have another child.' But that won't replace him. Nothing can replace him. I don't even want to think about another child right away. I want him! Future? The one who said it was right – it's very hard for me to imagine any future."

This is the way one father expressed his grief over the loss of his son. A number of fathers on the teleconference line expressed how the dying process had affected them and their families. Like most male griever they had chosen to deal with their grief through intellectualization rather than feelings. It was surprising to see how many of the fathers were able to verbalize how they dealt with their loss and how they were able to overcome the initial shock with support of their communities, families and friends.

One father seemed angriest and focused upon issues of conflicts with his wife, problems with his other kids and problems on the job. This father seemed the most detached of the group members by his silence on the line and had to be coached into saying anything at all. He seemed caught in the grip of the initial shock and wasn't ready to move on. Like many male griever, he seemed reluctant to share his grief. It was as if he was overwhelmed by his feelings and not ready to share them with others.

For another father it was the suddenness that caught him off guard. One day his child was there, happy go-lucky, looking forward to her fourth birthday and then she was dead. She had choked on a grape: "a grape, can you believe it? I don't get it, I know I have to believe that God does what is best – but I just can't explain it, a grape, choked, it's crazy!"

Each of these fathers was initially caught in the shock of their loss. Although each of theirs were very different circumstances, the fathers seemed to be at the same initial stage of grieving.

How people deal with shock, and how they allow others to help them through the early period of shock, can determine the course of grief. The confusion, the feelings of unreality and the sheer disbelief that such an event has occurred leave survivors unable to process normal sequences of thought. Shock brings about feelings of helplessness. Nevertheless, the shock phase can also be adaptive, in that it can form insulation against a chaotic outside world. The pain is still there but the griever is anesthetized until he is able to begin to cognitively process the event of the death or the loss itself.

For H the shock has been extraordinary. "I'm a crier; for the entire first year I cried every day. I never thought that anything like this would ever happen to us. We had everything, life was great, and then the tragedy hit and I just can't seem to get over it. I function okay but nothing seems right. I just seem to be going through the motions."

As facilitator I wanted to keep the lines of communication open. I could empathize with these fathers. I often wondered how I would feel if I was in their shoes; me, the one who gets uptight over stupidities. I remember the comment of one father who said "I look at other parents with their children and I want to run up to them and shout, "love them, hold them, don't get angry with them, take care of them. You never know when the day will come that they won't be there anymore." I was very concerned about sustaining a level of objectivity and an ability to maintain a distance so that I would not be overwhelmed by the tragedy of what they were presenting.

Phase Two: Facing The Painful Truth

It is in this phase that many of the after affects of grief begin to surface. During this phase the mourners begin to feel anguish, despair, intense sadness and separation anxiety, as well as acute emotional disorganization. The death has been intellectually acknowledged but not emotionally felt. Grief results from the sudden wrenching away of an integral part of self, and the actual physical pain is sometimes unbearable. Emotional acceptance is slow to arrive and it is as if the deceased is still there.

The fathers on the teleconference line seemed to share the challenges of this stage very strongly. They were able to acknowledge that they should be willing to accept the reality of their child's death, but they just could not do it easily. They expressed that the numbness was beginning to wear off and that they had to face the physical and mental agony without medication or a drink. They expressed how much psychic energy they

were using to cope and how this was causing extra stress on themselves and their families.

Two of the fathers expressed how their emotional outbursts see-sawed between tears and uncontrollable laughter. While it is true that crying is an important method of emotional discharge, there was a feeling of humiliation that they were "criers." They are caught in a catch-22; on one hand they are strong, on the other they are weak. Crying can signify despair, anger, guilt, frustration, depression, helplessness, shame and even relief. But crying can be of great adaptive value. It can provide a catharsis for the bereaved person, allowing an outlet for pent-up emotions. It can also elicit sympathy from others and thereby provide support. However, for some of the fathers crying was very difficult because it made them feel less than "mature."

"I just couldn't say *Yizkor*. Even the *Kaddish* was too hard. I let my father say it with me in mind. I had to walk out of the synagogue. I just couldn't bear to have men see me crying. It was a very tough time for me." The *Kaddish* and *Yizkor* are often described as tradition's cathartic prayer, the prayer of helplessness and hopelessness transformed into hopefulness on the part of God and the community. It is a prayer that must be expressed in the presence of a quorum who will offer support and hope for the future. But it doesn't always work that way. Sometimes the pain is just too great. "I shouldn't be saying *Kaddish* for my son. He should be saying it for me."

As facilitator I wanted to encourage the fathers facing these experiences to tell their stories and share whatever was on their minds. I wanted them to talk, to share and to say whatever they wanted to say. I was able to suggest that some people in the *minyan*, the quorum, might form a special group where the men could share the story with some of the congregants after services. Therefore, the *minyan* would be supportive in the midst of the grief.

The support of the fathers for each other was a very important component of the group. Even the fathers who seemed to be at this stage were able to appreciate the help, support and encouragement they received from the other fathers. The fathers at this stage were able to express their fears and frustrations in a safe and supportive environment. I encouraged them to express their feelings aloud and to be kind to themselves even in the midst of their conflicted emotions. Encouraging some of the fathers to share their experiences of how they have come through this particular stage of grieving and offer their support helped some of them to sense the possibilities of hope. I also let them know just how okay it was for them to grieve in the way that they were. This seemed to have a very positive effect. The group chose to remain non-judgmental. As one father shouted into the phone, "it's not fair, God had no right doing this to us, where was He when we needed Him?" The other fathers tried to respond with gentleness and encouragement. In the midst of frustration expressed by one father, "He shouldn't have gone, he was doing so well, how could he go and die?" the other fathers were able to say they too had gone through the same anger and frustration. They reassured them that they were able to work through some of the issues as they moved on to the next stages of grief.

As I facilitated the group through this stage of bereavement, I couldn't help but consider my own theological ideas about the relationship between the mourners and the souls of the children who had died. I had often asked the question, "What is the purpose of the *Kaddish*? Is it for the living or for the dead?" The act of saying *Kaddish* can be a powerful way of deepening a mourner's internal conversation with the soul of the deceased. On a psychological level, the *Kaddish* is a way to remember the deceased with respect and reverence. It is a means of facilitating a gradual movement towards accepting the death and loss. One of the psycho-spiritual functions of the *Kaddish* is to help mourners experience the fullness of their grief. In the midst of the grief and sorrow they call out, "May God's name ever be blessed forever more." I wanted to provide them with a reaffirmation that they are part of a community and within the context of community they were not alone. I wanted them to know that God still cares and they still were connected to Him, and that I also cared about them.

During the second session one father offered a beautiful segue into the next phase of bereavement. He said, "I feel so frustrated when I walk in on a conversation, which is obviously about their children, and as soon as I walk over they just stop talking. Let me tell you, if they're talking about their children, let them go ahead and keep talking. I get *nachas* [enjoyment] out of knowing that other kids are living their lives. I wish I could tell them don't stop moving, don't stop talking, thank God you have other children. I just had M; he was my only child. Love them, live them, let them fly."

Phase Three: Putting The Pieces Together

During the third phase of the grief journey the fathers began to reach a turning point that was barely contemplated during the final part of the preceding phase. The fathers expressed through their thoughts and feelings that they had begun to adapt to life without their child. It was during this phase that the bereaved had the opportunity to do a lot of their grief work.

The bereaved fathers were beginning to see that new approaches had to be made, new relationships established and new lives beginning to be built.

"We were finally able to change her room. Our younger daughter is now in her room and the boys seem happier too." When I asked D [the younger daughter] about the change she tells me, "It's not my fault. I was supposed to have a roommate. I guess I'll have to wait for the new baby to grow up."

"We've gone to the cemetery to an unveiling of a father and son who had been killed in a car accident. It wasn't easy the rest of the day, but we made it and I think it's going to be easier now to go to my aunt's unveiling and to plan for our daughter's unveiling as well."

They were beginning to accept the loss of their child and the consequent changes in their lives. They were at a turning point; they had to make decisions whether to move ahead and begin to let go of the past or remain in the stage as if their child was only a heartbeat

away. They had to explore the meaning of the words "new and normal functioning," without the deceased. It was in this stage that they had to begin discovering their own will to survive and to change and to make room for the next phase of healing.

Many of the issues discussed by the fathers centered on how to deal with the unveiling, which usually takes place close to the *Yahrtzeit*, how to let go of saying *Kaddish* and how to recognize and begin to enjoy the family once again. This was the phase where they began to open up new communications with their wives, respecting their grieving processes and also respecting each group members' emotions. They began to make new ways of celebrating the Jewish holidays, to talk about celebrating birthdays (even the one of their deceased child), and to begin using the devices that had kept their child alive for other good uses. It was during this phase that one father continued;

"Now I'm ready to look at D's Bat Mitzvah video. I couldn't do it until now, it was too painful. I'm thinking of bringing it out on her *Yahrtzeit*, which is next month, and sharing it with the family. It's time for us to move on."

Not everyone was able to reach this stage. There were fathers who weren't able to let go, to even do such things as take down their pictures or change the message on the answering machine that had their child's voice and name.

During this session I tried to open the father up to possibilities of seeing a glimmer of light in the darkness of their lives. I offered that Victor Frankl was once asked how he

and others survived Auschwitz. He answered, "by finding the sunset; by looking for something beautiful and meaningful in the midst of the darkness." The key to survival was finding meaning in life. Even in times of tragic circumstances there were still possibilities for a new tomorrow, with recognition of their child as part of the future.

"Don't be sad about what you lost, be happy you once had it," one father expressed. That seemed to spark an energy within the group.

I began to feel that the fathers were experiencing a breakthrough in their grieving and were beginning to truly put the pieces together. I wanted very much to be a part of this phase and to help them through the labyrinth of emotions they were expressing. I kept asking myself the question, where would I be if I were in their shoes? How would I handle my grief? It was during this stage that I was reminded of a comment made by scholar Rabbi Samuel Berenbaum of the Mirrer Yeshiva. After the death of a second son Rabbi Berenbaum told his students, "I don't want anyone to visit me or talk to me if they haven't buried a child. No one else will have any idea of what I am experiencing." Reflecting on this idea, I have been asking myself, "How do I know what they are experiencing? I've never lived through this type of loss or grief." The best I could do was reflect back on my limited experiences of loss: the death of my grandparents, the loss of a marriage, the loss of a good friend and the loss of a new position in the Rabbinate. I was able to touch a place of empathy and appreciate the fathers' ambivalence within myself. I was able to recognize my own need for therapy to unpack my own emotional

baggage so that I could help myself and help the fathers reach new understanding and perhaps new growth.

One outstanding characteristic I began to hear more and more from the group was an empathy and compassion for others who have suffered a loss of any kind. One father expressed how he had begun to appreciate how important it was to become a member of the *Chevra Kadisha* (the Holy Society, dedicated to preparing deceased people for a proper ritual burial), and how important it had become to go to funerals and be a part of *Shiva Minyonim* (the quorum for religious services during the first seven days of mourning) as a way of supporting other bereaved families. Their presence there speaks for them and their personal concern.

Phase Four: Affirming Life – Legacy and Healing

After the bereaved have: 1) tested and come to grips with the social losses of bereavement; 2) developed higher self-esteem; and 3) constructed ways to deal with their grief, the bereaved fathers began to move on to a new phase, that of renewal, affirming life and preparing themselves for healing. No one believes that they will be scarless, rather, as one father put it, “within the scratch they have begun to carve a rose.” It was during session five that I could hear the group gathering strength and energizing each other to move forward with their lives and begin to construct new priorities. The strength of the journey had facilitated a new self-awareness, which in turn provided the opportunities for a sense of freedom.

By assuming control, even on a small scale, life begins to take on a new shape. The return of confidence was happening, and the fathers expressed that they were beginning to create new identities and a "rebirth." They began using language of forgiveness for themselves, their wives and even their deceased child. Rather than forgetting they were beginning to reframe past thoughts and feelings and put them into appropriate places in their lives as they looked ahead to their future.

This development was extended to the Bereavement Retreat, which was attended by four of the five fathers during the weekend of August 31 – September 2, 2001. During the retreat I had the opportunity to meet with the fathers face-to-face for the first time and to process their reactions to the teleconferencing program. Throughout the weekend the fathers (who were part of a larger group participating in the Bereavement Retreat) grew closer to each other. There was a common bond, a sharing of experiences and a trust that carried its way through the program. They were a unit, which made it difficult to integrate with other fathers who had not participated in the teleconference line.

During the two sessions I had with the fathers, and the third session I had with fathers and mothers, I was able to discuss some of the group dynamics of the teleconferencing project and how they were feeling now that they were able to meet.

I asked them:

Do you think you can be as open face-to-face as you have been on the telephone?

What would you like to accomplish this weekend that could not be accomplished over the telephone?

Would you recommend the teleconference model to the other fathers and mothers who were at the retreat?

What family values and beliefs and what coping skills have you been able to use in getting through the tragedy in your lives?

How would you assess your family's reactions to the loss? Are they coping in the same way you are? What are the extended family's reactions to the death?

The fathers shared their feelings and then their stressors. They recounted their stories and reframed them to include answers to the questions I posed. Some of the fathers were on their way to healing, while others were still in earlier phases of their grief journey.

It was during this session that the fathers were able to open their hearts to good memories, happier times, and beginning of hope for the future. They did not negate the difficulties in experiencing milestones and in taking on matters that they needed to control. Instead they were beginning to find new vitality for themselves and their families.

The last session held was a joint session with the fathers and mothers. The dynamics of the group were entirely different. This session was the most intense because it focused on the stories, the reactions, the interpersonal relationships and the expectations for the future. Two of the mothers were visibly pregnant and they spoke about their hope for the

future. It was a session filled with anxiety and energy. I posed a number of questions and allowed them to respond.

Some of the questions were:

How does it feel to meet each other after all this time?

How would you describe your psychological and spiritual journey through your tragedy and grieving?

How would you describe your marital and familial relationships throughout this period?

Where would you like to see yourselves growing in the future?

As the couples responded I could see the different styles that the fathers and mothers had in grieving. The mothers were more comfortable dealing with feelings, while the fathers were more comfortable discussing reactions, rather than feelings. The fathers seemed much more inhibited in the presence of their wives than they had been before.

Because this was a closing session, I asked the group whether they had considered new goals of memorializing their loss in the future. We talked about memorials, new projects and special charities, and then we discussed the closing event of the Bereavement Retreat, in which we would plant a tree in memory of and in hope for their child. The tree would reflect the fact that the memory of their child was reinvested into the earth and that this investment would one day bring about a new future. Each family had its own planting and then a prayer. This was also a time for me to meet with each couple alone and explore where they were up to and where they might want to go spiritually and

therapeutically in the future. It was a very emotional ceremony but it seemed to give special meaning to my involvement in their lives. It also gave hope and faith that they would be able to look forward to a brighter future with and for their beloved child.

In the follow-up assessment and debriefing with the retreat staff, it was interesting to note that the fathers who had participated in the teleconference program seemed more animated and responsive to the Retreat program. They had a stronger "handle" on setting goals and focusing their attention to the future. They were able to transcend spiritual and religious differences both between themselves and the other retreat families. There was a questionnaire and a personal reflection packet handed out to each father so that we could assess the validity of the program and learn for the future how to make the program even better.

The overall assessment on the part of the fathers was that they had gained a great deal in the process; that they never expected to grow as much as they did through a teleconferencing program and that the ability to meet with the other fathers face-to-face for at least part of the program was very important. They also felt that parallel groups had to be developed for their wives, and that the joint session was very cathartic, acting as a catalyst for more counseling as they returned to their respective homes.

I have learned a great deal about providing a spiritual presence with those who have experienced crisis and grief. Jewish tradition has a great deal to teach, but ultimately I believe that my combined role of Rabbi, spiritual guide, counselor, facilitator and parent

added to the support equation. I felt I played a very important role in their healing, having shepherded these mourners from the depth of tragedy to renewed feelings of spiritual connectedness with God and with themselves. My hopes were that I would be able to counsel these men by providing support, advice and guidance as they explored their grief and developed new abilities to respond to their loss. If they could develop the energy, ability and faith in themselves, they could also be immeasurably helpful to their spouses and their families. I was able to answer my own question, whether our traditions have the source material and resources to help people heal, with a resounding yes. Our tradition has taught that those who offer kind acts to others in need will ultimately be the recipients of similar acts of kindness when their time of need comes. In the final analysis, Judaism affirms that God is with us not only in everyday life but also in times of sickness and sorrow. Ultimately our comfort comes from the Almighty. We as Rabbis, teachers, counselors and facilitators become God's emissaries to those in need of spiritual sustenance, guidance and support. We truly do this in imitation of God, who is the source of compassion. May I always merit following in God's footsteps and being of help to those around me.

D. Unexpected Developments

The number of sessions available for this particular ChaiLine could have been extended if proper advance notice had been given. Because the sessions were planned during the summer, there were conflicts for three of the dads to continue the session into August and

beyond the Bereavement Retreat. The next set of sessions will have to wait until after the retreat, and possibly until after the High Holydays, because of issues regarding returning to school and the stress of the holidays. The frustration at these outcomes has been palpable and a sense of urgency has developed to use the remaining sessions in a more dynamic fashion. In fact session four lasted until after eleven because the dads did not want to lose the time, and they wanted to share their experiences as well as those of the others on the ChaiLine. This issue caused great concern at the Chai Lifeline Office and will have to be dealt with in future programs. It was very important to emphasize that there could be five new sessions as early as session two so that the dads could make proper arrangements. This highlights another concern of the group regarding scheduling for each gender on alternating weeks and the issues of childcare and possible interference over a long period of time.

Another issue at hand has been the assessment of where fathers are up to in their grieving and how far they wanted to go in exploring their psycho/spiritual/emotional growth during this period of time.

Chapter 5:

Discussion

Chapter Five: Discussion

A. Implications of These Results

The first concern of this demonstration project was whether there is a positive value to using teleconferencing as a way of bringing people together from very diverse areas. Connecting widows and widowers within a small geographical area or breast cancer patients and their concerns is one thing, but to bring fathers grieving the loss of their children together on a telephone line, without the benefit of personal contact, is another thing entirely. Industry and caregivers have used teleconferencing, as well as videoconferencing, for the past decade for a number of different types of groups. When it comes to grief counseling, the question is: is it a positive mode for grief counseling?

To introduce a new mode of counseling with all of its implications may have broad ramifications regarding the entire concept of "presence" in the counseling environment.

The theological concepts of death, bereavement and grief, and the issues of sickness, trauma and resurrection, are pivotal issues to be explored if grief counseling is to include a theological component. The place of the bereavement counselor (facilitator) in promoting the exploration of issues is very important. Can the bereavement counselor be theologically strong and yet pastorally neutral, thereby allowing for expression of personal beliefs and disbeliefs in a safe, secure and non-judgmental environment?

A second outcome concerns the bridging of counseling sessions with individualized contacts between bi-weekly sessions. Is this a positive means of communicating with

counselors, or does it upset the continuity of the group process engendered by the group sessions? While it was thought to be a good way to deal with interim issues, the reality is that none of the fathers have been comfortable discussing issues outside of the group framework, refusing to call in between group sessions.

A third issue, the one of "non-physical" presence, hasn't arisen during any of the sessions. The fathers have dealt with conference calls during their business endeavors and one has participated extensively with video-conferencing. Therefore, the lack of visual contact hasn't affected the group to a measurable degree. Time was spent describing each dad and facilitator, including age, build, background, the issues of dying and death, spouses and even family structures. This way within the first session fathers were able to differentiate voices and put images to their stories and issues, helping to feel more at ease with the group process. In many respects, while there were differences in religious backgrounds, and even Jewish expressions of time and concerns, there was greater camaraderie than could have been expected. The breadth of religious commitment was still within close parameters, and everyone respected each other, even if they disagreed with the practice.

Certainly the contact through Chai Lifeline was indispensable to the process. Having one common outlet helped the dads realize everything that they had in common.

Fourth, the issue of facilitating deep exploration, both psychologically and theologically, has been the most challenging of the group's goals. Each session highlights the conflict

between the loss and the longing for answers and emotional equilibrium. Each session reaches deep into the personal and universal meanings of death, loss, existential reality, and theological doubts and determinations. Each father fights with the issues of "theophoning" and "man's search for meaning" in the presence of death, trauma and the sickness of children. *"Death of Death"* is society's way of dealing with crisis. (Gillman, Neil, 1997) When death hits our children, and even sickness hits our homes, each of us faces the ultimate test of faith. How we respond to these trials defines us as human beings and as religious, spiritual beings. Does faith mean "overcoming trials and tribulations," or does faith mean finding meaning in the trial and tribulation?

The use of religious texts, scripture, oral tradition and the writings of great teachers provide a theological grounding for how we are expected to deal with loss. Dealing with it, and even rejecting the conventional means of coping, are part of the human mosaic. How we go about finding comfort for our families and ourselves requires intensive, ongoing, long-term therapy, which will not be solved within the five sessions. At best what can be hoped for is some peace of mind. Can this be achieved during a teleconference call? Can comfort be found through a care-giving agency whose entire "reason d'etre" is to help families who are facing crisis, and allow them to come through the challenge intact and able to care for themselves and for family members? There is clearly an understanding that there is no quick-fix to trauma and loss. The concept of group support (our common concern) was an outcome that could at least be measured through a follow-up questionnaire and through subsequent contacts during, and after, the Bereavement Retreat.

B. Clarification of Religious Principles Raised in Chapter 2

Jewish mourning rituals provide opportunities to absorb the lessons of grief. The allotted time of *Aninut* (already explained), burial, the seven days of mourning, the thirty days of grieving and for parents the entire first year (with many parents grieving the loss of their child for an entire year as well) provide different remedies for different stages of the journey. The traditional practice of mourning can be invoked as signs to others that there are sanctions to taking proper time to grieve. As one goes through the process of mourning one realizes that grief may, or should, change over time. This very thought can assuage feelings of depression, anger, anxiety and either the accompanying stoicism or tears. How one grieves will determine, to a large degree, how one heals. Vulnerability to the stressors can engender a loss of self and of future. The manner in which one begins to heal will be enhanced by working with a bereavement counselor, joining a bereavement group, or keeping a journal to focus on the changing feelings of the grief. Mourners must find the voice for their guilt, regrets, angers and love. All of these feelings need to be honestly expressed and explored.

Dr. Carol Ochs, in her introduction to *Our Lives As Torah*, states, "We are meaning-seeking animals: We want to know who we are, what we can know, what we can hope for, why we were born. We seek meaning in the work we pursue, the relationships we forge, the homes we build and the communities to which we belong. Whenever and however we seek meaning in life, whether in the religious or secular world, the answers

to the questions who am I? And Why am I? define a theology – a special theology that is our very own.”

Theologically, from my personal world-view, even in the face of the greatest tragedy, as long as there is meaning in life there can be healing. Even the most tragic of experiences has value both in its experience and in its teaching. God created man with all potentialities; God also created a world with all possibilities, including tragedy, pain and destruction. The questions are only how do we perceive the experience and how do we find meaning in the tragedy? Does the tragedy triumph or do we triumph over the tragedy?

In working with families who have suffered the loss of a child through illness or through accident I have come face to face with the ultimate challenge: “oh God, oh God, why have you forsaken me? (Psalm 22)” It is one thing to deal with the tragedies of adults, quite another to respond to the tragedy of a child. Children are supposed to be protected and cared for by God, not be victims to disease or accident. What does a little child or a young adult do to deserve dying? How are we to face the tragedy and how am I to help them overcome their grief and bereavement?

If Torah is to be perceived as God’s letter to mankind regarding all potentiality, God is letting us know that our perception of man will alter our perception of God as well. Man was created in God’s image and therefore capable of infinite greatness. Man was endowed with the spirit of God to help him through the trials and tribulations he will

face. Death and tragedy, coupled with sorrow and depression, do not have to be man's response to the challenges of life. From death can come life, from tragedy can come triumph, from sorrow can come success, and from depression can come determination. Man has the ability to help himself and to help those around him, albeit respecting the reality that with time can come mending, with patience can come healing. Each Biblical character manifests the dialectic of existence, greatness and submission, hopefulness and hopelessness, and selfishness and selflessness combined. King David prays for his son's recovery with every fiber of his being, but upon learning of his death he mourns for the moment and then arises, accepting God's determination. Job cries out for the sake of his children dying by declaring his acceptance of God's determination. And yet generations who have seen the loss of a child have reacted with anger and rejection. Where can God be if God can allow this to happen to my child?

Bringing fathers together from various religious backgrounds adds another dimension to the demonstration project. Where there is religion ostensibly there should be faith and trust, yet perhaps where there is faith there is rage and anger at a "terrible" God who could allow this tragedy to occur in contrast to the not yet religious who accepts fate as a part of their faith continuum and has no long-lasting difficulty accepting God's determination. This can be coupled with God's world where health and disease live simultaneously and accidents do happen and are not God's fault. Although love changes our view of death, death also affects our concepts of love.

Judaism has posited a traditional view of both life and afterlife. Theological notions of immortality include both personal and communal conceptions that there is immortality of the soul, resurrection of the dead and an *olam habaah* a world to come, which is promised for the entire Jewish people. The notion of immortality expresses a message of destiny and unity, and proceeds to tranquility in the face of hope for a stronger connection to God following our life here on earth. Bridging the two worlds is the ultimate goal of humankind and reaching a spiritual place of calm, recognition and acceptance of God's plan. Nevertheless there are times when fighting, screaming and kicking one's way into God's domain are more powerful expressions of faith! The ways we choose can help define the essence of our being. Accepting the tragedy of juvenile death can also be a manifestation of these different approaches. Sharing the grief can be therapeutic and spiritually uplifting; perhaps this was my goal for this demonstration project; a synthesis of Adler and Soloveitchik; a bonding of hope and faith into one strong commitment.

Modeling practices, beliefs and even challenges presented by Biblical and Rabbinic figures provide support for those facing tragedy. The image of Rabbi Meir's quiet reaction to the death of his two sons, and the manner in which his wife Bruria presented the tragedy speaks volumes about the way generations have responded to tragedy and about the way we have learned ultimate lessons of functioning in a world where we do not have control of it all.

Psychologically, dealing with the stages of dying, death and bereavement have challenged the greatest of our teachers, mentors and counselors. Learning how to use the tools of experiences, hope, faith and destiny are all part of the healing and growing process. Interacting and knowing that one is not alone can be a great benefit leading to a healing process.

C. Contributions of this Project to Ministry in General

The project has shown that the availability of new resources of dealing with grief and bereavement in contemporary American society and Jewish community are imperative if we are to develop a holistic caring community for those facing death and its aftermath.

The confluence of good psychological practice with good spiritual guidance, in conjunction with new mechanisms of support and bereavement counseling, will surely be helpful to all caregivers. Knowing that people can gather from far away and successfully deal with their loss, or understanding that more counseling is needed than a teleconference group can offer, are parts of the real life continuum of care. Each person grieves in their own way and we as a "caring community" should be able to help along the way. The model I've created can be replicated in many different venues and be supportive in many different ways.

D. The Implications for Future Ministry

In establishing any new vehicle for ministry, either with support agencies or within congregational settings, a series of educational opportunities ought to be developed. For an agency or congregation to understand new opportunities to reach out and care for one another in our age when relationships are often superficial, non-meaningful, (and even denying of needs for care), is one of the most fundamental of concerns we have. The use of teleconferencing, in conjunction with the use of group process, can give each member of the project an opportunity for personal growth within their loss. When people have the safe space to share personal stories and feelings, it can provide a tremendous outlet for what had previously been closed to most people, mainly that of the inner emotional self.

This particular project can be replicated throughout communal life and can activate individuals into searching for meaning, growth, and ultimately, healing. The opportunities to use the model, not only for grief counseling but also for support counseling, when physical presence is unlikely, abound for the sake of communal and congregational life. The use of trained facilitators, capable of listening with third ears, facilitating dialogues, and picking up on issues of personal and familial concern, can truly help individuals and families grow with their pain and attain peace in their hearts and into their lives.

The work of the pastoral counselor is to take the richness of the religious tradition and combine it with proper psychodynamic principles to help people live a fuller and richer life. Thus the hope and dream of our tradition is to fulfill the Prophet Micah's call to "do justice, love kindness and walk humbly with our God." In the presence of God's justice we learn the lessons of loving kindness and we prayfully reach a point where we can walk humbly with our God, even when we do not understand or comprehend His ways. We are merely humans searching for meaning in our lives, even when meaning is a challenge.

Resources

Chai Lifeline / Healing Hearts

Chai Lifeline is an international not-for-profit organization that provides vital services to seriously ill Jewish children and their families. Healing Hearts was created to help families deal with the short and long term aftermaths of a death in the family. Services are offered through teleconference support groups, intensive weekend retreats and individual counseling. Support is also available to schools and yeshivas confronted by untimely loss.

Address: 151 West 30th Street, NY, NY 10001

Phone: 212-465-1300; 1-800-343-2527; FAX 212-465-5049

email: info@chailifeline.org, URL: <http://www.chailifeline.org>

The Compassionate Friends (TCF)

TCF is a national nonprofit, self-help support organization whose mission is to provide information & assist families in the positive resolution of grief following the death of a child (at any age & from any cause).

Address: The Compassionate Friends, Inc., PO Box 3696, Oak Brook, IL 60522-3696

Phone: 630-990-0010; FAX 630-990-0246 Toll free phone: 877-969-0010

Email: TCF%20National@prodigy.com URL: <http://www.compassiontefriendsny.org>

In Loving Memory

In Loving Memory is a support organization dedicated to helping parents cope with the death of their only child or all of their children.

Address: In Loving Memory

Adapted from: Dr. Sherry Schachter

Assistant Attending Grief Therapist

Memorial Sloan-Kettering Cancer Center

1275 York Avenue Box 52

New York, NY 10021

Bereaved Parents of the USA

This national organization was founded in 1995 and is designed to help and support bereaved parents and their families.

Address: Bereaved Parents of the USA, PO Box 95, Park Forest, IL 60466

Phone: 708-748-7672 FAX 708-748-9184

URL: <http://www.ubalt.edu/bereavement>

National Family Caregivers Association (NFCA)

NFCA is a grass roots organization created to educate, support, empower & speak up for the millions of Americans who care for chronically ill, aged or disabled loved ones. At the end of the year 2000 there were 54 million Americans involved in family care giving. This number was doubled from the previously reported figure. The NFCA focuses on the needs of all caregivers and has extensive information on care giving tips including caring for themselves, quarterly newsletters, and articles supporting family caregivers in their bereavement.

Address: National Family Caregivers Association, 10400 Connecticut Avenue #500, Kensington, MD 20895-3944

Toll Free Phone 800-896-3650 FAX 301 942-2302

Email: info@nfcacares.org URL: <http://nfcacares.org>

The National Funeral Directors Association (NFDA)

The NFDA produces educational materials including books, brochures and audiovisuals on dying, death, funeral customs and bereavement for both funeral directors and consumers.

Address: National Funeral Directors Association

11121 West Oklahoma Avenue

Milwaukee, WI 53227-0641

Phone: 414 541-2500 Toll Free Phone: 800 228-6332 FAX 414 541-1909

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Appendix