

# Pastoral Care for Grief Ministry

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## **ACKNOWLEDGEMENT**

This project has certainly been a rewarding exercise for me. I have learnt quite a lot about my congregation and myself. I mentioned in the introduction how I have struggled in my ministry in the area of death, dying and grief. I can truly say, because of this project, I have developed more confidence to minister to the bereaved in my congregation, and to embrace death and dying in a more empathetic, compassionate and caring way.

I would like to express my profound gratitude to all who have helped me make this project a reality. To my secretary, Diana Mitchell: your time and work of typing the paper are greatly appreciated more than words can say. To the focus group, Karen Forrest, Malyn Moore, Mavis Cameron, Carmen Spence, Antoinette Gardiner, Cecile Bowden and Patrice Williams, your time and contributions were extremely beneficial and meaningful. Thanks for sharing. To Dr. Whitford Shaw, thanks for sharing your deep insight on the subject of grief. Thanks to my beloved Bethel Church family. I pray that this ministry will continue to be a blessing, helping you to continue evolving into the community

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It is my prayer that the grief ministry presented in this project will allow faith communities to truly become the community of the concerned; and as Jesus commanded, that they will comfort those who mourn. I am truly honored to share this project with all who will read it.

## **Introduction**

I have learnt in life that sooner or later heartache comes to all of us. In a matter of time, one way or another, each of us will have to journey through the valley of grief. Through my twenty-four years of pastoral ministry, I have struggled with timidity in the area of death, dying and grief. This has become more pronounced since the death of my parents, and if I am to be honest, it is this aspect of ministry that I am most uncomfortable with. I have watched individuals and families struggle with intensity through their grieving process with little help from their church family. I have also seen families destroyed because of not getting the adequate help or assistance through the process.

I do believe that our faith communities have the responsibility to assist in the process of mending broken hearts, and to be there for each other in their times of needs. For most preachers, we fashion our ministry after the manifesto of the prophet, Isaiah which states in Isaiah 61:1–2: “The Spirit of the Lord God is upon me; because the Lord hath anointed me to preach good tidings unto the meek; he has sent me to bind up the brokenhearted, to proclaim liberty to the captives, and the opening of the prison to them that are

bound; To proclaim the acceptable year of the Lord, and the day of vengeance of our God, to comfort all that mourn;”

The mandate is clear, that as pastors, as spiritual leaders, our ministry should not only focus on the spiritual, but also on the physical, and the clinical/emotional as well. We are responsible not only for their spiritual well being, we are also responsible for their physical and clinical/emotional well being.

Research has shown that in the context of grief, one of the best ways for solving the pain and trauma or grief is through some support system.

Fitzgerald (1994) in her book, Mourning Handbook, pg. 34–45, cited that: “The support and understanding you have around will make a big difference in how you experience and handle grief...The more support you have, the quicker your recovery from grief will be, but you will still need time to reflect on your loss, to mourn, and to become comfortable with the changes in your life.”

Also on page 31, she reminds us that: “Grief begins whenever there is a loss, or a perception of impending loss such as:

- the time of diagnosis of terminal illness;
- the time of death; and

- the time of learning about the death of a loved one.”

Over twenty-four years of ministry it is very clear, crystal clear, that in my faith community there is a great need to provide this kind of ministry. Failure to do so would be a failure to my faith community and the community in general. The reality is there are too many hurting people all around us, and the church needs to be a place of compassion, care, empathy and sympathy. I do support the idea that as a church, we need to become more proactive in seeking creative ways of providing support groups for hurting grievers within our communities.

A primary goal of this project is to provide support to the hurting and grieving people in the congregation and the community. My challenge will be to develop three support groups that seek to address the pre, immediate and post care for the hurting and grieving individuals. I look forward to what this project will reveal about me and my ministry. It is my hope that the Bethel Seventh-day Adventist Church will become motivated in providing ministry to the bereaved by:

- (1) offering more structured support to the bereaved;

- (2) seeking to establish three support groups (pre, immediate and post) for those who are having difficulty accepting and coping with their loss; and
- (3) offering help to re-invest in new relationships, new dreams, new activities and new aspirations to the church and community.

It is the desire of this project to create a more caring community, to show and demonstrate genuine care for those who are hurting and grieving. It is also the desire of this project to create a more intense bond with the community, so the community will know that they can depend on the church to provide that care and compassion, and to reflect what true Christianity is all about.

According to Jackson (1978), in his book, **The Many Faces of Grief**, page 104:

‘Healthy religion does not support people’s concept of weakness, nor their dependence upon what is not dependable; rather, it seeks to help people develop the inner courage that makes them strong enough to face reality and cope with it honestly. It is this strength within that is the ultimate resource of those who would live with an inner fortress that makes their souls secure. Wise and healthy religion, therefore, works to affirm the resources of life. It provides



perspective for those times when life events may distort our view of things. It strengthens faith and courage and makes grace available. Then the promised blessedness is discovered in the very process of wise mourning.”

It is my belief that as a faith community we should demonstrate a healthy relationship, where, as a people, we learn how to laugh together, pray together, cry together and live together.

## **Chapter 1**

### **Issues**

#### **A. Background**

This project attempts to develop and implement grief support groups for the Bethel Seventh-day Adventist Church. The church was established in 1898 making it the oldest church (the mother church) in the Conference. The church started out as a predominantly African American congregation, and over the years, with the influx of immigrants, the congregation is now predominantly of West Indian descents, with approximately 2% Americans and about 4% South Americans.

Over the years, the congregation fluctuated in size. In the 1960s it reached its highest number, about 1,500 in membership. In the late 1970s to the early 1980s, with a surge in evangelism which produced the establishment of new congregations, the membership began declining. Today the book membership is around 850 with a normal weekly attendance of about 400 – 500. The congregation is now an aging one. More than 60% are 55 years and older. The oldest member is 102 years. Twenty-five percent are 35 – 55 years

of age, 4% are between 16 – 35 years (this is almost a lost generation) and 6% are infants to 16 years old.

I am the fifteenth pastor of the Bethel Seventh-day Adventist church. Upon my arrival to the church some seven years ago, I soon discovered that the church does not operate or function as the mother church of the conference, nor does it perform on the level of its reputation. It is very limited in its resources, and according to the most recent record of the conference, it is the seventh largest congregation, and the sixth in the return of its tithes contributions in the conference.

As I look at the infrastructure of the church, it becomes clear to me that just as there can be no living, active human body unless its members are organically united and functioning together under central control, so there can be no living, growing, prospering church unless its members are organized into a united body, all performing their God-given duties and functions under the direction of a divine injunction. I do believe that without organization, no institution or movement can prosper.

As I observed this congregation for the last seven years, one of the many challenges is its stagnated local leadership. It has the same local leadership

for over twenty plus years. It is a congregation that is deeply rooted in tradition. They appear to function more by the letter of the law more so than by the spirit of the law, and they do not lend themselves to changes very easily. Over the last seven years, these words, “this is Bethel” have become very familiar words, meaning, this is the way we will be, and that we are not about to change. Of course, I do not subscribe to this and believe that in time change will come to Bethel. In fact, I believe that the work of this project will begin to initiate the process of some kind of change in the Bethel congregation.

Due to the aging population of the congregation, we have quite a lot of deaths. Sometimes on a monthly basis I have to conduct two or more funerals. I have observed that those who have experienced such pain and loss do not get the kind of support they need from the church family. The support is sporadic and normally short term. This is really strange to me because I learnt that it is during such time that we need the strong support of our faith community. According to Westberg (1979) in his book, Good Grief: A Constructive Approach to the Problem of Loss, pg. 2: “There are those who think that a person with strong faith does not grieve. He should be ‘above this

sort of thing'. And there is a belief that a strong faith and stoicism go hand in hand. Some people have used the words of scripture 'grieve not' as a basis for this understanding. They of course forget to quote the rest of the verse which goes on to say, 'as those who have no hope'."

I do agree with the author that grief is a normal experience when a loss occurs, and that one's belief does not prevent one from grieving, but it helps in the way they grieve. It is quite clear that one's religious belief and understanding does not eliminate or reduce the pain of loss.

## **B. Needs**

In my ministry setting one of my many challenges is that of death and dying. I must confess that in the last five years I have seen and experienced more death in my ministry more than any other time. In talking with a few of my colleagues in ministry we have concluded how ill prepared we are to deal effectively with loss, and how inadequate we feel when there is death in our congregation. We all agree that we must be able to do and give more, thus making the need for some kind of grief ministry is an absolute necessity. Therefore, my goal in this project is to develop a grief ministry that would

benefit church and community, and would give support to individuals who have suffered loss and help them to live productive and well balanced lives. It is my desire, through this project, to see my congregation become the community of the concerned.

One thing that is pivotal in establishing such a ministry is a clear understanding of the concept of grief. One of the most striking definitions of grief was written in Joseph's (1969) book, **The Me Nobody Knows: Children's Voices from the Ghetto**, pg. 35, by a fifteen year-old boy, Paul Parker. He said: "Grief is a gigantic snake ever squeezing until there is nothing, nothing at all left for your very soul to grasp onto. You lose track of everything that means something to you, you just know that you want to escape, escape into reality, which in reality is not reality, your whole world revolves around it, it is a terrible experience, the only escape is to do something far beyond the comprehension of a normal person, it's like a drug, an awful terrible drug, your mind screaming with fear, screaming out for guidance out of the vast limbo, it's like heaven and hell, you're on top of the world, yet your mind has a great burden" This presents a process that is very confusing and consuming, a great loss, an acute void and emptiness.

From my research I have discovered that grief is a process or a journey, that it is one of the most intense processes one will usually ever go through in a lifetime. According to Rando (1984) in the book, Grief, Dying and Death: Clinical Interventions for Caregivers, pg. 15: “Grief is a natural experience, a natural reaction to loss of any kind. It is normal and inevitable.” Rando (1993) in another book, Grief and Mourning: Treatment of Complicated Mourning, pg. 47, stated that: “In fact, the absence of some form of grief expression may be considered abnormal and indicative of pathology.” What I hear him saying, and I am in full agreement with him, is that loss and grief are joined together. There cannot be one without the other, because grief is the process of adaptation or adjusting to a loss.

I also discovered from my research that each grief experience is different because each death is different. Grollman (1985) in his book, Death and Dying: Pastoral Psychological Perspective, pg. 52, puts it this way: “When a parent dies, one loses the past, when a spouse dies, one loses the present, when a child dies, one loses the future. Even though grief is a common human experience, it is as individual as fingerprints, it shows itself in widely differing ways.” I hear the author saying, and I am in agreement, that one grieves

differently at the loss of a parent, spouse or child. These represent a different time line in one's experience and also different personal attachment.

Klass (1982) in his book, Self Help groups for the Bereaved: Theory, Theology, and Practice, pg. 310, conceptualizes the grief process as: "the unfolding, the progression, and the working through of a host of intense affect, cognition, activities, and physiological sensations until a certain degree of resolution and closure has been reached and a level of inner balance re-established."

Wangerin (1992) in his book, Mourning into Dancing, pg. 150-151, describes grief as pain. He says: "Grief begins with the first raw awareness of the change, then becomes a terrific struggle; a violent disputing of the facts, a striving for life again, a revising of terms by which we know ourselves, a surrender to despair, finally a conscious acceptance of the change...This is painful and difficult, but when accomplished, brings rebirth and growth."

Also, according to Rando (1993) in the book, Grief and Mourning: Treatment of complicated Mourning, pg. 47, he describes the grief process further as a: "continuing development, it is not a static state, rather, it involves



many changes over time.” Nelson (1998) describes the whole grief recovery process as: ‘Not a station you arrive at, but a manner of travelling.’

Attig (1996) in his book, How We Grieve Relearning the World, pg. 99–127, speaks of the process of grief as a time to relearn the world. He said: “It is a time of adjusting to a world that has greatly changed due to the loss of a loved one. Therefore the bereaved must relearn their physical surroundings from a new and altered viewpoint as well as their relationship with fellow survivors: they must relearn themselves in an all new context. Everything has to be reviewed and adjusted to their new perspective.”

Shapiro (1994) in her book, Grief as a Family Process: A Development Approach to Clinical Practice, pg. 271, describes grief as: “the reconstruction of a sense of new normal that must be put in place, so that the bereaved may have a predictable and orderly world in which to function.” She seems to suggest that the resolution of grief must involve the integration of the loss experience and the reconstruction of one’s self, one’s identity and role, and the meaning of one’s life. What is clear from my research is that grief affects us in every aspect of our lives. Grief is experienced:

- A. **Psychologically** – (through affects, cognitions, perceptions, attitudes, philosophy and spirituality)
- B. **Behaviorally** – (through personal action, conduct or demeanor)
- C. **Socially** – (through reactions to and interaction with others)
- D. **Physically** – (through bodily symptoms and physical health).

It is also clear and my research suggests that the bereavement process includes personal growth as an outcome of the suffering. Nancy Hogan and L. A. Schmidt proposed that in grief personal growth theory differs from traditional grief theory. According to Hogan and Schmidt (2002) in their work on **Testing the Grief to Personal Growth Model Using Structural Equation – Death Studies**, pg. 616, states: “Historically, it was taught that after individuals have worked through their grief, they return to normal.” She argues that “Rather than return to normal, the bereft are transformed by the experience in essential ways resulting in the creation of a new identity and revising of their world view.” In other words, a new normalcy is the result.

It is a common belief among Christians that going through a trial can indeed strengthen one’s faith and hold on God. Therefore, to find resolution from the pain of loss one must go through the process of grief. According to

Lewis (1961), in his book, A Grief Observed, pg. 71: “Grief is like a long valley, a winding valley, where any bend may reveal a totally new landscape.”

Having lost both of my parents to death, and having gone through, and at times feeling like I am still going through the process of grief, I do understand the concept of grief being like a long and winding valley. The places that it takes you within yourself, and the many new revelations of one’s self, continue to confirm within me the importance of a grief ministry.

### **C. Importance of Ministry**

The hard fact is that in our world in general, and in our church and community in particular, loss has become synonymous with life. Whether we like it or not, sooner or later everyone in this lifetime will have to deal with some type of loss.

Mitchell and Anderson (1983) in their book, All our Losses, All our Grief, pg. 36–45, have identified six major types of losses.

1. **“Material loss** is the loss of a physical object or of familiar surroundings to which one has important attachments. This

could mean one's treasured car, house, or other personal effects.

2. **Systemic loss** is most common. It is when a young adult departs from the family of origin, and both the family and the individual must adapt to that loss.
3. **Intra-physic loss** is the experience of losing an emotionally important image of oneself, losing the possibilities of what might have been, abandonment of plans for a particular future, or the dying of a dream.
4. **Functional loss** is the experience of losing some of the muscular or neurological functions of the body such as blindness, deafness and aging.
5. **Role loss** is the loss of a specific social role or of one's occupational place in a social network, e.g. an active worker is given a reluctant retirement.
6. **Relationship loss** is the loss of opportunities to relate oneself to talk with, share responsibilities with, make love to, touch, settle issues with, fight with and otherwise be in the

emotional and/or physical presence of a particular other human being.”

This type of loss is an unavoidable component of human life. Sooner or later all will experience this type of loss. Relationship loss may be temporary as in moving from your old neighborhood, but still keeping in touch or even returning to the community of friends, but on the other hand permanent loss is the most intense of all losses, as in the death of a loved one with whom one had a meaningful relationship. It will require certain adjustments. One will have to sort through numerous memories, address certain instructions and wishes, and at the same time acknowledge the pain, anger, guilt and any other feeling.

The whole concept of loss must be viewed in the context of what is valuable to our experiences. Also, in the arena of life, the sacredness of human life must occupy a position of priority over things and ideologies.

From my research I have observed that grief is seen as the emotional, physical, intellectual, behavioral and spiritual process of adjusting to the loss of someone or something of personal value. Truly the journey of grief is complex and complicated. Constant adjustments are required in every facet of the

griever's life. Wolfelt (1988), in his book, Death and Grief: A Guide for Clergy, pg. 1, presents grief as: "an emotional suffering caused by death or another form of bereavement. Grief involves a sequence of thoughts and feelings that follow loss and accompany mourning. Grief is a process, and as a result, is not a specific emotion like fear or sadness, but indeed is a constellation of a variety of thoughts, feelings and behaviors. Grief is the internal meaning given to the external events."

I have discovered that while grief is a normal response to loss, it sometimes produces bizarre reactions which can be alarming. What is clear is that a person will grieve in his or her own unique way. Some of the normal reactions to grief are:

1. Anger at God and inability to find consolation in your faith.
2. Anger at medical personnel for not doing enough or not having the technical ability to save your loved one.
3. Anger at yourself for not properly interpreting the warning signs or statement.
4. Anger at the deceased for not taking care of him/herself, leaving you alone, and for not making proper financial/legal preparation.

5. Inability to sleep without medication or on the other hand, you may be sleeping all the time.
6. Having a change in eating habits with significant weight gain or loss.
7. More susceptible to colds, flu, and other physical ailments.
8. Inability to motivate yourself to do the things you need to do.
9. Inability to concentrate and/or remember things.
10. Much more irritable than usual.
11. Experiencing unpredictable, uncontrollable bouts of crying.
12. Fearful of being alone with people, afraid to leave the house, afraid to stay in the house, afraid to sleep in the bed.
13. Wanting to punish someone for your pain.
14. Angry that no one seems to understand what has happened to you; angry that people expect you 'to get on with your life'.
15. Angry that you are not given the time you need to grieve.
16. Feeling frustrated that friends call too much or not enough.  
  
Frustrated that friends don't invite you out any more; frustrated

that they seem to be pushing you into socializing before you are ready.

I do believe that these reactions should not be taken lightly and should be followed up closely with some understanding and effective support techniques. This range of emotional suffering caused by grief is certainly unpredictable and can even be uncontrollable. According to Collins (1988), a Christian counselor, in his book, Christian Counseling, pg. 347: "These emotions can exhibit themselves in many unpredictable combinations of expressions. The normal range of grief usually involves intense sorrow, pain, anger, depression, physical symptoms, and changes in interpersonal relationship. Often there is denial, fantasy, restlessness, disorganization, inefficiency, inability, a desire to talk considerably about the deceased, an unconscious adoption of the lost person's mannerisms and a feeling that life no longer has meaning." No matter how one chooses to look at grief, it is hard work, whether you lose someone or something of value, you are going to experience the pain of loss.

Research has shown that the grieving process is personal, and varies from individual to individual. No one can tell a griever how he or she is feeling



on the inside, be it guilt, despair, fear, loneliness, hope, acceptance, or how they should grieve. Fortunately or unfortunately, there is no predictable sequence for feelings evoked by grief. If there were a predictable sequence for one's response, then those who did not experience that sequence would have an even greater struggle in their grief journey. Researchers suggest, and I am in agreement, that griever's should have the freedom to grieve in their own space and time.

According to Manning (1985), in his book, Comforting Those Who Grieve, pg. 11, "Grief is the natural response to any loss, grief is not an enemy, it is a friend. It is a process that is trying to get you back to a well state. Physically and emotionally flow with it, don't fight it."

Feifel (1988), in his book, Grief and Bereavement: Overview and Perspective: Grief and Bereavement in Contemporary Society, pg. 3, also suggests that, "Grief is not a sign of weakness or self indulgence, rather it mirrors a necessary and deep human need that most of us have in reacting to the loss of a significant person in our lives and it recognizes no age boundaries." I am convinced from my research that because of the complex and complicated nature of grief, that there must be a systematic approach to

offer this kind of support. I do believe that our churches and synagogues should become centers for such kind of ministry and support. I am submitting that grief demands a special attention with divine and spiritual focus. I do believe that failure to effectively support one in this complex and complicated state makes us fall short of what I perceive is our divine injunction, which is to comfort the mourners and to bind the broken heart. I am further convinced from my research that grief does not end; it softens and changes. Therefore, it is suggested that most bereaved persons need long time support. This is why I am suggesting that the grief support is an important ministry.

Westberg (1997) in his book, Good Grief, pg. 33, states: "A congregation of religious people ought to live up to the well known description of the community of the concerned. If they are actually concerned about those who mourn, who feel lost from the world and from God, then they will earn the lasting gratitude of those who mourn." I agree with Westberg, and it is my hope, through the implementation of this project, to create a ministry that will make my congregation and other congregations become the community of the concerned.

## Chapter 2

### Guiding Principles

#### **A. Clinical Principles**

Writers on the subject of grief present one element of commonality, and that is “grief is very difficult to understand and very difficult to treat.” The difficulty is in the fact that each griever uniquely deals with grief.

There are several theories used to explain the nature of grief. I will randomly select materials from the following – Sigmund Freud, Erich Lindemann, John Bowlby, Colin Parkes, Elizabeth Kubler Ross, Howard Clinebell and Larry Yeagley. In their own way these writers have made significant contributions to the whole concept of the grief experience. My intention is to share with you some aspect of their work on grief to help to create a better understanding on how to give support and care to the bereaved.

#### **Sigmund Freud**

The tragedies of World War I caused widespread grief in Western Europe, and this influenced Freud to focus his attention on grief. For Freud mourning is the reaction to the loss of a loved one. In 1917 Freud wrote **Mourning and**

\_\_\_\_\_ and cited in that paper that: “Mourning is normal because we all grieve our losses and we all survive.” It is suggested that the most valuable contribution that Freud gave in his theory of grief is the distinction he made between depression (melancholia) and the grief process (mourning).

Freud’s special interest was in the area of depression, and it never occurred to him that grief required any medical treatment; rather what it required was time, time to focus on the work of mourning and the time to disengage from the relationship with the one loved. The end result of the grief process is the freedom to attach or reinvest one’s love in someone else.

Little did Freud realize that his work on Mourning and Melancholia would be established as a precedent for influencing the investigation and treatment of depression and grief even in contemporary times. It is true that many serious major works on grief point to Freud’s work as a reference. Therefore, when we speak of ‘grief work’, credit must be given to Freud who introduced the term when he wrote about ‘The Work of Mourning’.

Freud who advocated the withdrawal of emotional capital from the deceased and the need to reinvest in another relationship or relationships said: “Mourning originates under the influence of reality testing, which demands

categorically that one must part from the object because the object no longer exists. Now it is the task of mourning to carry out this retreat from the object in all the situations in which the object was the recipient of intense catharsis.” This withdrawal of emotional energy and reinvesting it in another relationship is what Worden (1984) in his book, Grief Counseling and Grief Therapy, pg. 11–16, calls the fourth and final task in the grieving process. Worden further points out that the concept of withdrawing emotional attachment is often misunderstood especially in the case of the death of a spouse. He states that: “They think that if they withdraw their emotional attachment, they are somehow dishonoring the memory of the deceased. In some cases, they are frightened by the prospect of reinvesting their emotions in another relationship, because it too might end with loss and be taken from them.”

While Freud and Worden advocated emotional detachment from the deceased, it does not mean that the memory of the deceased must be forgotten. Reinvesting in another relationship does not by any means suggest that the deceased was loved any less. We can say good-bye to the relationship that once existed with the deceased without sacrificing the memories of the loved one.

Freud, through his 'work of mourning', as he labels the grief process, suggests that the bereaved confronts the pain of grief, let go of the lost person, face the reality of living without their loved one, and ultimately form a new identity along with new relationships. I do believe that grief support can help achieve this.

### **Erich Lindemann**

Lindemann did intensive work on 'symptomatology and management of acute grief'. His major findings are as follows:

1. Acute grief is a definite syndrome with psychological and somatic symptomatology.
2. The syndrome may appear immediately after a crisis. It may be delayed, it may be exaggerated or apparently absent.
3. In place of the typical syndrome, there may appear distorted pictures, each of which represents one special aspect of the grief syndrome.
4. By appropriate techniques these distorted pictures can be successfully transformed into a normal grief reaction with resolution.

According to my research, Lindemann is best remembered for the detailed insights he gave on the symptoms of normal grief, including

anticipatory grief. His conclusion is that the following syndromes are common to all normal and acute grief sufferers: "Sensation of somatic distress occurring in waves lasting 20 minutes to an hour at a time, a feeling of lightness in the throat, choking with shortness of breath, need for sighing, and an empty feeling in the abdomen, lack of muscular power, and an intense subjective distress described as tension or mental pain. The patient soon learns that these waves of discomfort can be precipitated by visits, by mention of the deceased, and by receiving sympathy. There is a tendency to avoid the syndrome at any cost to refuse visits lest they should precipitate the reactions and to keep deliberately from the thought of all references to the deceased."

According to Lindemann, grief can be anticipated. He was one of the first to identify the use of the term, 'anticipating grief'. In the study, he found that patients and relatives experience genuine grief reactions when a physical separation from a loved one has taken place, as well as when a threat of death was imminent. He suggests that both patient and relatives go through all phases of grief, for it is believed the more fully we understand the nature of grief, the better able we are to facilitate its process.

## John Bowlby

John Bowlby, a British psychiatrist, in his work on grief experience presents the “Attachment Theory” approach. This theory focuses on the strong emotional reaction that happens when those bonds are threatened or broken.

From his theory, Bowlby names four phases of mourning:

1. Phase of numbing that usually lasts from a few hours to a week and may be interrupted by outbursts of extremely intense distress and/or anger.
2. Phase of yearning and searching for the lost figure lasts some months and sometimes for years.
3. Phase of disorganization and despair.
4. Phase of greater or lesser degree of reorganization.

Bowlby’s concept of attachment works well in the context of human relationships that existed before the death of loved ones. However, at death there is the experience of ‘detachment’ during which the characteristics of the four phases of mourning are evident. For example, in phases of disorganization and reorganization Bowlby feels that this is the time, Bowlby (1980), pg. 94, “to discard old patterns of thinking, feeling and acting before new ones can



be salvaged and as a result, fall into depression and apathy. Nevertheless, if all goes well, this phase may soon begin to alternate with the phase during which he starts to examine the new situation in which he finds himself and he considers ways of meeting it. This entails a redefinition of himself as well as of his situation. No longer is he one of a pair with complementary roles but a singleton. This redefinition of self and situation is as painful as it is crucial. If only because it means relinquishing finally all hope that the lost person can be recovered and the old situation reestablished. Yet until redefinition is achieved no plans for the future can be made.”

Bowlby’s theory presents the clear argument that people need each other, and when they die, the challenge is to redefine one’s self. His theory is helpful to griever as they reorganize their lives in order to live without their deceased loved ones.

### Colin Murray Parkes

Dr. Parkes did his study on twenty-two widows in London. His research shows that grief is similar to a physical injury. He likens this loss to an “injury”. An injury usually heals, however when complications arise, the outcome may be fatal. Parkes (1980) in his book, **Bereavement**, pg. 5–6, feels that: “Just as

broken bones may end up stronger than unbroken ones, so the experience of grieving can strengthen and bring maturity to those who have been protected from misfortune.”

According to Parkes, grief is not a state, rather, it is a process, and in this process there are three major factors, namely:

1. “There is preoccupation with thoughts of the lost person.
2. There are painful repetitions, recollection of the loss experience, which is the equivalent of worry work and which must occur if the loss is not fully accepted as irrevocable.
3. There is the attempt to make sense of the loss, to fit it into one’s set of assumptions about the world or to modify those assumptions of need be.” **Bereavement** (1986), pg. 76–77

Parke’s suggestion that the bereaved need to know the expectations of their society is an insightful suggestion as it relates to a timetable for grief, and should be given careful thought. “When there is a prescribed period for mourning, a time is prescribed for its ending...Thus, an accepted mourning period provides social support for beginning and ending grief, and it is clearly likely to have psychological value to the bereaved. While it is true that social

expectations concerning the duration of mourning cannot correspond closely to all individual psychological needs to express grief, which vary considerably, the absence of any social expectations, as is common in western cultures today, leaves the bereaved person confused and insecure in his grief.”

As a follow up to the question of a timetable for grief, Parkes suggested that our places of faith should take a clear lead to provide help for the bereaved. This is a challenge for churches and synagogues to make grief support groups a part of their ministry.

### **Elizabeth Kubler-Ross**

Elizabeth Kubler-Ross is famous for her major work of careful studies of terminally ill patients. Her research was on the emotional response to impending death rather than on bereavement. However, the five stages of response she identified are helpful, not only for the terminally ill, but also for the relatives who experience anticipatory grief. The stages are:

1. **Denial:** This is only a temporary defense for the individual. This feeling is generally replaced with heightened awareness of situations and individuals that will be left behind after death.

2. **Anger:** Once in this stage, the individual recognizes that denial cannot continue. Because of anger, the person is very difficult to care for due to misplaced feelings of rage and envy.
3. **Bargaining:** This involves the hope that the individual can somehow postpone or delay death. Usually the bargaining for an extended life is made with a higher power in exchange for a reformed lifestyle.
4. **Depression:** During this stage the dying person begins to understand the certainty of death. In this stage the individual may become silent, refuse visitors, and spend much time crying and grieving. This stage also allows the dying person to disconnect themselves from things and people.
5. **Acceptance:** This stage comes with peace and understanding that death is coming. Generally, the person in this stage wants some private time. This stage has been described as the end of the dying struggles.

Although these stages were designed for dealing and coping with terminal illness, Kubler-Ross' work is also very helpful in understanding the grief process.

## Howard Clinebell

Howard Clinebell argues that individuals are torn apart by the loss of any kind, especially the loss of a loved one, and that pastoral care ministry is most significant in helping to bring about human wholeness. He quotes from psychiatrist, Erich Lindemann (1984), a pioneer in grief research (pg. 219): “Studies show that many people become sick following the death of a loved person. A great many more hospital patients have had a recent bereavement than people in the general population. And in psychiatric hospital about six times as many are recently bereaved than in the general population....Furthermore, in a great many conditions, both physical and psychological, the mechanics of grieving play a significant role.”

Research has shown that many psycho-physiological illnesses are related to unhealed grief. According to Clinebell (1984), pg. 219: “Blocked unfinished grief takes a heavy toll, sapping one’s creative juices. The longer the healing is delayed, the more costly the protracted grief is to the person’s wholeness.” I am in agreement with Clinebell that people should be given time and opportunity to grieve their loss, also as a community, we should be understanding. For as stated by Clinebell (1984), pg. 224: “The way people

respond to losses varies greatly depending on their own resources. The quality and length of the relationship, the timeliness of the loss, whether the death was expected, and the nature of the death. The more dependent and ambivalent the relationship, the longer and more complicated the recovery process.”

I hear Clinebell saying, and I am in full support having been in pastoral ministry for twenty-four years, that the rebuilding of one’s life is very difficult, and this process should be shared by the faith community. He said, pg. 225: “Church members in general, and the lay caring team in particular, should be guided in functioning as a substitute extended family for those who lack a support system.” This is the true essence of a caring community.

### Larry Yeagley

Larry Yeagley has the rare distinction of being the first person within the Seventh-day Adventist church to make a significant impact on support for the bereaved. Since 1975 Yeagley has been involved in death and grief education programs. He became even more interested in grief work after the tragic death of his twenty-two year old son, Jeffery.’

It happened on October 14, 1980, Jeffery was killed instantly in a high-way accident. He had completed a B.A. degree in theology and English, and had

pastored for fifteen months. A few weeks before his death Jeffery had begun working on the Master of Divinity degree at Andrews University in Berrien Springs, Michigan.

Yeagley referred to this as a 'valley of the shadow of death' experience. In his own words, he explained how talking and the expressing of feelings with his family as a support base helped him through the difficult time of loss. He says in his book, Grief Recovery (1984), pg. 88: "From the first day of life without Jeffery, my family and I agreed that we would talk freely about his death and reminisce about his life. We agreed to respect each person's need to be alone and to allow the expression of feelings as well. Each of us has had different space needs. It has been very helpful to know that we do have space when we need it and closeness when it is desired."

Yeagley believes that educating people in the dynamics of grief can certainly help in facilitating the grieving process. As a Chaplain, he became involved in various aspects of grief work. He has become well known in the Seventh-day Adventist church for his grief recovery seminars.

In 1992, he wrote a manual for 'Conducting Grief Support Groups.' The basic goals of the program are as follows:

1. To teach griever to learn from their own experience of loss.
2. To expose and lessen fears.
3. To identify high-risk people, and he suggest that being with them during their year of grief is vital to their physical and emotional recovery.
4. To prevent running, the urge to avoid the challenge of experiencing the pain of loss.

Yeagley is convinced that grief support groups help people through the acute pain of grief, and therefore, he provides an indefinite amount of monthly follow-up sessions. Of course, there are many schools of thoughts as to the length of follow-up counseling. What is very clear to me from the work of these eight individuals is the importance and necessity to develop some type of grief support system/ministry.

## **B. Religious/Theological Principles**

The question of suffering and grief has become synonymous with the questions of life on this earth. In the Bible the subject of grief occupies a prominent place. For instance, throughout the Old and New Testaments, there



are around 122 verses that deal with grief. According to Haarbeck (1986) in The New International Dictionary of New Testament Theology, pg. 416–422, there are several verbs in the Greek language that are used to express the range of grief emotions. The following four words represent a sample of that range:

- 1) **Klaio:** Weep, cry out, expresses one's immediate and outward reaction to suffering. It suggests profound grief or deep sorrow in mourning for the dead.
- 2) **Kopto:** Stresses the aspect of public grief, which can manifest itself in various customs such as beating the breast and loud wailing. This type of mourning was originally carried out on behalf of the dead, then later became increasingly a general expression of grief at death.
- 3) **Lypeo:** This denotes physical pain, sorrow, sadness. This verb covers the widest range, from physical pain to inward grief. Generally it means, in the active voice, 'to give pain', and in the passive voice, 'to be grieved'.

- 4) **Pentheo:** This verb denotes lamenting or mourning. Frequently this verb is used with the connotation of mourning for someone. The noun 'Pentheo' is used in secular Greek in the perception of 'mourning or sorrow'.

The biblical context of grief suggests that there is a close relationship between grieving and mourning. It is interesting to note, according to Froggie (1991) in her book, **Bereavement: A Magazine of Hope and Healing**, pg. 13, that "During their period of mourning, the Greeks and the Romans wore black clothes not only as a sign of death, but also as symbols of mourners who would soil their clothes by rolling on the ground and pouring dirt upon themselves." While for others, "The shorn head was a symbol of the way grieving people would sometimes pull out their hair in clumps as an expression of anguish."

Like the Greeks and the Romans, the early Christian saw the need to appropriate some symbol of grief, and they took upon themselves visible symbols of their anguish. They, according to Froggie, "continued the practice of wearing mourning clothes, but wore white instead of black."

Although efforts were made to abolish the practice of wearing mourning clothes, by the middle of the fourteenth century, black again became the

recognized symbol of mourning. According to Froggie, pg. 14. "Mourners would wear a black garment over their clothes, and women (particularly widows) would often wear special head coverings to signify their bereaved status."

Today, in the absence of some universal sign of grief, there is urgent need for griever to be exposed to caregivers who are sensitive to their unique needs in the grief journey. Davidson (1984) in his book, Understanding Mourning, pg. 6, makes a significant observation when he says: "The idea of mourning is extremely old and has been preserved in two of humanity's most ancient languages. The root meaning in Sanskrit is "To remember", and in Greek is "To care". Mourning is an emotion that results from the universal experience of loss, ...to grieve (to be burdened by sorrow) and to be bereaved (to be robbed of someone or something precious) are part of, but only part of the mourning process."

In the Hebrew culture, there are many words with similar meaning for grief. One of the main words is "sabad" which means "to mourn, lament or wail". This particular word appears twenty-nine times in the Old Testament, and to a large extent deals primarily with the mourning rites acknowledging a

person's death. A case in point is when Jacob died, Joseph and his brothers observed a period of mourning for their father. Of this event the Bible records (in Genesis 50:10, NKJV): "Then they came to the threshing floor of Atad, which is beyond Jordan, and there they mourned with a great and very solemn lamentation. He observed seven days of mourning for his father." It is at times like these that all those who have experienced the loss of a loved one would come to share their grief with families and friends. Throughout Bible times the most common occasion for mourning is the death of a closely related person.

In the Old Testament, David grieved over the loss of his infant son, and of the death of one of his older sons, Absalom, who was killed in battle (2 Samuel 12:15–18). In addition, Jeremiah lamented the death of King Josiah (Jeremiah 16:6–8). In the Psalms, David tells of God's presence and of the comfort which he bestows upon us as we walk through the valley of the shadow of death (Psalm 23:4). Of all the examples of those who grieved in Old Testament times, there are none comparable to Job. His experience represents the epitome of suffering. He is one of the paradoxes of the Old Testament. It is difficult for the average person to perceive how a person "blameless and up–

right”, who is the “ideal example of patience and righteousness” (Job 1:13–24), could suffer the way he did.

Beltz (1944), a clergyman and an author, in his book, Job: A Patient Sufferer, pg. 12, identifies Job’s suffering experience as “going through seven great tests:

1. Prosperity
2. Property loss
3. Bereavement
4. Physical affliction
5. Domestic trouble
6. Falsely accused by friends
7. Seemingly forsaken of God”

Job was a family man with seven sons and three daughters. His assets included seven thousand sheep, three thousand camels, five hundred yoke of oxen, five hundred she asses, and a very large household. He was the greatest of all the people of the East (Job 1:2).

Then Job suddenly lost everything. He went from plenty to nothing, and losing one’s material assets the way Job did is a probable cause for grieving.

However, for Job to bury ten coffins with the physical remains of his children is a grief experience of the highest magnitude. From a human perspective, there was no reason why such an upright man like Job should have had to suffer the seven great calamities. After this historical catalog of suffering, the biblical record says: "Then Job arose and tore his robe and shaved his head, and fell to the ground and worshipped.... Naked I came from my mother's womb, and naked shall I return there. The Lord gave, and the Lord has taken away: blessed be the name of the Lord." (Job 1:21-22)

Job did not understand why tragedy had come, yet he still maintained confidence in God. Job's friends reasoned that it was because of his sins that Job was punished. However, Job's perspicacity refutes the argument that one suffers because of his or her sins. Although there are no easy answers to the question, 'why do the righteous suffer?' one answer, according to the Seventh-day Adventist Bible dictionary is: "Satan is the author of suffering, as he is of the theory that makes suffering out to be divine punishment for sin. Suffering is the result of an evil genius at work in the universe, and not necessarily of particular acts of wrong doing on the sufferer's part. God's role in human suffering is permissive."

In this world of anguish, grief and misery, the painful fact is that the righteous ones like Job suffer along with the wicked. Job's friends did not support him, yet he prayed for them. The comforting news is: "The Lord restored Job's losses when he prayed for his friends. Indeed the Lord gave Job twice as much as he had before." (Job 42:10 NKJV). Grieving became a way of life. It did not matter whether one was king or peasant, saint or sinner. However, from the mourning practices of ancient Israel, modern grieverers can learn the nature of the support rituals that were in place to help throughout the grieving process.

The presence and influence of Jesus changed the whole concept of grief in New Testament times. Basically, there are two vital lessons that can be learned from New Testament theology. The first lesson is that it is alright to mourn, but one must not mourn as though all hope is gone. In Pauline theology, the admonition is very strong – that ye sorrow not as others who have no hope (I Thessalonians 4:13). The Thessalonians had been grieving over fellow Thessalonians who had died since accepting the gospel. Thus the concern was what would happen to them at Christ's return and the resurrection. In I Thessalonians 4:13–18 Paul addresses their concern, according to the

**Seventh-day Adventist Bible Commentary** (1980, Volume 7, pg. 246–247): “He explains that there is no need for the living Christian to be sorrowful over his dead brother, for the hope of the resurrection removes the cause for sorrow. Paul is not frowning on natural grief. He is teaching the believers not to be immersed in hopeless human sorrow, but to lift up their heads in expectation of reunion with their departed loved ones at the time of their Lord’s return and resurrection.”

The believers, therefore, can comfort one another in the grieving process knowing that those who die in the Lord, according to the Bible, will be resurrected to live eternally. In I Thessalonians 4:16–18, NIV, we find these words: “For the Lord Himself will come down from heaven with a loud command, with the voice of the archangel and with the trumpet call of God, and the dead in Christ will rise first. After that, we who are still alive, and are left will be caught up together with them in the clouds to meet the Lord in the air, and so we will be with the Lord forever. Therefore encourage each other with these words.”

The second lesson is that Jesus both experienced grief and is the remedy for grief. Jesus in His sermon on the mount assures those who mourn that they



will be comforted (Matthew 5:4). At the death of Lazarus, Jesus did two outstanding things that provided support and hope for grievers then and now:

(1) “Jesus wept” (John 11:35). This was most noticeable at the death of Lazarus when Jesus openly showed signs of grief as He “wept”. His act of weeping allows today’s grievers to understand that Jesus not only can relate to mourning, but also identifies with the grieving process.

(2) Jesus performed a miracle by raising Lazarus from the dead.

Regarding its significance, Ellen G. White (1940) in her book, Desire of Ages says: “The miracle which Christ was about to perform, in raising Lazarus from the dead, would represent the resurrection of all the righteous dead. By His word and His works He declared Himself the author of the resurrection. He who Himself was soon to die upon the cross stood with the keys of death, a conqueror of the grave, and asserted His right and power to give eternal life.”

One of the purposes for which Jesus came to the world is recorded in John 10:10, “I have come that they may have life, and that they may have it more abundantly.” This life that Jesus gives is eternal life which is free from grief and suffering. The price He paid so that we could have eternal life was enormous. He became the good Shepherd who gave up His life for His sheep

(John 10:14–15). Christ's death on the cross for the sins of the world and His victorious resurrection affirm eternal life to all committed Christian. To Christian grievers, the happy news of Christ's resurrection is the symbol of their greatest hope. For grievers Paul gives comfort when he says: "I do not want you to be ignorant, brethren, concerning those who have fallen asleep, lest you sorrow as others who have no hope" (1 Thessalonians 4:13, NKJV).

What is clear to me from my research on the subject of grief in the New Testament is that grief for the believers is different from the grief for the non-believers. The non-believers have no hope in the resurrection to eternal life, while the believers do have hope in the resurrection to eternal life. Jesus' counsel to the believers is to comfort one another with this hope (1 Thessalonians 4:18). The zenith of the believers' hope and faith is found in the vision of John the Beloved recorded in Revelation 21:1–4, NCV: "Then I saw a new heaven and a new earth. The first heaven and the first earth had disappeared, and there was no sea any more, and I saw the Holy City, the new Jerusalem, coming down out of heaven from God. It was prepared like a bride dressed for her husband. And I heard a loud voice from the throne saying, 'Now God's presence is with people, and He will live with them, and they will be

His people, God Himself will be with them and will be their God.’ He will wipe away every tear from their eyes, and there will be no more death, sadness, crying or pain, because all the old ways are gone.” To the believers this is good news, for the promise is, one day they will not be affected anymore by pain, suffering and even death. They are promised to live eternally in heavenly bliss.

### C. Other Supporting Resources

Ellen G. White is one of the first authors of the Seventh-day Adventist church. The amount of her writing, 100,000 pages of materials, represents the largest written contribution of any other Seventh-day Adventist writer. In her life time, she buried two of her sons and a husband. In her writings she expressed her deep concern for the bereaved – she sympathized and empathized with sorrowing mothers and widows.

With regard to weeping in the context of grief, in White’s (1898) book, **Selected Messages**, Vol. 2, pg. 264, she wrote: “It is not right to say to the bereaved ones, do not weep, it’s not right to weep. Such words have little consolation in them. There is no sin in weeping. Although the one who passes

away has been for years a sufferer because of weakness and pain, yet that does not wipe away the tears from our eyes.”

White (1942) also counsels in her book, Ministry of Healing, pg. 488, that when comforting the bereaved, we should: “Then talk of the promises, talk of Jesus’ willingness to bless. He does not forget us for one brief moment. When, notwithstanding disagreeable circumstances, we rest confidently in His love, and shut ourselves in with Him, the sense of His presence will inspire a deep, tranquil joy. Of Himself Christ said, ‘I do nothing of myself, but as my Father has taught me, I speak these things. And He that sent me is with me, the Father hath not left me alone, for I do always those things that please Him’.” In support of the bereaved she would often reach out to them, giving some level of support. One such occasion is when she reached out to a sister in the form of a letter to comfort her on the death of her mother. She said: “In regard to your mother’s death, I say, ‘blessed are the dead which die in the Lord’ (Revelation 14:13). For a long time your mother had been very feeble. You have cared constantly for her. To see her face no more will be a great grief to you. Were we living near you, we would say, come apart, and rest awhile. But your duties claim your time. I would say to you, trust in the Lord.

You will feel the death of your mother very keenly, but let me tell you that I sorrow not for the righteous dead, but for the living. I know that you have laid your mother in the tomb in the full hope that she will come forth when the trump of God shall sound...I know what it means to bury loved ones. My father, mother, brothers and sisters, my husband and two of my sons are sleeping in their graves. My sister, Mary and I, and my two other sons are all that are left, but our faith rest in the Lord.” (SM Vol. 2, pg. 261, 1958) I hear Ellen White saying that we need to show sensitivity to those who are grieving, and that we need to keep before them the promises of God, and His faithfulness to His promises.

In my research, I have also discovered that we need to take some responsibility for the break down of our bodies. Kuenning (1987) in her book, Helping People Through Grief, pg. 21, suggests that: “When we violate the God-given commandments which are really positive statements designed to help us live a healthy, uncomplicated life, we create the conditions that can wreak havoc with our personal lives, when we disobey God’s laws of health, we can expect sickness and suffering that goes with it. Our bodies are designed by God and require healthful living habits to function properly.”

It is clear that we understand that God expects us to practice healthful living habits, but it is also safe to say that our bodies were not created to last forever. Mitchell and Anderson (1983), in their book, All our Losses, All our Grief, pg. 168, informs us: "Loss and consequent grief are part of life. Human beings cannot be understood as creatures outside the limitations of suffering and death. Sorrow is an inescapable dimension of the human. At a general level, the answer to the perennial question, why do we suffer? is simple. We suffer because we are human. Because we are bound by the limits of birth and death, because all that we love is limited, because we are people for whom attachment to temporal things is inescapable, we suffer. Our task as Tillich has suggested, is to accept and affirm suffering as a part of finitude, and yet affirm finitude in spite of the suffering that accompanies it."

However we decide to look at grief, the truth is the process is personal and it varies from individual to individual. The experience of grief is most painful, yet from their own experience of pain, they can learn lessons that will benefit others in their pain. It is said, when you sympathize with others, mutual healing can be the result.

## Chapter 3

### The Execution of the Actual Project

#### **A. Formulation of Group**

A recent conversation with some of my colleagues on how our contemporary society has changed and is continuing to change, caused us to conclude that it is clear that some of these changes are impacting the way that the church does ministry. In context of the project, we talked about changes in the grieving aspect of ministry.

We remembered that at one time the family and the church were stable integrated parts of the community. The custom then was, when someone in the family died, the church played a vital role in the funeral preparation. One thing that was clear was the support of the extended family (the church) was always there along with the rest of the community. I recalled my father telling me that when my grandmother died some fifty plus years ago, that it was a community affair. Some were cooking, some men were building the coffin, while others were preparing the body for burial. There was a working spirit within the community.

Today, the sad reality is that our next door neighbor could be dead and no one in the neighborhood would know for days. In the early days, the funerals were co-directed by church and community. Today, funerals are taken over by the funeral industry, and the cemeteries, once maintained by the church, are now owned by private enterprises. These changes have certainly affected the way the church ministers to the bereaved.

After having been called to the bedside of so many dying members, after conducting so many funeral services, after watching so many individuals and families handle their loss and pain so poorly, and having dealt with my own share of pain and loss, it is clear in my mind that our society and the funeral industry in general do not place much emphasis on grieving. Therefore, in my ministry setting, I am determined to make my church become a place where grief support groups are established to assist individuals and families in the processing of their grief. Wolfelt (1993), (pg. 46), offers an excellent justification for support groups when he says, "There is a growing realization among those who care for the bereaved that support groups are an appropriate and effective way to help bereaved people heal because they offer a safe place



for people to do the work of mourning. Support groups encourage members to reconcile their losses and go on to find continued meaning in life and living.”

Now that I understand and accept the importance of the support group in the grief ministry, I now place my attention on setting up the focus group to work with me to establish this ministry. I first met with my clerical department who work very closely with me on the issue of death and dying in the church. The department is comprised of twelve women within the age group of early sixties to early thirties. After meeting with them, they all unanimously agreed and supported the need for this kind of ministry, but only four would be available to participate in the session for the duration. I accepted those four as part of the core group. I then hand picked another three who have experienced death within the last five years, thus making the core group a total of seven. I spoke with them individually and expressed my expectations of the group, which are:

- 1) To be present at all six sessions.
- 2) To participate in a meaningful way at each session.
- 3) To eventually be one of the leaders in the support groups.

They were informed that the group would meet once a week, every Sabbath afternoon (which is Saturday afternoon), from 5–6 p.m. in my office. On our first meeting, after welcoming them and expressing my appreciation for their participation, I gave them a questionnaire (see exhibit A). The purpose of the questionnaire is:

- To get an idea of the group's understanding of grief;
- To hear suggestions of how they feel the church can help; and
- To get some feed back on how they think this ministry can be extended to the community.

This questionnaire was also given to the entire church on the third week. The participation was encouraging. I got back about three hundred and twenty-five surveys, and this affords the focus group to gather ideas to set up the ministry. Also, at the first session, I shared with them some definitions of grief and the concept of grief. About fifteen minutes towards the end of the session, I gave the group a written assignment (see exhibit B). The purpose was for them to do some reflection on their own death. They asked if they could take it home and bring it back the following week because it would afford them more time to be reflective.

When we met the following week for the second session, they were in agreement that the assignment caused them deep reflection and concern for their family. They said it caused them to look at death in a reflective manner more than ever before, and that it caused them some struggles to identify things they wish to be remembered by. They indicated that the most difficult part of the assignment was the writing of the letter to their family that would be read after their death (question 4). This session was a moving session. Many tears were shed, and it re-enforced the need for a grief ministry. This was the longest session, and it served as a therapeutic session.

Research has shown me that there are some dos and don'ts in helping the bereaved. When we met for the third session, for the first part of the session I shared some of the dos and don'ts. The group showed sincere interest in the information. The dos are:

- Do let your genuine concern and care show.
- Do be available to listen and to help.
- Do allow them to express as much grief as they are feeling and willing to share.
- Do encourage them to be patient with themselves.

- Do allow them to talk about the special, endearing qualities of the person they lost.
- Do let the grieving person be or say or feel whatever they need to.

The don'ts are:

- Don't let your own sense of helplessness keep you from reaching out.
- Don't avoid them because you are uncomfortable.
- Don't say you know how they feel.
- Don't say it is time for you to feel better.
- Don't tell them what they should do or feel.
- Don't change the subject when they mention the deceased loved one.

The last part of the session we looked at the returned surveys from the congregation. The general consensus was that grief ministry is an important ministry for the church, and that this ministry is long overdue. They also indicated that this ministry should be taken to the community because there are many in the community who will benefit tremendously from it. The purpose

will be to create a forum for them to come and talk about their grief and their feelings around the death of their loved ones.

In the fourth session we talked about the “hows” of the actual establishing of the grief ministry groups. The groups were established to cover three stages:

1. The first stage looks at support prior to death. This starts when the individual is diagnosed as critical, when the doctor says that death is imminent.
  - This group will visit and pray with the individual and family on a regular basis.
  - This group will assure the family that the church is here to give support to them, and will also be available to assist in any other way.
2. The second stage will offer support at the time of death.
  - Representatives from this group will be present after the death is announced. This being the first visit is just to be present.
  - On the second visit they will focus on funeral arrangements – day and time of the funeral, and the putting together of the program.

- Representatives from this group will be available at the home of the family to answer phone and to be available to do other things to assist the family in the preparation of funeral of their loved one.

3. The third stage is the follow-up stage – giving support after the funeral.

This stage is very important, and yet in most cases, it is the forgotten stage.

The focus group suggested that this group be comprised of people who have some experience in counseling, some social workers and also some who are in the health field. This group will be expected to:

- give extended care for about three to nine months;
- run some seminars for the bereaved;
- be present with the family as they go through the grieving process; and
- be ready to assist in any other way.

The selection of the individuals for these three stages was done by the focus group. The process was a “form” highlighting the responsibilities of each stage (see exhibit C), and announcements were made asking whoever is interested in being a part of the grief ministry to see any one in the focus group and sign up. They were also informed that we were looking for twenty-one

persons (7 per group). The response was very encouraging, and we had more than twenty-one individuals who signed up. We had thirty-seven in total.

In the fifth and sixth sessions, I met with the focus group and those who signed up to be part of the grief ministry groups. In these sessions we selected a leader and an assistant leader for each group. After that, we spent time talking about each stage of the ministry and their connection to each other, and the importance of each group being faithful to their responsibilities.

In these sessions we talked about the art of communication and the importance of just being present with the people. Egan (1994) in his book, The Skilled Helper, pg. 90, states: “Since the helping process involves a great deal of communication between helper and client, relevant communication skills are extremely important for the helper at every stage and step of the helping process. These skills are not the helping process itself, but they are essential tools for developing relationship and interacting with clients.”

Egan focused on attending and listening, empathy and probing. According to Egan, attending refers to the ways in which helpers can be with their client both physically and psychologically, and listening refers to the ability of the helpers to capture and understand the messages clients

communicate whether these messages are transmitted verbally or nonverbally, clearly or vaguely.

Egan suggested that the micro skills of attending can be summarized in the acronym, SOLER, which the group had fun acting out.

**S** – Face the clients squarely. That is, adopt a position that indicates involvement.

**O** – Adopt an open posture. According to Egan, an open posture can be a sign that you are open to the client and to what he or she has to say.

Crossed arm and crossed legs can be a sign of little or no involvement or availability with the client.

**L** –Lean at times towards the client. Leaning can engender a kind of bodily flexibility or responsiveness that enhances communication with the client, however, leaning too far forward or doing so too soon may frighten the client.

**E** – Have good eye contact. Maintaining good eye contact with a client is another way of saying I am with you, and I want to hear you.

**R** – Try to be relatively relaxed or natural in your behavior. According to Egan, being relaxed means two things; (1) it means not fidgeting



nervously or engaging in distracting facial expressions; and (2) it means becoming comfortable with using your body as a vehicle of contact and expression.

I then shared with them what Egan refers to as being active listening and a good listener. According to him, active listening involves four things: (1) observing and reading the client's non verbal behavior, posture, facial expressions, movements and tone of voice; (2) listening to and understanding the client's verbal messages; (3) listening to the context, that is, to the whole person in the context of the social setting of his or her life; (4) listening to sour notes, which are things that the clients say that may have to be challenged.

On the other hand, a good listener hears the message, interprets the message, evaluates the message and responds to the message. Egan also suggests that a good listener defines the purpose for listening, and the purpose helps in focusing on the important part of the message. It helps in the investing of energy that is needed to listen effectively, and it helps conserve energy when listening is not important. It is believed that good and careful listening enables helpers to stay with their clients and walk them through their grieving process.

I continued by sharing with them what Egan said about empathy, and what are the goals of empathy. In his book, The Skilled Helper, pg. 106, he defines empathy as: “A form of human communication which involves listening to the clients, understanding them and their concerns to the degree that this is possible, and then communicating this understanding to them so that they might understand themselves more fully and act on the understanding.”

From my research I learnt that empathy helps in accomplishing the following goals:

- (1) It helps relationships. It plays an important part in building a working alliance with clients.
- (2) It stimulates self exploitation. It is an unobtrusive tool for helping clients explore themselves and their concerns.
- (3) It checks understanding. It is a perception-checking tool.
- (4) It provides support. It gives support during the helping process.
- (5) It lubricates communication. It acts as a kind of communication lubricant, and it encourages and facilitates dialogue.
- (6) It focuses attention. It helps client and helper to hold the core issues before them.

(7) It restrains the helper. It keeps helpers from doing useless things.

(8) It paves the way. It makes room for stronger interventions to help the clients move into action.

The purpose of empathy is to help the clients see themselves and their problems more clearly with a view to managing them more effectively.

According to Egan, pg. 122, "Probe is a verbal tactic for helping clients talk about themselves and define their concerns more concretely in terms of specific experiences, behaviors, and feelings and the themes that emerge from an exploration of these." From my research I discovered that some of the goals of probing are: (a) to help non-assertive or reluctant clients tell their stories and engage in other behaviors related to the helping process; (b) to help clients identify experiences, behaviors and feelings that give a fuller picture of the issue at hand; (c) to help clients remain focused on relevant and important issues; (d) to help clients understand themselves and their problem situation more fully. Probing, according to my understanding, is a tool used in communication to effectively assist in the helping process.

## **B. Assessing Outcomes**

I have seen too many good ideas, good plans, good programs fail due to lack of proper supervision and assessment, therefore, the focus group presents a few assessment tools to help keep the grief ministry of the Bethel Seventh-day Adventist Church alive and ever developing. I truly believe in this ministry and sense its need to be present in every congregation.

The first step of the assessment of the ministry will be to have monthly meetings with the group that offers support prior to death. This meeting will be scheduled for the fourth Saturday afternoon of each month. At this meeting a report will be given as to how the sick individual and the family are doing. Also, all the other responsibilities of the group will be evaluated, and all necessary adjustments will be made.

The next step in the assessment of the grief ministry will be to schedule two meetings with the group that will give support to the family at the time of death. The first meeting will be before the funeral. At this time the program will be looked at to make sure that all “Ts” are crossed, and all “Is” are dotted. Then after the funeral there will be another meeting to evaluate what was done,

and to see what room there is for any improvement. It is the aim of the group to make the ministry better and more effective for the families.

The third step in the assessment of the grief ministry will be to provide two questionnaires to the support group who will give extended support to the family or families of the bereaved. The first questionnaire will be given at the beginning of the first session. The purpose is to get a sense of the need of the family so that the seminars will address some of those needs (see exhibit D). The second questionnaire will be given at the sixth month of the last session to see if the information received was helpful (see exhibit E). It is hoped that from the questionnaire we will see what improvement or adjustment can be made to make the ministry more effective.

Collectively, as a church, we will have a special day known as 'Grief Day'. It is proposed that this day be the second Saturday or Sabbath of each year. This will give us the opportunity to remember all the deceased of the congregation from the last year. The emphasis of the service will be on 'grief' with the hope of making the congregation more sensitive to those who are mourning. Also, a special dedicatory prayer will be said for the grief ministry team and for the families of the deceased.

## Chapter 4

### Evaluation of the Project

As was stated earlier, the group is comprised of seven ladies; four from the clerical department of the Bethel Seventh-day Adventist Church, who work very closely with the Pastor in the area of death and dying, and three who had experienced death in their family within the last five years were selected from the general congregation by the Pastor. There were some concerns among the ladies that there was no other male presence in the group. I accepted those to be very legitimate concerns, and would have liked another male in the group, but none indicated any interest to serve in the group. I will continue to explore why no males volunteered to be part of the focus group. My first opinion, which is personal, is that men tend to be very private with their emotions, and try to avoid any activities that could cause them to publicly display their emotions. I think this is true of most men, but more so of men of West Indian decent, where most are trained to believe that men don't cry, thus making them extra protective of their emotions.

It was an amazing experience to have watched how the group evolved as they came together and began to develop their relationship with each other. As I observed, the journey was a rich and rewarding one. The group shared some of their highs and lows experiences with each other. One member said there are times when she feels as if God doesn't like her because He took her husband while she was sleeping next to him, and a few months ago He took her mother. Another member said her emotions are very confused. Sometimes she would say that God knows best, but at other times she becomes really angry with God, but she said these sessions are helping her to accept God's permissive will in her life. Then another member, who lost her son tragically to gang violence, said, "I am beginning to smile again. These sessions have really opened me up to new ways to grieve for my son." It was encouraging to hear those words, and those testimonies gave greater evidence to the need of the grief ministry in the church. It was also gratifying to experience the quick bonding of the group, and the safe place that was created for them to speak openly and honestly.

The group was pleasantly surprised and yet very pleased by the response of the church to the surveys. From past experiences, the response to surveys

from the church was not encouraging, so we were looking for a response that was fair or moderate, to say the least. But the response to the general survey (exhibit A) was truly overwhelming. As was stated, we got back three hundred and twenty five surveys, with only two saying that they did not think it was a needed ministry for the church. We scratched our heads trying to find reasons for the overwhelming response, but only concluded that the church fully supports the concept of this ministry and is ready for its implementation. I would have liked to talk with those two individuals who thought it was not a needed ministry, to hear their reasons for their thinking, but the survey did not ask for names, and they could not be identified.

The survey (exhibit C) to establish the actual ministry was also reassuring. We got more than the amount we needed for seven per group. We, therefore, decided to expand each group. Groups one and two were expanded to eleven members, while group three was enlarged to fifteen members. There were some in the group that were concerned about the size of the groups and wondered if it would affect the effectiveness of the ministry. After much discussion, we decided that we would try the larger groups because of the



overwhelming response from the church, but to monitor the groups more closely to make sure that each group maintains its effectiveness.

In one of our discussions, I asked the group what part of the sessions speaks most loudly to them. Some say the 'dos' and the 'don'ts', and especially the 'don'ts' because some of the 'don'ts' are so natural for them to say and do, and that they have been saying them for a long time, like, "I know how you feel", and changing the subject when they start crying. Someone said, "I am feeling real bad for all the times I did that," to which I quickly responded that each of us are guilty of saying and doing those things, but now that we know, we will definitely try to do better. I then reminded them of something I learnt from my research, and that is, our presence is enough, especially with fresh grief, and that our embrace, our touch and our sincere sorrow may be all the mourner needs, and that group one will be engaged in sharing a lot of this.

Some others mentioned how helpful Egan's acronym, SOLER, had been to them, and at the same time also very challenging. They cited they especially enjoyed acting it out. It reinforced in them the importance of communication, and the way we communicate, for example, it was mentioned that we normally sit beside a person, not facing the person, and that it would not always be

possible to face the person. I agreed and told them, “The important piece is that you show that you are present and involved, that you are there and not somewhere else.” Schwartz (2001) in his book, Family System Model, would suggest that we should recognize and work with all our parts, parts being our feelings, and it is important that as we sit with them, that we be conscious of our parts.

It was also mentioned by some that the eye contact with the people would be the most challenging for them. They said that they did understand what it conveys, but during the demonstration it was difficult for them to maintain eye contact all the time, to which I responded, “I don’t think it is suggesting that you look in the eyes of the other person all the time, but there must be some eye contact, for it is not effective communication talking to someone and looking everywhere else and make no eye contact with them. Certainly it would suggest distance and not closeness. The bereaved wants to know that you are there with them, and that you are hearing and feeling where they are.”

It was also shared by the group that another challenging piece cited by Egan was the probing. They said they felt as if they were being intrusive and

were invading emotions and feelings that the bereaved may not be ready to share. I told them I understand, but it becomes intrusive and invasive when they are pressured to respond. Probing is just another way of making an opening for them to tell their stories, to share their experiences and to stay focused with their feelings.

The group indicated that they are comfortable with the methods of monitoring the effectiveness of the ministry with the various groups. Someone mentioned that it would be good to bring in some 'grief specialists' from time to time to do workshops on updated information on grief. The group felt that was an excellent idea, and assigned the task to the Pastor. Another suggestion is that it would be good for the groups to be involved occasionally in some social activities. The group also embraced and endorsed the idea and selected a social committee of three, one from each group, to plan and organize the social activities for the groups. This ministry has certainly evolved into something bigger and better than was first envisioned.

Another interesting finding from the group that was not a part of the original proposal is that we wanted to get an idea of the culture from the different places represented in the congregation as to the customs and

traditions of their funerals. The response in this area was not as good as we were hoping. We only received three responses. We concluded that the reasons could have been: (1) it was done by one person verbally asking members. She said she asked enough to get back at least eight responses; and (2) maybe not too many of them are familiar with their customs or traditions. We heard of the Jamaican, Grenadian and Hindu traditions. I will also share the custom and tradition of my neighbor who is Puerto Rican. The person with Hindu tradition comes to my church but is not a member of my church.

The Jamaican tradition is called “Nine Nights”. For nine nights or less, depending on when the body is buried, the bereaved family hosts evenings of singing and dancing. A large turnout (usually most of the district) attends these gatherings. It is expected that the family would provide the food (usually their native foods which includes various kinds of meats, ‘manish’ water (made from various parts of the cow/goat), and goat’s head soup), and drinks (especially red and white rum, and beer in a non Christian environment). Guests will stay with the family and sing hymns and native songs, dance, play board games throughout the entire night during this time. At the end of the multi-nights event, the family carries out the tradition of “turning out the

dead". For example, if the deceased died on the bed in the house, the family will throw out the mattress. In some instances, if the body is not turned over to the undertaker, then those preparing the body will stuff all openings with coffee or cotton, and skilled neighbors will build the casket as well as the vault (pave the inside of the grave with cement).

The Grenadian tradition is similar to the Jamaican's. One of the differences is the community brings the food for the bereaved family. Guests sing and dance with the family, and spend time with them during this grieving period. In some cases men in the community will build the coffin and the family is expected to provide rum or other alcohol for them.

The Hindu tradition: Ten days after the death of an individual, the sons (five is the maximum) would shave their heads as a sign of respect for the dead. If the deceased has no sons, then the next closest male relatives will shave their head. In the ritual of Jabeage, five plates of food are shared out to different elements – cow, water, fire, birds and wind. The night before the burial the family receives visitors at their home, and provide food and drinks. The food must stay on the premises. Food cannot be taken out of the home as it would

be considered unclean. Food that is usually provided consists of coffee and Crix crackers.

In the ritual of Bandara, which occurs thirteen days after the burial, the family and loved ones engage in prayer to the gods. Food that is prepared during this time can be taken from the home. In the ritual of Bindas, which occurs forty-eight days after death, the immediate bereaved family in the household cannot use meat, fish, eggs or alcohol. Also in the Hindu tradition a bereaved individual cannot re-marry during this time. If this tradition is broken, then it is believed that bad luck will be on the family and the spirit of the dead will not be able to leave the home. After this amount of time has passed, then the bereaved can resume regular practices.

I found this out by talking with my neighbor who is of Puerto Rican descent, and is of a Catholic faith. He said, in his culture, at the death of a loved one, the family would gather together to comfort one another and to pray for the dead. Also, masses, Rosaries and Novenas (prayers to the saints) will be given for both the living and the dead. He informed me that part of his religious culture is to believe that the dead is in an invisible world inhabited by

spirits who have some influence over the living. He said that all these activities are concluded with eating, drinking and dancing.

It was mentioned that many of these traditions and customs go against our core beliefs. They are: (1) that the dead are asleep and unconscious (Ezekiel 9:5–6); and (2) that the dead (good and bad) are in the grave (John 5:28–29); but it was shared that we were not looking for truth as taught by our faith, we were looking for the traditions and customs, and appreciating these customs and traditions are not in any way endorsing them.

The group voiced their interest in getting to know more about other cultures' traditions and customs of funerals, and so we will continue to explore information in this area. Some of the groups said they will ask their co-workers about their customs and traditions. There is certainly an excitement in the group to explore and to learn more.

This is a true story, shared with me by a member, of how her grandson, Michael, grieved for his great-grandfather, Papa. Michael is nine-years old and his Papa died at the age of one hundred-years old when Michael was three and a-half-years old. Today, six years later, Michael still talks about missing him and wonders out loud why he had to die. He did not really mourn the loss of

his great-grandfather until one day, when he was about six-year old, without provocation he began crying uncontrollably about missing his Papa. Papa came to live in the house that was shared by his parents and his maternal grandmother after his wife had died. His grandmother lived on the 1<sup>st</sup> floor while Michael and his parents lived on the 3<sup>rd</sup> and 4<sup>th</sup> floors. Papa, in his nineties and walked with the aid of a cane, and Michael bonded almost immediately. If Papa were on the 2<sup>nd</sup> floor and heard Michael crying on the 4<sup>th</sup> floor, he would make it his business to walk all the way to the 4<sup>th</sup> floor to see for himself why the baby was crying and would inquire of his parents, "What are you doing to him to make him cry?" He would sit with him, and Michael would stop crying and begin laughing with Papa. When Michael began talking clearly, he and Papa would engage in long conversations that only the two of them would share.

Papa liked to eat crackers or toasts and cheese with tea for supper. He taught Michael to eat his crackers by dipping them in his tea with milk, how to use his spoon to drink his tea, and to cool it off by blowing into the spoon. It was hilarious watching the two of them at the dining table as this little boy sat in the big chair trying to imitate his great-grandfather.



When Michael was almost three-years old, Papa developed dementia and was reluctantly transferred to a nursing home when they could no longer care for him at home. Every Sunday Michael and his grandmother would visit Papa and he would climb on his lap and talk with him, or sit on a chair near by and play dominos. They would have a good time together. However, a few months before Papa died, Michael told his grandmother that he did not want to go to the nursing home anymore. When asked why, he said, "I don't want to go because Pa-pap has an ugly face now and I'm scared." Upon closer examination, Papa's countenance was indeed changing. Michael was told when he died and he did not cry at that time, neither did he attend the funeral. From time to time he would take out the photo album to look at the pictures of both of them.

When Michael was six-years old, he broke down crying. He cried for a long time, telling his grandmother how much he missed Papa and wished that he was still here. After being consoled, he said that he was going to be a good boy because he wants to go to heaven when Jesus comes so he can see Papa again. He still occasionally talks about Papa and says he misses him, but he

doesn't cry anymore. I share this story to support the fact that grief does not respect age, color, gender or culture.

## Chapter 5

### Discussion

#### **A. Implication of Results**

This project has truly been a rewarding exercise for me and members of the group to experience the overwhelming support of the church in the establishment of the ministry. This ministry will definitely impact the Bethel Seventh-day Church and its community in a powerful way. I had anticipated that there would be some changes in the way the church ministers to the bereaved families, but what I have experienced in the development and implementation of this ministry far surpasses my expectations. For me to watch the church become the community of the concerned has certainly been gratifying.

In my twenty-four years of ministry, I have experienced the church coming together on other projects and programs, but I must confess that there is something different about this time. In the first place, the group was extraordinary, they were passionate about the ministry, and demonstrated that passion in their commitment to the tasks of the group by being present at

group meetings and carrying out the assigned responsibilities of the group.

Another important attribute of the group is that not only were they willing to establish the ministry, but they were excited about working in the ministry, and as a result, every member of the core group has a leading roll in the ministry.

The project sought not only to create a church community that shows care and compassion, but also to create unity among the congregation. At our last funeral, about two week ago, I observed, and a few members mentioned it, that this was one of the better church attendance at any of our funeral services. They believed that the establishment of the new grief ministry certainly has contributed to it in a positive way.

The groups carried out their function exceptionally well, and members of the bereaved family are saying how helpful it has been for them to be ministered to in such a personal and meaningful way. The group that is responsible for ministering to the bereaved family after the funeral is ready to minister to them. It is really amazing to see the excitement of the group doing ministry to the bereaved. I must confess I never anticipated the quick positive impact this ministry will have on the church. There is a greater sense of family among us. More and more people are asking about the ministry and are

showing interest in it, and this is one of the many challenges we will have – not to allow the ministry to become top heavy and begin to lose its effectiveness.

The groups, however, are anticipating that as a result of their ministry, members will become interested in the ministry, and maybe they could expand it to do ministry on a broader scale to help those who are experiencing loss other than death.

There is a general belief that young people minister more effectively to young people, and with this understanding the groups are also hoping to attract some young people who will show interest in this ministry, so that when there are bereaved young people and children, they will be able to minister to them. The energy of young people will really help this ministry. Unlike the core group where there were no male presence besides myself, there are males in the groups who are ministering to the bereaved.

It is the plan of the grief ministry, for their first social function, to invite some young people to help them sense the need for some young involvement in this ministry. I heard that there are some young people who have already voiced their interest to be a part of this ministry. In fact, the youth leader

asked me to make a presentation on grief and the effect on young people in the month of March.

I must say that when I was creating this ministry, I knew that it would have some positive effects on the church, but I did not know how profound the impact would be on the congregation. The excitement of those who are part of the ministry is truly contagious, and the support of the church is truly overwhelming. Members are showing that they really care, taking and making time for each other. I am watching with great joy the Bethel Seventh-day Adventist Church becoming the community of the concerned – a caring community. What I am experiencing reminds me of the words of Nouwen (1979) in his book, The Wounded Healer, pg. 94: “A Christian community is therefore a healing community not because wounds are cured and pains are alleviated, but because wounds and pains become openings or occasions for a new vision.” I am a believer that the church should always be seeking new ways to continue ministering to the needs of its members and community. I noticed since the implementation of this project the church has become more people oriented. I observed that there seems to be a more caring spirit being demonstrated among the brethren. At our last funeral, one of the family members told me

that they received so much food from church members that they had to give some away. My hope is that this caring spirit will continue to get better and better as the church continues to embrace this ministry.

## **B. Contribution to Clarify and Expand**

I do believe that sometimes in the church we can become so ‘heavenly minded’ that we are of no ‘earthly good’. We focus only on things above, but care very little for the pain and suffering of our brothers and sisters here on earth. In this project I sought to convey that the quest for heaven does not eliminate our care and concern for those who are in pain, are lost in their suffering and grief. If I understand our calling, and I believe I do, we are called to care not only for the spiritual, but also for the emotional well being of all humanity.

There is no doubt that the question of suffering and grief are synonymous to the question of life. My understanding is, as long as there is life on this earth before Christ returns the second time, there will be pain, suffering and death. But, the believer is counseled to: “sorrow not as others who have no hope” (1 Thessalonians 4:13); for the return of Christ is promised

in John 14:1–3: “Let not your heart be troubled, ye believe in God believe also in me. In my Father’s house there are many mansions, if it were not so I would have told you, I go to prepare a place for you, and if I go and prepare a place for you, I will come again and receive you unto myself, so that where I am there ye may be also.” This is a promise given to us from Christ, and we are counseled by Him to, “Comfort one another with these words” (I Thessalonians 4:18).

To me this is a clear mandate from the word of God that supports my project, and my project is designed to offer hope, comfort and assurance to the bereaved. I was taught that as believers, we are commanded to be not just hearers of the word, but also to be doers of the word. It calls for us to put into action the word of God. My project is designed to make us hearers and doers of the word, for certainly, the mandate is clear in the word: “Blessed are they that mourn, for they shall be comforted” (Matthew 5:4).

The clinical principles shared were done with the intention to create a keener awareness of the subject of grief and to learn effective ways to lend support to the bereaved. It is clear, from my research, that grieving is not done in isolation, that people need people, therefore, there must be a systematic



approach to the support offered. The clinical principles that help define my project confirm that grief support groups can prove to be most successful in ministering to the bereaved and help in the healing process. Those principles discussed support the need for empathy, and according to Yolom (2008) in his book, Staring at the Sun, pg. 123: "Empathy is the most powerful tool we have in our effort to connect with other people. It is the glue of human connectedness and permits us to feel, at a deep level, what someone else is feeling." Empathy is at the core of this project. My wife shared with me that empathy is a human value that ought to manifest itself in the life and fabric of every faith community. It is exciting to see the church moving in the direction to embrace this concept.

### **C. Contribution in a Wider Context**

It is a common belief in my faith tradition that the church is not within the four walls of a building, but that the church is beyond the four walls, and this concept is supported by the great commission recorded: "Go ye therefore, and teach all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Ghost. Teaching them to observe all things, whatsoever I have

commanded you, and lo, I am with you always even unto the end of the world”  
(Matthew 28:19–20).

As was stated in the earlier part of the project, this ministry will be taken to the community. We are still exploring the most effective ways to present it to the community. From my research around our Conference, there is not a grief ministry program that is of the nature of this project. There are some churches with a bereavement committee that functions only at the time of a funeral. My intention is to seek ways to introduce this ministry within the Conference. There are one hundred and sixty churches in the Conference and I would like to have this ministry established in all of them. My plan is to talk with the President of the Conference, and seek an opportunity at our fall workers’ meeting to present my project to my colleagues in ministry, because of the importance of this ministry. My hope is that they will endorse and embrace it, and extend the invitation for me to come and assist them in the setting up of this ministry in their local congregation.

My ministry has certainly been challenged and affirmed by this project. Challenged to continue to seek ways to introduce this ministry to other congregations, and I am opened for opportunities in and out of my faith

tradition. Affirmed by the way it was well received by my church family, many people have said to me, that this ministry is long overdue, and that they are glad that I have introduced it to the church. Some said only eternity will tell the true and full impact of this ministry.

#### **D. Implication for Future Ministry**

I know that this is just the beginning. I do believe that the possibilities of this ministry are limitless, and I am open to where God will lead. I would certainly like the opportunity to present grief ministry seminars, and to work with congregations in setting up the ministry. I now ask myself the question, “How could I have been in ministry for twenty-four years without being involved in this kind of ministry?” This project was really an eye-opener to the need and importance of grief ministry.

I will also seek the opportunity to re-work this project with the intention of publishing it. This is not immediate, but after a few years working with this ministry and making adjustments for its most effective outcomes, I will seriously consider publishing it. As I said, this is just the beginning, and I look forward with great anticipation to see where the Lord will take this ministry.

One of the things in life that is certain is that all of us, in one way or another, will experience grief, and so I share with you the words of Harold Ivan Smith: "When you get ready to leave those dark places behind,...having well done your grief....leave behind a candle and a match for those who will next occupy this sacred space call grief."

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## EXHIBIT A

### BETHEL S.D.A. CHURCH QUESTIONNAIRE

1. Have you experienced any loss within the last five (5) years?

☐ Yes                      ☐ No

If yes, how was the loss manifested?

☐ Death  
☐ Divorce  
☐ Loss of employment  
☐ Other (briefly  
explain) \_\_\_\_\_  
\_\_\_\_\_

2. How do you feel the church can help with such loss? List suggestions.

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

3. Do you believe that Grief Ministry is a needed ministry in the church?

☐ Yes                      ☐ No

If yes, how can this ministry be extended to the community? List three ways.

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

4. How long should each Grief Ministry session run?

☐ 3 months  
☐ 6 months  
☐ 9 months

5. In your own words, how would you define grief?

\_\_\_\_\_  
\_\_\_\_\_

**EXHIBIT B**

**REFLECTION ON MY OWN DEATH**

1. Death to me is...

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2. The most frustrating aspect of dying to me is...

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3. I wish to be remembered by my family and friends as...

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4. Write a letter to your family or loved-one that you would want read after your death.

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## **EXHIBIT C**

### **BETHEL S.D.A. CHURCH GRIEF MINISTRIES SURVEY FOR MINISTRY VOLUNTEERS**

The Bethel Church would like to launch a grief ministries department. The purpose of this ministry is to provide care and follow-up for those in need throughout the grieving process. We want to ensure that our families have the support and love that they desperately need during these difficult times.

Please select one of the following areas, where you feel you can make a positive impact for those in need:

☐ **Support Prior to Death**

Volunteers will support families in cases where death is imminent.

Assistance includes:

- Providing transportation to and from a hospital or home.
- Prayer with the sick and the family.
- Any other necessary errands.

☐ **Support At Time of Death**

Volunteers will support families at the time their loved-one becomes deceased.

Assistance includes:

- Praying with the family
- Providing assistance with errands related to the planning of the funeral.
- Assist as a liaison between the family and the church/funeral home (if requested).
- Any other necessary errands

☐ **Support After the Funeral**

Volunteers will maintain support and comfort long after the funeral.

Assistance includes:

- Continual prayer and support after peak visitation dwindles.
- Engage in the "Ministry of Presence". This means that a mourner may sometimes just want someone to "be there" and keep company with them.
- Any other necessary errands

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**EXHIBIT D**

**NEEDS ASSESSMENT**

1. How was the first and second stage of the Ministry?

☐ A. Very helpful ☐ B. Helpful ☐ C. Not helpful

2. List three things that are most difficult for you since your loss?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. Which of the three is the most challenging for you?

\_\_\_\_\_

4. Will you be willing to attend some grief seminars?

☐ A. Yes ☐ B. No

## **EXHIBIT E**

Please rate your answers on the following scale.

Excellent	4
Very good	3
Good	2
Poor	1

1. Were the sessions helpful for you?\_\_\_\_\_
2. How was the information presented?\_\_\_\_\_
3. Do you feel like your issues/concerns were addressed?\_\_\_\_\_
4. What, if anything, would you change about the session?\_\_\_\_\_
5. Would you like to participate in on-going sessions?\_\_\_\_\_
6. Comments\_\_\_\_\_