

Grief Recovery Series

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Grief Recovery—1

Fourteen widows and I sat around a table. During introductions, a young widow began hesitatingly to relate her heartbreaking story. Within minutes all fourteen were weeping simultaneously, proof that here was an environment in which it was safe to express feelings of grief.

Since that November evening six years ago, I have conducted forty Grief Recovery Seminars. More than eight hundred grieving persons have been supported by the five-week-group-therapy program and subsequent follow-up. The seminar format is deceptively simple. Through audiovisuals, group dynamics, didactics, and assignments, grieving persons are allowed to identify, own, and express their feelings about loss.

My ideas for Grief Recovery germinated as I began chaplain work in hospital psychiatric units. My informal surveys showed that 40 to 60 percent of the persons admitted were experiencing unresolved grief. I suspected that much of that pain could have been prevented, and that became my goal for Grief Recovery. For the content of the seminars I turned to the people who were actually experiencing grief. They were my textbooks. They opened their lives to me. We walked the painful valley of tears together. Grief Recovery, then, is the contribution of the hundreds of people who risked enough to hurt out loud.

Why Grief Recovery?

In spite of scores of books on death and dying there is still much uncertainty about grief: what it is like and how to deal with it. Dozens of overpowering emotions strike at once when one experiences a loss. The victims of these emotions go reeling into isolation and confusion. They sometimes doubt their own sanity. Caught between the need to talk and not knowing whom to talk to, they sink into helplessness and hopeless despair.

Many grieving people are consumed by anger. Religious people scold them. Pastors sometimes label such anger "sin." Others call it "abnormal." But judgmentalism does nothing to ease their angry feelings.

When I was visiting Haiti, I met an American missionary who asked me to contact his sister in the United States. Within a six-month period, the sister's baby had died and her husband divorced her. She was angry about her losses, but her church friends told her that she lacked a strong faith. So she stuffed her feelings down inside and wore a faith mask when she had to be around church people. At night, she took the mask off and wept alone.

She came to Grief Recovery. There she met others who were experiencing the same feelings she had. She felt free to admit and express her anger, even her anger toward God. For the first time, she realized that her emotions were normal and that expressing her feelings was therapeutic.

Today's fast-paced society has produced a condition of mobility and uprootedness. After several long-distance moves, families have very inadequate support systems. And when there are too few relationships to steady the grieving family, loss can strike at the very roots of family stability.

Grief Recovery provides a temporary support system. The steadying influence of the group facilitates healing and motivates the family to develop a permanent network of relationships. Some times members of the group become a part of that permanent network. Grief is active; the sooner it is done, the sooner will come the healing. This principle is the heart of Grief Recovery. Every issue of loss and grief is openly discussed. Every feeling is taken seriously, and the expression of every feeling is allowed. The weekly assignments and the group discussions help people to face actively the painful reality of loss.

Active grief work that is initiated during the five weekly sessions is sustained during the follow-up time, which lasts from twelve to eighteen months, depending on the individual's circumstances. When a group realizes that long-term support is guaranteed they are more willing to allow grief to happen. They become actively involved because they know that somebody will be there when the going gets rough. It really isn't fair to conduct a Grief Recovery seminar without plans to stay with the group over an extended period.

Grief frequently consists of a huge mass of unfocused fears. As long as the fears remain unfocused the grieving person will experience anxiety and confusion. Left to himself the griever may be entwined in the mass of fears for an extended time and even become ill. During Grief Recovery a person hears specific fears and feelings identified in films and group interaction. Frequently I hear people in a group say, "That's it! You put your finger on it! That's what I've been feeling, but I've not been able to put it into words." Once a fear is isolated and identified it can be expressed and handled. It is no longer a part of the confusion.

When the pain of grief strikes, it is very easy simply to withdraw as much as possible from life. As the result of pulling away from others at a time when support is so crucial, depression is often present. The group process has a built-in "CPR" mechanism that prevents withdrawal. By CPR I do not mean cardiopulmonary resuscitation. I refer to the resuscitation of the broken spirit. In Grief Recovery, CPR stands for the renewal of communication, participation, and relationships.

In a group where everyone is hurting and loss and pain are common denominators it is easier to communicate feelings and practical difficulties. Participation in group

activities gives people the courage to try other ventures. Relationships are automatically enlarged by sharing one's time and oneself with a couple dozen people for five weeks. Getting out of the house becomes easier by the time Grief Recovery ends. Withdrawal is less likely to take over a person's life.

CPR in Grief Recovery occurs by the actual choice of a person with a broken spirit. The victim is fully conscious when it is being administered. He not only receives resuscitation, but also actively engages in revitalizing others in the group. This helps to take the focus off of self and renew the realization that there is still a purpose for life.

There are as many ways to grieve as there are people. Putting people into little psychological boxes called phases or stages is offensive to those who grieve. Allowing for these differences is a distinctive characteristic of Grief Recovery sessions. The person who does not care to express feelings is never made to feel out of place. The talkative person is never embarrassed. The group learns that incessant talking and silence are two different ways of reacting to a loss at a given time. Grief Recovery never uses harsh, confrontive techniques of group therapy to push people through grief. Respect for individual differences is developed in the group; tenderness and sensitivity are the terms that describe what occurs.

The grief support program being described in this series of articles is helpful because it sees grief as a healthy, normal process of bringing life back into focus again, as natural as a clear spring stream flowing down a mountainside, going on to larger things. Grief Recovery does not picture grief as illness. This would be erroneous, and it would dam up the grief and inhibit its flow.

Grief may be natural, but that doesn't mean it is simple or easy to experience. A professional counsellor who sat through one of my lectures acted restless and bored. At the conclusion, he said, "You seem to be cutting butter with a chain saw. I have yet to see the difficulties you pointed out. If you leave people alone they get over grief."

This gentleman had the philosophy that grief and the common cold are in one way alike. Ignore them and they'll go away. The problem is, this simply isn't true. The common cold can kill you if it is ignored. And grief can be devastating when adequate support is missing.

The alert pastor who provides group programs and one-to-one counselling for parishioners in grief will prevent unnecessary heartache for everyone concerned.
Preparation of the presenter

Conducting seminars for groups of grieving people is no small undertaking. Dealing with people during acute grief requires sensitivity, knowledge of human behaviour, and skills in group dynamics. A pastor should not hastily begin such a program. I would suggest careful preparation as outlined in this section of the article.

Basic to all preparation is the examination of motives for conducting Grief Recovery. Some pastors have urged me to teach them how to conduct Grief Recovery Seminars because their recently learned church-growth skills tell them that people make decisions for God at a crisis point. Others feel that this program would give their church good coverage in the press. These motives are obviously unethical. Pastors who conduct Grief Recovery with these motives will not hide that fact very long. The program will die.

Helping people who grieve because they hurt and you love them is the most acceptable motive of all. At some point the Holy Spirit may be successful in leading a grieving person to God. The pastor's care and love may well be a factor in that relationship, and it would certainly be proper to praise God for that event. But the question that needs to be asked is "Would I make this effort to help grieving people even if I knew they would never decide to follow God's will?"

I suggest that the presenter study at least ten good books on the topic of grief, (The third article of this series includes a bibliography.) Taking a weekend intensive or a semester course on death and dying at a university would be advisable. Seminars on grief counselling are being offered in some larger cities.

A good preparation for dealing intensively with grieving persons is volunteer work with a local hospice. These medical-care programs for persons with life-threatening illnesses usually offer a fairly adequate training program. Working with one grieving family at a time gives a backlog of experience and confidence to approach a group.

The personal grief of the presenter must be resolved before he attempts the very taxing work of conducting Grief Recovery for a group. Dealing with a group of grieving persons is most difficult when personal grief is fresh. Preoccupation with his own acute grief would prevent the group leader from giving full attention to the pain of others.

The presenter must also be able to consider his personal mortality before conducting grief recovery groups. If this is not done the group's open expression of grief feelings will cause unbearable pain.

The potential presenter should develop skills in group dynamics. There are some well-written books on the topic, and becoming part of a growth group where group functions are learned firsthand would also be advisable.

My best preparation was talking to people who had been through a major loss at least six months earlier. After talking to ten or twelve such persons I was sensitized to the fears, feelings, and needs of grieving people. I continue to do personal interviews with people in grief. It keeps my tools sharp.

Anyone who works with grieving people needs to have a good support system. If this is not available, the presenter may build a wall of aloofness that will reduce his effectiveness as a presenter. Aloofness is simply a defence mechanism that is built when the presenter has been touched by the pain of others over and over again without the chance to express that pain. Conducting Grief Recovery Seminars drains the presenter emotionally, physically, and spiritually. It is necessary to have a balanced life style to avoid burnout.

These suggestions on preparation may sound overwhelming. That is not my intent. If the suggestions are implemented slowly over a reasonable length of time, rewards will be realized. Without this thorough preparation I could never have sustained my involvement in this program over the past six years.
Preparation of the community

By community I mean the public that you wish to serve. This may be your parish. It could be all the churches of a particular denomination within one city. Community can also be the entire populace. It is necessary to define your community before any promotion is done.

Once community is defined you are ready to determine whether Grief Recovery is needed in that community. This can be done by consulting the leading mental health agency or the information and referral service. These and other agencies probably have lists of available programs in your area. Contacting funeral directors and area clergy will be another good gauge of interest. The president of the area medical society may sense a need for such a program. If your community is your parish a survey of all the parishioners would be adequate.

After the need for the program is determined, prepare a brochure. If you are opening the program to the general public you will find distributing the brochures to such key places as funeral homes, libraries, hospitals, physicians' offices, and industrial complexes very helpful. Ask area clergy to insert an announcement of the program in their church bulletin or newsletter, as well.

About two weeks before Grief Recovery begins you may be able to get radio or TV time. I have usually been able to get time on community-calendar programs in both media. Newspaper coverage is indispensable. Some papers will welcome feature articles. Some will do nothing more than sell you ad space.

No program can be a success without public exposure of the presenter. I have spent many hours speaking to church, civic, and medical groups, high schools, and colleges, along with local nursing agencies and hospices. This has been time-consuming, but it has generated interest in the program. Eventually your public-relations agenda will become easier as satisfied participants steer new individuals into the program.
The screening process

Screening participants is a must in my estimation. I once conducted a program in a distant city. Because screening was not done, only 40 percent of the group were actually suffering from a recent loss. The other 60 percent were professionals who wanted to pick up skills and persons who wanted to prepare for a loss in the future. I will never make that mistake again.

To screen, be sure that your advertising requests preregistration by telephone. Tell callers that the program is designed for persons who have experienced a loss. Tactfully ask a caller what his loss is. If he has not had a loss, simply explain that you do not think it is fair to expose grieving persons to observation. Don't hesitate to do this. You must create an environment that is conducive to adequate grieving.

If the presenter cannot personally do the screening, somebody should be trained to do it thoroughly. For each participant, the screener should record the name, address, telephone number, and the nature of the loss. Send a confirmation letter that includes the time, date, location, and directions.

Occasionally a caller will be having a very difficult time with grief. It may be a week or more before the program begins. When I sense urgency in the person's voice I invite him to see me personally before the program begins. This often releases a lot of pressure and prepares him for the dynamics of the group.

When all the preparation is done and you are ready to welcome your first Grief Recovery group you will be a bit nervous. This is healthy. Recognizing your own weakness will cause you to rely more completely upon the strength of God. Ask for that strength and then trust God to heal the brokenness of those who attend.

(The next part in this series will describe in detail each of the five sessions of a Grief Recovery Seminar.)

Grief Recovery—2

Grief Recovery is a five-week support program that utilizes audio-visuals, group dynamics, didactics, and assignments to bring the lives of hurting people back into focus. The first article in this series described the need for Grief Recovery and how a pastor (or other professional) can get started in this program. This second article will describe in detail the five sessions of a Grief Recovery Seminar.

The first session

My first task as one who leads out in helping people deal with grief is to develop a level of trust. I have learned that this is absolutely vital to the success of the program. To build this trust level, I clarify the following guidelines at the first session: (1) The presenter will not lecture on theology; (2) no confrontive group therapy techniques will be used; (3) nobody will be forced to share; (4) judgment will not be passed on anybody's feelings; (5) the presenter will facilitate the expression of feelings only when a person desires to express feelings; (6) gentleness is the key to all interaction; (7) there will be no charge for the program.

I start by giving persons in the group a chance to talk about why it is difficult for them to grieve. I jot their reasons on the chalkboard. This usually leads to a discussion of the insensitivities of individuals or society in general. It is a safe and nonthreatening type of sharing.

The most common problem in grief is not knowing what reactions to expect from oneself. For this reason, I use a three-step approach to develop a picture of normal grief reactions: I ask the group, first, to help me construct a list of the reactions portrayed in "Soon There Will Be No More Me" (Churchill Films, 662 North Robertson Blvd., Los Angeles, California 90069). This is a very nonthreatening exercise, and the group produces a long list after viewing the film. The second activity is more threatening. I ask them to share the feelings they had as they watched the film. I add these to the list on the chalkboard. The third request is totally voluntary, but much more threatening. I ask them to add their reactions, not to a film, but to their most recent loss. I emphasize that a wide range of emotions is normal and healthy, and I urge the group to allow grief to happen instead of damming it up inside.

By now the group has experienced the arousal of painful feelings. They have also had a chance to let some of those feelings come out into the open. There are four goals that I encourage the group members to accept at this point: (1) Believe that the loss really happened; (2) allow yourself to experience the pain of losing; (3) gradually become accustomed to familiar environments associated with the lost relationship; (4) say goodbye to the relationship as it once existed but can no longer exist.

To accomplish these goals, I give the following general assignment to be followed during the entire five weeks of the seminar and beyond.

1. Think. Deliberately take memory trips to places and events connected to your relationship with the person now gone. Think through every facet of the relationship.
2. Write. Keep a journal in which you write your feelings and thoughts about the lost relationship.
3. Talk. Share your feelings with a person you trust. Be sure the person will listen nonjudgmentally.
4. Weep. Do not hold back tears. Weeping alone is not as therapeutic as weeping with another person.

The last twenty minutes of this first ninety-minute session is devoted to introductions. This is entirely voluntary. I invite each group member to give his name and to share his most recent loss. I encourage each to be brief so that everybody can share if he wishes.

This is the most threatening part of the first session, but it provides one more opportunity to get inner feelings out into the open where they can heal. As one man put it, "I felt so much better after I got some of the pressure off."

In conclusion, I assure the group that the first night is the most painful. The next day I send each person a letter encouraging him to attend the following session.

The Second Session

The second session begins with a review of the normal range of grief reactions. I sometimes show a short filmstrip that depicts the emotions of grief. ("When Disaster Strikes Coping with Loss, Grief, and Rejection, Part Two," Human Relations Media, 175 Tompkins Ave., Pleasantville, New York 10570.)

The largest part of this session is used for group sharing. I strongly encourage members of the group to share their experiences with the assignment of thinking, writing, talking, and weeping. A few will be anxious to tell how doing the assignment brought easing of the pain. There will be questions and comments totally unrelated to the assignment. Those who are attending for the first time are encouraged to share their loss with the group.

I let the discussion flow freely. The role of the presenter during this free exchange is to gently enable people to identify, own, and express their feelings. Sometimes this is done by a few short comments. Perhaps a question or two is all that is needed.

Take the case of Mary. She came to the second session with a tightly controlled expression on her face. During the discussion, she told the group that she was the strong person in the family. She thought she was doing well because she wasn't crying and had not cried since the death. As she told this, she had a smile on her face, and

an occasional nervous chuckle came out. Very quietly I said, "Mary, let me see if I can help you put your finger on how you are feeling right now. Can I interpret the tense smile and the occasional chuckle as happy feelings?" That's all that was needed. Mary shook her head No as the tears came to her eyes. I knew she couldn't say more at that point. I simply said, "Mary is saying that her smiles cover the real feelings of anger and sorrow. Have any of the rest of you had this experience?" At that point others spoke about how they covered their real feelings. Eventually, Mary was able to put her feelings into words.

During the sharing time of this second session there will be many opportunities for the presenter to emphasize, or reemphasize, a key point about the nature of grief or the need for achieving the goals set during the first session.

Let me illustrate. Jack told the group that after his memory trips and journal exercises were completed he was troubled by thinking he heard his wife coming into the house. Several times he thought he heard her voice. He asked whether something was wrong with him. A few other people said they had had the same experiences a few times.

At this juncture, I went to the board and drew a horizontal line. At the left end of the line I drew an X to denote the intellectual acceptance of the loss. At the right end, I drew an O to denote acceptance on all levels. Just above the horizontal line I drew a wavy line between the X and the O. Then I said, "Your question about whether this experience is normal is a good one. I don't think you need to worry. Nearly 50 percent of those who lose an important relationship experience hallucinations during the early months of grief. Intellectually, you know the person is gone, but until that loss is accepted on all levels, that person will be with you emotionally. This wavy line represents the presence that remains because of the searching and pining still taking place. Thinking you hear or see the person is common. That will no longer occur once you reach the goals we set last week."

During the last twenty minutes, I explain the assignment for the second week. I draw two interlocking circles. Then I erase one circle and everything within it, leaving the remaining circle with a crescent missing. I ask, "Can anyone interpret what I have done?" A variety of answers are given: "When someone dies, there is a part of you missing." "After somebody you love is gone, you feel less than whole." "You may feel like something is missing, but there is a lot of you left." "There's an empty space that nothing can fill in just the same way."

I respond, "All of these interpretations may be true, depending on the person. One thing is certain losing puts a real dent in your self-esteem, doesn't it? These are real feelings. They are common and to be expected. Even though we don't feel like it, it is true that all of us still have the capacity to live and love creatively. You may not be able to believe this right now, but I want you to do something this week that will gently nudge you beyond your grief. It will help you to realize that there is still a purpose for your life."

The assignment I then give builds self-esteem. I ask them to list their personal assets and to set short- and long-term goals for using them. They are also to list personal liabilities and goals to improve them.

The Third Session

This meeting begins on a little lighter note. I ask group members to share their assets and goals. There is usually some laughter and bantering about sharing personal qualities. At times the laughter is a reflection of joy, but laughter is also a way of expressing pain. Burl Ives sang a song in which he called tears a "funny way of laughing." Laughing may be a funny way of crying during parts of Grief Recovery.

The value of this exercise has proven to be greater than I originally estimated. An example is Arlene. She had always been very dependent on her husband. She never worked outside the home. When her husband died, she was a helpless person who despaired of being able to survive. During this discussion, she told the group that she believed herself resourceful, even though she had become too dependent on her husband. Her short-term goal was to learn to drive a car. Her long-term goal was to get a job outside the home. About six months later Arlene wrote me that she was the proud owner of a driver's license and a new job! It was the assets-liabilities assignment that motivated her new way of life.

A major portion of the third session is devoted to group discussion of problems people face in grief. This is stimulated by showing an eleven-minute film entitled "Harriet" (Mass Media Ministries, Inc., 2116 North Charles Street, Baltimore, Maryland 21218). The problems depicted include: anger that is displaced or turned inward; guilt that is crippling the forward movement of life; estrangement and isolation; avoidance of the pain of grief; return to usual activities too soon; shrine building; expecting more from a supporting relationship than can be given by one person; perpetuation of grief in an effort to perpetuate the secondary benefits; loss of identity.

The secret of this discussion is to allow the group to arrive at solutions. The presenter should share solutions, but only after the group has exhausted its ideas.

Grief makes people very tense; it is a highly stressful experience. For this reason, I decided to include principles and techniques of stress management and relaxation exercises in this third session.

Stress management includes discussion of ways to cope and ways of altering life spaces to conserve the expenditure of energy. Relaxation techniques are not tightly woven into any particular religion. Group members are encouraged to adapt the method to their own religious philosophy. Along with relaxation I suggest that group members practice meditation in keeping with their particular faith. The assignment for the week is to do something good for yourself. This is an effort to build self-esteem and to create relaxation.

A second part of the assignment is designed to lower the denial level that prevents people from believing that their loss really happened. It also is designed to give them a realistic view of how well they are adjusting to their loss. This portion of the assignment asks the person to list all the losses he has had from childhood to the present and to describe the nature of the lost relationships. He is to indicate when he first realized that death was a possibility for himself personally. Finally, he is to write down how he handled his feelings about losing the people on his list and how he handles feelings in general.

This is a big assignment, but I emphasize to the group the importance of doing it faithfully.

The Fourth Session

The fourth session begins with a close look at the assignment given the previous week. Group members share with each other what they did to be good to themselves. Some report buying a dress or a suit. One lady went to dinner with a longtime male friend. It made her feel "just a little more whole," she said. A member of one group went to the beach with her small children. A middle-aged woman refrained from the daily grave visit and spent three days with a friend in another State. Many go to the beauty salon for a new hairdo. An elderly gentleman went to the lake and walked the beaches. He enjoyed the solitude and the chance to tell God some important feelings.

This exercise puts people in touch with themselves again. It helps them to sense once again that they are important.

The loss-history assignment is an important part of this fourth session. I ask for a few volunteers to share their history with the group. Their losses, facts about the relationship, the manner of adjustment, and the usual way of handling feelings are all recorded on the chalkboard.

From these case studies we discover why persons are having difficulty adjusting. Some discover that too many losses have occurred too close together for adjustment to come easily. Others realize that they have a history of bottling strong feelings inside. Sometimes both of these situations exist for the same person.

By the fourth session most people are not denying the reality of their loss; they are going through some of the pain. But the majority are not yet willing to say goodbye to the relationship.

Saying goodbye to a lost relationship is essential to real healing. For this reason I do not apologize for urging group members to begin this process. I emphasize that I do not want them to say goodbye to the person, to the memories, or to the hopes of future reunion. But they must say goodbye to the relationship as it was and can be no longer. Knowing it is not possible to do this in a single step at one time, I encourage

them to do it in bits and pieces. I ask them to think through very thoroughly some of the less important parts of the relationship and say goodbye to these. Gradually they can move toward saying goodbye to the most intimate aspects of the relationship.

While I do not agree with the entire technique and philosophy of Dr. Donald Ramsay, of the University of Amsterdam, I do like to show his filmed sessions with a woman suffering longstanding grief. As the woman finally relinquishes her relationship with a dead daughter, the healing is obvious to any group watching. The film ("Grief Therapy," Carousel Films, Inc., 241 E. 34th Street, New York, New York 10016) prompts weeping, which is important to some in the group who have not been able to cry. Watching this film also encourages group members to begin saying goodbye to their own relationships that can no longer be.

A woman wrote me two years after attending Grief Recovery. She did not say goodbye to her relationship with her 60-year-old mother until months after the program ended. She drove to Indiana to visit her mother's grave. In the cemetery, she thought through every aspect of their relationship. Step by step she said goodbye. As she put it: "Finally healing began to come."

Loss of faith is frequently a problem in grief. Many Christians report not being able to pray and read the Bible. Church attendance is reduced or nonexistent. Long-held spiritual concepts are often questioned after a major loss.

In the group we discover that loss of faith during grief is very common and very temporary. Group members usually share experiences of how they handled their temporary loss of faith.

The Fifth Session

This last meeting is comprised of three parts—assessment, long-range planning, and farewells.

Members of the group are asked to assess their progress on a scale of 0 to 10. They are also asked to tell the group what contributed to their progress or lack of progress, including their success (or lack of success) in saying goodbye to the lost relationship.

Long-range planning includes group interaction about how to get back into social involvement and how to combat despairing loneliness.

Saying hello includes farewells. This is a reality of life and a part of Grief Recovery. Words of thanks and farewell are freely spoken. Some of the people wish to keep the new relationships formed with other Grief Recovery participants alive. They exchange addresses and phone numbers.

The effect of Grief Recovery was summarized by one woman who said, "We have come to the close of Grief Recovery, but I wish we could be together always. It has been so

warm in this group. We have felt so much love. Because of this experience our lives will never be the same. We have become like a family."

Just before the last session ends, I tell the group about plans for follow-up. This includes telephone calls, personal visits, and additional group meetings.

The final article in this series will focus on follow-up, counselling, and preventive ministry.

Grief Recovery—3

Grief does not end with a five-week group program called Grief Recovery. The five sessions merely help a grieving person to get off the launching pad. Adequate after-care must complement the group dynamics of the Grief Recovery sessions if that person is to be locked in the orbit of recovery. Such care must continue for at least a year. For some individuals, the parish will need to provide support for several years.

After-care is not an accident—careful planning and training are required. I know this sounds foreign to some pastors. They have been schooled in planning for evangelism, financial management, church growth, Vacation Bible School, and dozens of other programs in which concrete results occur early. But caring for grieving people over a period of years is slow and painful work. Growth can take place only at a certain rate, often so gradual that the pastor has difficulty putting his finger on the gains made. It is not easy to get excited about planning and training for grief support, but it is one of the most important ministries in the life of the parish.

Every member of God's church is a minister. This Biblical concept has been solidly entrenched in the New Testament church by the Great Commission given by our Lord: "Go ye into all the world." I am suggesting that the church is the greatest resource of healing. It must go into the world of those who grieve. That world of grief may be caused by death, divorce, separation, illness, senility, or geographical relocation. It may be created by the loss of body structures and functions as in mastectomy, amputation, colostomy, disfigurement, or surgery. It may be brought about by the loss of a valued relationship because of death, divorce, or estrangement. That world can be caused by the loss of material possessions or by the developmental losses that result when all the children leave home or when an elderly couple separates. The members of God's church are to be living reminders of Jesus' love. People in the world of grief need to be reminded not by empty words, but by living reminders who speak with eloquent action.

Plans for adequate grief support in the parish begin with the development of a "pain bank" from which grieving persons can draw helpful resources when necessary. Parishioners who have experienced and adjusted to various losses can be trained to form such a "bank" through adult education courses in grief counselling or related topics. Motion pictures and filmstrips, as well as a number of books, are available for such training. A dedication service that is open to the congregation could be an excellent way of opening the pain bank. The idea is to join parishioners who have suffered loss with pain bank members who have had similar losses. This matching of losses in after-care is a very efficient use of the church's resources.

A pain bank secretarial pool is invaluable. The secretaries keep accurate records of those who have suffered a loss, the type of loss, and other information pertinent to good follow-up. This information is given to the appropriate caregiver from the pain bank. A summary of after-care visits and services are recorded. The secretaries call a

random number of parishioners prior to the anniversary of someone's loss and invite them to call, write, or visit the grieving person on what might be a very painful day.

Care conferences can be held periodically to discuss progress in particular after-care cases. The pastor should be present at the conference. The pastor and the pain bank personnel can develop care plans for each family in grief. This will prove to be a real conservation of the parish's energy, and it will guarantee that no grieving parishioner is missed.

If you really wish to be progressive, invite the family members being discussed at the care conference to meet with the pain bank. Together both groups can assess growth, plan future care, and pray for the continued peace and healing of the family.

The pastor and the parish are in touch with many church and community resources. These resources can be tapped, in conference with the family, to assist with specific needs.

The length and intensity of after-care are gauged by the needs and the response of those who are grieving. After a sufficient amount of adjustment has been achieved and a reasonable time has elapsed, the grieving person can be invited to be a part of the pain bank. This takes the person's focus off of self and places it on others. It increases self-esteem and restores a purpose in life.

Organizing the parish for after-care is different for smaller churches than it is for larger churches. In a smaller church the pastor may train the whole church to be a pain bank. The after-care plan should be adapted to meet the unique needs of each parish.

It is not uncommon for me to have a series of counselling sessions with 25 percent of those who attend a Grief Recovery program. One woman who attended the sessions referred five of her family to me for counselling!

This happens for several reasons. Some people do not feel free to share their emotions or their loss situation with a group. Sometimes the grief is so deep that there isn't sufficient time to talk about it in the group. Others have such a small support system that they need to talk things out privately with the presenter. A few persons will begin to do their grief work toward the close of the sessions, and they need further help. Yet another reason is that problems unrelated to the loss are exacerbated by the loss. These problems can be solved better in the private counselling setting.

During the five sessions of Grief Recovery I always give my phone number to the group. I urge them to talk to me either on the phone or in formal counselling sessions. Going through grief can be very frightening, and people need to know that I am available. They need to know that I am not going to leave them "high and dry" after Grief Recovery is over.

I recently took a survey of participants who went through Grief Recovery as long ago as three years. They unanimously suggested that follow-up group sessions be held about three months after the program ends. These sessions are really group counselling sessions.

For the first twelve to eighteen months after the sessions are over I suggest that the presenter or a member of the pain bank call each participant on the phone. The calls should be weekly or biweekly for the first three months. As adjustment progresses, the calls can be reduced gradually. Phone calls sometimes uncover a need for pastoral counselling.

In one-to-one counselling sessions the pastor should feel free to lead the grieving person to the Master Healer.

This is the ideal time to help the person back to a renewal of a faith so rudely shattered by loss.

The practice of preventive ministry is the key to paving the way for adequate grieving. This is a method of ministry that notices losses and reactions to losses early enough to prevent the devastating effects of unresolved grief.

Nothing will ever replace pastoral visitation. In the homes of the parishioners the pastor touches the sensitive nerves of the family. Here the pastor learns about the major and minor losses of the young and the old. The parishioner's home provides a comfortable environment where the losses can be discussed, solutions can be found, prayers can be personalized. In the home the pastor learns of future events that could spark a crisis and can help the family lay a strategy for meeting the crisis.

The alert pastor will keep a file on each family. This should include names, ages, notes on loss, and reactions to loss. Follow-up plans can be noted as well.

The midweek prayer meeting is another ideal time for preventive ministry. Short series can be presented on family relationships, loneliness, meditation, crisis management, worry, and other practical topics.

The discussion of a topic at the prayer meeting should not consume the whole hour. Plenty of time should be allowed for testimonies, prayer requests, and prayer. The pastor can guide the congregation in helping a particular parishioner who shares a problem. This reaching out by the congregation to a person who is experiencing a loss creates a support group for the person. Church is no longer just a place to spend a quiet hour or two on the weekend.

The hour of worship on Sabbath morning should offer healing for those who are grieving. Preventive ministry calls for an occasional sermon about grief. I preached on this topic in a small rural church, and an old man shook my hand at the door and said, "That was a strange sermon." I controlled my tongue. After an awkward silence the

grandfatherly saint added, "But I guess a fellow needs to think about these things sooner or later—maybe sooner than he thinks." My reply was "That's why I preached the sermon."

I never apologize about preaching on grief and grief recovery. I have done it many times. Without fail, someone in the congregation finds peace and encouragement. Frequently there have been great losses in a parish shortly after I have spoken, and my sermon prepared the congregation to adjust to the loss and equipped it to support the grieving family.

The subject of the sermon is not the only factor in healing. The tone of voice and facial expressions contribute to the therapeutic effect of worship. There is very little healing to a broken heart when the pastor shouts, scowls, and scolds. A warm smile and a friendly voice are healing agents. And it is not only the sermon that is involved. Every phase of worship may address the brokenness of the human spirit, or at least be conducted with a sensitivity that will not add to the pain of those who are suffering.

My convictions about preventive ministry grow out of sharing tragic losses with many people. Frequently I see people suffering needlessly because of misconceptions of God's nature. I was called to a hospital room late one day. A man facing major surgery had dreamed two nights earlier about his surgery. He saw the physician operating on him. He saw himself die on the operating table. The dream did not make him afraid; he, simply wanted to know how to get ready to meet God.

"I haven't been much on religion for the past twenty-two years, Chaplain. I went astray, but I want to come back to God again."

"What happened to take you away for twenty-two years?" I asked.

"Well, I'm not judging anybody, you understand. It's my fault for getting discouraged. Twenty-two years ago, my 3-year-old boy died. I was going to church regularly then. When the preacher came out to the house, he said God was punishing me for some wrong doing. That's why Jimmy died. And, Chaplain, I've been angry at God ever since."

Dozens of tragic incidents like this lead me to appeal to pastors to examine the concepts of God that are being presented in the services of the church. Are the concepts Biblical? Are they presented in a healing manner?

Preventive ministry, like after-care for the grieving, is no accident. It is the result of careful planning. If a pastor is serious about preventive ministry, he can arrange for a needs-assessment conference in which the pastoral staff and the leadership personnel of the parish sit down together and study the needs of the parishioners. Once the needs are identified, the methods of meeting them can be defined. The pastor is advised about the kinds of sermons, midweek prayer meetings, and seminars that are considered important.

It is amazing how much elders, deacons, and deaconesses know about the losses and the griefs of a parish. A whole sermon calendar often jumps out at the pastor as he listens to the conversation at a needs-assessment conference.

If a pastor is very courageous, he might try exposing himself to a congregational critique. A survey can indicate how well the pastor has spoken to the needs of the congregation over the past year. Let the people tell the pastor if the services and sermons have been healing and hope building.

Another form of preventive ministry is casual conversation with parishioners. The pastor who has learned to listen to deeper levels of hurt will detect troubled waters long before they become tidal waves. The problems that are perceived can be addressed early.

Preventive ministry is more apt to be practiced when the pastor remains in the same parish for a long time. The pastor with long tenure knows the parishioners intimately. He knows the resources for healing both in the parish and in the community. Short tenures sometimes make aloof pastors. Aloof pastors add to the pain of the parishioners.

Nearly every time a pastor moves from a parish, the parishioners grieve. The new pastor may experience difficulties as a result of the unresolved grief of the parish. When pastoral moves are frequent, the parishioner may remain withdrawn to prevent future hurt. This means the pastor cannot be present with people in the fullest sense of the word. Entering into the pain of grieving parishioners is more unlikely. It is imperative that I mention the personal grief of the pastor. A pastor's grief can be caused by being with parishioners who have lost. It can also be caused by personal loss of family members. In addition, the pastor suffers a multitude of other losses that can cause cumulative grief.

If the pastor has no opportunity to resolve personal grief, the needs of the parish will not be met. Every pastor needs a group of colleagues or a close friend who will share personal grief emotions. This can't be done in clergy conferences that deal predominantly with promotion and competition. All pastors require healing for their own pain if they are to minister to others in a healing manner.

I know pastors who have kept their grief feelings to themselves in the interest of being "pillars of faith" and "examples" to their parishioners. Some left the ministry. Others were misunderstood by parishioners and by denominational administrators. Transfers were arranged for some changes that deepened the pain of their grief.

Preventive ministry, then, is a ministry to the minister as well as a ministry to the parish. It has been my observation that when the pastor educates the parish to reach out to those in brokenness, and when the pastor openly admits his own brokenness, the parishioners are more than willing to enter into the pain of the pastor and lead him to the portals of recovery.

I invite you seriously to consider conducting a regular Grief Recovery program for your parish or community. This dual approach of preventive ministry and curative ministry will bring a sensitivity to your congregation and to the pastoral staff never experienced heretofore.

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