

# **JOURNEY THROUGH GRIEF**

## **PART TWO: ACUTE GRIEF - THE REALITY OF DEATH**

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**GENERAL DESCRIPTION:** A CEU Online Course designed for health care professionals to better enable them to provide care and support in a variety of grief and loss situations. Included will be methods of coping with three distinctive phases: Anticipatory Grief, Acute Grief and Acceptable Grief.

**PURPOSE:** This course is designed to help you understand the dynamics of the grief process. Included are suggestions for coping with each of the three distinctive phases of grief and loss. The ultimate goal is to share with you the hope for healing, restoration and the future based upon faith in God.

### **COURSE OUTLINE:**

#### **PART ONE: ANTICIPATORY GRIEF - THE AWARENESS OF DYING**

- A. The Definition of Thanatology
- B. The Stages of Death and Dying
- C. The Dynamic and Transition of Hope

#### **PART TWO: ACUTE GRIEF – THE REALITY OF DEATH**

- A. The impact of Death and the Bereavement Process
- B. The Stages of Grief and Community Resources
- C. The Steps in the Grieving Process

#### **PART THREE: ACCEPTABLE GRIEF - THE GRIEF PROCESS**

- A. The Phases of the Grief Process, Healing and Restoration
- B. The Distinction between Normal and Abnormal Grief Reactions
- C. The Strategies and Spiritual Resources for Coping with Grief

## **PART TWO - ACUTE GRIEF - THE REALITY OF DEATH**

### **Definition of Terms**

**BEREAVEMENT** - the period after a loss during which grief is experienced and mourning occurs. The time spent in a period of bereavement depends on how attached the person was to the person who died, and how much time was spent anticipating the loss. <sup>1</sup>

**CREMATION** - the practice of reducing a corpse to its essential elements by burning; to reduce (as a dead body) to ashes by burning. <sup>2</sup>

**DEATH** - the cessation or termination of physical life - deceased or dead. This definition has medical, legal, theological, and philosophical dimensions. <sup>3</sup>

**FUNERAL** - a ceremony or service marking a person's death. Funerals comprise the complex of beliefs and practices used by a culture to remember the dead, from the funeral itself, to various monuments, prayers and rituals undertaken in their honor. <sup>4</sup>

**GRIEF** - the intense emotional suffering caused by death; process of healing the wound suffered by death.

**Grief Therapy** - therapy for those who have unusually serious grief reactions. The goal of grief therapy is to identify and solve problems the mourner may have in separating from the person who died. When separation difficulties occur they may appear as delayed or extreme mourning, extended grief, or unexpected mourning. <sup>5</sup>

**HOSPICE** - supportive care is provided for the grieving family members - individually and in group sessions for up to a year after the death of a loved one.

**MOURNING** - the process by which people adapt to a loss. Mourning is also influenced by cultural customs, rituals, and society's rules for coping with loss. <sup>6</sup>

**THANATOLOGY** - the Science or Psychology of Death, which investigates the circumstances surrounding death, the grief experienced by the deceased's loved ones, and larger social and spiritual attitudes towards death.

## **My Journey Through Grief**

I had just returned home from work and there was a message on my telephone answering machine. "David, your Dad passed away this morning about 7:30!" The rest of the message was a jumbo of words as I felt a rush of emotions and fell on my bed sobbing as the reality hit me like a ton of bricks.

I had just talked with Dad the night before, on Mother's Day! His voice was weak and the last words I remembered were, "I love you, too," as I said my usual expressions of love when I bid him goodbye.

Dad's death was not a surprise and in some ways was a relief from a long period of emotional and physical suffering. He was 85. We lived in Ohio but I had just been out to visit him in California three weeks earlier when he was admitted to the hospital. Later he was transferred to a convalescent care center.

It's been more than a dozen years since Dad died, yet there lingers feelings of sadness, loneliness and grief, though not as overpowering as that first night. I have an occasional desire to just pick up the phone and hear his voice again. The reality has set in that I am now an orphan, having lost both parents by death.

My mother's death came more than forty years ago at the age of 54, from the dreaded disease of cancer, pneumonia and a stroke. Although I was mentally prepared for her death, I was not ready to let her go emotionally. I struggled with unresolved grief for more than a dozen years. I didn't understand the reasons for her premature death.

The experience of grief is common for everyone, especially those who are aging. For some there is a time of preparation, while others are suddenly hit by an unexpected death of a loved one. It is this wide range of circumstances surrounding death that makes grieving so complex and difficult.

As a result of my own journey through grief, along with sharing in the experiences of hundreds of others throughout the past forty years, I have come to the conclusion that there are many ways of coping with our grief experiences. Some struggle alone or without a sense of hope in God for the future. They may become angry and bitter, sometimes giving up their faith in God and even life itself.

Yet, those who have a strong faith in God are able to face their own mortality and their normal grief experiences with a view beyond this life, looking to that eternal home prepared for all of God's children.

## Introduction

Death is a reality that we all must face. It is a basic part of humanity.

Death could be considered in a variety of ways. It could mean death of a relationship as in the case of divorce or separation and loss from someone whose is estranged and reconciliation seems impossible.

The focus of this course relates primarily to the aspect of physical death, which has claimed the life of someone you love, or that you are biologically related to in your family. In order for us to understand death we need to consider the clinical meaning of death.

## The Clinical Definition Of Death

The question of death's definition has medical, legal, theological, and philosophical dimensions. When the body's vital functions of respiration and heartbeat cease, there is clinical death. When the brain completely dies, however, biological death occurs – the permanent extinction of bodily life as the result of the loss of cardiac-respiratory functions.

Today, however, with the intervention of resuscitation machinery these traditional medical indicators are obscured and further criteria for determining death are in order. The Harvard Ad Hoc Committee on the Definition of Death took note of this situation in its 1968 report published in the Journal of the American Medical Association. It formulated "brain-death" criteria to be used to determine death when technological means have been employed to prolong respiration and circulation in a body whose brain has ceased to function. The new definition was proposed for two reasons: to establish grounds for discontinuing artificial supports when total brain death has been confirmed and to facilitate the obtaining of organs for transplant purposes. If the patient is on a respirator, death is declared, and then the respirator turned off.<sup>7</sup>

In 1981 the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research updated the Harvard criteria.

Their report stated that Total brain death was as a primary indicator of death is widely accepted in the medical profession. The following Uniform Determination of Death Act has since been adopted by the legislatures of a number of states as a legal criteria:

*We recognize as dead an individual whose loss of brain functions is complete and irreversible. To recognize reliably that death has occurred, accurate criteria must be available for physicians' use. These now fall into two groups to be applied depending on the clinical situation. When respiration and circulation have irreversibly ceased, there is no need to assess brain functions directly. When cardiopulmonary functions are artificially maintained, neurological criteria must be used to assess whether brain functions have ceased irreversibly.<sup>8</sup>*

*An individual, who has sustained either irreversible cessation of circulatory and respiratory functions, or irreversible cessation of all functions of the entire brain,*

*including the brain stem, is dead. A determination must be made in accordance with medical standards."<sup>9</sup>*

The definition of death is ultimately religious and moral. The establishment and application of the criteria for knowing when death has occurred is a medical task.... Death is more than a biological event; it is a personal process.<sup>10</sup>

Death is Personal. Your hurt, loss and pain are so deep and painful that you sometimes may wonder if you will ever survive your loss. Perhaps you think no one has ever felt sorrow as you are experiencing it.... To that extent no one else will experience sorrow exactly the way it is affecting you."<sup>11</sup>

## **The Definition Of Grief**

Grief is the intense emotional suffering caused by death. It is the process of healing the wound suffered by death.

*Grief is a natural reaction to loss. It is the acknowledgement that we have lost someone of great importance. The loss leaves us with a broken heart. It is through grieving that our spirit mends and our heart is healed.... To grieve is to let our emotions run their course instead of fighting them.... Grief may have taken you so far into the depths that you fear you will never come back.... For a while you are going to be miserable. But if you work your way through the crying, the loneliness, and the anger, you will find there is life beyond the hurting."<sup>12</sup>*

## **Acute Grief**

Acute Grief is the initial act of "coming to grief," the act of bereavement or beginning of mourning the death of a family member or friend.

There are normal physical, emotional and psychological reactions to Acute Grief. The initial shock may include numbness, speechlessness, feeling faint, sharp pain and may result in passing out or a temporary loss of consciousness. Normal physical symptoms may include stomachache, nausea, abdominal pain, throbbing in the head, dry mouth, heart palpitation, a temporary loss of awareness of surroundings or even people in the room.

## **Experiencing Grief**

There comes a point in grief and it varies with each person, when the magnitude of the loss finally sinks in. Your loved one really did die. He or she is not coming back. This is a time when you may be feeling very bad. But the fact that you feel that way isn't all-bad because it means that you are experiencing and feeling grief and loss.

## Symptoms Of Grief

Dr. Erich Lindemann, professor of psychiatry at Harvard University, who described the grief process in a Psychiatry Journal in 1944, first identified the idea of symptoms of grief. He showed the importance of helping the grief-stricken person face up to the struggle of "working through" grief. He identified five evident Grief symptoms:

- *Somatic Distress (sighing respiration, lack of strength, and digestive symptoms).*
- *Preoccupation with the image of the deceased.*
- *Guilt (self-accusations of negligence and exaggeration of minor omissions).*
- *Hostility (loss of warmth, tendency to respond with irritability and anger, deference not to be bothered by others, formalized, still social interaction).*
- *Loss of patterns of conduct (restlessness and aimlessness, incapacity to initiate organized patterns of activity).<sup>13</sup>*

## Stages Of Grief

Ten Stages of Grief were later identified as the most common reactions in Acute Grief. The American Medical Association published these stages in *Today's Health*.<sup>14</sup>

They are understood as normal experiences, which most people go through, as they cope with their grief and loss and move towards restoration of their lives. Some may not go through all of these stages and not in the same order. Yet, most encounter some of these stages in their grief reaction and recovery process.

What may we experience in each stage?

### ➤ **STAGE ONE - SHOCK AND DENIAL - ("I JUST DON'T BELIEVE IT!")**

The first actual announcement that a death has occurred is often shocking. The impact of the tragedy may take a few minutes or a few days to be realized. The unreality of the death may even reoccur occasionally in the future.

We are in a State of Shock. When the sorrow is overwhelming, we are sometimes temporarily anesthetized in response to a tragic experience.

The most common reaction is the statement; "It just isn't true!"

*Early in grief we typically experience shock. The loss is painful, so overwhelming that our hearts find it hard to accept. For a while this shields us from some of the pain, but try as we may, we can't change what's happened or keep holding off the full impact of the loss. Sooner or later we give in to the overwhelming reality that our loved one is indeed gone. And with that reality comes pain.*<sup>15</sup>

Shock is a temporary escape from reality. It keeps us from having to face grim reality all at once. The duration of the shock stage may last anywhere from a few minutes to a few hours. If it goes on for some weeks, it probably is unhealthy grief and professional help may be needed.

### ➤ **STAGE TWO - EMOTIONAL RELEASE - ("I CAN'T STOP CRYING!")**

Emotional release comes as the reality of the grief experience sets in. We may experience a sudden outburst of emotions, which may overwhelm us, as we express our grief and loss.

Crying is a normal reaction to a grief experience. We have been given tear glands, and we need to use them when we have strong urges to just have a good cry.

*The most obvious sign of grief's presence is sadness and sorrow. Grief is a function of pain and pain hurts. We weep. We wail. We lament.*<sup>16</sup>

Psychiatrists and professional therapists often emphasize it is a necessity to release tensions and feelings rather than lock them inside. The opportunity to express grief at the funeral with family and friends permits an emotional release, although the grief process usually takes much longer to complete. Every person's grief is unique.

➤ **STAGE THREE - DEPRESSION / LONELINESS - ("I CAN'T GO ON ALONE!")**

Eventually there comes a feeling of utter depression, despair, isolation and loneliness. It is during these days we may feel that no one else has ever grieved as we are grieving.

These feelings are normal in the grief process. It is a healthy aspect of grieving the loss of someone loved and significant in our lives.

A feeling of emptiness may occur after the funeral as family and friends return to their own activities. Therefore, the feelings of loneliness, isolation and depression become more intense.

Depression in grief will hopefully be reduced or eventually eliminated so that we may be able to continue on with our life. The dark days will pass and we are able to continue through our grief process towards recovery and restoration.

➤ **STAGE FOUR - PHYSICAL SYMPTOMS OF DISTRESS - ("I JUST CAN'T BEAR IT!")**

Grief is a very stressful time physically and many illnesses or diseases can result following a grief reaction. If the physical signs continue for a lengthy period of time, it is possible a healthy adjustment has not occurred.

A physical check-up is advisable if physical symptoms occur to prevent major health problems, i.e. heart attacks, strokes, etc. Other physical symptoms, i.e. headaches, nausea, insomnia, may indicate psychological factors related to the grief experience and professional counseling may help sort out the unresolved grief issues.

➤ **STAGE FIVE - PANIC - ("WHAT AM I GOING TO DO NOW?")**

This grief reaction may include periods of confusion, preoccupation with thoughts of the deceased, and lack of concentration. There may be fear of losing control. Not knowing what to do and not understanding what is happening can result in panic. This may cause anxiety or panic attacks, which may cause the person to be unable to function at home or work.

It may be reassuring that these feelings of anxiety or panic are normal and may not continue indefinitely. However, in case of severe panic attacks professional help may be needed to reach a resolution and recovery.



### ➤ **STAGE SIX - GUILT FEELINGS - ("IF ONLY!")**

In this stage we feel a sense of Guilt about the loss. These normal guilt feelings may be experienced and expressed openly at the onset of grief.

When someone dies, we have a tendency to focus on what we could have done or should have done. Perhaps we even think we could have prevented the death if we had gotten an earlier diagnosis or hadn't let the person drive or had recognized the warning signs that seem so clear afterward.

Our regret tends to make us feel guilt. The most effective way to be rid of guilt is to confide in someone we trust. By revealing the torments of the heart, we come to see that most of our regrets are not grounded in reality. In looking back, we are reminded of the many caring, loving things we did for the person we mourn. We are then able to focus less and less on what we did not do.<sup>17</sup>

### ➤ **STAGE SEVEN - ANGER / RESENTMENT - ("WHY ME?")**

As we move up out of guilt we may be able to express some strong feelings of anger and resentment. These feelings may be some that we hadn't been fully aware of before the onset of our grief experience.

Anger is a normal grief response. Yet, it is one of the emotions that may confuse or even frighten us. It is aimed at a variety of targets.

Often it is directed at the deceased for dying and leaving family members with financial worries and burdensome responsibilities. Depending upon the circumstances of the death, anger might be directed at the hospital staff, a doctor, or a driver in a fatal crash...survivors cry out bitterly. "Why? Why? Why?"

Admitting our anger is a first step toward ridding ourselves of this crippling emotion. When we free ourselves of anger, grief will diminish, and joy will again have a place in our lives.<sup>18</sup>

### ➤ **STAGE EIGHT - MEMORY AND PAIN - ("I JUST CAN'T BEAR IT!")**

The awareness of death may cause intense emotional pain in reaction to the sense of loss and grief. Our loss of someone loved may cause us to feel that other people just do not understand how great our loss is to us. We may feel left alone with our grief.

We may feel strongly that we need to keep the memory of our loved one alive. We may want to dwell on the past, which can also hinder us in getting back to a normal life again.

We may also experience that grieving is an overwhelmingly painful process. Yet, avoiding the pain may also hinder us in moving on with life.

The memory and pain becomes more intense when we feel that others may have forgotten. We have a strong need to talk about the deceased loved one while others do not seem to talk about them with us.

Yet our extended family and close friends may be the one to help keep the memory alive and show caring concern. That is an important role of friends to help us talk about our memory of our loved one, to show compassion and concern especially during the early stages of our grief and loss.

➤ **STAGE NINE - HOPE AND HEALING - ("I NOW REALIZE THE NEED FOR FRIENDS!")**

Gradually there is a glimmer of hope that comes through. The dark cloud begins to break up, with rays of light and hope shining through.

Our deep grief may continue for a few weeks and maybe months. We are never quite sure how long grief is going to last. Some people may not express emotion nor need to. Some may have already worked through their grief while their loved one was dying. They appear to be able to handle their grief recovery without much outside help.

Yet, the majority of grievors need to express their emotions. They need the warm affection, comfort and encouragement of their extended family and friends.

As support is given through the grieving process, a new sense of hope and meaning for life and the future unfolds. As the mood brightens, healing takes place and life takes on a new meaning and outlook.

➤ **STAGE TEN - ACCEPTANCE - ("I'M ADJUSTING TO LIFE CHANGES!")**

As we go through the Acute Grief process, reality sets in and restoration begins. The memory of the deceased becomes more pleasant. The finality of death's reality is accepted.

The acuteness of the death will diminish as resumption of activity begins. This process may take time. Then recalling the deceased becomes a pleasant experience and planning for the future becomes hopeful.

When we go through any significant grief experience, we come out of it as different people. Depending upon the way we respond to this event, we hopefully will be stronger people.

Yet, some never work through their grief and months or even years later may still be fighting battles within themselves. They struggle with unresolved grief and loss issues.

Many have a strong faith connection and they sense that God is with them and sometimes has carried them through their grief experience. They do not feel that they have to face the present

and future alone. They may grieve deeply over their loss, and also go through the stages of grief we have described, but eventually they come to understand that everything has not been taken from them. They realize that life will never be the same again, but they begin to sense that there is much in life that can be affirmed.

## **How to tell them - the gentle art of communication**

- Empathize - put yourself in the grieving person's place.
- Consider the surroundings – the need for privacy.
- Say it simply - straight - avoid use of technical jargon and cliches.
- Avoid information overload; don't fill the silence with unnecessary words.
- Allow time for the grieving to organize thoughts.
- Provide opportunity for questions - help establish reality of death.
- Deal patiently with denial - it is a defense mechanism that is normal.
- Tell the truth - be accurate but don't go into great detail.
- Ask questions to test whether the grieving person fully understands the reality of the situation.
- Respond to immediate needs for medical assistance, calling family members, and funeral arrangements.
- Don't abandon the grieving survivor; stay with them as long as needed.

## **How To Manage The Loss - Promote The "Grief Work"**

This provides an occasion for open expression of grief by the extended family and friends. It provides a fitting tribute to the life of the deceased.

Receiving friends at the funeral home is a way for others to show they care. Let them know you appreciate their concern.

By viewing the body of the deceased and discussing the death with friends at the visitation, you can begin to accept the permanency of the loss.

Although it is painful, you begin to realize you don't get over grief, you work through it. It is this pain which activates the healing process.

Begin during the acute phase to accept the sympathy of people. You need their warmth and support at the critical moments and throughout the grief stages.

Avoid medication such as sedatives. Although drugs may provide some needed relief, they should not be taken for the purpose of avoiding grief entirely.

Remember that the "grief work" must be done in order to make the adjustment.

Recall all the unforgettable memories. It is good to recall the life of the deceased.

Consult with professionals if grief becomes intense. They may provide valuable counsel.<sup>19</sup>

## Steps In The Grieving Process

Georgia Shaffer gives five steps toward restoring our life after loss. These steps apply to both the grieving person and family members.

1. *Give yourself time to grieve ... Time to feel. Time to heal. This is give yourself time to grieve ... Time to feel. Time to heal. This is a time of sorrow and anger, a time of intense emotional pain. We mourn over what could have been until we can let go and accept what happened ... then we are ready to grow anew.*
2. *Investigate and Observe ... We struggle to gain wisdom in the midst of our troubles. Persistence is necessary as we investigate and observe ... Eventually, if we do persevere, we'll find value in our unwanted situation ... Having accepted that what once was can no longer be, we focus on the present and the possibilities ... look for new opportunities and "see"... circumstances from a new perspective.*
3. *Find the Value ... Understanding the fragility of life ... Rather than waiting for the reality of death to inspire us to live, we can allow the simple things of life ... to remind us that life is fragile ... realizing each day is a precious GIFT.*
4. *Take the Risk ... face our fears and do what terrifies us ... move beyond our losses to a new life . . . Loss brings pain . . . growth bring pain, too ... risk taking often leads to surprise rather than predictable outcomes.*
5. *Share Your GIFTS with Others ... we can make a positive difference in the lives of others ... Most people who endure difficult times develop tenderness towards the hurting ... We need to share the suffering of those around us. We will not only lessen another's burden, but we'll find our once heavy hearts a bit lighter ... The long, heart-wrenching transformation from surviving to new growth brings an abundance of GIFTS to be passed on to others.<sup>20</sup>*

## The Seven Habits Of Highly Effective Grievers

Victor M. Parachin writes,

*"A death of someone we love is one of life's harshest blows. The bereavement that emerges can generate loneliness, fear, guilt, regret, rage, depression, and even despair. Yet people can and do heal from those wounds. Many people have experienced the deep wound of grief but emerged from it to live satisfying, fulfilling lives. They are beacons of light for those experiencing a dark night of the soul."<sup>21</sup>*

Parachin gives seven habits of highly effective grievers:

**HABIT 1:** They let friends help. Friendship can lift you out of the grip of dark grief into places where sunshine can find you . . . Those who overcome loss never go it alone, because they know that going alone is going nowhere. They allow friends to reach in and help.

**HABIT 2:** They allow themselves to do grief work. Effective grievers disregard completely the erroneous advice to "keep a stiff upper lip," "be brave," "don't cry," "get over it," "move on." They refuse to be stoic and allow themselves to grieve even though it means experiencing unpleasant and unfamiliar emotions such as shock, disbelief, depression, anger, guilt, fear, loneliness, regret, anxiety, frustration and confusion. Effective grievers understand the importance of doing "grief work."

**HABIT 3:** They seek information . . . Very few individuals know much, if anything, about the grief process before they experience a loss. Those who have a healthy bereavement seek out information from books and magazine articles.

**HABIT 4:** They avoid hasty decisions . . . The reason that professionals advise the bereaved to avoid making major changes is because grief clouds the mind. After one year, many emotions begin to settle down, freeing the mind to think more clearly and make wiser decisions. Of course, there are times when financial considerations can force the bereaved to make decisions shortly after a loss.

**HABIT 5:** They join a grief support group. Rabbi Earl Grollman . . . explains the power of grief support groups in his book *What Helped Me When My Loved One Died*:

*At some point you may be disappointed in the reactions of your acquaintances, maybe even your close friends. You just don't hear from them so often anymore. They seem awkward and uneasy in your presence. They may avoid your company . . . That's why self-help groups have been successful in providing necessary emotional intervention through the crisis of death. People in these groups understand your fears and frustrations; they have been there before. Allow them to help you out of your isolation with a meaningful support network . . . They share with you the time of your grief and help you to walk on your sorrowing paths. You are no longer alone."<sup>22</sup>*

**HABIT 6:** They take care of themselves physically. Effective grievers seem to understand instinctively that a grieving body's immune system is suppressed by the stress of bereavement and therefore susceptible to illness. For that reason, they work to take care of themselves physically by:

- \*Exercising . . .
- \*Eating balanced meals . . .
- \*Getting adequate rest . . .
- \*Avoiding drugs and alcohol . . .

**HABIT 7:** They turn to God for strength and support. Even though grief and loss may blind them, effective grievers turn to God, because God has promised to lead. "I will lead the blind by ways they have not known, along unfamiliar paths I will guide them; I will turn the darkness into light before them and make the rough places smooth. These are the things I will do; I will not forsake them" (Isaiah 42:16).<sup>23</sup>

## GRIEF SUPPORT GROUPS

**Compassionate Friends** - Grief Support After the Death of a Child. The mission of The Compassionate Friends is to assist families toward the positive resolution of grief following the death of a child of any age and to provide information to help others be supportive. It is a national nonprofit, self-help support organization that offers friendship, understanding, and hope to bereaved parents, grandparents and siblings. There is no religious affiliation and there are no membership dues or fees. Contact: The Compassionate Friends,

<http://www.compassionatefriends.org>

Box 3696, Oak Brook, IL 60521 (312) 990-0010.

**GriefShare** – Grief Recovery Support Groups is for people grieving the death of a loved one. GriefShare groups meet weekly to help group members face these challenges and move toward rebuilding their life. Group members will spend time as a support group, discussing what was presented in that week's seminar and what is going on in their lives. During the week they will have the opportunity to use your workbook for further study of the grieving process and to help sort out their emotions through journaling. The group will spend time discussing questions and comments from a workbook study.

<http://www.griefshare.org>

**HOSPICE** - Grief Support Groups - For those who have lost a loved one, the simple act of meeting and talking with others can be especially beneficial. Samaritan offers a number of grief support groups, each designed to meet different needs. All groups are moderated by trained professionals in a comfortable and mutually supportive environment. Grief support groups are provided to the community at no charge.

[www.HospiceDirectory.org](http://www.HospiceDirectory.org) or [www.hospicefoundation.org](http://www.hospicefoundation.org).

Call toll free at 1-800-868-5171 for general information about HOSPICE Grief Support Groups in your area.



## **SPIRITUAL RESOURCES FOR COPING WITH GRIEF**

The church fellowship and friends provide caring support to those in grief.

Call the minister or other support persons in your church.

The Scriptures and varied reading material provide comfort and hope.

The support of friends and professionals assist the grieving ones.

Be open in talking about the deceased; recall the unforgettable memories that will be cherished.

Refrain from making hasty decisions; time is needed to adjust to the grief experience, i.e. don't sell property or move out of state during the first year!

Allow yourself to dream again, establish new goals and have hope for the future.

## **SUMMARY**

We began with a review of my own Journey through Grief. In the Introduction we presented the Clinical Definition of Death and Definition of Grief.

Acute Grief was defined as "coming to grief." We compared the distinctions between Anticipatory (Session One) and Acute Grief.

We reviewed Dr. Erich Lindeman's five aspects of Acute Grief - Somatic Distress, Preoccupation with the image of the diseased, Guilt, Hostile Reactions and Loss of Patterns of Conduct.

We identified ten Stages of Grief – Shock – Denial, Emotions are Expressed, Depression & Loneliness, Physical Symptoms of Distress, Panic, Guilt Feelings, Anger & Resentment, Memory and Pain, Hope and Healing, and Reality & Readjustment.

We suggested How to Tell Them – The Gentle Art of Communication. We gave helpful tips on How To Manage The Loss and Promote The "Grief Work."

We included five Steps in the Grieving Process for the grieving family members and Seven Habits of Effective Grievers.

We concluded with Grief Support Groups and Spiritual Resources for Coping with Grief.

## **REFLECTION AND DISCUSSION**

Reflect on your own Acute Grief experience.

1. Write down feelings you had at the moment of your loved one's death.
2. Who was present to support you through your Grief process?
3. What ways were the extended family or caregivers helpful in your Grief process?
4. How will you be effective as a Caregiver with others experiencing Acute Grief?

## NOTES

1. *MedicineNet.com is the trusted source for online health and medical information. [www.medterms.com](http://www.medterms.com).*
2. *Encyclopedia Britannica - [www.britannica.com](http://www.britannica.com); Merriam-Webster - Medical Dictionary - [www.merriam-webster.com](http://www.merriam-webster.com).*
3. *James B. Nelson and Jo Anne Smith Rohricht, from *Human Medicine, Ethical Perspectives on Today's Medical Issues*, pp. 145.*
4. *Wikipedia, the free encyclopedia – [www.en.wikipedia.org/wiki/Funeral](http://www.en.wikipedia.org/wiki/Funeral)*
5. *MedicineNet.com, Op. Cit.*
6. *Ibid.*
7. *Nelson, Op. Cit., pp. 145-146.*
8. *Ibid., pp. 146-147. "Guidelines for Determination of Death," *Journal of the American Medical Association*, vol. 246, no. 19 (13 November 1981): 2184.*
9. *Ibid., p. 147. Annas, "Defining Death: There Ought to be a Law," p. 20.*
10. *Ibid., p. 150-151.*
11. *Excerpts from *Grief and Growth*, by R. Scott Sullender, 1985.. Paulist Press, Inc., New York/Mahwah, NJ. p. 7. Reprinted by permission of Paulist Press, Inc. [www.paulistpress.com](http://www.paulistpress.com).*
12. *Ron DelBene with Mary and Herb Montgomery, *A Time to Mourn – Recovering from the Death of a Loved One*, p. 8.*
13. *Dr. Erich Lindemann, "Symptomatology and Management of Acute Grief," *The American Journal of Psychiatry*, No. 101, 1944, pp. 141-48.*
14. *Excerpts from "Living Through Grief - Experiencing and Managing Grief," Herron Funeral Home, Warren, Ohio. [Info@herronfuneralhome.com](mailto:Info@herronfuneralhome.com). Used with permission from the Ohio Funeral Directors Association, Columbus, Ohio. <http://www.ofdaonline.org>.*
15. *Kenneth C. Haugk, *Experiencing Grief in Journeying through Grief, Book 2*. (Stephen Ministries, St. Louis, MO, 2004), p.3. Used with permission from the author. [www.stephenministries.org/griefresources](http://www.stephenministries.org/griefresources).*
16. *Sullender, Op. Cit., pp. 43-44.*
17. *DelBene and Montgomery, Op. Cit., 13.*
18. *Ibid., p. 11.*
19. *Excerpts from "Living through Grief - Experiencing and Managing Grief,"*
20. *Op. Cit.*
21. *Georgia Shaffer, excerpts from *A Gift of Mourning Stories*, pp.19,26,55,88, 94-95, 136, 140, 159, 183, 189,206-208. Used with permission from the author and Servant Publications. ([www.GeorgiaShaffer.com](http://www.GeorgiaShaffer.com)).*
22. *Victor M. Parachin, excerpts from "The Seven Habits of Highly Effective Grievers," in *Vibrant Life, A Magazine for Healthful Living*, 55 West Oak Ridge Drive, Hagerstown, MD 21740. (301) 393-4019 – [www.vibrantlife.com](http://www.vibrantlife.com).*
23. *Ibid.. Rabbi Earl Grollman, Ph.D., from *What Helped Me When My Loved One Died* 23. Parachin, *Ibid.**

## SELECTED BIBLIOGRAPHY

Crumley, Valetta Steel. *Another Valley, Another Victory, Another Love*. Greenwood, IN: OMS International. (Box A, 46142), 1997.

DeIBene , Ron with Mary and Herb Montgomery, *A Time to Mourn – Recovering from the Death of a Loved One*, Nashville, TN: Upper Room Books, 1988.

Grollman, Earl A. *Living When Your Loved One Has Died*, Beacon Press

Haugk, Kenneth C. *Experiencing Grief – Journeying through Grief, Book Two*. St. Louis, MO: Stephen Ministries, 2004.

Nelson, James B. and Jo Anne Smith Rohricht, *Human Medicine, Ethical Perspectives on Today's Medical Issues*. Minneapolis, MN: Augsburg Press, 1984.

Shaffer, Georgia. *A Gift of Mourning Glories - Restoring Your Life after Loss*. Ann Arbor, MI.: Servant Publications. 2000. ([www.GeorgiaShaffer.com](http://www.GeorgiaShaffer.com))

Sullender, R. Scott. *Grief and Growth – Pastoral Resources for Emotional and Spiritual Growth*. New York: Paulist Press. 1960.

Westberg, Granger E. *Good Grief*. Philadelphia: Fortress, 1962.