

CREATING A LAY MINISTRY TEAM TO CARE FOR  
THOSE WHO ARE GRIEVING AT SOUTHSIDE  
CHURCH OF CHRIST DRESDEN, TENNESSEE

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Doctor of Ministry

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by

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**APPROVAL SHEET**

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CHURCH OF CHRIST DRESDEN, TENNESSEE**

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Larry D. Mathis

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CHAPTER 1  
PROJECT INTRODUCTION

The fellowship known as Southside Church of Christ, Dresden, TN, began on Sunday morning December, 20, 1987. Prior to this time the members were part of the Dresden Church of Christ. The Dresden Church of Christ began years ago and reached a regular attendance of approximately 350 but in 1987 experienced a major split and from it came Southside Church of Christ.

On Sunday morning December 20, 1987, Southside Church of Christ met in the old Weakley County Bank building on the south side of the court square in Dresden. Dr. E. Claude Gardner (President Emeritus, Freed-Hardeman University), was pulpit supply for morning and evening services. For Bible Study that morning 104 persons attended classes with 115 attending a.m. Worship. The Collection was \$7,962.20. There were 76 in attendance for the evening service and 58 for the Wednesday night services that first week.

After much discussion as to where a new building could be built the location on Highway 22 was chosen. Three acres of land were donated for a new building and ground breaking ceremonies and earth moving began in March, 1988. Construction of the building began in mid April of 1988. Then in October of 1988, the dreams of having a new building were realized and on Sunday, November 6, 1988, Southside met for her first Sunday services in her new building. At that service 116 persons met for Bible Study and 162 attended Worship. E. Claude Gardner was pulpit supply for the occasion. A large percentage of the original membership of the new congregation was composed of older and elderly members from the Dresden Church of Christ.

### Statement of Ministry Purpose

The purpose of this project was to improve the ability to process the grief situation in my congregation. Not only have we had to deal with a "church split;" we have had so many physical deaths (older and elderly members) we were unable to deal with those individuals and families who needed help. Our congregation is a small rural church with an attendance ranging from 130-160 on Sunday mornings. Attendance was in the low 90s when we moved to Dresden in 1992. Southside was a one-staff-member operation (myself). Since 1992 we have had a large number of deaths in our church (see the listing of names in Appendix A). Death brought an end to our Ladies' Bible Class and it also changed our leadership style. When we were at Southern Seminary in Louisville for the spring J-Term (1998), our "part-time" church secretary became sick and died. Just a few weeks ago her husband (one of our deacons) also died.

Prior to this project Southside Church of Christ provided some lay care to individuals and families who were grieving. Our observation of grief/grief-recovery indicated a need for continual support for an extended time after a loss. In spite of this, our church frequently failed to provide a ministry to the grieving beyond the funeral. Although the importance of the church as a vital support system was generally accepted we often failed to provide the support that was most needed at the time. The purpose of this project was, therefore, to develop a program to equip a lay ministry team of caregivers for an extended ministry beyond the funeral to the bereaved.

### Statement of Ministry Goals

This project had three goals. The first goal was to assess the attitudes of lay members toward counseling and caregiving. This was necessary in order to determine the direction the program needed to take. This goal was accomplished by literary research; by teaching a five-week counseling course (ten contact hours) to thirty-eight lay members,

and by pretesting a group of twenty lay members (from the thirty-eight) that represented various age groups within a conservative Christian tradition (my congregation) in the geographic area known as Dresden, Tennessee of Weakley County in northwest Tennessee.

The second goal was to enlist an experimental focus group (from the twenty), and from that group, equip a minimum of ten people for a lay ministry team for meeting the needs of those who are grieving. This was accomplished by designing and teaching a one day seminar entitled, "The Psychology of Dying, Death, and Grief." This seminar included class room lectures and group discussions.

The third goal was to evaluate the program. The program was evaluated by use of a pretest and posttest questionnaire with the participants. This assessment was used to measure knowledge gained and attitudinal changes. At the end of the program the participants were asked to evaluate the program. This also includes our evaluation of the program. The evaluation process was used to focus and adjust further work with grievers through a lay care ministry at Southside. Follow up from the seminar will be ongoing in order to determine how well the ministry is progressing.

### Context of Ministry Project

The first settlers came to Weakley County Tennessee in the fall of 1819.<sup>1</sup> Dresden was named after Dresden, Germany. During the early settlement of the country wild animals such as elk, deer, bears, panthers, wolves, beavers and other species were quite numerous. Two men killed eighty-five bears the first season after their settlement in the country, and one bear was killed about 200 yards from the present court house.

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<sup>1</sup>The Dresden Enterprise, Journey unto Yesterday: Dresden, Tennessee Sesquicentennial 1825-1975 (Dresden, Tenn.: Dresden Enterprise Press, 1975). All historical information about Weakley County is taken from this seventy-eight-page commemorative book published by the local newspaper.

The Indians left the territory about the time the first settlers entered it. Much of the best land in the county was entered by military land warrants and was owned in large bodies by non-residents. The pioneers, however, generally settled on the lands belonging to the Federal Government, which was made subject to "occupant" entry by the laws of the state.

Today, Dresden is a small rural town in northwest Tennessee with a population of about 3000. It is a farming community in Weakley County and corn is the main crop grown. Dresden is the County Seat and is a Democratic town. Former Governor of Tennessee, Ned Ray McWherter, lives across the street from us. Great improvements are coming into our little community--we now have a new beautiful public school, a new public library paid for and donated by Governor McWherter, a new four-lane highway coming into town, new modern service stations along the highway, and our county has the lowest unemployment rate in the entire state.

Dresden is certainly not backward or remote, but it is perhaps somewhat encapsulated and sheltered, which seems to make her very attractive to outsiders. Recently, we have had serious problems in our town with an outbreak of illegal drugs. Nearly every week a "drug-bust" occurs and is mentioned in the local paper. The University of Tennessee at Martin (UTM) is about ten miles from Dresden and Bethel College at McKenzie is about fifteen miles away. Residents enjoy all the benefits and limitations of a small town. Ours is a somewhat "laid-back" community; a wonderful place to live, rear children, and die. It is the "ideal" place many retired people are searching for--fairly quiet, older houses and a very clean, attractive community. Our old two-story Victorian farmhouse was built in the 1890s and was one of three homes open to the public for the "Christmas Tour of Homes" December, 1995. Somewhere between 250-300 people toured our home over that weekend.

The people in our congregation, for the most part, are locally oriented and territorially rooted (our family is a transplant). Many of the residents were born here and will die here. The older members of our congregation are hard working people from the farming community. They prize honesty, integrity, and hard work. They hold tenaciously to traditional core values and conventional morality.

As the minister for the Southside congregation, I have worked hard to establish credibility in my congregation and in the community. I understand the lifestyle of the people and am able to adapt. I have tolerated diversity in non-essentials while standing firm for the Word of God, and I have focused on genuine relationships with the people. While the church has grown from an attendance in the low 90s since 1992, we have also had numerous deaths to deal with. In some ways it seems that we are a "sanctuary church"<sup>2</sup> and a "survivor church"<sup>3</sup> because of this.

Southside's building is located in Weakley County on highway 22 coming into Dresden. Many years ago in the 1800s<sup>4</sup> the faith tradition of the churches of Christ was planted in Weakley County. Churches of Christ in this area today would mostly be classified as "conservative," "fundamentalist," "traditional," or "mainline" churches. This heritage connects with the American "Restoration Movement" (Stone-Campbell Movement). This movement prides itself as an advocate for, and return to an ancient,

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<sup>2</sup>A term used by Roozen and McKinley. Taken from handout materials given to me during Project Methodology at The Southern Baptist Theological Seminary, Louisville, Kentucky, spring 1998.

<sup>3</sup>A term used by Dudley and Johnson. Taken from handout materials given to me during Project Methodology at The Southern Baptist Theological Seminary, Louisville, Kentucky, spring 1998.

<sup>4</sup>I found a copy of Christian Record, a publication reporting on the news from the Churches of Christ back in the 1800s. This publication mentions Dresden, Tennessee in an issue dated November 20, 1848.

apostolic, primitive Christianity. It also protests denominationalism and Catholicism while upholding and promoting the concept of "the one true church" of the Bible.

The hermeneutic that developed and that is still used in these congregations consists of (1) there must be a "direct command" from scripture for all doctrine and practice, (2) there must be "apostolic example" to guide the church in all doctrine and practice, (3) "necessary inference" drawn from scripture is a safe guide and is utilized for doctrine and practice, and (4) the "silence of scripture" plays a big part in determining biblical authority, e. g., "Where the Bible speaks we speak, where the Bible is silent we are silent."

In 1992 when we moved to Southside our members were mostly from the cultural middle and cultural right--a "mainline" church. Since 1992 we have enjoyed numerical (and hopefully spiritual) growth each year. Last year (1997) we had 10% growth. A good number of our new members are from the baby-boomer generation (my wife and I are also boomers). The lifestyle of our older members is somewhat distant from the cultural left, which most do not understand. Our older people are intensely patriotic, family oriented, and heavily rooted in traditional values and religious traditions. The church has made significant changes but not without opposition and pain. For example, when we moved to Southside the leaders wanted the King James Version of the Bible used in the pulpit and all classes. Today, this is not an issue and we use different translations in Bible School and Worship.

The Southside Church of Christ has wonderful potential. Our \$375,000.00 facility is totally paid for and we are debt free. However, we need to work through and process the loss of so many of our members. Dying, death, and grief has perhaps bent us in the direction of becoming a sanctuary church that seeks refuge and a survivor church with an incentive to overcome all obstacles. The mentality seems to be, "We will

overcome." Even though we have faced so many losses, we will "make-it-through-somehow." We are not suggesting that this is bad, but we need to move on.

### Rationale of Ministry Project

The Southside Church of Christ is hindered by unprocessed grief which has bent us in the direction of becoming a sanctuary church and a survivor church. Death has hit us hard and our people are experiencing grief overload. We need help.

As frail human beings we need the Lord's help with this problem. We need Jesus and scripture to be the heart of this project, not rationalism nor humanism. Our people need grounding in revelation and the will of God as we work through our grief issues. We need to be able to enjoy a new beginning by engaging Christ and the Word in this project. A biblical, theological, and pastoral care reflection on death and grief (recovery) will help me and my people to move on and accomplish our mutual ministry. My church will strongly identify with a didactic model and it will bring healing, closure, and hope to God's people.

### Definition of Terms for Ministry Project

There are some terms used in this project which need to be defined or explained. They are not used here in any unusual way, but they may be subject to misunderstanding.

1. Death: death will be used in general to refer to the cessation of physical life here on earth. Where a need is indicated a more detailed definition is given.

2. Grief: grief is an important and normal response to the loss of any significant object or person. It is the experience of deprivation and anxiety which can show itself physically, emotionally, cognitively, socially and spiritually. In this project

"grief" will be associated with the loss of a significant other by death. If it is used otherwise and clarification needs to be made, it will be made at that time.

3. Grief work: grief work is just that--it is work. It is an internal "process" which people go through when experiencing the loss of a significant person by death.

4. Mourning: mourning is the external visible signs of grief.

5. Bereavement: bereavement is frequently used interchangeably with grief and mourning but bereavement in this project will be used to denote the overall "process" of grief and mourning.

6. Caregiver: a caregiver is one who, in a caring Christian manner, gives support or help to those who are grieving. It specifically refers to those individuals of our congregation who have been trained for this ministry.

#### Delimitations of Ministry Project

This project is limited to the training program which is described in chapter four and evaluation of that program in chapter five. It is not our intention for this project to be a theodicy. We are concerned with the needs of the bereaved in our church and how a lay ministry team of trained volunteers can minister to their needs.

#### Research Methodology of Ministry Project

The methodology used to develop this project included literary and theological/sociological/pastoral care research. Literary research was used to develop the training program. The training event consisted of approximately fourteen clock hours of lectures and small group discussions. The primary task of the course was to develop a ten member lay ministry team to care for those who are grieving. Evaluation of the questionnaire used was assessed. The primary evaluation of the project was based on the evaluation of the course.

First, there is a restatement of the course goals and a discussion explaining "why" they were achieved, or "why" they were not achieved. Second, there was a "screening process" that produced a focus group who received advanced training in caregiving. The results of the focus group are tabulated and presented in chapter five of this project. The third measurement of the course is a pretest posttest evaluation instrument that measured death anxiety and the attitudinal differences of those tested toward grief.

The pretest was evaluated to determine the level of anxiety the subjects had toward dying, death and grief. The posttest was also analyzed in the same manner and then compared to the pretest. The concepts used included death anxiety, dying, death, viewing the corpse, the funeral, grief recovery, pastoral care, and Christian hope. The scale used was a five point scale with the poles being scored "strongly agree" (SA), and (SD) "strongly disagree." "Undecided" was indicated by (UN).

All research methodology for this project was (1) designed to change the focus group's knowledge and understanding of the whole grief process, (2) to change the focus group's attitudes toward the bereavement process itself, and (3) to change the focus group by equipping it with proper skills that would enable caregivers to offer care to our grievers. In time, this will develop into a major ministry of caregiving at Southside offering support, encouragement, companionship and prayer toward those in our church who need help--because caregivers learned appropriate listening skills, "presence therapy" and empathy will facilitate the grief work process at Southside.

### Chapter Summaries

#### Chapter One

Chapter one begins with an introduction, purpose statement, and a listing of the ministry goals to be accomplished in this project. Included in this chapter is a brief

history of Dresden, Tennessee and background information about Southside Church of Christ. All of this demonstrates the current need for a well equipped volunteer lay ministry team of pastoral caregivers. The reason for this project is given, terms are defined, delimitations stated, and research methodology is included. Chapter one concludes with a discussion of the methods that were used to implement and evaluate the project.

### Chapter Two

Chapter two informs the project as to how grief is dealt with biblically and theologically. It addresses perspectives which undergird a ministry with the grieving. A carefully thought out approach for Christian caregivers must begin with a strong religious basis. Chapter two describes how the sacred world informs the project as the topics of dying, death, and grief are researched. The biblical and theological understandings of the nature of mankind are explored and shown to be fundamental to an effective grief ministry. The ancient Judeo-Christian view of the nature of mankind and death are utilized to move lay members toward a "theology" of grief recovery.

### Chapter Three

Chapter three researches the psychological, sociological, and pastoral care foundations of grief. Social mores are explored showing that America is a death-denying culture, which in turn, hinders a normal grief process. Consideration is given to the findings of some of the leaders of the grief awareness movement in this country. At this point the psychology of dying, death, and grief is studied in order to formulate a psycho-spiritual model of grief.

#### Chapter Four

Chapter four describes the actual implementation of the project and the training program that was conducted at Southside. The procedure for enlisting/recruiting and equipping lay volunteers from my church (as caregivers) is discussed. After discussing an overview of the procedures that were followed for enlisting and testing volunteers for the course, the discussion then turns to a description of the course itself. The course was entitled, "The Psychology of Dying, Death, and Grief" and dealt with the dynamics involved in understanding and processing grief effectively.

Each participant was challenged to wrestle with his/her own personal self-awareness in the midst of the dying, death, bereavement process. The goal of the project was to equip a team of qualified caregivers who are able to reduce the level of grief that is currently present in our church. The results of the research (as described in chapters two and three) forms the main body of the didactic instruction for the course.

Our focus group is educated concerning the spiritual and psychological dynamics at work in the dying-grieving patient, family members, and the pastoral caregiver. Efforts were made to help each student (caregiver) gain an appreciation and empathy for those who are confronted with and suffering from loss. Therefore, those involved in the focus group are now more able to make appropriate caregiving interventions.

#### Chapter Five

Chapter five is an evaluation of the project. First, the research methods are evaluated. The instrument used for pretesting and posttesting is evaluated. The procedures used to recruit participants into the teaching sessions, the seminar, and as volunteer caregivers for Southside are evaluated. Second, the course is evaluated by

means of a pretest posttest of a control group that took the advanced seminar. Third, the goals that are listed in chapter one are evaluated. There is a discussion concerning each of the goals with an interpretation of the reasons each was or was not met. Fourth, conclusions are drawn about the project and the various aspects of the project. Finally, recommendations are made for future research and for future use of this project.

CHAPTER 2  
BIBLICAL AND THEOLOGICAL  
FOUNDATIONS OF GRIEF

"My soul is weary with sorrow;  
strengthen me according to your word" (Ps 119:28)<sup>1</sup>

It is the purpose of this chapter to lay the biblical and theological foundations for understanding the complexities of human grief. This task is undertaken in order to provide a workable "theology" for lay-member-caregivers as they attempt to help those who are grieving in our congregation. To properly understand grief-recovery, we must understand grief, which also necessitates an understanding of human beings. This involves theology. Human grief is unavoidably tied to human nature, which is itself multi-faceted.

The reality is that how we see human nature will profoundly affect our approach to caregiving. Our understanding of what humanity "is" will color our perception of what should be done for the individual and how it is done.<sup>2</sup> The Psalmist declares that he is fearfully and wonderfully made (Ps 139:14). Moses writes that we are made in God's image (Gen 1:26-27). Part of being fearfully and wonderfully made in God's image means that we are spirit beings, each having a spiritual heart, like God, and we are able to grieve over loss. Even as God is capable of grieving at heart level (Gen 6:6), so is mankind (Gen 37:34).

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<sup>1</sup>Unless otherwise indicated, all scriptural references are from the New International Version.

<sup>2</sup>Millard J. Erickson, *Christian Theology* (Grand Rapids: Baker, 1990), 457.

It will be shown in this chapter, biblically and theologically, that grief is an emotion of the "heart" that has great potential for striking a person deep, to core personality, piercing one's soul. Experientially, the pain that is felt even from "normal" grief may be great and sickening, a hollow-aching, coming from deep within and nearly beyond description.<sup>3</sup> The heart the Bible speaks of is not the physical blood-pump but is the center of one's person,<sup>4</sup> the essential person or selfhood, and is what psychologists and philosophers call "self."<sup>5</sup> From a biblical standpoint it includes and involves (at least) one's intellect, conscience, volition, and emotions. This self or "heart" as the Bible calls it, can be flooded with strong emotions and is capable of experiencing deep pain, even pathology that results from loss--such as the death of a loved one or friend.<sup>6</sup>

### The Nature of Mankind

It is axiomatic that the biblical and theological understanding of the nature of mankind is fundamental to an effective Christian theology/psychology and grief-recovery ministry. This is true because every approach to counseling and caregiving is based on some model of mankind, which includes a description of personality, health and well-being, and an explanation of behavior--whether normal or abnormal. The Bible and secular theorists are alike in that they both describe the struggles between the parts of a

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<sup>3</sup>The death of my mother-in-law (Ethil Goings) seven years ago and the death of my father (Rawleigh Mathis) four years ago introduced me to this kind of pain at a different level. Even though they were both Christians and died in the Lord (Rev 14:13), my bereavement for them has been difficult to deal with, but my Christian hope of seeing them again sustains me.

<sup>4</sup>Stanton L. Jones and Richard E. Butman, Modern Psychotherapies (Downers Grove, Ill.: InterVarsity Press, 1991), 46.

<sup>5</sup>Ibid.

<sup>6</sup>In Chapter 3 we will discuss unresolved, abnormal and pathological grief.

person.<sup>7</sup> The rationale behind all the different therapies in the field of psychotherapy and counseling (to a large extent) depends upon a particular concept of the "parts" of a human-being. Just what makes us a human-being?<sup>8</sup> A purely secular psychological model of mankind describes a person's nature, growth stages, "normal" behavior, and "abnormal" behavior while sidestepping the spiritual aspect of mankind. The various secular theories about the "parts" of a human-being are not so erroneous as they are incomplete.<sup>9</sup> On the other hand, the biblical model of mankind describes humanity made in God's image (Gen 1:27), but fallen (Rom 5:12; 3:23). Thus, mankind's present condition ultimately traces back to the sin-factor we all have to cope with; it is not primarily due to the birth process, one's birth order (sibling position), early psychosexual urges and stages of development, or, lack of socialization. The biblical model of humanity deals with creation, separation,<sup>10</sup> restoration, and the biblical standard of living.

### Examine the Presuppositions

It seems obvious to us that in considering the makeup of mankind we must be particularly careful to examine the presuppositions we bring to our study. As Christian lay-caregivers we need to be on guard against reading nonbiblical presuppositions into our understanding of scripture.<sup>11</sup> Crabb says that unless some objective source of knowledge is available, e. g., "revelation;" selecting a basic position on the nature of mankind

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<sup>7</sup>Frank B. Minirth and Walter Byrd, Christian Psychiatry (Grand Rapids: Fleming H. Revell, 1994), 49.

<sup>8</sup>Ibid., 47.

<sup>9</sup>Ibid., 51.

<sup>10</sup>Separation produces anxiety and grief.

<sup>11</sup>Erickson, Christian Theology, 520.

resembles a random throw at a dart board.<sup>12</sup> Therefore, in this project part of the educational/theological training necessary for equipping our lay-caregivers will involve bringing them to a good, understanding of biblical anthropology (the nature of mankind); specifically the Bible "heart." Without such an orientation a lay-member would be of little real spiritual help to a grieving person. How could a caregiver spiritually help another if the lay-caregiver has an inadequate knowledge of God's word, or a crude theological understanding of humanity and mankind's needs?

### Created in the Image of God

Each human being is created in God's image (Gen 1:26-27), with capacities and qualities unique among the created order.<sup>13</sup> Boice says one thing it means to be created in "the image of God" is that women and men possess those attributes of personality that God himself possesses, but that animals, plants and matter do not.<sup>14</sup> This image emerges as a rich, multi-faceted being with capacities, acts, relations, virtues, dispositions and emotions.<sup>15</sup> A human being is something wonderful with a "trademark," as it were, from God. A person is an expressly designed product of God.<sup>16</sup> The image of God in mankind is far-reaching, extending to all humans. In the sight of God all humans are equal irrespective of the distinctions of race, social status and sex (Gal 3:28).<sup>17</sup>

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<sup>12</sup>Larry Crabb, Basic Principles of Biblical Counseling: Meeting Needs through the Local Church (Grand Rapids: Zondervan, 1975), 41-42.

<sup>13</sup>Jones and Butman, Modern Psychotherapies, 47.

<sup>14</sup>James Montgomery Boice, Foundations of the Christian Faith: A Comprehensive and Readable Theology, rev. ed. (Downers Grove, Ill.: InterVarsity Press, 1986), 150.

<sup>15</sup>Jones and Butman, Modern Psychotherapies, 44.

<sup>16</sup>Erickson, Christian Theology, 493.

<sup>17</sup>Ibid., 558.

### Universality of the Image

The universality of image means there is dignity to being human<sup>18</sup> because mankind not only bears God's trademark but is also endowed with powers of personality.<sup>19</sup> God's image is located within an individual and is a quality or capacity resident in the person's nature whether or not the individual recognizes God's existence or his work.<sup>20</sup> The text of Genesis 9:6, seems to imply, although it does not explicitly state, that even after the fall mankind still possesses or remains in the image of God.<sup>21</sup> Erickson thinks the image should be thought of as primarily substantive or structural--something in the very nature of mankind, in the way in which the person is made. He says "image" refers to something humanity is rather than something humanity has or does. By virtue of being human an individual is in God's image and it is not dependent upon anything else,<sup>22</sup> however, we must make certain to distinguish essential mankind, or mankind as he or she came from God's hand, from existential mankind, or empirical mankind, as we now find them in actual existence.<sup>23</sup>

### Nature Involves Two Substances

Ryrie, discussing the nature of humanity, wrote that each person is made up of two substances, material and immaterial with each consisting of a variety within. This is

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<sup>18</sup>Ibid., 516.

<sup>19</sup>Ibid., 517.

<sup>20</sup>Ibid., 502.

<sup>21</sup>Ibid., 501.

<sup>22</sup>Ibid., 513.

<sup>23</sup>Ibid., 456.

to say that material and immaterial combine to produce a single entity. He points out that within the material exists a variety of features such as arteries, brain, muscles, hair, and so forth, and within the immaterial we also find a variety--soul, spirit, heart, will and conscience.<sup>24</sup>

The Bible speaks of the importance of the parts of a person<sup>25</sup> and its account of the parts of an individual is the most accurate ever given. This is so because it is not based on mere observation or theory, but on facts. The Bible's account of mankind is based on the word of the One who made humanity--God himself. An understanding of these parts of an individual is basic to sound counseling.<sup>26</sup> Christian counseling is unique in that it truly seeks to deal with the whole person.<sup>27</sup>

The Bible emphasizes the "unity of the person." The Bible does not teach that the soul/spirit is the real person and the body is an "add-on." God made us whole, bodily, beings.<sup>28</sup> We are embodied soul-beings with full human identity vested in the union of the compound being. Being such a creature one can never say, "that was my body that did it, not my soul!"<sup>29</sup> As such, a human being has a nature that can be described by using the word comprehensive which means each person is a physical, psychological, and spiritual creature, and all of these dimensions are interrelated. A human-being is a whole and whatever affects him or her physically affects him or her psychologically and spiritually as

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<sup>24</sup>Charles C. Ryrie, Basic Theology (Wheaton, Ill.: Victor Books, 1986), 195-96.

<sup>25</sup>Minirth and Byrd, Christian Psychiatry, 49.

<sup>26</sup>Ibid., 52.

<sup>27</sup>Ibid., 28.

<sup>28</sup>Jones and Butman, Modern Psychotherapies, 45-46.

<sup>29</sup>Ibid.

well. For example, a physical disease can lead to a psychological and/or spiritual problem and vice versa.<sup>30</sup> Therefore, it is imperative to treat all the dimensions of a person--spiritual, psychological, and physical.<sup>31</sup> It is our belief that the comprehensive nature of a person must be dealt with, with the spiritual as foundational.<sup>32</sup> A person is very intricate in his or her makeup and usually when one aspect of the individual is affected so are the other parts.<sup>33</sup> From a biblical and theological standpoint each person possesses two hearts--the physical and the spiritual.

### The Fleshly Heart

The fleshly (physical) heart is the one that is most familiar to the masses, especially among unregenerate people. Even small children are cognizant of it because they study about it in school. It is not uncommon for families to have some form of printed material in their homes that discusses the heart and its function. Our family has the New Family Medical Guide, which describes the human heart as a specially adapted hollow mass of muscle about the size of a fist. It is located in the chest, canted slightly from right to left. The heart is roughly pear-shaped, with the base of the pear at the top, suspended from blood vessels, with the tapered end at the bottom. It is the center of the circulatory system and provides life-sustaining oxygen and nutrients to all cells of the body. The Medical Guide goes on to say that the heart beats 72 times a minute, 24 hours a day. Each beat propels two or three ounces of blood into the arteries--four to six quarts

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<sup>30</sup>Frank B. Minirth and Paul D. Meier, Counseling and the Nature of Man (Grand Rapids: Baker, 1990), 13.

<sup>31</sup>*Ibid.*, 77.

<sup>32</sup>*Ibid.*, 6.

<sup>33</sup>Minirth and Byrd, Christian Psychiatry, 29.

a minute, 8,600 quarts a day. The heart beats 104,000 time a day, 38 million times a year.<sup>34</sup>

One would be hard-pressed in the United States to locate an individual who is totally ignorant of the fact that s(he) has a physical heart; a muscle that is located in the chest cavity that has the function of pumping blood, the physical-life-principle, to all extremities of the body. They also know that one day it will eventually "wear-out" and die. So far as we are able to determine the Bible pays little attention to this heart. Only a relatively few occurrences refer to the physical organ (cf. 2 Sam 18:14; 2 Kgs 9:24).

### The Spiritual Heart

The far greater number of biblical references use "heart" to denote the inner person, the essence of the many facets of one's personality. The masses of humanity are biblically ignorant of mankind's nature--which is revealed in God's Word. "Heart" is a very comprehensive concept in both Old and New Testaments and is used about 955 times standing for the center and seat of life, both physical and psychical.<sup>35</sup> As Adams points out, the Bible uses the word heart to speak of the inner, hidden person. He says the heart includes the entire life and is the most fully developed, most far-reaching and most dynamic concept of the non-material (or spiritual side of) mankind in the Bible.<sup>36</sup> Poe says the human spirit is the domain of the emotions, character, intellect, will and vitality;

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<sup>34</sup>Edwin Kiester, Jr., ed., Better Homes and Gardens: New Family Medical Guide (Des Moines: Meredith Corporation, 1983), 41.

<sup>35</sup>Ryrie, Basic Theology, 198.

<sup>36</sup>Jay E. Adams, A Theology of Christian Counseling: More Than Redemption (Grand Rapids: Zondervan, 1979), 115.

and that, a remarkable relationship exists between the physical body and the human spirit, such that they affect each other.<sup>37</sup>

Stagg believes an individual can be analyzed in terms of reason, emotion, volition, or flesh; but, these cannot in fact be separated one from the other. He says one's mind cannot be placed in one room, his or her emotions in another, his or her will in another, and his or her flesh in yet another. Stagg rightly observes that in the New Testament, mankind is a complexity of bodily, rational, emotional, volitional, moral, spiritual, and other factors, distinguishable in analysis but not separable in actuality.<sup>38</sup> He further states that he believes that in the biblical doctrine of mankind one stands at the crossroads for his or her theology; and that, the road chosen here determines the balance of one's theology.<sup>39</sup>

All of this means that mankind's non-material nature is to be understood as multi-faceted.<sup>40</sup> The Bible "heart" is not a mere physical muscle located in the chest cavity but definitely involves (at least) an individual's intellect, conscience, volition, and emotions. The spiritual heart is located in the deepest recesses of one's innermost being, in the inward person, and from it flows the life-giving-principles of one's inner-being. We often speak of the heart of a tree or a city and mean that we are at the center--it is no different when we speak of the spiritual heart of mankind.

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<sup>37</sup>Harry L. Poe, The Gospel and Its Meaning: A Theology for Evangelism and Church Growth (Grand Rapids: Zondervan, 1996), 221.

<sup>38</sup>Frank Stagg, New Testament Theology (Nashville: Broadman Press, 1962), 25.

<sup>39</sup>Ibid., 31.

<sup>40</sup>Paul Enns, The Moody Handbook of Theology (Chicago: Moody Press, 1989), 307.

### Each Person Possesses Two Hearts

Three case studies from scripture prove that each individual possesses two hearts. The fleshly heart is the center of the circulatory system and provides life-sustaining oxygen and nutrients to all cells of the body; whereas, the spiritual heart is located in the deepest recesses of one's innermost being, in the inward person, and from it flows the life-giving-principles of one's inner being.

#### Nebuchadnezzar Had Two Hearts

Because of Nebuchadnezzar's arrogant pride God brought this mighty monarch down (Dan 4:16, 25, 33-34, 36). The Bible declares that his "heart" was changed from man's and a beast's heart was given to him. According to Young this means that the crowning glory of the king, his reason, was taken away from him and he became like an irrational creature, a lower animal.<sup>41</sup> That is, his mind was changed. For seven years Nebuchadnezzar did not have a human mind but that of an animal. Montgomery refers to the terrible mania which befell Nebuchadnezzar as an amazing malady, a disease of the human mind in which Nebuchadnezzar's intelligence was dehumanized and made like that of a beast. He says the distinctive glory of man was taken away from him and the insane king had a bestial appearance.<sup>42</sup> Butler describes the world's most magnificent potentate as one driven from normal human associations and bereft of human rationality. Nebuchadnezzar literally lived like a wild animal--his heart was changed from a man's to a

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<sup>41</sup>Edward J. Young, A Commentary on Daniel (Edinburgh: The Banner of Truth Trust, 1988), 105.

<sup>42</sup>James A. Montgomery, A Critical and Exegetical Commentary on the Book of Daniel (Edinburgh: T & T Clark, 1979), 243, 220, 233, 244.

beast's. It is obvious that the physical heart is not meant.<sup>43</sup> Leupold says "heart" appears to be regarded as the center of mental activity or "mind."<sup>44</sup>

Harrison claims the illness described in Daniel constitutes a rare form of monomania, a condition of mental imbalance in which the sufferer is deranged in one significant area only. He says the particular variety of monomania described is known as boanthropy in which Nebuchadnezzar imagined himself to be a cow or a bull.<sup>45</sup> After the appointed time passed he regained his intellect or "sanity" and his understanding and reason returned to him. A crucial point to be observed is that when Nebuchadnezzar's senses returned he was no longer characterized as having the heart of a brute. In view of these references it reasonable to conclude that King Nebuchadnezzar had two hearts (physical and spiritual). So far as we know there was nothing wrong with his physical heart throughout this entire episode.

#### Absalom Had Two Hearts

In 2 Sam 15:1-6, 13, Absalom's act of rebellion against King David is described. In order for Absalom to gain followers it was necessary for him to win the people over. The Bible describes what he did in the following words, "Absalom stole the hearts of the men of Israel." It further states that, "the hearts of the men of Israel are with Absalom." Now, what did Absalom steal and how did he do it? Did he, through surgery,

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<sup>43</sup>Paul T. Butler, Daniel (Joplin, Mo. College Press, 1988), 160, 154.

<sup>44</sup>H. C. Leupold, Exposition of Daniel (Grand Rapids: Baker, 1969), 185.

<sup>45</sup>R. K. Harrison. Introduction to the Old Testament (Grand Rapids: Eerdmans, 1975), 1115-16. Another form of monomania is lycanthropy, which is usually defined as the delusional belief that one has been transformed into a wolf, or the display of animalistic behavior indicative of such a belief. The more general term therianthropy, or shape-shifting, refers to changing into any sort of animal. See Louis R. Franzini and John M. Grossberg, Eccentric and Bizarre Behaviors (New York: John Wiley and Sons, 1995), 63.

remove their physical hearts (blood-pumps)? Obviously, something other than mere muscle is under consideration here.

In 2 Sam 18:9-14, we read that Absalom was riding his mule, and as the mule went under the thick branches of a large oak tree Absalom's head got caught in the tree. The text says he was left hanging in mid-air while the mule he was riding kept on going. While hanging in mid-air, Joab shot (or thrust?) Absalom through his heart with darts (spears or javelins?). Does this not indicate that Absalom was shot through his physical, fleshly heart? How could he be shot through his intellect, emotions, volition, or conscience with a spear? In view of these references it is reasonable to conclude that Absalom and the men mentioned all had two hearts each (physical and spiritual).

#### Simon Had Two Hearts

In Acts 8:8-24, we read about a man by the name of Simon. According to Boles, "Simon" was a fairly common name among the Jews and was a contraction from "Simeon." He says there are ten men mentioned in the New Testament by this name. However, this Simon is known as "Simon Magus," or "Simon the Sorcerer."<sup>46</sup> The word "magus" originally denoted a member of the Median priestly tribe, but came to be used in an extended sense of a practitioner of various kinds of sorcery and even quackery.<sup>47</sup> According to Boles there were many sorcerers, or those who deceived people by certain tricks and deceptions in those days and Simon is one of them.<sup>48</sup>

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<sup>46</sup>H. Leo Boles, A Commentary on the Acts of the Apostles (Nashville: Gospel Advocate Co., 1968), 125.

<sup>47</sup>F. F. Bruce, The Book of the Acts, rev. ed. (Grand Rapids: Eerdmans, 1988), 166.

<sup>48</sup>Boles, A Commentary on the Acts of the Apostles, 125.

Simon observed a transference of "power" from the apostles to the believers. The external signs that he witnessed (which accompanied the reception of the Spirit), were so impressive that Simon Magus craved the "power" to reproduce them at will.<sup>49</sup> He wanted this power so badly that he even offered the apostles money for it (Acts 8:18-20). From this act of Simon's comes our word "simony," the crime of buying, selling, or bargaining for spiritual functions.<sup>50</sup>

The apostle Peter rebuked Simon for suggesting such a thing. Bruce says the poisonous root of superstitious self-seeking had not been eradicated from Simon's heart and his soul was still held fast in the "fetters of unrighteousness."<sup>51</sup> The biblical text reveals that Peter said to Simon, "your heart is not right before God" (Acts 8:21), e. g., your heart is not "straight," or "straightforward," as it ought to be, but is seeking crooked, perverse, and secret ways.<sup>52</sup>

In view of this text it becomes clear Simon had two hearts (physical and spiritual). The Old Testament informs us that God looks on every heart (1 Sam 16:7). Apparently, he looked on or examined Simon's heart through the apostle Peter and found that Simon needed to repent. What Simon needed to repent of was his wickedness--the wickedness of having such a thought in his heart (Acts 8:22-23). Boles says the sin of which Simon is to repent is "the thought of his heart" of thinking that he could purchase that power with his money.<sup>53</sup>

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<sup>49</sup>Bruce, The Book of the Acts, 171.

<sup>50</sup>Boles, A Commentary on the Acts of the Apostles, 129.

<sup>51</sup>Bruce, The Book of the Acts, 171.

<sup>52</sup>Boles, A Commentary on the Acts of the Apostles, 130.

<sup>53</sup>Ibid., 131.

### The Biblical Heart

The heart the Bible speaks of is the center of one's person, the essential person or selfhood, and it includes and involves (at least) one's intellect, conscience, volition and emotions. Human grief springs from this heart.

### The Spiritual Heart Involves the Intellect

The spiritual heart includes the intellectual side of a person and involves one's thinking apparatus. It "knows" (Deut 8:5). It is the seat of intellectual life. The heart the Bible speaks of is the source of evil thoughts and attitudes (Matt 15:19-20; Heb 4:12). It is altogether possible for the heart to think (Mark 2:6-8), good thoughts (Phil 4:8), or evil thoughts (Matt 15:17-20). Crabb believes sin begins in the thought world and that underneath feeling and behavior is belief. He further states that if the feelings and behaviors are sinful, the belief behind them must be wrong.<sup>54</sup>

An impressive array of modern day problems are the direct result of serious cognitive distortions (plain wrong-headed thinking and perceptions), which ultimately, trace back to humanity's fall into sin at Eden. Mankind's number one problem is the "sin-problem." In no uncertain terms the Bible informs us that sin has the capacity to dull and deaden one's thinking mechanism. At the time of the great Noahic Flood every inclination of the thoughts of mankind's heart were to be evil all the time (Gen 6:5). A person's heart can be far from God (Isa 29:13), being "full of evil and madness" (Eccl 9:3), and deceitful above all things (Jer 17:9). The Lord detests such perverse hearts (Prov 11:20).

According to Erickson the Bible's depiction of humanity finds them in an actual, abnormal condition. He says the real human is not what we now find in human

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<sup>54</sup>Crabb, Basic Principles of Biblical Counseling, 45.

society. He says the "real human" is the being that came from the hand of God, unspoiled by sin and the fall. To him humanity today is twisted, distorted, and corrupted because of sin.<sup>55</sup> Adams says pastoral counselors are often inundated with a plethora of unsolved life problems that result in the opportunity for biblical reorganization. He says counselors are often confronted with a profusion of problems that are screwed, bolted and rusted tightly to one another, and that dealing with them is like taking the whole rusted twisted tangled mass of nuts and bolts and soaking them in baths of oil until all of the nuts spin freely on their threads, and the whole thing comes apart by hand.<sup>56</sup> For biblical reorganization to be effective it is necessary to look at humanity in the original state and at Christ if we would correctly assess what it means to be human.<sup>57</sup> Because an individual is made in God's image we learn more about God from mankind than from any of the other creatures on earth.<sup>58</sup> While this is true, it is not just merely observing any and all human-beings that teach us about God; as Barth wrote, we learn more about mankind by studying Christ<sup>59</sup> than studying fellow human-beings. Erickson adds that Jesus is the complete revelation of what the image of God is and that, if we wish to know the outworking of the image of God, we can see it in Jesus. The image of God then, in its purest sense, is the forming of the likeness of Christ in us (Rom 8:29).<sup>60</sup>

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<sup>55</sup>Erickson, Christian Theology, 496.

<sup>56</sup>Jay E. Adams, Pastoral Counseling (Grand Rapids: Baker, 1976), 108-9.

<sup>57</sup>Erickson, Christian Theology, 496.

<sup>58</sup>Ibid., 456.

<sup>59</sup>Karl Barth, Church Dogmatics, vol. 3, pt. 2 (Edinburgh: T and T Clark, 1960), 41, 47, 222, 88, 89, 208.

<sup>60</sup>Erickson, Christian Theology, 515.

Apparently, God is interested in establishing what we might call a "heart-covenant" with his people. This is seen in the case of Abraham in the Old Testament. Abraham's heart was "faithful" to God and the Lord made a covenant with him (Neh 9:8). This is possible because an individual can set his or her heart on seeking God (2 Chr 19:3), and be "pure" in heart (Matt 5:8). Under the New Covenant God desires to write his laws in the minds of his people and to write them on their hearts (Heb 8:10; 10:16). The heart is able to "ponder" (Luke 2:19); "understand" (Matt 13:15); and "believe" (Rom 10:10). However, the heart can "doubt" (Mark 11:23); become "hardened" (Eph 4:18-19); and "callused" (Matt 13:15).

In dealing with the person who is grieving, his or her cognitive distortions and wrong perceptions will have to be addressed. This is not a minor issue but it is a matter of the heart and is a theological issue. Crabb believes there are as many subtle variations of wrong beliefs as there are people, and because of one's wrong belief an individual may experience problems with guilt.<sup>61</sup> In turn, proper grief-work may be hindered or even prevented due to a mental-intellectual "hang-up" of the heart from cognitive distortions and/or sin, resulting in all sorts of pathological behaviors. Therefore, a pastoral counselor will want to get into his client's mind so as to determine what he or she is thinking, and what is leading to the trouble.<sup>62</sup>

#### The Spiritual Heart Includes the Conscience

The Scriptures view humanity in moral perspective and describe the heart as the seat of moral and ethical life and one's conscience. Without conscience, humanity

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<sup>61</sup>Crabb, Basic Principles of Biblical Counseling, 90-91.

<sup>62</sup>Ibid., 91.

would not be humanity.<sup>63</sup> Boice claims men and women have "God-consciousness," which animals do not have. He says God-consciousness causes people to become guilty for refusing to worship God. He further states that no animal is guilty of moral or spiritual sin.<sup>64</sup> In contrast, the Bible reveals that each person is God's creation who can (and must) answer to God for what s(he) is or becomes. Brownlow says there is something "within" of one's own making which can either tranquilize or disturb the individual. It is a good or bad conscience.<sup>65</sup>

The work of the conscience is not designed to tell us what is right and wrong, but it passes judgment on whether we have done (or not done) what is right according to our knowledge.<sup>66</sup> The conscience testifies (2 Cor 1:12), "bearing witness" and either accuses us or defends us (Rom 2:15). If an individual does what s(he) "thinks" is right, that something within called conscience approves, and in so doing, gives the person a feeling of self-respect and peace. But if the person does wrong, there is that internal witness which blames and tortures the individual.<sup>67</sup> Conscience is that "voice" within which has the capacity to warn us beforehand lest we commit a wrong, or it cries out later and condemns us in our guilt.<sup>68</sup> Conscience is very necessary even though it sometimes

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<sup>63</sup>Leroy Brownlow, Better Than Medicine: A Merry Heart (Fort Worth: Brownlow Publishing Company, 1967), 87.

<sup>64</sup>Boice, Foundations of the Christian Faith, 149-50.

<sup>65</sup>Brownlow, Better Than Medicine, 87.

<sup>66</sup>L. I. Granberg and G. E. Farley, "Conscience," in The Zondervan Pictorial Encyclopedia of the Bible (Grand Rapids: Zondervan, 1976), 1:941-49.

<sup>67</sup>Brownlow, Better Than Medicine, 87.

<sup>68</sup>Ibid., 89.

hurts; for without conscience mankind would be void of that faculty which brings one of the greatest joys--one's own approbation.<sup>69</sup>

While one's conscience is not implanted full-blown at birth in the human personality, moral development is subject to the same laws of learning, and to the same hazards of learning, as are other aspects of personality.<sup>70</sup> Without proper formation and guidance one's conscience may be compared to unreliable brakes on an automobile--they may do their job at times, but they cannot be fully counted on.<sup>71</sup> Sound conscience-development and spiritual growth requires moral instruction in which attention is given to what is imparted. Familiarity with, and regular study of, the Bible are imperatives in maintaining an informed and mature conscience.<sup>72</sup>

The word "conscience" does not appear in the Old Testament but its functions are ascribed to the "heart."<sup>73</sup> The biblical term "heart" is not a well-differentiated term in the Old Testament but it is used in connection with a diversity of intellectual, emotional and moral functions.<sup>74</sup> However, the New Testament identifies the heart with the conscience. The author<sup>75</sup> of the book of Hebrews encourages Christians to draw near to

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<sup>69</sup>Ibid., 87.

<sup>70</sup>Granberg and Farley, "Conscience," 1:941-49.

<sup>71</sup>Ryrie, Basic Theology. 199.

<sup>72</sup>Granberg and Farley, "Conscience," 1:941-49.

<sup>73</sup>Ibid., 1:942.

<sup>74</sup>Ibid.

<sup>75</sup>Our conviction as to "who" actually wrote Hebrews is unsettled at present; therefore, we refer to "the author."

God with a sincere heart in full assurance of faith, having hearts cleansed from a guilty conscience (Heb 10:22).

It is interesting that the concept of "conscience" appears mostly in the writings of Paul. Paul says conscience develops by heeding its own urgings which are brought under the scrutiny of God's holy will.<sup>76</sup> The conscience can be weak and overly scrupulous (1 Cor 8:1-13; 10:24-33); seared and unreliable (1 Tim 4:2); or clear (2 Tim 1:3). An individual may "live in all good conscience" (Acts 23:1).

In dealing with the individual who is grieving, matters that "gnaw-at" one's conscience must be addressed. This is a heart concern and a theological issue to be reckoned with. We should always make a distinction between cause and effect. Censuring the effect will not remove the cause. Maladjustment, in need of spiritual and therapeutic approach involves diagnosis, not mere blistering censure.<sup>77</sup> It is possible to do wrong in good conscience because the individual has been misinformed as to what is right or wrong.

A proper conscience toward God and others should help alleviate the pain that is associated with grief. Brownlow describes a Christian lady who came to his office seeking help. He says she had a "tormenting conscience"--her trouble was an over-stimulated conscience. He made the observation that an individual's conscience can function beyond the purpose for which it was intended.<sup>78</sup> It is the case that shame, guilt, or unfinished business toward the deceased can hinder or even prevent proper grief-work and recovery.

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<sup>76</sup>Granberg and Farley, "Conscience," 1:942-43.

<sup>77</sup>Brownlow, Better Than Medicine, 90.

<sup>78</sup>Ibid., 89.

Brownlow says if we do wrong, it is the necessary duty of the conscience to censure and indict us, but when repentance has been produced and God's forgiveness has been granted, it is this assurance that should take the hurt from a person's conscience and give the individual happier days.<sup>79</sup> After conscience has worked on its sufferer until a change has been wrought, then there is nothing to be gained by its continuing to torture its possessor. Conscience then ceases to be an asset and becomes a detriment.<sup>80</sup> The cloud of yesterday's sin, dispersed by God's grace but mentally regathered by an individual, and held over that person by his or her reluctance to forgive self, keeps the person's life in the shadows.<sup>81</sup>

One of the most necessary conditions of happy living and sound health is an untroubled conscience.<sup>82</sup> Brownlow says what you think of yourself is worth more than what others think of you.<sup>83</sup> The conscience has the power to make us happy or unhappy, well or sick.<sup>84</sup> An individual cannot rest when his or her soul is disturbed with the horrors of guilt--an ill conscience can make a person ill in mind and body.<sup>85</sup> A person's doing right harmonizes and unifies the individual on the inside, but one's doing wrong scatters and frustrates the person.<sup>86</sup> By achieving a restful conscience one can have a God-given

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<sup>79</sup>Ibid.

<sup>80</sup>Ibid., 90.

<sup>81</sup>Ibid.

<sup>82</sup>Ibid., 87.

<sup>83</sup>Ibid., 94.

<sup>84</sup>Ibid., 88.

<sup>85</sup>Ibid., 89.

<sup>86</sup>Ibid., 88.

tranquilizer that is better than medicine.<sup>87</sup> The witness of a good conscience brings many joyful satisfactions into mankind's turbulent heart.<sup>88</sup>

### The Spiritual Heart Includes Volition

The spiritual heart includes a person's will. The heart involves the volitional part of a person; the seat of volitional life. The concept of "will" refers to the non-material being in its conative aspect and activities, putting forth effort and making choices.<sup>89</sup> According to scripture an individual may do as s(he) pleases (Dan 8:4), even to the point of not consenting to the decisions and actions of others (Luke 23:50-51).

Frequently, one's will is stubborn and leads to an unrepentant heart (Rom 2:5). The Bible reveals that a person's heart can be hard (Heb 4:7), and deceitful above all things (Jer 17:9); however, Jesus taught that the heart is capable of making the proper response to the gospel. He said the Word of God is the seed of the kingdom (Luke 8:11), and that it is to be sown in noble and good hearts that it might produce a crop of spirituality (Luke 8:15). The heart can seek the Lord or look for him (Deut 4:29); it is capable of choosing to serve God (Josh 24:15); and of yielding to the Lord in obedience (Josh 24:23). It is also capable of choosing to turn away from God and not listening to him; or not listening to his representative--not taking the message to heart (Ex 7:22-23). Enns observes that an unbeliever has a will that desires to follow the dictates of the flesh (Eph 2:2-3), whereas the believer has the desire to do God's will (Rom 6:12-13).<sup>90</sup> For

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<sup>87</sup>Ibid., 94.

<sup>88</sup>Ibid., 87.

<sup>89</sup>James Oliver Buswell, A Systematic Theology of the Christian Religion (Grand Rapids: Zondervan, 1975), 1:241.

<sup>90</sup>Enns, The Moody Handbook of Theology, 307.

example, the Christian has a "heart" that has the ability to decide to do good by giving to God's work in keeping with his or her income (2 Cor 9:7; 1 Cor 16:2).

### The Spiritual Heart Includes Emotions

The heart is the seat of emotional life. We may illustrate this from scripture by the apostle Paul who had great sorrow and unceasing anguish of heart for his Jewish, non-Christian brothers and sisters (Rom 9:1-5). His own race, his people, were blind to the truth of the gospel which, in turn, resulted in their rejection of Christ. Had it been possible Paul would have gladly exchanged places with them and be cut off that they might be saved. Paul's heart's desire and prayer to God for the Israelites was their salvation (Rom 10:1). In addressing this situation he made it clear that he spoke heartfelt truth in Christ and that his conscience confirmed it in the Holy Spirit (Rom 9:1-5).

A human-being is capable of a wide range of emotions, e. g., the heart is capable of "rejoicing" (Ps 33:21; John 16:22), of "burning within" (Luke 24:32), "despising" (2 Sam 6:16), and of "loving" (Matt 22:37). It can also be "troubled" (John 14:1), "sad" (Neh 2:2), and "broken" (Acts 21:13). Every heart has "desires" (Ps 37:4), and "knows its own bitterness" (Prov 14:10). One's heart can be "grieved" (Ps 73:21), which is not an insignificant point--it is a theological issue that deals with the nature of mankind and the thesis of this chapter.

Grief is an emotional response of the spiritual heart to loss. A human-being can experience great sorrow and unceasing anguish (Rom 9:2), from grieving--so much so--that s(he) is pierced deep to core personality. Such a "heart-matter" may even alter an individual's personality over an extended period of time as when Jacob grieved from the heart over his son Joseph.

### Jacob's Long Term Unresolved Grief

Jacob's long-term unresolved grief over his son Joseph is described in Genesis chapters 37 through 50. These chapters are, without doubt, some of the most interesting and dramatic of the entire book.<sup>91</sup> In these chapters Jacob's preference of Joseph is observed and the primary reason assigned for it is that Joseph "is the son of his old age" (Gen 37:3-4). As the narrative unfolds, Joseph is despised by his brothers and they plan to dispose of him. Leupold says their plan takes shape with singular rapidity, e. g., to slay--to cast Joseph's body into a pit and to cover up their deed with a ready lie.<sup>92</sup>

The resourcefulness of the brothers allowed them to profusely stain Joseph's cloak with goat's blood (Gen 37:31). Leupold says the message accompanying the cloak has a certain blunt brutality about it--a cruel shock for Jacob.<sup>93</sup> Everything works out according to their schedule and as Jacob examines the cloak of Joseph he, in grief, jumps to the conclusion that Joseph has certainly been slain and torn to pieces by some ferocious animal (Gen 37:32-33).<sup>94</sup>

Concerning the grief of Jacob, Leupold says, "had the father controlled his grief he might have found it suspicious that the cloak was not torn but only stained with blood."<sup>95</sup> Jacob's grief was deep because his love for his son was deep. He was so grief-stricken that he tore his clothing, donned sackcloth, and went into a protracted period of

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<sup>91</sup>H. C. Leupold, Exposition of Genesis (Grand Rapids: Baker, 1974), 2:949.

<sup>92</sup>Ibid., 2:964.

<sup>93</sup>Ibid., 2:973, 972.

<sup>94</sup>Henry M. Morris, The Genesis Record (Grand Rapids: Baker, 1987), 544.

<sup>95</sup>Leupold, Exposition of Genesis, 2:972.

great mourning. He had lost Rachel only a few years before and now he had lost his favorite son.<sup>96</sup> The Genesis record reveals that Jacob anticipates dying from his grief and then going where his son has gone, to the afterworld, e. g., "to sheol," where all go after death (Gen 37:34-35). Morris says "sheol" translated "the grave" refers to the place of departed spirits.<sup>97</sup>

Jacob displayed himself as a "mourner" (Gen 37:34), and his grief proved excessive; he was simply inconsolable (Gen 37:34-35). He continued mourning for so many days that his sons and daughters became seriously concerned and tried to "comfort" him but no one could comfort him because his loss was so great.<sup>98</sup> It is putting it mildly to say that Jacob experienced separation anxiety when Joseph was taken from him. For over twenty-two years<sup>99</sup> this patriarch grieved, believing a lie that his son had brutally died, and was simply unable to bring closure to his grief. It was not until Jacob saw the "live" body of his son that his grief ended and he was comforted. When Jacob first heard that Joseph was still alive and ruler over all the land of Egypt, the two reports together seem so far beyond the pale of the possible that they serve to stupefy him. Leupold says, "his heart grew numb," e. g., "grew cold" but as conviction grew on him his spirit revived.<sup>100</sup> At this point his gloom vanished.<sup>101</sup> When Jacob finally sees his son after so many years, he says, "Now I am ready to die, since I have seen for myself that you are still

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<sup>96</sup>Morris, The Genesis Record, 545.

<sup>97</sup>Ibid.

<sup>98</sup>Ibid.

<sup>99</sup>Ibid., 635.

<sup>100</sup>Leupold, Exposition of Genesis, 2:1101.

<sup>101</sup>Ibid.

alive" (Gen 46:30). Leupold explains this to mean that Jacob is implying that whenever his hour comes, he can die at ease.<sup>102</sup>

When Joseph brought Jacob to meet Pharaoh, Jacob's advanced age of 130 years became the topic of discussion.<sup>103</sup> As Jacob stands before Pharaoh and recounts his life he exclaims that his "years have been few and difficult" (Gen 47:7-10). The word "difficult" could be translated "wretched" or "unhappy" and this is understandable due to the fact that he had grieved, almost to the point of death, by the loss of Joseph.<sup>104</sup> Jacob had experienced a hard life.<sup>105</sup> No doubt the many hardships and sorrows of Jacob's life had taken their toll on his health.<sup>106</sup>

On his deathbed Jacob recalled his great love for Rachel, his beloved wife, and how she had died prematurely in giving birth to Benjamin near Ephrath and Bethlehem (Gen 48:5-7). Commenting on these verses Leupold says the sentence structure betrays heightened emotion on Jacob's part as he recalls the bitter scene. Jacob recalls how grievous the experience was and what a burden it laid upon him.<sup>107</sup> Morris says Jacob had hoped to have yet other sons from Rachel but this hope had perished in his grief at her death and burial in Canaan.<sup>108</sup>

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<sup>102</sup>Ibid., 1118.

<sup>103</sup>Morris, The Genesis Record, 637.

<sup>104</sup>Leupold, Exposition of Genesis, 2:1129-30.

<sup>105</sup>TANAKH (Philadelphia: The Jewish Publication Society, 1985), 76. TANAKH is the Hebrew Old Testament translated into English.

<sup>106</sup>Morris, The Genesis Record, 638.

<sup>107</sup>Leupold, Exposition of Genesis, 2:1148.

<sup>108</sup>Morris, The Genesis Record, 646.

### Eschatology of Hope and Victory

Jesus Christ, our Savior, has destroyed death and has brought life and immortality to light through the gospel (2 Tim 1:10). Proper grief-recovery for the Christian, in large measure, is connected to an eschatology of hope and victory in Christ (1 Cor 15:56; 1 Thess 4:13-18). It seems to us the church greatly profits by hearing sermons and by having classes on these matters. Christians are not to engage in pagan grief but are to find encouragement from God's Word (1 Thess 4:13, 18). In spite of this, most congregations are ill-equipped to deal with dying, death, grief and grief-recovery.

### Theological Writings

Our dealings with textbooks on "Christian Theology" reveals an amazing absence of information on grief, grief-recovery, or on the subject of heaven itself; but, one will find pages written over hair-splitting theories on Christ's second advent.<sup>109</sup> As a general rule much is said in the textbooks about hamartiology and soteriology but in the sections discussing thanatology and eschatology nothing is said about human grief or grief-recovery for the Christian.

One might think that a long and encouraging discussion would be found on the topic of heaven and that this would give us the hope needed to overcome grief. But, this is not the case. One prominent theologian wrote nearly 1300 pages in his Christian Theology but only 10 pages of it discuss the "final state of the righteous" with 2 pages of the ten dealing with "issues" regarding heaven.<sup>110</sup> Berkhof wrote 738 pages in his

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<sup>109</sup>The second advent of Christ is a matter that will take care of itself whether one's theology is accurate or inaccurate.

<sup>110</sup>Erickson. Christian Theology. 1225-34.

"Theology" but at the end of it in the section entitled, "The Final State" only wrote a total of 3 pages with half of them describing the final state of the wicked! He actually wrote only one paragraph on "the eternal abode of the righteous."<sup>111</sup> Our comments are not to be taken as an attack on these great works but this information alerts us to the fact that we need to formulate a workable "theology" of grief-recovery for our congregation.

### A Workable Theology for Our Church

Therefore, our approach is driven by a biblical and theological base throughout which seeks to investigate "how" the sacred world informs our local lay-ministry on caregiving. We are thoroughly convinced that a strong scriptural and theological platform is needed as we carve-out this particular ministry to individuals and families in our church. The Bible gives the caregiver a foundation, stability, and guidelines as s(he) approaches the problems that face the individual.<sup>112</sup> We want to develop a solidly biblical and theological approach to caregiving which draws from secular psychology without betraying its scriptural premise; and, one which realistically faces the deep (and not so deep) problems of people while clinging passionately and unswervingly to belief in an inerrant and an all-sufficient Christ.<sup>113</sup> We agree with Royce Money who said, "if we can't biblically back up what we are doing as Bible-believing Christians, we have problems."<sup>114</sup> Money did not leave it with that--he further stated that, "if we do find

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<sup>111</sup>L. Berkhof, Systematic Theology (Grand Rapids: Eerdmans, 1988), 735-38.

<sup>112</sup>Minirth and Byrd, Christian Psychiatry, 11-12.

<sup>113</sup>Crabb, Basic Principles of Biblical Counseling, 18.

<sup>114</sup>Royce Money, Ministering to Families: A Positive Plan of Action (Abilene, Tex.: Abilene Christian University Press, 1987), 71.

biblical justification and don't do something we also have problems."<sup>115</sup> We believe we do, in fact, have justification and heaven's approval for helping others who are hurting and struggling with losses, and we further believe something needs to be done.

### The Human Predicament

Having briefly discussed in this chapter a "theology" of what it means to be human, "made in God's image" with the capacity to grieve from the heart--even as God himself grieves--we turn our attention to a brief discussion of the human-predicament we often find ourselves in, e. g., losses, crises and transitions that precipitate grief and the need for a lay-care-ministry of caregivers.

### Many Christians in Crisis

While life offers many wonderful blessings to be enjoyed everyone recognizes that our time on earth has its share of troubles (Job 14:1). Early Christians faced severe persecutions and even martyrdom (Acts 8:1-4). No doubt they grieved over their losses (1 Thess 4:13-18). Today there are problems, difficulties, and all kinds of troubles that we have to cope with. Families are in trouble. Many people need direction in their lives; they feel as though they are falling through space. Even Christians experience such things as accidents, financial difficulties, crime victimization, family problems, sickness, disease and death. In some parts of the world Christians face starvation. Couples are divorcing (there are approximately 1 million divorces annually in America),<sup>116</sup> individuals are coming apart, children are going astray, and churches are disrupted and in decline. Many are

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<sup>115</sup>Ibid.

<sup>116</sup>Irene Goldenberg and Herbert Goldenberg, Family Therapy, 4th ed. (Pacific Grove, Calif.: Brooks/Cole Publishing Company, 1996), 29.

asking if the church is relevant for their everyday struggles. They want to know why we can't help.<sup>117</sup>

### The Church Can Make a Difference

People of the world may try to drown their sorrows with alcohol, numb them with drugs, or cover them up with promiscuity. But when the effects wear off they are not better; these things only intensify the hurt, magnify the problem, and they cannot heal. Transitions, crises, and losses of all kinds are difficult to deal with; but, as God's church we must try; we have a wonderful opportunity for conveying the healing message of hope to a wounded and sin-struck world. We see lay-member-caregiving as one solution to the problem and define it as the ministry of individual Christians seeking to help others recognize, understand, and solve their problems in accordance with the Word of God.<sup>118</sup> The church, equipped, can make a difference (Eph 4:11-16).

### God Has Provided

Behind all of this is the conviction that there is a real, personal God; that God has revealed himself to mankind; that God made humanity in his own image; that God knows all of our problems; that God knows what we need; and that God has provided the necessary theological foundation or framework for our grief-counseling techniques.

### The Local Church and Counseling

However, the question of the local church being involved in counseling is a live issue today. Apparently, some are opposed to it,<sup>119</sup> believing that it is not the work of the

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<sup>117</sup>Bill Flatt, Personal Counseling (Searcy, Ark.: Resource Publications, 1991), 2.

<sup>118</sup>Minirth and Byrd, Christian Psychiatry, 25.

<sup>119</sup>We have been personally confronted by some ministers who had little or no use for the

church; but, is the work of social work(ers). We do not follow this paradigm--counseling must be seen as ministry; a ministry of the Word but not in competition with the pulpit. The church at Corinth was equipped with supernatural "gifts of healing" from the Holy Spirit (1 Cor 12:9), and with those who were "able to help others" (1 Cor 12:28).<sup>120</sup> These gifted individuals were God appointed in the church (1 Cor 12:28). Is there any less need today for non-miraculous "healing" and "help" that can be provided by the church and Christians? We believe the need for help and healing is great and that a skillfully guided church can do much, just by her attitude, to provide acceptance and encouragement to a needy person or family. But, more than attitude is needed. The timing is right for Christians who take God seriously to develop a biblical approach to counseling (caregiving) which asserts the authority of scripture and the necessity and adequacy of Christ.<sup>121</sup>

#### A Lay-Ministry of Soul-Care

The local church can engage in a lay-ministry of "soul-care" (pastoral care), consisting of helping acts, preventive counseling, healing, sustaining, guiding, and reconciling troubled persons. Flatt believes the Lord's disciples today must follow their Master's example of ministering to the oppressed, weary, disheartened, and confused. He says it is such a great challenge for the church that it is difficult to understand the resistance in the church to counseling.<sup>122</sup> Adams says the biblical concept of "mutual

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concept of the local church engaging in a counseling ministry.

<sup>120</sup>We fully recognize that the 1 Corinthians 12 context discusses supernatural gifts given by the Holy Spirit. This does not negate the fact that such help was needed and given.

<sup>121</sup>Crabb, Basic Principles of Biblical Counseling, 15.

<sup>122</sup>Flatt, Personal Counseling, 1.

ministry in counseling" is new to the modern church and the wrong traditions are deeply grooved, and that patience in effecting change will be required.<sup>123</sup> Crabb is convinced that the local church should successfully assume responsibility within her own ranks for restoring troubled people to full, productive, creative lives because the local church is uniquely designed by God to minister to the needs of emotionally upset people.<sup>124</sup> Let God's church then, assume her counseling duty and begin by training her members. The church can help; but, she must guard against empowering bungling amateurs to do a lot of damage.

### Ministers Need Help

The load is too heavy for one person to bear and ministers need help. Often the minister is the only person in the community, outside the members of a family, to whom people turn to confide their troubles. Crabb lays a heavy charge on ministers to get the help they need by returning to the biblical model of equipping their people to minister to each other by using their spiritual gifts. He says as long as pastors do all the "ministering to their people" (e. g., do all the work in the local church), they are robbing their people of an opportunity God intended.<sup>125</sup> We do not want to be guilty of robbing members of opportunities to serve; we want to equip them with the proper knowledge and skills to minister. This, in part, will be accomplished through presenting to our team a workable theological understanding of the nature of mankind, which is crucial to an understanding of human grief.

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<sup>123</sup>Jay E. Adams. Pastoral Counseling (Grand Rapids: Baker, 1976), 30.

<sup>124</sup>Crabb. Basic Principles of Biblical Counseling, 16.

<sup>125</sup>Ibid., 17, 60.

## CHAPTER 3

### SOCIOLOGICAL AND PASTORAL FOUNDATIONS OF GRIEF

It is the purpose of this chapter to lay the sociological/psychological and pastoral care foundations for understanding the complexities of human grief. We subscribe to the perspective that Christians should draw upon the resources of sociology, psychology, and other related disciplines using all available knowledge and techniques to make one's "people-helping" as effective as possible.<sup>1</sup> While the field of psychology and psychotherapy can be a "slippery path" for Christians to walk,<sup>2</sup> and, some conservative Christians describe these disciplines as "Satanic" or "completely secularized" or "unredeemable"<sup>3</sup> such is an over-reaction. We should not summarily dismiss an entire secular system because of the problems encountered.<sup>4</sup> The fact is we have moral lives, vocational lives, thought lives, private lives and public lives, and the task is to study reality in the light of biblical revelation.<sup>5</sup> It is not wrong to expand understanding beyond what God has chosen to reveal in the Bible.<sup>6</sup>

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<sup>1</sup>Stanton L. Jones and Richard E. Butman, Modern Psychotherapies (Downers Grove, Ill. InterVarsity Press, 1991), 17.

<sup>2</sup>Ibid., 23.

<sup>3</sup>Ibid., 18.

<sup>4</sup>Ibid., 22.

<sup>5</sup>Ibid., 19-20.

<sup>6</sup>Ibid., 21.

Jones and Butman point out that Christians are not the sole possessors of truth. Just as rain falls on the just and the unjust, so does truth. They correctly observe that ultimately all truth is God's truth and that Christians must be careful not reject or condemn truth wherever it appears.<sup>7</sup> No one looks to scripture for guidance in plumbing; nor should we for distinguishing schizophrenia.<sup>8</sup> A student goes to dental school to learn how to perform a root canal, s(he) does not go to Paul's Epistles.

Kirwan, discussing creation in Genesis chapter one, points out that Moses describes the physical creation of the cosmos, land and vegetation. He also describes the creation of the animal kingdom and the creation of human-beings. Kirwan then observes that since creation, studies and disciplines have developed that pertain specifically to different aspects of God's creation. For example, the laws of physics, chemistry, astronomy, geology, and biology pertain to the specific aspect of the physical creation of the cosmos, land and vegetation; the disciplines that apply directly to the creation of animal life are zoology, anatomy, and physiology; and studies that have developed that pertain to mankind involve such fields as sociology, logic, psychology, and theology.<sup>9</sup> It should be obvious to all that the Bible was never intended to be a comprehensive textbook for all these and other disciplines.

Scriptures are a God-given account of the life and destiny of humankind. The Bible is a guidebook rather than a textbook. It lays down principles and direction for counseling rather than hard-edged, rigid practice. For example, the Bible regulates human sexuality but does not describe all the various techniques or positions possible; scripture

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<sup>7</sup>Ibid., 25.

<sup>8</sup>Ibid.

<sup>9</sup>William T. Kirwan, Biblical Concepts for Christian Counseling: A Case for Integrating Psychology and Theology (Grand Rapids: Baker, 1985), 35.

reveals that God made the mountains and valleys but does not provide a standard text on geography and geology; the Bible says a great deal about monarchs, armies, battles and treaties, but it is not an exhaustive archive of all world history; the Bible mentions the heavenly bodies but it is not a standard reference book on astronomy or astrophysics; and, the Bible is a treasury of insight and understanding into human nature but it is not primarily a textbook on anthropology, sociology or psychology.

Just as the Bible is not an encyclopedia of knowledge on physics, mathematics, medicine, music, horticulture, or agriculture, we, as Christians, must guard against the assumption that all the truth that is needed for the most effective counseling is contained in scripture. The fact remains that Christians, and non-Christians alike, discern God's power and provision in the created world. God gave his stamp of approval on creation and gave a mandate for mankind to be stewards over what he had made and therein lies our call to explore, comprehend, celebrate, harness and respect the resources around us. These endeavors have been systematized throughout history within what we call the arts, sciences and humanities and these disciplines include counseling and psychology. Kirwan observes that whether or not non-Christians acknowledge that human personality is made in God's image, the fact remains that they have made a thorough study of personality, and we can accept the findings of non-Christian scientists to the extent their findings are not in conflict with Special Revelation.<sup>10</sup> All scientific investigation is not junk; all truth springs from God and non-Christians have brought to light a great deal of truth about the facts of the laws of the universe.<sup>11</sup> Even "fallen" humanity is still adorned and invested with admirable intellectual gifts from its Creator.<sup>12</sup>

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<sup>10</sup>Ibid., 25-26.

<sup>11</sup>Ibid., 26.

<sup>12</sup>Ibid., 27.

Theology and the other disciplines do not conflict when rightly understood but represent functionally cooperative positions.<sup>13</sup> Even though the Bible is not a sociology or psychology textbook, it does inform us how we came to be the complicated emotional persons we are.<sup>14</sup> An integrated view does not see sociology, psychology, theology, or pastoral care as functioning independently in different spheres but demands that the counselor put together all truths in a harmonious way. God is the author of both reason and revelation.<sup>15</sup> The Bible never denies the importance of the physical, social, biological, psychological and spiritual dimensions of the human person. Actually, the biblical picture of human creation and the subsequent fall into sin explains how mental anguish and psychological difficulties became a part of our existence.<sup>16</sup> Therefore, we should utilize the truth of the Bible. Yet, if we do not make use of the valid findings of research, we may deprive ourselves of God's truth as revealed in those disciplines and thereby harm others whose sufferings could be greatly alleviated.<sup>17</sup> We must never forget that the human psyche is part of that which was redeemed by Christ's death on the cross and that Jesus came to heal and redeem our damaged emotions as well as our souls.<sup>18</sup> Feelings can be overloaded just as any other system.<sup>19</sup>

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<sup>13</sup>Ibid., 21.

<sup>14</sup>Ibid., 73.

<sup>15</sup>Ibid., 21, 30.

<sup>16</sup>Ibid., 37, 73.

<sup>17</sup>Ibid., 41.

<sup>18</sup>Ibid., 42.

<sup>19</sup>Ibid., 50.

### Pastoral Counseling Movement

In the 1940s and the 1950s a paradigm shift occurred in the field of counseling. Prior to World War II the focus was on individual and intrapsychic problems.<sup>20</sup> The 1950s may be the most profound decade in counseling to date. Stahmann and Hiebert say that with the developments in the general field of psychology in the 1940s and 1950s came a number of intrusions in the field of theology.<sup>21</sup> During this time several pioneering clergy became interested in psychology as a way of expanding and understanding the nature of ministry.<sup>22</sup> These individuals, with their interests in psychology and theology, initiated a movement that is generally recognized by the name of pastoral counseling.<sup>23</sup>

Stahmann and Hiebert postulate that with the development of the pastoral counseling movement came the clergy's shift in attitude toward ministry in general, but specifically toward situations that had a counseling context or quality.<sup>24</sup> The shift was away from the educational, informational stance toward a search for pathology.<sup>25</sup> As a result a shift occurred in seminary education with a new emphasis on pastoral counseling in general adding an entirely new dimension to the clergy's role--one of assessment.<sup>26</sup>

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<sup>20</sup>Robert F. Stahmann and William J. Hiebert, Premarital and Remarital Counseling: The Professional's Handbook (San Francisco: Jossey-Bass Publishers, 1997), 9.

<sup>21</sup>Ibid., 11.

<sup>22</sup>Ibid.

<sup>23</sup>Ibid.

<sup>24</sup>Ibid.

<sup>25</sup>Ibid.

<sup>26</sup>Ibid., 12.

The Association of Pastoral Counselors, which accredits pastoral counselors at various levels, has defined it as, "a process in which a pastoral counselor utilizes insights and principles derived from the disciplines of theology and the behavioral sciences in working with individuals, couples, families, groups, and social systems toward the achievement of wholeness and health."<sup>27</sup>

### Research on Dying, Death, and Grief

Systematic inquiry into the nature of dying, death, and grief as human experiences is a phenomenon of the twentieth century. The appearance of systematic research appeared in the aftermath of World War II. Prior to 1940, studies on death had been mainly anthropological investigations of death customs in primitive societies and psychoanalytic perspectives on death as proposed by Freud. Studies having to do with grief only date back about fifty years from now. Corless, Germino, and Pittman trace the timeline (or historical origins) of research on dying, death, and grief as follows:<sup>28</sup>

### Scientific Investigation

The field of scientific investigation was stimulated and opened from 1940-1960. In the aftermath of war interest was generated due, in part, to a powerful death anxiety attributed to the use of atomic weapons at Hiroshima and Nagasaki.

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<sup>27</sup>See the excellent chapter "A Prolegomenon to a History of Pastoral Counseling" by Orlo Strunk, Jr., in Clinical Handbook of Pastoral Counseling, ed. Robert J. Wicks, Richard D. Parsons, and Donald E. Capps (Mahwah, N. J.: Paulist Press, 1985), 14-25.

<sup>28</sup>Inge B. Corless, Barbara B. Germino, and Mary Pittman, eds., Dying, Death, and Bereavement: Theoretical Perspectives and Other Ways of Knowing (Boston: Jones and Bartlett, 1994), 3-13.

### Informal Networks

The decade from 1960-1970 is described as the period of "informal networks" wherein pioneer endeavors of isolated individuals contributed to knowledge on death and dying. This was the period when efforts were started to create communication networks bringing people together from many disciplines with a shared interest in common issues and concerns.

### Formalization of Networks

From 1970-1980 there was a "formalization of networks" wherein growing numbers of conferences and workshops focused on the use of death knowledge and practice. In 1978, the National Hospice Organization was formed.

### Expansion of Ideas

From 1980-1990 there was an "expansion of ideas." Earlier efforts were extended to include legal and ethical concerns as well as death education activities for the public and professionals.

### Future Inquiry

Future death inquiry indicates that science and technology is leading to dehumanizing outcomes which are greatly compounded by legal and ethical questions.

### Warfare

The capabilities of machines and techniques of warfare capable of mass destruction of humans and their environment present horrific potential problems. Added to this is the proliferation of violence in America as a way of attempting to solve human problems. Violence has become too commonplace in many neighborhoods.

### Medicine

The capabilities of machines and techniques of medicine capable of maintaining individual survival almost beyond the bounds of human decency also presents horrific potential problems to be addressed.

### Legal and Ethical Inquiry

In turn, all of this has increased legal and ethical inquiry concerning the effects of technology on death, dying, and grief recovery. The role of technology and medicine has also opened up for debate such "hot-topics" as "assisted-suicide" by the medical profession.

### Attitudes Toward Death

Socio-cultural attitudes toward dying, death, and grief differ. Because death is universal each culture has had to develop its own beliefs, mores, norms, standards and restrictions about how to deal with it. This greatly changes individual's attitudes toward the grief process itself. Appropriate ways to respond in one culture may be punished in another. Rando claims there are three general attitudes for all societies toward death.<sup>29</sup>

### Death Accepting Societies

The first of Rando's three categories is the primitive, non-technological society which is usually death-accepting. In this society, death is viewed as inevitable and natural and a part of the life cycle.

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<sup>29</sup>Therese A. Rando, Grief, Dying, and Death (Champaign, Ill.: Research Press Co., 1984), 5.

### Death-Defying Societies

Egypt was a death-defying culture. Egypt refused to believe death would take anything away; as a result great pyramids were built for the Pharaohs--their wives, money, and possessions would be carried over to the next world with them after death.

### Death-Denying Societies

The United States is a death-denying culture. In our country there is a widespread refusal to confront dying, death and grief. For example, children and young people are often not permitted to view the dead body of a loved one or friend, or for that matter to attend the funeral because it is too dreadful. We need to remind ourselves that children have vivid imaginations and what they imagine the dead body to be like is usually more dreadful than what they will actually see.

The vast majority of Americans do not die in their homes but in an institution, away from their familiar surroundings, family and friends.<sup>30</sup> Death thus becomes a lonely, mechanical, dehumanized process. Many people cannot discuss death openly; the dead person is in the "slumber-room" or has "passed-on" or is "at rest" or "mommy has gone to sleep." For the most part those who are dying are "out of sight and out of mind" because we have assigned the care of them to professionals, e. g., social workers, nurses, hospice workers, undertakers, clergy, and the grave-diggers. Such relieves us of having to contaminate our bodies or our minds with their care. Infant mortality and child mortality has decreased to such an extent that, for all practical purposes only the elderly die. These are segregated off into retirement centers, nursing homes or hospitals to die.

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<sup>30</sup>Eighty percent of deaths in the USA occur in hospitals according to Malcolm Potts, Ph.D. Potts teaches at the University of California School of Public Health, Earl Warren Hall, Berkeley. His wife, Marcia, died at home in his arms three days after Christmas.

We may try to soften the trauma of death and grief by dressing up the corpse, surrounding the body with flowers and soft lights, and using words like "departed" instead of "died," but we cannot make death into something beautiful or remove the emptiness and pain of it. Dying and death is not pretty. It is basically repulsive. However, Christians have the victory over it through Christ. In the United States we somehow try to make everything nice, including murder. It is our way of coping. We have encouraged ourselves and others to deny death and to respond to the bereavement of others with little more than cards, cut flowers and casseroles. All of this has played its share in hindering the grief process.

#### Causes of Our Death-Denying Society

According to Rando a variety of factors has caused us to be a death-denying country.<sup>31</sup>

#### Urbanization

Individuals are increasingly being more and more removed from nature and from witnessing the life/death cycle. We were reared on a farm in southeast Missouri and from childhood witnessed the death of wild and domestic animals. At least we had exposure to dying, death, and the grief process. Such is the exception for children today in America.

#### Exclusion of the Aged and Dying

These people are segregated away from the general populace and end up dying in nursing homes and hospitals. The Jackson-Madison County Hospital in Jackson, TN,

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<sup>31</sup>Rando, Grief, Dying, and Death, 7-8.

has on an average two to seven deaths per day.<sup>32</sup> For the most part people simply do not die at home and it is a very lonely, humiliating experience.

#### Absence of the Extended Family

Families are more mobile than ever and members may literally be scattered all over the world. As a result there is greater vulnerability to devastation and loss of support following the death of a loved one. This is a serious impediment to the normal grief process.

#### Decline and Secularization in Religion

Religion used to minimize the impact of physical death by focusing on the hereafter; but, with a decline in religion there has been a marked loss of this coping skill.

#### Advances in Medical Technology

Attempts in the United States to extend or prolong "life" compromise our ability to understand death as a part of life and terminal illnesses become chronic.

#### Mass Death

Today people's sensitivities have become blunted to individual death because we are faced with mass death. People now "feel-good" that only fifteen were killed instead of fifty on a particular day. Whereas, in the past one death was horrifying and considered a great loss.

#### Health-Care Providers

Numerous health-care providers working with the dying experience great difficulty because the dying patient confronts them with their own mortality. Therefore,

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<sup>32</sup>This information was given to me during a personal interview with one of the hospital chaplains in July of 1998.

the caregiver's<sup>33</sup> personal and professional feelings, fears, and expectations are viewed as significant factors affecting patient care that must be examined.

### Euphemisms

The common terms used to describe death is an indicator of the difficulty Americans have in coming to grips with death. This too, has a bearing on the grief process. Some of the euphemisms<sup>34</sup> employed are, passed away; he passed (black culture); he is at rest; departed; finished the course; run his race; paid his last debt; paid his price; God took him; bought the farm; kicked the bucket; croaked; gone home; he's gone, we've lost him (often said by M. D.'s); expired; left us; went to the eternal reward; met his Maker; wasted; checked out; laid to rest; pushing up daisies; bit the dust; annihilated; gave up the ghost; snuffed out; six feet under; consumed; in the great beyond; made the change; belly-up; asleep in Jesus; with the angels; lost the race; his time is up; crossed over Jordan; was done in; returned to dust; gave it up; it was curtains; resting in peace; dropped the body; out of his misery; rode into the sunset; took on room temperature last night.

One man who was anticipating his own death used the following euphemism, "If I don't get better the ground hog will be delivering my mail!"<sup>35</sup> Some other common sayings we have heard are s(he) is in a far, far better place now; well, he's better off now;

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<sup>33</sup>The term "caregiver" reflects the fact that many different types of professionals are involved in the care of the dying and the bereaved. This term includes nurses, physicians, mental health professionals, social workers, physical and recreational therapists, clergy, hospice volunteers, and funeral directors, among others. The term also encompasses nonprofessionals--a "caregiver" can simply be a friend, a concerned loved one, or a confidant.

<sup>34</sup>The euphemisms listed here are taken from my graduate school lecture notes. Dr. Terry Gunnells of Southern Christian University, Montgomery, Alabama, taught the course entitled "Psychology of Dying, Death, and Grief" during the summer of 1994. This was my first academic exposure to this subject. After graduation I became chaplain for Hospice.

<sup>35</sup>Told during a graduate course lecture by Dr. Terry Gunnells, Southern Christian University, Montgomery, Alabama, 1994.

she's no longer in any pain; the good Lord took him; and, these things happen. Why is it we have such a difficult time saying, "He or she died?" It is interesting to listen to announcements made at church when someone has died. Hardly anyone will attempt saying, "He died." All of the above euphemisms illustrate, in some measure, our avoidance of saying that a person has died. We need to come to grips with the fact that the individual has "died" so that normal grief may take its course.

### Fears of the Dying Patient

Rando lists the following fears of the dying patient.<sup>36</sup>

#### Fear of the Unknown

Fear is basic and strong in all human beings. This is so because that which is unfamiliar, or that which cannot be anticipated, frightens us at all levels. Fear of the unknown is usually manifested most strongly in the acute crisis phase of dying.

#### Fear of Loneliness

One of the worst fears of any individual is to be left alone, to die alone. We all desire some security from others. In sickness the security of having others present is not always available since people tend to be isolated from others when they are ill or in pain.

#### Fear of Loss of Family and Friends

The dying individual mourns the loss of family and friends just as they will mourn him or her after s(he) dies. The patient needs to "wrap-up" all unfinished business with those who will be left behind.

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<sup>36</sup>Rando, Grief, Dying, and Death, 232-39.

### Fear of Loss of Self-Control

Becoming more and more dependent as one's illness progresses is often a very humiliating and anxiety-provoking experience. The person who is progressively debilitated from a deteriorating disease worries about adequacy and dependence. It is not easy to wither away, and the sights and smells of terminal illness can be very repelling, adding guilt and shame to the patient.

### Fear of Loss of Body Parts and Disability

Because our bodies are so very much a part of our self-image, the loss of body parts, disfiguration, or bodily deterioration results not only in a loss of function, but a loss of self. It is especially problematic in our culture where there is an over-emphasis on attractiveness, beauty, and youthful appearance. But it must be remembered that death is not romantic; not graceful; it is not beautiful! Death stinks--literally and figuratively and it is very often ugly.

### Fear of Suffering and Pain

The fear of dying in screaming torment is a common one. Some patients in pain want to read the Bible, pray, sing, pace, moan or rock. We have observed Christians attending church services when they were absolutely not able to be present. One such case involved one of our deacons who attended every service of our annual revival except for missing one night. The very next week after the revival his condition worsened and he died.

### Fear of Loss of Identity

Many individuals worry about the tasks of retaining self-respect, integrity, and dignity at the point of death. For example, the person who never uses "bad language" may

worry about saying awful things "cursing" when "out-of his/her-head" when dying. An individual does not want to be seen this way because this is not "who" s(he) really is.

#### Fear of Sorrow

As patients contemplate the losses they will undergo as part of the dying process, some have a fear of being unable to tolerate the attending sorrow ("I won't be able to handle it"). Premature sorrow and detachment should be avoided.

#### Fear of Regression

The fear of losing concrete and hard reality until there are no boundaries of self or others, and no sense of time and space is frightening to the dying individual.

#### Fear of Mutilation, Decomposition, and Premature Burial

These issues are focused on "what" happens to the body after death, e. g., fear that one's body will be eaten by worms after burial, or the person may be perceived as being dead and actually buried while still alive.

#### Fear of Dying and "Going-to-Hell"

It is not uncommon even for "staunch" and "devoted" Christians to entertain such thoughts at some point during the dying process. It certainly may be a major issue for the unchurched.<sup>37</sup>

#### The Living-Dying Interval

The period of time between the crisis of knowledge of death and the point of death is called the living-dying interval. The person is still living but on a dying

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<sup>37</sup>Rando does not list this fear. However, ministers and chaplains often encounter this fear among those who are dying; and, it should be pointed out, this fear does not plague only the unchurched.

trajectory.<sup>38</sup> The period of the living-dying interval can be divided into three phases:<sup>39</sup> (1) the acute crisis phase, (2) the chronic-living phase, and (3) the terminal phase. The news of terminal illness alters a person's perspective radically. Facing the fact that life, as it has been known is now limited, the terminally ill patient must reorient life. Despite how it learned the knowledge of impending death precipitates a crisis for the patient. Death is considered the most stressful crisis known (see Appendix B), simply because it amounts to a total lack of control over it. The patient feels trapped by the fact that he or she is going to die. He or she is often challenged by his or her own body, future, independence, abilities, capacities, and changes in relationships with others.

#### Four Types of Death

It is believed each individual undergoes four types of death. Rando says, "ideally these four types of death succeed one another in this order, facilitating each other."<sup>40</sup> She lists them as (1) social death, which represents the death of the patient in the social world s(he) has known. This world begins to shrink. For example, the dying individual is placed in a nursing home and deserted because s(he) is "dead" already in the minds of family and friends, (2) psychological death, which refers to the death of certain aspects of the dying person's personality,<sup>41</sup> (3) biological death, which represents the death in which the organism, as a human entity, no longer exists, and (4) physiological death, which occurs when there is a cessation of the operation of all vital organs.

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<sup>38</sup>Trajectory is the path of the individual's dying experience.

<sup>39</sup>Rando. Grief, Dying, and Death, 209-23.

<sup>40</sup>*Ibid.*, 207-9.

<sup>41</sup>Terminal illness will affect one's personality.

### Tasks of the Dying Patient

The dying patient has a number of tasks to accomplish before death occurs. Rando lists fifteen tasks each dying person may be faced with:<sup>42</sup>

1. It involves dealing with discomfort, incapacitation, and other symptoms of the illness or injury itself.
2. The management of the stresses of special treatment procedures and the institutional setting itself.
3. Developing and maintaining adequate relationships with caregivers. The patient and family must consider how to cope interpersonally with the health care system.
4. Preserving a reasonable emotional balance by managing upsetting feelings aroused by the illness, such as anxiety, anger, alienation, inadequacy, or guilt.
5. Preserving a satisfactory self-image and maintaining a sense of competence and mastery.
6. Preserving relationships with family and friends.
7. Preparing for an uncertain future in which significant losses are threatened.
8. The patient must arrange a variety of affairs such as getting the will in order, paying debts, checking on insurance policies, leaving messages to associates and friends, making funeral and burial arrangements, and, providing for the welfare of those left behind.
9. The patient must understand the task of coping with loss, both of loved ones and self.
10. The patient must see to future medical needs, e. g., the kind, dosage, frequency, and types of analgesics<sup>43</sup> that can be tolerated.

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<sup>42</sup>Rando. Grief, Dying, and Death, 201-6.

11. The patient must plan the future. Whatever remaining time must be allocated by the patient. The patient should attempt to enjoy living as long as possible.

12. The patient must anticipate future pain discomfort and face possible loss of various forms of sensory, motor, or cognitive abilities. The patient should make arrangements for a time when s(he) may no longer be capable of carrying out his or her own wishes and plans.

13. The patient must cope effectively with the loss of self (how will I be remembered? loss of identity?) and with the death encounter itself.

14. The patient must decide whether to attempt to slow down or speed up the dying process. The patient's will to live influences the dying process. The patient who stops fighting or complying with treatment may die earlier than medically anticipated--the strong willed patient may experience additional remissions.

15. The patient must deal with/struggle for control. Everyone involved in the dying situation wants, and needs, control.

### Physiological Characteristics of Dying and Death

Current definitions of dying and death conflict.<sup>44</sup> The various conflicts arise from differing disciplinary approaches, especially in the disciplines of law, theology, biology, and in the clinical disciplines. Cell death is the permanent cessation of the life functions of the cell whereas somatic death is the death of the body as a whole,<sup>45</sup> e. g., the

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<sup>43</sup>Analgesics have to do with remedies for removing pain or the absence of sensibility to pain while retaining consciousness.

<sup>44</sup>Corless, Germino, and Pittman, Dying, Death, and Bereavement, 123-28.

<sup>45</sup>Cell death can occur without somatic death and somatic death, can occur with the cells continuing to live for short periods. The system does not totally fail all at once. Organs stop their operations at different rates.

cessation of the functioning of vital organs such as the heart, lungs, and/or brain.

Respiratory cell death is an absence of respirations and cerebral cell death is an absence of brain waves. In comparison, the Bible says the body is dead when the spirit leaves it (Jas 2:26).

### Dying and Death As Process

Dying is a progressive process, usually proceeding from the feet toward the head--in other words, a person dies from the feet toward the head. This process results in the sensation of losing power of motion and reflexes, first in the legs and eventually in the arms. This may explain why an individual dies with his or her mouth and eyes open. The fall in blood-pressure and inability to detect the patient's pulse and/or heartbeat has direct bearings on the outer extremities of the body. There is a change in skin color resulting from insufficient blood flow and the feet, toes, and fingertips turn blue or black.

Respirations change to grunting or rattling (the so-called "death-rattle"). What is commonly called "death-rattle" is congestive heart failure. Generally, the person will not live more than twelve hours after this occurs; more likely death will occur within the neighborhood of six hours after the death-rattle begins. Sucking and breathing are the last instinctive actions and thirst the last craving.<sup>46</sup> There is mental cloudiness. The so-called "smell-of-death" is associated with the dying process and is described as the smell of musk, the source of which is claimed to be the development of ammonia in decomposing blood. There is fecal and urinary incontinence--the inability to restrain natural bodily discharges.

Rapid somatic death is thought to occur most often when cardiac functioning ceases. A number of serious events follow the cessation of one's heartbeat. There is a fall

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<sup>46</sup>The extent a dying person suffers from thirst is currently debated.

in temperature which leads to cooling and stiffening of the body. There is clotting of the blood and discoloration. The body temperature falls slowly rather than rapidly; by twenty-four hours after death the temperature of the corpse usually equals the temperature of the surrounding air.<sup>47</sup> Muscles contract and stiffen and rigor mortis sets in. The time frame for rigor mortis varies but the entire body is usually affected within twelve hours after death.<sup>48</sup>

### Some Idealized Deathbed Scenes

The purpose of this discussion is to cause us to come to grips with the fact that, in reality, most deathbed scenes are far from attractive.<sup>49</sup> We need to think about how wonderful and glamorous dying and death is presented in the United States and how many of us have bought into it. The fact is death is "the last enemy to be destroyed" (1 Cor 15:26). Mankind was made to live and he or she struggles against dying and death with his or her total being.

While serving as chaplain for Hospice we have witnessed a marked difference in the way Christians die in comparison to the way disbelievers die. Christians, as a rule, experience much calmer deaths. We have witnessed non-Christians dying agitated and

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<sup>47</sup>The temperature of the dead body plays a part in determining how long the individual has been dead as in cases of homicide and suicide. The body's temperature will begin dropping after death occurs. When infections cause death, body temperature may continue to rise for a period of time after death.

<sup>48</sup>The information contained in the discussions on physiological characteristics of dying and death, and dying and death as process, is from a personal interview with a Hospice nurse and from points gleaned while I served as Hospice chaplain for three counties in west Tennessee. I served as one of the members of an I-D-G Team (interdisciplinary team) at the Methodist Hospital in McKenzie, Tennessee. This was a Hospice team which met every other week. The team consisted of a social worker (B.S.W), a nurse (R.N.), an M.D., and me (D.Min. student). Every other week we met and discussed the condition of each patient and signed the appropriate forms. I served as the spiritual counselor and did spiritual evaluations on the patients and their families.

<sup>49</sup>Corless, Germino, and Pittman, Dying, Death, and Bereavement, 109-17.

somewhat violent deaths "thrashing" about in the bed. One case comes to mind of an unbeliever whose bed was surrounded by family members during his last hours on earth. Their behavior exhibited "the waiting vulture syndrome."<sup>50</sup> On this occasion family members literally pushed their loved one back down on the bed several times before he died. He appeared to be in a semi-conscious state and would relax and then surge forward, sitting straight up in the bed, making all kinds of groaning noises and thrashing about in the bed. It was an ordeal just being present attempting to help as a Hospice chaplain. Later, after the funeral, as chaplain we did a follow-up call to check on the widow. She had been through so much she could not even remember our presence on the Saturday her husband died.

### Hollywood and Death

The "Hollywood version" of deathbed scenes bears little resemblance to the real thing. Wouldn't it be nice if death really was gentle, like it is so often portrayed on television or in the movies? In reality deathbed scenes are far from being attractive or glamorous. People in hospitals or nursing homes often die miserable deaths, wasting away, little by little in isolation. We need to face it--death is not pretty.

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<sup>50</sup>The "waiting vulture syndrome" sometimes appears when relatives and staff have processed their initial sense of loss after realizing that a patient will die, but before the patient's demise. They stand in the hallways of the hospital, lean against the wall, or are in the patient's room manifesting the physical characteristics of waiting vultures. The physical symptoms of the waiting vulture syndrome are drooped head, shoulders falling forward, and general exhaustion. Emotionally their effect is somewhat despondent with a general sense of "there's nothing more we can do." Relatives and staff who are afflicted with the syndrome appear startled by how quickly they have accepted the reality of a patient's dying and have accommodated themselves to their anticipated loss. Therapeutic intervention is needed in order to restore the patient's sense of dignity and relatives' and staff's sense of propriety. See Glen W. Davidson. "The Waiting Vulture Syndrome," in Bereavement: Its Psychosocial Aspects, ed. Schonenberg, Gerber, Wiener, Kutscher, Peretz, and Carr (New York: Columbia University Press, 1975).

Some of the idealized death scenes we have all been exposed to by Hollywood are,<sup>51</sup> (1) the brave warrior who dies in stoic dignity with absolutely no feelings--no pain whatsoever, (2) the aged patriarch blesses his family and gently, gracefully and beautifully "falls asleep," (3) a youthful martyr embraces death rather than deny her faith, (4) the semi-conscious sinner, who has lived a wretched life whispers something that sounds like "Jesus" with his last breath and is snatched from the jaws of hell, (5) the Kamikaze pilot is so brave that he gladly guides his dive-bomber into the superstructure of an airplane carrier, (6) the physician who exposes himself/herself to disease and exhaustion to test his theory of its mode of transmission, and (7) the Christian who prays and is guaranteed "a peaceful hour in which to depart."

#### Kubler-Ross' Model

Elizabeth Kubler-Ross, M. D., brought about a revolution in our understanding of death by listening to the dying. People had been dying for a long time, but no one had listened and asked of their experience as has Kubler-Ross. While her "stages" of grief are very helpful, especially in dealing with slow-dying terminal patients, she never intended for her work to be proclaimed as "gospel" or to be considered concrete; nor did she generalize her work beyond the terminally ill.

The stages she identified are, (1) denial, (2) anger, (3) bargaining, (4) depression, (5) acceptance, and (6) hope. These stages may easily be committed to memory by use of the acronym: D-A-B-D-A-H. It must be kept in mind that the grief process is not so linear as it appears in the Kubler-Ross Model. While it is true she identified the component parts of grief; grief may be more cyclical than linear. For example, an individual may be at the point of accepting what has happened only to

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<sup>51</sup>Corless, Germino, and Pittman, Dying, Death, and Bereavement, 118-22.

backlash into anger. While we are certainly appreciative for all that Kubler-Ross has accomplished and taught the world about grief, her writings have, in our opinion, been eclipsed by the work of Theresa Rando, Ph.D. We have found that the Kubler-Ross Model works well when dealing with terminal patients such as those encountered with Hospice. It also works well in divorce-recovery counseling. However, in situations involving mass-slaughter as in the bombing of the Federal Building in Oklahoma her model is much more difficult to utilize. Some form of post-traumatic crisis intervention most likely will have to be employed in such situations.

### Grief Work

We now know that it takes work for the grief process to be successful.<sup>52</sup> Erich Lindemann's term "grief-work" is an apt one for grief requires the expenditure of both physical and emotional energy.<sup>53</sup> Society's unrealistic expectations and inappropriate responses to the griever often makes the grief experience much worse than it ought to be. For example, it is not uncommon for an individual who is grieving to be told, "be brave,"

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<sup>52</sup>Rando, Grief, Dying, and Death, 18-21.

<sup>53</sup>The origin of modern intervention dates back to the work of Eric Lindemann and his colleagues following the Coconut Grove fire in Boston on November 28, 1942. In what was at that time the worst single-building fire in the country's history, 493 people perished when flames swept through the crowded Coconut Grove nightclub. Lindemann and others from the Massachusetts General Hospital played an active role in helping survivors who had lost loved ones in the disaster. His clinical report (Lindemann, 1944) on the psychological symptoms of the survivors became the cornerstone for subsequent theorizing on the grief process, a series of stages through which a mourner progresses on the way toward accepting and resolving loss. Lindemann came to believe that clergy and other community caretakers could play a critical role in helping bereaved people through the mourning process and thereby head off later psychological difficulties. This concept was further operationalized with the establishment of the Wellesley Human Relations Service (Boston) in 1948, one of the first community health services noted for its focus on short-term therapy in the context of preventive psychiatry. See Donna C. Aguilera, Crisis Intervention: Theory and Methodology, 7th ed. (St. Louis: Mosby, 1994), 2.

or "it's time for you to be over this by now." What has been termed "buck-up-therapy"<sup>54</sup> actually hinders normal grief work. In reality there are three basic tasks of grief:

#### Withdrawal of Emotional Energy

The first basic task of the griever is to learn to withdraw the emotional energy that was invested in the person who is no longer alive. This is referred to as "emancipation from the bondage of the deceased." This does not mean that the deceased is not loved or is forgotten or is betrayed. It does mean that the survivor must relinquish attachments to that person and develop new ones; must "untie" the "ties that bind" and detach. New relationships must be allowed to be established and the energy that previously went into keeping the relationship with the deceased alive must now be channeled elsewhere, where it can be returned.

#### Readjustment to the Environment

The second basic task of the griever is to readjust to the environment in which the deceased is missing. One's own identity must be redefined; not "we" but "I." The surviving female must make the adjustment from "wife" to "widow." This is a very difficult task because readjustment affects the survivor in so many ways, e. g., emotionally, physically, socially, and financially. The griever must deal with the world without the presence of the deceased.

#### Formation of New Relationships

The third basic task for the griever is the formation of new relationships. There must be an emotional and social re-entry back into the everyday world. A widow may choose to date or become involved in some volunteer work. Unless an individual has

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<sup>54</sup>Which simply means "get-over-it."

developed a strong network of acquaintances or friends, say at church, this task may be extremely difficult to deal with--especially for those on up in years. This stage seems to be the most difficult to deal with because people feel both guilty and insecure about reinvesting their energies in new relationships.

### Unresolved Grief

The term "unresolved grief" indicates there has been some disturbance in one's normal progress towards resolution. Unresolved grief may take on any of the following forms:<sup>55</sup>

#### Absent Grief

In this situation the feelings of grief and mourning processes are totally absent as if the death never occurred.

#### Inhibited Grief

In this form of unresolved grief there is a lasting inhibition or restraint on many of the normal manifestations of normal grief, with the appearance of other symptoms such as somatic complaints in their place. The mourner may be able to relinquish and mourn only certain aspects of the deceased and not others, e. g., the positive aspects but not the negative ones.

#### Delayed Grief

Grief may be delayed for an extended period of time, up to years. A full grief reaction may eventually be initiated by another loss or by some event related to the original loss.

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<sup>55</sup>Rando. Grief, Dying, and Death, 59-62.

### Conflicted Grief

There is frequently an exaggeration or distortion of one or more of the manifestations of normal grief. Two common patterns are extreme anger and extreme guilt. Other aspects of the grief may be suppressed at the same time.

### Chronic Grief

The mourner continuously exhibits intense grief reactions that would be appropriate in the early stages of loss. Mourning fails to draw its natural conclusion and it almost seems that the bereaved keeps the deceased alive through grief.

### Unanticipated Grief

It occurs after a sudden, unanticipated loss and is so disruptive that recovery is usually complicated. In unanticipated grief, mourners are unable to grasp the full implications of the loss.

### Abbreviated Grief

It is a short-lived but natural form of grief. An example would be when one's spouse dies of cancer after a long drawn-out illness over several years. In such a case the surviving husband may start dating within ten weeks of his wife's death and evidences no further symptoms of grief.

### Issues Complicating Grief

There are numerous issues that complicate the normal grief process.<sup>56</sup> Complicated mourning is a term describing the state, wherein given sufficient time since

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<sup>56</sup>The information given in this section on "Issues Complicating Grief" is from my personal notes taken during training for Hospice chaplaincy.

the death, there is some distortion or failure to process one's grief. Grieving may be prolonged and more difficult to deal with when:

The Death Is Considered Exceptionally  
Untimely

An example would be the death of a person in the prime of life or at the beginning of a promising career.

The Mode of the Death Is Considered  
Incomprehensible, Senseless, or Tragic

An example would be the bombing of the Federal Building in Oklahoma recently.

The Survivor Feels a Sense of Guilt Over  
the Death

An example would be the driver of a car who wrecked his or her vehicle and killed one of the passengers.

There Was Extreme Dependency on  
the Deceased

An example would be when the mourner had little basis for self-confidence, identity, or meaning in life.

There Had Been a Very Intimate Relationship  
with the Deceased

For example, the relationship was so close that other relationships did not exist.

When the Person Is Not Allowed to Grieve

An example would be when the mourner's work, family, or other environmental circumstances disallow the expression of grief.

### A Promise Was Made

For example, the dead person exacted a promise that the survivor would not ever grieve, be sad, remarry or move.

### There Is An Excessive Attachment to Possessions

This has reference to an excessive attachment and proximity to the deceased person's possessions that allows the survivor to pretend that the deceased person is still alive.

### Not Allowing Adequate Time to Grieve

There is an excessive and premature "jumping back" into the "swing-of-things;" back into normal activities without allowing time to acknowledge and assimilate the loss.

### There Is a Biblical Injunction Against Grieving

For example, the griever believes, contrary to biblical teaching and the example of Jesus, that Christians should so rejoice that they never grieve. There are those Christians who actually believe it is a lack of faith to grieve or that it questions God to do so. While this may be a sincere view it is nevertheless harmful. To engage in normal grief is not a sign of spiritual immaturity.

### Abnormal or Pathological Grief

Pathological grief reactions occur when grief is denied, delayed, never ending, or distorted so that there is intense guilt, fear, helplessness, withdrawal, or other evidences of pathology. Pathological grief is abnormal grief that intensely deviates from the more

normal expressions of sorrow.<sup>57</sup> Pathological grief keeps the mourner in bondage to the deceased and prevents the individual from coping and moving on with life.

When grief is pathological the survivor may show several of the following behaviors--few or none of which were apparent before the death occurred. Caregivers should be alert for mourners who show an unwillingness to talk about the deceased; intense sadness when the person's name is mentioned; a tendency to speak of the deceased in the present tense; open or subtle threats of self-destruction; persisting and deep depression accompanied by guilt and low self-esteem; withdrawn behavior and refusal to interact with others; excessive hostility, moodiness or guilt; excessive drug abuse or drinking; impulsivity; persisting psychosomatic illnesses; veneration of objects that remind the person of the deceased and link the mourner with the dead person; refusal to change the deceased person's room or to dispose of his or her clothing; resistance to offers of counseling or help; stoic refusal to show emotion or to appear affected by the loss; a happy, almost euphoric attitude (sometimes explained as "rejoicing in the Lord"); and intense busyness and unusual hyperactivity.

### Psychiatric Problems

There is near unanimous agreement in the literature that bereavement can be a cause of mental illness. While depression is the most common disorder, other disorders such as neurotic disorders, phobias, obsessions, hypochondriasis, and conversion disorders have been described well. In some instances the mourner even dies from grief-related illnesses. There is a strong mortality risk to the bereaved. For widowers there

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<sup>57</sup>We know of one man, who in every other respect, seems fully normal and functional. However, since his wife died he goes to the cemetery hourly and drives by her grave. He is retired, and this activity is all that he chooses to do. We have seen him at the cemetery on numerous occasions. He generally begins his rounds at about 7 a.m. each day and continues on the hour until dark. His behavior is abnormal and pathological.

seems to be a peak in the mortality risk during the first six months after the death, while for widows the period of highest risk appears to be during the second year of bereavement. In some cases where the loss is uncertain as when a child is kidnapped, grievors and their social systems are unable to commence grieving until they know the precise status of the missing person. This is one reason why so much time, money, and effort is spent searching to recover the missing body.

Long-term unsuccessful adjustment manifests itself through bitterness; chronic anger; poor self-care; poor health; alcohol or other substance abuse; sexual dysfunction; loss of pleasure(s) in life; loss of hopefulness about life experiences; inability to maintain old relations combined with an inability to initiate new ones; continuing to feel dreamlike in day-to-day activities; and, feeling distant from people and events.

### Grieving and Healing

Survival is the center of consciousness when we are being physically threatened. The living/dying cycle is described as the breathing in and out of the universe. It is ongoing. A physical body dies; a soul leaves that dead body and goes on; it has a life of its own. The spirit survives the separation from the body at death; the body does not survive the separation from the spirit. While some are departing this life through the door of death, others are entering through the door of birth. All of this is a journey and dying may be the ultimate journey of "growth" experienced on earth if we are ready to meet our Maker.

### Grief Is a Journey

Those who are left behind also experience a journey--the journey of grief. But, the journey of grief should also become the journey of healing.<sup>58</sup> Immediately after the

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<sup>58</sup>The information given in this section on "Grieving and Healing" is from personal notes

profound trauma of the death of a loved one or friend it is not time to forget or shut-down. It is time to grieve. While the normal grief process should occur, it is possible for the bereaved person to get stuck in the grief process. The mourner has the potential of getting "hung-up" in bereavement and becoming pathological by closing down, caving in, or by giving up. Well-intentioned people often try to find something for the mourner to do, to keep busy with. This may be well and good unless they try to prevent the grief process from taking place. There is actually no rigid timetable for the healing process to be complete in so many days or months because each individual is different.

### Grief Is the Dark Night of the Soul

Grief has been explained by the illustration of a pilot who is flying through a storm without knowing where s(he) is. It is dark, foul, dangerous weather. Grief is the dark night of the soul. It is going through all the sad stuff, the sorrow, the dark stuff, the despair, the hopelessness. In grief the individual must go through the heart of pain in order to come out on the other side. The journey takes its toll. The individual will eventually reach the point where s(he) has cried all that can be cried; the person feels empty. This is also part of the process. Grieving is a process; it is very private; an intimate journey. It should be borne in mind that we are dealing with emotions and there is actually no right or wrong way for normal grief to occur.

### Give Permission to Grieve

It is okay to grieve. It is okay to give the grieving person permission to grieve in your presence. Men often act quite stoic while grieving--holding emotions inside.

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taken when I was being supervised as chaplain for Hospice and General Hospital. Some of the information came from a video presentation: Grieving and Healing, Aquarius Productions, n. d., videocassette.

Culturally they are not allowed to show or express grief in the United States. Men are expected to be "men" and to be back on the job as if nothing happened. This alone, may make the grieving process harder for men. When one denies the grieving process, s(he) also denies what is on the other end of it--serenity. The sad fact is most men do not know how to grieve. The best thing to offer a grieving person is support, e. g., walk with the person, talk with the person, sit with the person. It is not so much "what the caregiver says" or "does" as it is his or her presence. Just being there "presence therapy" can make all the difference to the bereaved.

### A Child's Grief

It was once debated as to whether or not children grieve.<sup>59</sup> It is now very clear that they do. It must be remembered that a child has a certain tolerance for what can be processed at the time. The way a child grieves is different than the way an adult grieves; a child's feelings do not follow a rational, logical model. Part of the reason adults doubt a child's grief is because a child seems to bounce back quickly. A child may laugh at a funeral (laughter is one way a child processes grief).

Adults should be open with children when talking about death and bereavement and not refuse to talk, thinking it will upset the child. Our culture tends to cut children out of death. It is generally considered a big mistake not allowing a child to attend a funeral. When a child begins to grieve s(he) begins to deal with trauma. It is important for the child to hear talk about death and the funeral instead of growing up with lies and fairytales about what happened. The child also had a relationship with the

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<sup>59</sup>The information given in this section on "A Child's Grief" is from personal notes taken when I was being supervised as chaplain for Hospice and General Hospital. Two videos were studied and notes taken: A Child's Grief, Aquarius Productions, n. d. videocassette; A Child's View of Grief, Hazen and Jaeger Valley Funeral Home, n. d., videocassette. The presenter for the second video was Alan D. Wolfelt, Ph.D.

deceased and opportunity for some of the grief needs to come out and not be bottled up inside. Children, ages three to six years, often think of death as a temporary state like going to work or traveling. A small child may ask, "Mommy, when daddy finishes dying, is he going to come home and tuck me in?"

A child may not be verbally able to express how he or she feels but can usually act it out or draw pictures if asked to do so. This can be very therapeutic for the child. The child should be asked to discuss, describe and explain the picture drawn. It is not uncommon for a child to draw the day of the funeral as being cloudy, with lightning, and lots of rain. It is a very bad, miserable day.

Wolfelt lists nine principles that will help grieving children:

#### Allow Children to be Your Teachers About Their Experience with Grief

Any child old enough to love is old enough to mourn. It is amazing what a child can teach us if we are willing to learn. The big problem is, adults want to do all the teaching--adults want to tell children how to "feel." It must be remembered that grief is an emotion and we are dealing with feelings.

#### Do not Assume Children in the Same Age Group Will React Alike

However, we do want to watch for "red-flag" abnormal behaviors.

#### Do not Lie to Children About Death

Adults should not lie, tell half-truths, or make up stuff to tell children about death. Neither should we glamorize the funeral home or forbid the child to attend the funeral. Many of the problems children have with grief arises from the dishonest ways in which adults interact with them about the topic of death. If an adult tells the child, "Mother has gone on a long trip" the child's reaction may be anger and resentment ("Why

didn't she take me along?" or "Why did she leave?"). The reaction could be abandonment and guilt ("I must have done something bad to make her leave me"). There is also the illusion that mother will return and the child is wondering why everyone else is so sad and crying. Children need honest explanations, given at age-appropriate levels of understanding, that will enable them to grapple with the terrible, but unavoidable, experience of loss.

#### Do not Wait for "One-Big-Tell-All"

Some want to wait until the child is "old enough" to know and these people "save-it-up" for "one-big-tell-it-all." This is a mistake. We experience losses all along through life and death is the greatest. Learning to cope with all types of losses is essential in life.

#### Encourage Children To Ask Questions About Death

If a child wants to know, "What is a soul?" or "Where is heaven?" or "Do people only die?" then attempt to honestly answer whatever question is raised.

#### Let Children Know You Really Care

This involves paying attention to the child; look at the child when s(he) talks to you; look into his or her eyes and show interest.

#### Understand when Children Do Not Always Act Sad

Children need understanding, not pressure to show emotion or grief. One child may cry while another goes out to play football but this is okay. Children do not process grief as do adults.

### Allow Children to Participate in the Funeral

If it is their first trip to the funeral home let them know that it will likely be a strange experience. Tell them what it is like and explain briefly what they will see. It is good to describe the funeral procedure and let the children know that this is a time for family and friends to help each other and to remember the deceased.

### Understand That Grieving Takes a Long Time

This is so because grief is an emotion and it is a process that one must "work-through." One graduate professor in Nashville told us that an adult should process grief within an eighteen month period. However, he made it clear that this varies greatly. It takes some more time to grieve, some less time.

### A Teen's View of Grief

Teens are a special and unique group of mourners.<sup>60</sup> It is hard enough being teens--it is even harder being grieving teens. They are caught in an awkward place in life; not children, not yet adults. Their first experience with death may be a family pet that they have grown up with, played with, and even slept with. A teen may experience the untimely death of a grandparent, parent or friend. It is not uncommon for a teen to witness the slow, lingering death of an aged loved one. One thing that makes a teen's mourning so difficult to deal with is s(he) is in the desatellization stage of life.

Desatellization is the process of breaking away from the family and moving into a different

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<sup>60</sup>The information given in this section on "A Teen's View of Grief" is from personal notes taken when I was being supervised as chaplain for Hospice and General Hospital. Some of the information came from a video presentation: A Teen's View of Grief, Center for Loss and Life Transition, n. d., videocassette. The presenter for the video was Alan D. Wolfelt, Ph.D.

orbit or peer group. The death of a loved one or friend is an additional separation which is extremely difficult for the teen to handle at this juncture in life.

When death occurs the grieving teen's support system(s) may not be able to offer support. For instance, family members may not be able to offer the teen support because they are also in grief or mourning. For the most part a teen will be greeted with indifference by other teens and peers when s(he) is grieving simply because the concept of "death" is brought too close for them to process. Peers and friends often practice and advise "buck-up-therapy" by expressing such sentiments as, "you can't bring the dead person back so shape up."

According to Wolfelt teens have six mourning needs:

#### To Acknowledge the Reality of Death

Some teens embrace reality very slowly attempting to postpone mourning into the future (into adulthood). For example, "I can't mourn dad's death now, I must be here for mom." Reality is--death has occurred. The dead person is not coming back. It is time to grieve and it is okay to grieve. The son does not have to automatically become "dad" and shoulder all the responsibilities. He needs to grieve.

#### To Move Toward the Pain of Loss

Teens must come to know that it is okay to feel and to express their emotions. They are often accustomed to receiving approval and permission from a significant other(s); and, in the case of mourning teens often need permission granted to grieve. While not "pressuring" a teen to grieve, s(he) must move toward the pain of loss and not run from it. The teen needs to know that help is available.

### To Remember the Person Who Has Died

Adults should help grieving teens to embrace memories, which may begin at the funeral. After the funeral teens should be encouraged to talk about the deceased (unedited talk about the good and the bad). Rituals are good ways to help a teen to remember the deceased; such things as planting a tree or giving a plaque would be appropriate.

### To Develop a New Self-Identity

The death of a close relative often blurs and alters a teen's perspective on relationships and the world. For example, daddy was killed in a car-wreck and he's gone--his daughter may not now be "daddy's-little-girl." An older brother dies and the teenager now becomes the oldest living sibling. Sometimes there is an identity crisis, "Who am I now?"

### To Search for Meaning

Teens need answers to "why?" and "how?" "How did this happen?" "Why did God let this happen?" Adults do not have to know all the answers but should be there, do the best they can under the circumstances, be honest, and answer what they can.

### To Continue to Receive Support from Adults

Adults need to help teens with their grief. Grief is a process not even event. Teens may experience "grief attacks" which are also called "memory embraces," which are recurring bouts of sadness. Such sadness may continue for a long time--even into adulthood. Grief attacks or memory embraces hit hard at times like the teen's graduation, or later at the wedding ("I really wanted dad or mom to be there").

Wolfelt also lists "signs" which indicate a teen may need extra help. He discusses some red flag behaviors or abnormal behaviors and normal behaviors of teens during grief.

<u>Some Red Flag Behaviors</u> <u>Abnormal Behaviors</u>		<u>Normal Behaviors</u>	
1.	Suicidal thoughts or actions	1.	Some limit testing and rebellion (stay out past curfew)
2.	Chronic depression Sleeping difficulties Low self-esteem	2.	Increased reliance on peers and friends for support and problem solving
3.	Isolation from family and friends; abandon friends	3.	Egocentricism (thinks world revolves around self)
4.	Academic failure or over-achievement	4.	Increased moodiness or "see-saw" emotions
5.	Dramatic change in personality or attitude	5.	Increased sexual awareness
6.	Eating disorders	6.	Impulsive Seems to lack common sense at times
7.	Risk taking behaviors Alcohol abuse Drug abuse Sexual promiscuous behavior Fighting Legal troubles		

### A Widow's Grief

Anthony says, "immediately when one's spouse dies the survivor changes the person she is."<sup>61</sup> The widow or widower can never go back to where s(he) was. This means the person will assume a new identity moving from the "us" and "we" mentality to the "I" and "me" mentality. A personal loss is experienced, a tragedy, that has to be adjusted to. The survivor goes into shock during the time when a lot of decisions about the funeral have to be made. For the first few weeks after their spouse dies widows are taken to lunch and Anthony says they are "lunched-to-death." This, of course, is done by well-meaning, caring people.

#### Second to Third Month

Even two to three months after the funeral a widow still denies the death of her husband by trying to maintain the "life-patterns" of a married woman. Perhaps, unconsciously she rigidly maintains "married-life-patterns" in order to grasp a sense of safety and security. Until the actual moment of death she does not really believe it is going to happen--two to three months later the widow is still in denial. Anthony claims this is so because grief is not intellectual, it is "feelings."

The widow may try to maintain contact with the dead by carrying her deceased husband's watch or she may wear his watch. Mary Anthony did this so as to convince herself her husband was not really dead. The widow may speak of "us" and "we." She may talk a lot about having the perfect marriage when it wasn't. She may continue to clean the house, cook meals, do the chores for two. Anthony claims the first three months

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<sup>61</sup>The information given in this section on "A Widow's Grief" is from personal notes taken when I was being supervised as chaplain for Hospice and General Hospital. The information came from a video presentation: Grieving Successfully with Mary Anthony, Widowed Persons Service, n. d., videocassette. The presenter for the video was Mary Anthony.

are lived in the "Cinderella Syndrome"--there's going to be a magic moment when everything is going back to the way it was when they were married.

Somewhere around the third month grieving begins to hit hard and it feels like a real physical illness. The person will experience deep depression, will not think straight, is confused and has thoughts about the dead person. There will be a desperate sense of loneliness because there is no one to talk to--the way one talked with his or her spouse. Anthony says verbal loneliness is devastating. One of the more difficult things to do is to go places by yourself. As hard as this is, it is harder coming home by yourself; an empty nest is hard to face. Grief is often described as "raw" and getting out of bed can be the big decision of the day. During this time a person may not eat well; not sleep well; take too many pills; drink too much, and do a lot of other things that are detrimental to self.

### Third to Sixth Month

Between three to six months the grieving spouse becomes desperately aware of how much s(he) wants to see and touch the deceased. At least by this time the individual is devastated by the realization that the sexual part of the marriage has ended. It is at this time that one wonders if she will ever have a sexual partner again, and she is bombarded by feelings that are devastating to confront. Numerous things happen to the newly-widowed person, e. g., there is lack of emotional support from another human being; one is physically alone, and the person has been forced into isolation.

Widows who are deeply grieving react in one of two ways, (1) they run--visit out of town, join any organization they can get in, walk malls, stay out and never go home, work, or (2) they become paralyzed and do nothing and sit in one chair weeks on end. The widow may come to the place where she wonders if it would be better for her to die too--may think about suicide because there is no way out of the nightmare she is in. She is no longer involved with "couples" who were friends when her spouse was alive.

Couples do not know what to do with a single, unmarried widow. Wives are uncomfortable with a widow being around their husbands. The widow is perceived as a "threat" in need of a man. Also, a widow reminds older couples of death and they do not like it. All the rules go by two's and couples are more comfortable with this. Churches are couple-oriented and in general even the potluck table is set up for couples and families. If a widow does not remarry, within five years she will have an entire new group of friends. Most, if not all, of the new friends for the widow will be widows. Most, if not all, of the new friends for the widower will be widowers. It is not uncommon to see widows associating with widows at nearly all functions (compare church).

#### Ninth to Tenth Month

Somewhere around nine to ten months after one's spouse dies an individual may experience the "ghost phenomenon" of "seeing" the deceased. Some say the deceased spouse even touches them. There is a strong sense/awareness of the deceased spouse's presence. The "ghost phenomena" happens in ninety-seven percent of all grieving. When grievors tell others about their experiences their hearers get very nervous about it. It is during this period a lot of anger may be directed toward God. It may not be a crisis of faith--the person is simply angry. Sometimes this anger is channeled onto others, e. g., lawyers, doctors, bankers, preachers, priests and rabbis. The widow may fracture friendships she has had for years due to her inward rage. Anthony says doctors are generally sued around six to nine months after the death of one's spouse.

Anthony claims that ministers, priests and rabbis have almost no knowledge of grief. What they know is how to bury people, but most funerals conducted by them do little or nothing for the grievors. The eulogy many times consists of a collage of scattered Bible readings and "sweet nothings." She says these professionals are not the support one thought they would be. She also says there is no way they are going to provide the

ongoing counseling that is needed for the griever's recovery--which could take up to two years.

### One Year Later

About one year after her husband's death the widow begins forming new life patterns on her own. She will begin establishing some form of life that is comfortable and she will do things life requires of her. She may begin emerging with a new identity recognizing she is a "widow"--and referring to herself as such. When she finally accepts the death of her spouse the following things happen, (1) she will forgive her mate for dying--at this point her anger toward him leaves, (2) she will forgive others around her for their lack of empathy--at this point her anger toward them leaves, (3) she will forgive herself--at this point her anger toward herself leaves, and (4) she puts the dead person in the past (a loving past) where he belongs. Anthony says it takes some widows five years to do this after the death of her husband. She concludes by telling widows, "You will not only survive, you will prevail."

### Parental Grief after the Death of a Child

There is an "unnaturalness" when a child predeceases a parent(s) because this is not the way it is supposed to be.<sup>62</sup> Psychologically, the process of mourning for one's child involves not only dealing with the loss of the child but the loss of parts of oneself, since parental attachment consists both of love for the child and self-love. There is an assault on the self and a sense of immortality to be dealt with.

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<sup>62</sup>Rando. Grief, Dying, and Death, 130-44.

### Parents Feel Victimized

Parents who lose a child are victimized by the loss of the child; by losing opportunities to feel the child's love for them; by the loss of dreams and hopes invested, and by feeling "mutilated" and "disabled." Parents often feel guilty for being alive and survivor guilt runs rampant (compare survivors in a concentration camp). Parents cannot comprehend why they did not die in stead of their child. The death of a child robs the parent of his or her ability to carry out functional roles leaving them with an overwhelming sense of failure and loss of power and ability.

### Grief Strikes Both Parents Simultaneously

One of the most difficult aspects of parental bereavement is that the death of the child strikes both partners in the marital dyad simultaneously and it confronts them with the same overwhelming loss. As a result, each partner's most therapeutic resource is taken away--the person to whom each would normally turn for support is also deeply involved in his or her own grief. Marriage partners are particularly vulnerable to the feelings of blame and anger that mourners displace onto those nearest to them. Divorce may occur. Guilt seems to be the most widespread response to the death of a child. One of the primary areas in which a partner's response to grief can dramatically alter the couple's relationship in the sexual realm. It can be compromised by disinterest, depression, avoidance, or other grief-related responses for as long as two years after the death.

### Miscarriages, Stillbirths, Neonatal Deaths and Sudden Infant Death Syndrome

Miscarriages, stillbirths, neonatal deaths, and Sudden Infant Death Syndrome are difficult for parents to deal with. Up to twenty-five percent of all pregnancies end in

miscarriages and maternal grief has been found to be the same for miscarriages as for a stillborn child or the death of a neonate. Despite this, little attention has been paid to grief recovery in this area. As with miscarriage, a stillborn baby raises the issue of the parents' defectiveness in producing a baby that cannot survive. It is often difficult for the woman to return home from the hospital for she has nothing to show for all those months of hard work and for all the changes her body went through. She may feel very damaged and a proven failure--she failed to prove her womanhood by her inability to produce a sound, healthy baby for her husband.

### Neonatal Death

In the case of neonatal death parents have had a limited time to know their baby. It is generally recognized that the importance of viewing and holding the infant after death cannot be overemphasized. Spending time with the dead baby helps bring the reality of the loss into focus, even if it is painful. The inability to conceptualize the child will make grief resolution much more difficult in the long run. The mourning process will involve the parents' repeatedly going over the details of the pregnancy, the birth, and the child's short life

### Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS) is the leading cause of the deaths of infants between one week and one year of age in this country. In 1982-1983 SIDS accounted for 8-10,000 deaths annually. The unique features of this type of loss are, (1) it is so sudden with absolutely no way to prepare for it, (2) there is the absence of a definite cause which allows no rationale for the death,<sup>63</sup> (3) grief reactions are complicated--the

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<sup>63</sup>The position the baby's head is laid in the bed may have something to do with SIDS.

parents feel as if the child was harshly "torn" from them, (4) siblings will likely struggle with guilt over ambivalent feelings they had about their new sibling, and (5) families are forced to deal with the legal system--with police, medical examiners, and hospital personnel who must protect the interests of the child and the state by investigating such deaths.

### Grief after Suicide

Issues connected with suicide can be very complicated.<sup>64</sup> Was the person who committed suicide mentally ill? Is it to be considered a cognitive distortion of such profound significance that the person perceived no other alternative? How do human beings become more afraid of living than dying? Why do women often commit suicide by overdosing on pills? It is not uncommon for a woman to dress up, fix her hair, and put on pretty clothes. She may then take a bottle of sleeping pills and lie down on her back with her arms folded. Why does she want others to find her this way? On the other hand, why do men make such a mess of things when they commit suicide? It is not unheard of for a man to blow his brains out with a shotgun and splatter blood all over the living room walls and ceiling. What prompts such physical abuse and mutilation? There are no easy, pat answers.

### Survivors Are Often Stigmatized

The idea of self-murder is so unnatural it poses difficult problems for survivors in grief resolution. In actuality, the survivors are also victims themselves. Our culture perceives suicide as sinful, criminal; a weakness or madness. It is not considered as "The Great Death" that brings support for it as a rational alternative for the masses in the

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<sup>64</sup>Rando, Grief, Dying, and Death, 149-53. Also see Corless, Germino, and Pittman, Dying, Death, and Bereavement, 273-98.

United States. Survivors are forced to deal with the shame of the deceased person's actions which attacks their own sense of self-esteem and meaning. Survivors are left behind to pick up the pieces. We all know that in our culture suicide often leaves the survivor stigmatized with their loved-one's obituary omitted and insurance payments often invalidated.

### Adolescent Suicide

Adolescent suicide is a very difficult situation to deal with. "Cluster" and "copycat" suicides are more prevalent in this group. There seems to be evidence of a "contagion effect" in adolescent suicide. Cluster suicides occur when a group of people who live in a small geographical location commit suicide over a relatively short time span. Copycat suicides occur when lives are taken using the same methods that have been used in publicized suicide. Today, programs are generally organized by communities and school systems to meet the needs of these suicide survivors. They are often staffed by interdisciplinary groups of professionals and volunteers who are prepared to react as a crisis intervention team as soon as a suicide occurs within a community.

### Conclusion

It would be ludicrous to suggest that only one type of intervention could meet all the needs of the various mourners.<sup>65</sup> Grief is a normal response to loss, any loss, e. g.,

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<sup>65</sup>Much of the material contained in this section is from personal notes taken when I was being supervised as chaplain for Hospice and General Hospital. This material was presented at the Third Annual Hospice Foundation of America: Teleconference, April 17, 1996, at Gooch Hall on the University of Tennessee, Martin Campus. I was present, representing Hospice as chaplain, for this teleconference. This teleconference was part of my training provided (free of charge) for me by Hospice. Panelists were Kenneth J. Doka, Charles M. Figley, Janice Harris Lord, Patricia Murphy, and Therese A. Rando. Cokie Roberts was the moderator. Three contact hours of continuing education credit was offered for nurses, social workers, chaplains, marriage and family therapists, EMS personnel, funeral directors, etc. The main emphasis of the program dealt with "Living with Grief after Sudden Loss." This was one of the most informative training sessions to which I have ever been exposed.

death, divorce, retirement from a job, amputation, a child leaving for college, a preacher moving to another church, selling some possession, losing a home, the death of a plant or animal, health failures, the loss of one's youthful appearance, confidence, or enthusiasm. Clearly, whenever a part of life is lost or taken away there can be grief. Grief arises because something or someone of value has been lost and the griever is faced with the emptiness and difficult task of readjusting.

Generally, the greater the attachment, the greater the reaction to the loss. Bereavement has the root meaning of "shorn off or torn up" as though something has been suddenly yanked away. It signifies that some destructive force has come from the outside against us. When a loved one dies our initial reaction will be that of shock, denial and numbness. Numbness can be a plus because it helps us to get through the funeral.

Intervention by caregivers must allow the mourner opportunity to grieve. Grief resolution is like the healing of a wound. If the wound is cleaned and properly dressed, with time and treatment it will heal; however, if the wound is not appropriately cleaned and tended to, time will not be helpful. Time under these circumstances will only mark the progress of festering infection. This means, for the person who seeks to avoid his or her grief, time will be distinctly malignant; providing fertile ground for the development of other pathology. The passing of time can help resolve grief, but only if it is accompanied by the active undertaking of grief work. Otherwise, time may be the griever's worst enemy.

Caretakers must make contact with the bereaved while at the same time reaching out to the individual. Assessment will have to be made so as to determine which tasks of grief are incomplete. Sometimes just being "present" is all that needs to be done in the initial stages. The griever does not need to be left in isolation in the upcoming weeks. While we cannot take away the griever's pain, we can be there to share it by

offering genuine concern without "smothering" the person. Caregivers should not tell the bereaved person not to cry but should encourage crying and talking. According to Arthritis Today crying is important to good health.<sup>66</sup> Very few people cry for the wrong reasons and most would be better off to let go and have a good cry.

The article explains that crying is one of the few physiological processes humans have that animals do not have. God created us with the need/ability to express emotions, e. g., laughter, anger, grief, love and crying. Tear ducts allow the eye to be moistened but that is not their only function. Shedding tears has great therapeutic value--tears reduce tensions, perhaps by removing the chemicals associated with stress, while increasing the body's ability to heal itself. Since 1957, scientists have known that "emotional tears" are chemically different from tears caused by eye irritation. We should not be ashamed to "cry."

Caregivers should offer stability and hope wherever possible. Life must go on and caregivers can help in the weeks and months beyond the funeral. A funeral is a powerful ritual of binding and release--they bind mourners together in common grief and hopefully facilitate separation and bring a sense of closure from the one who has died. Death rites should be created that are personal and meaningful to the bereaved by avoiding "generic funerals" and cookie-cutter-ceremonies. When funeral services have no personal significance to the survivor(s), they are of little benefit and may, in fact, be harmful and complicate grief.

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<sup>66</sup>"Fears about Tears: Why Crying is Good for You," Arthritis Today (September-October 1991): 45-47. This article is the best I have seen on the value of crying.

## CHAPTER 4

### DEVELOPING A PROGRAM TO INCREASE UNDERSTANDING OF LAY-CARE-MINISTRY

This chapter deals with the process and the procedure used to educate a "focus group" about creating a lay-ministry-team to care for those who are grieving loss. Anytime there is an attempt to change attitudes, develop skill(s), and increase knowledge in any area it is best to create interest, and after the motivational emphasis, a program must be developed to achieve the goals. There must also be some "tool" or "instrument" to measure knowledge and attitudinal change. We developed such an instrument and gave it prior to the program and then again after its conclusion. This chapter discusses three areas and includes some evaluation for the purpose of clarity.

#### Preparation of Southside Church of Christ for Lay-Care-Ministry

Southside is the most generous and benevolent church we have had the privilege of working with to date. This congregation is a very caring group by nature and is known for her friendliness. The elders, deacons, and other members are always ready to engage in good works and to give of themselves and their resources to help those in need. From the very beginning of the work in 1987, Southside has practiced "caregiving." Although this congregation is organized and has a number of programs, we have not had a program on caregiving to deal with those who have suffered major loss. We have done what many churches do--rally around those grieving for the first couple of weeks and after that leave them on their own.

Therefore, this project was an attempt to create "awareness" and to formulate a program which would "focus" on long-term, lay-member-caregiving beyond the funeral. This seems to be a natural progression for our congregation. We have had numerous deaths to contend with (see Appendix A). Added to this is the fact that our congregation is very receptive to the concept of Christian counseling being a vital part of ministry. Southside has fully supported her minister in counseling efforts and our church has become known in our area, and among the churches, for providing this service.

Designing and Administering  
a Pretest Related to Dying,  
Death, Grief and Caregiving

This writer designed a pretest of twenty-five multiple choice questions to determine the level of anxiety the subjects had toward dying, death and grief (see Appendix D). The scale used was a five point multiple choice scale with poles being scored "strongly agree" (SA), and "strongly disagree" (SD). "Undecided" (UN) could also be marked to avoid intimidation. This questionnaire was designed to measure the respondent's knowledge of, and attitude(s) about, dying, death, grief and caregiving. The concepts used included death anxiety, fear of death, dying, death, viewing the corpse, the funeral, delayed grief, grief recovery, pastoral care, caregiving, and Christian hope.

The questionnaire was given in January 1998, to a volunteer group on Wednesday evening prior to our mid-week service. Every Wednesday evening a catered meal was enjoyed at our church prior to Bible study. When we arrived at the fellowship hall we asked for volunteers to take the questionnaire and twenty people responded. Prior to our arrival at the building we had no way of knowing who might be present. The following is a description of the participants:

Under age 15 ..... 1 male

Ages 16 - 19 ..... 2 males; 2 females

Ages 20 - 29 .....	1 male; 1 female
Ages 30 - 39 .....	None
Ages 40 - 49 .....	2 males; 3 females
Ages 50 - 59 .....	1 male; 1 female
Ages 60 - 69 .....	1 male; 1 female
Ages 70 and Over .....	2 males; 2 females

The instructions given were very simple to follow. Each respondent was told to read the instructions carefully on the questionnaire and to answer every question. We were surprised by the eagerness of the people to answer the questionnaire. All respondents are Christians and members of my congregation. The posttest was administered in September, 1998.

#### Tabulation of Pretest

The answers given were as follows: 35 percent had a fear of dying and 70 percent indicated that they knew they are ready to die when the time comes. Fifty percent said they were uneasy in the presence of a dying person; 20 percent said every person should get to die at home while 5 percent said every person should die away from home in an institution. Ninety-five percent believed an individual should actually "see" the corpse of a loved one at the funeral while 60 percent said an individual should actually "see" the casket closed for the final time. Seventy percent were satisfied with "how" the body of their loved one "looked" and 95 percent wanted a public funeral when they die.

Seventy percent stated that a family or church is damaged by the death of one of its members and 55 percent said members (who are struggling with many unanswered questions) are not usually given the special attention they need after the death of a family member. Fifty percent said ministers have neglected to prepare themselves in order to be of help or to make referral, and 100 percent said the church usually offers the bereaved

cards, cut flowers, and casseroles when death strikes. Ninety percent said ministers could organize grief recovery groups for Christians and non-Christians.

One hundred percent of the respondents said the church needs to be taught what the Bible has to say about death and grief recovery; 90 percent believed the topic of death should not be avoided but discussed and 65 percent stated that Death Education Seminars are essential in order to meet the needs of families after the death of a family member. Sixty percent indicated that survivors do not have a good understanding of the theology of death and afterlife.

Ten percent of the group said a funeral director attempts to sell the most expensive funeral possible because (s)he is "in it for the money." Forty percent were comfortable with funerals and 85 percent believed a person should go to the grave of a loved one when the body is buried. Ten percent indicated they were unable to discuss death openly and they used euphemisms; and, 10 percent have been grieving for a loved one for years and have not been able to find help or relief. Twenty-five percent of the respondents said a family member tried to "comfort" them by getting them "to not grieve so much!"

In summary, the questionnaire achieved several objectives. First, the questionnaire involved our members which gave them the opportunity to participate in this project. Second, it created interest and awareness by allowing the members to see that they could be better informed about lay-member-caregiving. Third, the questionnaire helped this writer to have a better understanding of the people's level of knowledge and attitudes toward dying, death, grief, grief recovery and lay-member-caregiving.

Increasing the Understanding of Members  
About Lay-Caregiving Through Seminar

One way the minister of the local church has contact with his congregation is through "caregiving" or "soul-care." In general, members have come to expect it and they are very appreciative for all that is done for them. However, it must be remembered that the minister is only one person and is often "spread too thin" and overworked. Ministers are often criticized by their own members for not "being on the scene" when members need or expect them to be there. We do not believe ministers are, as a rule, lazy; the vast majority have too much to tend to. If this could only be realized by members they would, perhaps, be more willing to shoulder more responsibility in the church. Far too many churches are producing warm bodies to fill pews on Sunday morning. Members need to be trained to be involved in the various ministries of soul-care.

We believed the best way to tackle our objective of training a team of caregivers was to educate them through classroom/seminar type training. Our members at Southside respond very well to didactic, lecture-type classes. Our program of education included class sessions designed to teach the significance and meaning of caregiving from a biblical and pastoral care perspective. The Scriptures have an abundance of passages that provide a more than adequate source of material for such a series; and, pertinent information from the disciplines of psychology, sociology, anthropology and pastoral counseling have much to offer.

Choosing pertinent and instructive materials and themes was the first consideration in preparation for the process of teaching my focus group. Chapters two and three of this project provided the information for the seminar. This writer chose sacred texts (see chapter two) and secular materials (see chapter three) that were fresh and challenging and an intensive study followed. The sessions of the seminar were:

### Session One

The first session was intended to put everyone at ease. It was very informal. We began the session with an introduction explaining "what" all this is about. We explained to the focus group "how" they fit into the entire project on lay-member-caregiving. Deep appreciation was extended to each person for taking the time to be a part of this group. We wanted each participant to feel needed, special and vital as we discussed the prospects of having a capable and trained group of caregivers in our church. We attended to prayer and praise concerns as we began and thanked God for this church and the fine work that is ongoing at Southside. We took time to call out the names of those who were once among us but have been taken from us by death. This was a sobering and meditative time for all of us. "Tear-eyed" participants were allowed to take a short break for refreshments.

### Session Two

As we began session two participants were given handout materials which included an overview of the seminar topics (see Appendix E). Each participant was also given a "Stress Test" which was useful because the highest rating stressor on the instrument is the death of one's spouse. Divorce rates as the second highest stressor (see Appendix B). Significant levels of stress will produce illness. The group was very inquisitive about the interpretation of the "Stress Test" and what it meant to them individually. We also used the overhead projector for all presentations to facilitate the group staying together as the material was presented. The focus group was told that the information presented would come primarily from chapters two and three of this project. They were informed that at the close of the seminar each person would be asked to take

the same pretest they had taken earlier. By the end of this session the group was bonding and seemed very comfortable together.

### Session Three

In session three we began the discussion on "The Psychology of Dying and Death" which followed the format of chapter three (see Appendix E). As we moved into the presentation the areas of greatest interest to the group had to do with "our attitudes toward death in the United States," "euphemisms," and the "physiological characteristics of dying and death." To state that they were fascinated by the discussion on the physiological characteristics of dying and death is putting it mildly. A lively discussion followed which was highly productive. The class was very inquisitive and asked me numerous questions about my chaplaincy work with Hospice. Only one person of the nine (focus group) had a good understanding of Hospice. This is because she is a retired trained nurse who worked for Hospice six years.

### Session Four

In the fourth session we discussed "The Psychology of Grief" and followed the format of chapter three (see Appendix E). Kubler-Ross' Model (the various stages) was explained. We explained how that Kubler-Ross' Model developed from her studies with slow-dying terminal patients and that it is not always as linear as she describes. Grief may be very irrational and cyclical. It was explained that we are dealing with human emotions and that there is no exact, or certain way to grieve that is appropriate for every individual. However, we do become concerned when the person has not, in time, made progress toward grief resolution. This was an interesting session because members of the focus group began identifying the "stage" they were in. It became very obvious that several members of the focus group had not worked through their own grief. Some had not

realized this prior to this time. All of this facilitated the way for our discussions on "unresolved grief" and "abnormal grief" which may lead to psychiatric problems.

#### Session Five

In session five we discussed "grieving and healing." The point was pressed that time alone will not heal the wound caused by loss. We emphasized the fact that one must engage in "grief-work" so as to bring closure. In this session we discussed the dynamics of a child's grief, a teen's grief, a widow's grief, and parental grief after the death of a child. One of the young mothers present showed special interest in our remarks about grieving over a miscarriage. She realized that she was still grieving a miscarriage that had happened months ago. A brief discussion about suicide generated a number of lively and difficult questions to deal with.

#### Session Six

As we came to the last session of the day it became, perhaps, the best session of all. This session was very therapeutic and approximated group counseling. Five of the nine participants were tearful and some wept out-loud as they mourned among others who understood, and who gave them permission to do so. This was the support group some had needed but that had been missing. It seemed obvious to us that the group really bonded during this session. Some of the participants tried to apologize for expressing strong emotions and for crying but we assured them their behavior was normal and acceptable. Their delayed grief had surfaced and was being dealt with among caregivers.

There appeared to be a significant change in understanding and attitude within the focus group. The group began with an awareness and sensitivity toward caregiving, but it ended with a much greater understanding and deeper appreciation of the need for

this ministry. We were strongly encouraged to forge ahead with this work and one elder remarked that, "this seminar must be made available to the entire congregation."

### The Selection of the Experimental Group

Over a year ago this writer conducted a course on, "Basic Christian Counseling." Even at that early date we were contemplating the prospects of forming a "focus group" (out of the larger group) who would later form a lay-member-team of caregivers. Our counseling course, in part, became a "screening process" to find those members who could be further trained in caregiving--especially in the areas of thanatology and grief recovery. This procedure was necessary because everyone at Southside is not suited for this type of ministry. The plan was to deal with basic Christian counseling concerns so as to help those present; but, also to segregate a small group from the aggregate. With high hopes this small group would one day become my "focus group" who would be trained in caregiving.

It was decided to offer the course, "Basic Christian Counseling" over a five-week period. The course would be taught on Thursday nights from 7 p. m. to 9 p. m. Prior to the course we heavily advertised it with numerous announcements being made from the pulpit and in our church bulletin. When the course was finally offered at Southside thirty-eight members met in our fellowship hall. We did not have any teenagers to attend. All thirty-eight students completed the course. It was not uncommon for the sessions to continue longer than what was scheduled. Students were given the option of leaving at 9 p. m., but interest was very high and the students asked to stay longer for additional instruction. The sessions were over by 9:30 p. m. By the end of the five weeks all thirty-eight students had received a minimum of ten clock hours of instruction in counseling from their minister.

Over the five week period numerous topics were discussed and approximately seventy-five pages of copied materials were given to each student for their notebooks. We administered a "Stress Test" and the "Keirsey-Bates Temperament Sorter" which is parallel to the "Myers-Briggs Temperament Indicator." The reason the Myers-Briggs was not used is because this writer, at that time, did not have any on hand. The Keirsey-Bates and the Myers-Briggs both identify sixteen personality types. The group greatly enjoyed being type-tested in order to learn about their individual personality types. This was a useful exercise to us in terms of locating individuals who were more inclined to caregiving.

Our thirty-eight member class discussed all sorts of concerns and problems Christians face today. Some of the topics were, dealing with temptations, stress, marital problems, communication problems, conflict resolution, divorce, role confusion and identity crisis, transitions, crises, personality differences and relationship problems. We also probed the topics of sickness, dying, death and grief. When these subjects were touched on we watched the reactions of the group--some were very uncomfortable, others were very interested, while some evidenced a difficult time coping. This all played a part in determining "who" would eventually be invited into the focus group.

Several weeks after the, "Basic Christian Counseling" course concluded this writer administered a pretest (part of this project) to twenty volunteers who were gathered at our church building. The pretest was administered in January, 1998. Fifteen of the volunteers had been part of the Christian counseling course. Five teens also took the pretest on this occasion but none of them had attended the, "Basic Christian Counseling" course.

Out of this matrix came my focus group. All participants of the focus group were selected by personal invitation at the discretion of this writer. Each one was personally invited in August of 1998, to attend a one day seminar on, "The Psychology of

Dying, Death, and Grief" which would be offered at our church building on September 1, 1998. We had hoped for ten participants from the twenty but nine individuals accepted our invitation--two males and seven females. Six people of the nine had been part of the, "Basic Christian Counseling" course. These six were females.

All of the participants in the focus group are members of my congregation. They were selected because of their faithfulness to Christ, their interest in this ministry, and because they all, in one way or another, had experienced a major loss in their life. Some of the losses were recent and some had occurred in the distant past. To promote informality and dialogue the focus group met in the fellowship hall seated in the formation of a "U." Each student was given refreshments, an outline of the seminar, paper and pencil.

This chapter has included the methodology used to locate my focus group. It also describes the methods used to increase the understanding, appreciation of, and attitudinal changes of the students for a lay-care-ministry of caregiving at Southside Church of Christ Dresden, Tennessee. The evaluation of this project is the theme of chapter five.

## CHAPTER FIVE

### EVALUATION OF THE EFFECTIVENESS OF THE PROJECT

This chapter deals with the evaluation of the ministry project. First, the research methods are evaluated. The instrument used for pretesting and posttesting is evaluated. The procedures used to recruit participants into the teaching sessions, the seminar, and as volunteer caregivers for Southside are evaluated. Second, the course is evaluated by means of a pretest posttest of a control group who took the advanced seminar. Third, the goals that are listed in chapter one are evaluated. There is a brief discussion concerning each of the goals with an interpretation of the reasons each "was" or "was not" met. Fourth, conclusions are drawn about the project and the various aspects of the project. Finally, recommendations have been made for further research and for future use of this project.

#### Research Methodology Evaluated

Our research methodology involved the preparation of an instrument of measurement that would gather data from a control group. This instrument is referred to in this project as pretest posttest questionnaire. This tool and the procedures used to recruit participants for the focus group are now evaluated.

#### The Questionnaire

The questionnaire used was a survey that measured the respondent's opinions, beliefs, knowledge and attitudes toward dying, death, grief and caregiving (see Appendix D). This was the first opinion survey of its kind that had ever been administered at

Southside. It is freely admitted that the pretest posttest data could have been more accurate had this writer used a more scientifically researched instrument. The problem encountered was, we did not have access to such a tool and therefore had to develop one. If we would have had access to such an instrument the data collected would have, likely, been more thorough and statistically useful. The instrument we used was developed by this writer for our congregation and had not been used by this church before. All in all, we are satisfied with the instrument we produced for it served our first attempt admirably.

### Recruitment

Recruitment of the focus group actually began months earlier when we offered the course, "Basic Christian Counseling" at Southside. During those five Thursday night sessions "awareness" was created among our members for the need of lay-member-caregiving. Those with the greatest interest and inclination for such a ministry surfaced. During those sessions our people were led to understand that God never intended the church to be, or to become, a mere collection of strangers. The Lord wants Christians to know each other and to be a part of each others lives. The church is God's family and we are all brothers and sisters who should care about each other.

Those thirty-eight students were shown from the Bible that Christians are to be "one another" people (engaging in a word study from the King James Version on "one another" passages is very effective). Members must be impressed with the fact that relationships are important in the church. Sin separates us and causes wrong and bad relationships. However, Jesus Christ binds us together and shows us how we ought to care for one another and how we ought to help one another. This is what caregiving is all about. In spite of this many churches operate on a "greeting level" where they acknowledge one another's presence with a spoken hello, a smile, or a nod. The presence

and possibly, the identity of one another is recognized but this is inadequate in terms of biblical caregiving.

The Word of God indicates that we need closeness, empathy and depth in our relationships with one another. We are convinced that one way the modern church may implement this concept is to begin with a small team of lay-caregivers. We believe this has been set in motion at Southside. The participants of our experimental focus group (seminar) showed evidence of growth, understanding, attitudinal changes and, seemed to learn a great deal about grief recovery and caregiving. The seminar was not only a good educational and growth experience for the group but was also a good bonding experience. There is nothing more sobering than to contemplate one's own mortality and the vast eternity beyond. We heartily recommend to others the procedure we followed in recruiting our team.

#### Seminar Evaluated

The focus group was personally invited by this writer to attend a seminar on, "The Psychology of Dying, Death, and Grief" which was conducted in the fellowship hall of Southside Church of Christ. Chapters two and three of this project provided the didactic instruction for the study. The seminar at Southside was taught from a clinical pastoral counseling perspective. Prior to teaching the seminar at Southside this writer had conducted three similar seminars for the hospital and Hospice (in three different counties in west Tennessee). Those seminars were also taught from a clinical pastoral counseling perspective of a chaplain (myself).

In evaluating the seminar conducted for our focus group at Southside, we believe this effort was the best presentation made to date and perhaps the most effective. One reason for thinking this is because most of the focus group had previously had ten clock hours of training in "Basic Christian Counseling." The experimental focus group

gave every indication of being well prepared for the advanced instruction offered in this seminar and we are pleased with the results.

Due to the fact that this writer had previously taught the seminar, "The Psychology of Dying, Death, and Grief" on a professional basis as chaplain, the presentation at Southside was smoother, more focused and timely. In retrospect we are glad that circumstances allowed this writer previous attempts to deliver this material in a clinical setting. It seemed to give him more credibility at Southside. The focus group was interested in the biblical, medical and psychological side of grief recovery. In terms of evaluating the course by comparing the pretest posttest of the control group we refer the reader to the results which are posted in Appendix F.

#### Goals Evaluated

This project had three goals. Our goals listed in chapter one are now restated and evaluated with a brief interpretation of the reasons each "was" or "was not" met.

##### First Goal

The first goal was to assess the attitudes of lay members toward caregiving, e. g., the type of counseling non-professionals can render in a congregation. Our first goal also needed to assess our members attitudes toward "death education." This was necessary in order to determine if we could even have such a program as is described in this project. Our first goal was accomplished by literary research; by teaching a five-week counseling course to thirty-eight members, and by pretesting a group of twenty members (from the thirty-eight) that represented various age groups from my congregation.

The pretest posttest questionnaire results indicate that the overall impact of this project was successful. This can be shown by tabulating specific questions and answers pertaining to the "Death Education Seminar" conducted at Southside. We are pleased by

the posttest response because opinions, attitudes, and beliefs were changed and our goal was reached as can be seen by the following responses. Question no.3 Death Education Seminars are essential to meet the needs of families after the death of a family member. pretest 65 percent agree; posttest 100 percent agree. Question no.8 Death is a topic that should be avoided and not discussed. pretest 10 percent agree; posttest 0 percent agree. Question no.6 Survivors do not have a good understanding of the theology of death and afterlife. pretest 60 percent agree; posttest 89 percent agree. Question no.12 The church needs to be taught what the Bible says about death and grief recovery. pretest 100 percent agree; posttest 100 percent agree. Question no.18 I have a very good knowledge of what death is, what takes place, and the grief recovery process. pretest 55 percent agree; posttest 78 percent agree.

### Second Goal

The second goal was to enlist an experimental focus group (from the twenty), and from the experimental group equip a minimum of ten people for a lay-ministry-team of caregivers for meeting the needs of those who are grieving. Our second goal was not met exactly as we had hoped for. We were unable to enlist ten participants for the experimental focus group. Instead of recruiting ten people from the group of twenty, we enlisted nine participants for the seminar, "The Psychology of Dying, Death, and Grief."

At this time it does not seem realistic to believe all nine participants will remain in this program. To date six of the participants have verbally committed to this writer their eagerness and desire to forge ahead with this Project. Perhaps, our initial enthusiasm for a team of ten may have been overly optimistic. However, we are very pleased to have formed a team of caregivers this size. Six trained caregivers in this type of ministry, in a church our size, can have great impact. We believe their ministry will greatly impact

Southside in a positive way in the months (and hopefully years) ahead. One lady in our group was a Hospice nurse for six years. We are very pleased with our progress to date.

### Third Goal

The third goal was to evaluate the program. The program was evaluated by use of a pretest posttest questionnaire with the participants. This assessment was used to measure knowledge gained and attitudinal changes. Without attempting to reproduce the results of the pretest posttest questionnaire, we simply refer the reader to Appendix F. At the end of the program the participants were asked to evaluate the program. Each individual from the experimental focus group was personally interviewed by this writer in order to obtain feedback.

From what we have been able to gather the overall impact of the project has been extremely positive. Even people outside of Southside have heard about our program and have taken an interest in the project. This may catch-on in other congregations. Several have requested copies of this Research Project. We fully believe God has used this project to bless this writer and his congregation. As information was shared the knowledge and appreciation of lay-member-ministry increased noticeably. Only eternity will finally reveal the success or failure of our efforts. The entire evaluation process will be used to adjust and focus further work with grievers through a lay-care-ministry at Southside. It is obvious that follow up from the seminar will be ongoing in order to determine how well the ministry is progressing. The elders have requested this writer to conduct a seminar on, "The Psychology of Dying, Death, and Grief" at Southside for the entire congregation in the near future.

### Conclusions

Our congregational "make-up" seems to be suitable for this type of ministry. Our team of caregivers has no intention of eclipsing other ministries at Southside for they

are also very important. Yet, this ministry is timely and our congregation endorses the concept of Christian counseling. Dresden is a good place to live and some see it as a "retirement town." Most of the churches in our area have older members in attendance. Our older members are very important and vital to our work and should not be ignored, neglected, or forgotten. Many of them are now living alone because their spouse was taken from them by death. A lay-member-team of caregivers might be the answer. We are made to wonder what ministry will "look-like" when all the baby-boomers hit retirement, become old/elderly (and alone). We would like to think that churches will begin making preparation now for the task ahead. One way to do so is by training lay-members to be caregivers.

Our posttest data indicates that members believe ministers and churches could be doing a better job of helping members deal with grief: 89 percent stated that a family or church is damaged by the death of one of its members, and 89 percent said members (who are struggling with many unanswered questions), are not given the special attention they need after the death of a family member. Sixty-six percent said ministers have neglected to prepare themselves in order to be of help or to even know how to make referral, and 100 percent said the church usually offers the bereaved the "Three Cs"-- cards, cut flowers, and casseroles when death strikes. Eighty-eight percent believe ministers could organize grief recovery groups for Christians and non-Christians.

### Recommendations

No doubt we will fumble some in the future as we attempt to make progress with this new ministry at Southside. We certainly do not have all the answers and we will be "feeling our way along" but at least we are attempting to do something. This writer is more convinced of the need for, and the validity of, a lay-member-ministry than before this project began. Our recommendations to you are--do something, reach out, make a

difference, many members need help. If we have in some small way opened the door or charted the way, please feel free to implement this project in your congregation.

Whatever good comes from it, we give God the Praise.

## APPENDIX A

### A LIST OF THE DECEASED

- |                       |                       |                          |
|-----------------------|-----------------------|--------------------------|
| 1. Abernathy, Gladys  | 21. Griffin, Jewel    | 40. Sandefer, S. P.      |
| 2. Alexander, Louise  | 22. Harris, Evelyn    | 41. Shanklin, Martha     |
| 3. Alexander, T. R.   | 23. Hathcoat, Thomas  | 42. Sims, Jewel          |
| 4. Allman, Ophelia    | 24. Irvine, John      | 43. Snider, Molly        |
| 5. Austin, Herbert    | 25. Irvine, Ruth      | 44. Stanfill, Paula      |
| 6. Barber, Guy        | 26. Jennings, Jennie  | 45. Stoker, Marvin       |
| 7. Barber, Katie      | 27. Johnson, Martin   | 46. Strawbridge, Farrah  |
| 8. Butts, Basil       | 28. Kemp, Duane       | 47. Travis, Elna Sabina  |
| 9. Butts, Ruby        | 29. Killebrew, Dezzie | 48. Walker, Aaron        |
| 10. Campbell, A. G.   | 30. Malone, Clatie    | 49. Ward, Gordon         |
| 11. Campbell, Kathryn | 31. Mathis, Rawleigh  | 50. Watson, Rebecca      |
| 12. Carney, Garnet    | 32. McWherter, Basil  | 51. Webb, Jimmy          |
| 13. Cooper, Carl      | 33. McWherter, Mary   | 52. Webb, Mae            |
| 14. Davidson, Naomi   | 34. Nowlin, Ben       | 53. Westbrook, Beth      |
| 15. Diviney, William  | 35. Parker, Bobby     | 54. Westbrook, Herbert   |
| 16. Fowler, Ruby      | 36. Perry, Tal        | 55. Westbrook, Mary Nell |
| 17. Garner, Fonzo     | 37. Prather, Lubie    | 56. Williams, Mary Sue   |
| 18. Glisson, L. D.    | 38. Priestly, H. J.   | 57. Young, Betty         |
| 19. Glover, Chrissie  | 39. Priestly, Nannie  | 58. Young, L. E.         |
| 20. Goings, Ethil     |                       |                          |

## APPENDIX B

### TEST YOUR STRESS LEVEL

<u>Rank</u>	<u>Life Event</u>	<u>Life Change Units</u>
1	Death of Spouse	100
2	Divorce	73
3	Marital separation	65
4	Jail term	63
5	Death of a close family member	63
6	Personal injury or illness	53
7	Marriage	50
8	Fired at work	47
9	Marital reconciliation	45
10	Retirement	45
11	Change in health of family member	44
12	Pregnancy	40
13	Sexual difficulties	39
14	Gain of new family member	39
15	Business readjustment	39
16	Change in financial state	38
17	Death of a close friend	37
18	Change to a different line of work	36
19	Change in number of arguments with spouse	35
20	Take out mortgage or loan for major purchase	31
21	Foreclosure of mortgage or loan	30
22	Change in responsibilities at work	29
23	Son or daughter leaving home	29
24	Trouble with in-laws	29
25	Outstanding personal achievement	28
26	Spouse begins or stops work	26
27	Begin or end school	26
28	Change in living conditions	25
29	Revision of personal habits	24
30	Trouble with boss	23
31	Change in work hours or conditions	20
32	Change in residence	20
33	Change in school	20
34	Change in recreation	19
35	Change in church activities	19
36	Change in social activities	18
37	Take out loan less than \$20,000	17
38	Change in sleeping habits	16
39	Change in number of family get-togethers	15
40	Change in eating habits	15
41	Vacation	13
42	Christmas	12
43	Minor violations of the law	11

## APPENDIX C

### INTERPRETATION OF STRESS TEST

#### Instructions

1. Check each event which has occurred in your life over the past twelve months.
2. Add up the "life change units" to get your total score.

#### Intpretation

1. 0 to 149 = very little life change  
Good health  
No significance problems
2. 150 to 199 = mild life change  
Colds, flus, occassional depression  
33% chance of illness
3. 200 to 249 = moderate life change  
Depression
4. 250 to 299 = serious life change  
Lowered resistance to diseases
5. 300 or more = major life change  
Major illness within the year  
80% chance of illness

APPENDIX D  
PRETEST/POSTTEST QUESTIONNAIRE

Instructions

This questionnaire is designed to elicit your response because your opinions, beliefs, and attitudes are important. Please answer each question in view of how you "see things." By answering all the questions on this form you will help us gain a better understanding on how to assist those who are grieving over the death of their loved one(s). Thank you for your time and help. Please sign your name.

If you "strongly agree" with the statement mark SA. If you "agree" with the statement mark A. If you are "undecided" mark UN. If you "disagree" with the statement mark DA. If you "strongly disagree" with the statement mark SD. Do not leave any question unanswered.

1. I have a fear of death.

- (SA) strongly agree
- (A) agree
- (UN) undecided
- (DA) disagree
- (SD) strongly disagree

2. I have been grieving for a loved one for years and have not found much help or relief.

- (SA) strongly agree
- (A) agree
- (UN) undecided
- (DA) disagree
- (SD) strongly disagree

3. Death Education Seminars are essential to meet the needs of families after the death of a family member.

(SA) strongly agree  
(A) agree  
(UN) undecided  
(DA) disagree  
(SD) strongly disagree

4. I believe an individual should actually "see" the dead body of a loved one at the funeral.

(SA) strongly agree  
(A) agree  
(UN) undecided  
(DA) disagree  
(SD) strongly disagree

5. Clergy can organize grief recovery groups for families that include those who are not a part of the local church.

(SA) strongly agree  
(A) agree  
(UN) undecided  
(DA) disagree  
(SD) strongly disagree

6. Survivors do not have a good understanding of the theology of death and afterlife.

(SA) strongly agree  
(A) agree  
(UN) undecided  
(DA) disagree  
(SD) strongly disagree

7. I want a public funeral for myself when I die.
- (SA) strongly agree
  - (A) agree
  - (UN) undecided
  - (DA) disagree
  - (SD) strongly disagree
8. Death is a topic that should be avoided and not discussed.
- (SA) strongly agree
  - (A) agree
  - (UN) undecided
  - (DA) disagree
  - (SD) strongly disagree
9. I know I am ready to die when the time comes.
- (SA) strongly agree
  - (A) agree
  - (UN) undecided
  - (DA) disagree
  - (SD) strongly disagree
10. Clergy have neglected to prepare themselves to counsel families and often do not even know how to refer them to trained professionals.
- (SA) strongly agree
  - (A) agree
  - (UN) undecided
  - (DA) disagree
  - (SD) strongly disagree
11. A church or family is damaged by the death of its members.
- (SA) strongly agree
  - (A) agree
  - (UN) undecided
  - (DA) disagree
  - (SD) strongly disagree

12. The church needs to be taught what the Bible says about death and grief recovery.

(SA) strongly agree  
(A) agree  
(UN) undecided  
(DA) disagree  
(SD) strongly disagree

13. An individual should actually "see" the casket closed for the final time.

(SA) strongly agree  
(A) agree  
(UN) undecided  
(DA) disagree  
(SD) strongly disagree

14. I cannot discuss death openly and find myself using such phrases as, "he passed on" or "she is at rest" or "he has gone to sleep" or some such terminology.

(SA) strongly agree  
(A) agree  
(UN) undecided  
(DA) disagree  
(SD) strongly disagree

15. Every person should get to die at home.

(SA) strongly agree  
(A) agree  
(UN) undecided  
(DA) disagree  
(SD) strongly disagree

16. A funeral director will always try to sell you the most expensive funeral because (s)he is in it for the money.
- (SA) strongly agree
  - (A) agree
  - (UN) undecided
  - (DA) disagree
  - (SD) strongly disagree
17. I was satisfied with the way the body of my loved one looked.
- (SA) strongly agree
  - (A) agree
  - (UN) undecided
  - (DA) disagree
  - (SD) strongly disagree
18. I have a very good knowledge of what death is, what takes place, and the grief recovery process.
- (SA) strongly agree
  - (A) agree
  - (UN) undecided
  - (DA) disagree
  - (SD) strongly disagree
19. A person should go to the grave of a loved one on the day of the funeral.
- (SA) strongly agree
  - (A) agree
  - (UN) undecided
  - (DA) disagree
  - (SD) strongly disagree

20. A family member tried to "comfort" me and get me to not grieve so much when a loved one died.
- (SA) strongly agree
  - (A) agree
  - (UN) undecided
  - (DA) disagree
  - (SD) strongly disagree
21. Every person should die away from home in an institution like a hospital or nursing home.
- (SA) strongly agree
  - (A) agree
  - (UN) undecided
  - (DA) disagree
  - (SD) strongly disagree
22. Family members are not usually given the special attention they need after the death of a family member, leaving them with many unanswered questions.
- (SA) strongly agree
  - (A) agree
  - (UN) undecided
  - (DA) disagree
  - (SD) strongly disagree
23. I am very uneasy in the presence of a dying person.
- (SA) strongly agree
  - (A) agree
  - (UN) undecided
  - (DA) disagree
  - (SD) strongly disagree

24. We usually respond to the bereavement with the "three C's"--cards, cut flowers, and casseroles.

- (SA) strongly agree
- (A) agree
- (UN) undecided
- (DA) disagree
- (SD) strongly disagree

25. I am comfortable at funerals.

- (SA) strongly agree
- (A) agree
- (UN) undecided
- (DA) disagree
- (SD) strongly disagree

Gender

\_\_\_\_\_ Male  
\_\_\_\_\_ Female

Your Age

\_\_\_\_\_ Under 15  
\_\_\_\_\_ 16 - 19  
\_\_\_\_\_ 20 - 29  
\_\_\_\_\_ 30 - 39  
\_\_\_\_\_ 40 - 49  
\_\_\_\_\_ 50 - 59  
\_\_\_\_\_ 60 - 69  
\_\_\_\_\_ 70 and over

## APPENDIX E

### SEMINAR: THE PSYCHOLOGY OF DYING, DEATH, AND GRIEF

#### The Psychology of Dying & Death

- Dying and Death as a Field of Inquiry (Historical Origins).
- Our Attitudes Toward Death (the U. S. is a Death-Denying Society).
- Euphemisms.
- Crises and Transitions.
- Eleven Fears of the Dying Patient.
- The Living-Dying Interval.
- Tasks of the Dying Patient.
- Physiological Characteristics of Dying and Death.
- "Hollywood Version" of the Deathbed Scene.

#### The Psychology of Grief

- Kubler-Ross' Model.
- Grief Work (Basic Tasks of Grief).
- Unresolved Grief.
- Issues Complicating Grief.
- Abnormal Grief.
- Psychiatric Problems.
- Grieving and Healing.
- A Child's Grief.
- A Teen's Grief.
- A Widow's Grief.
- Parental Grief After the Death of a Child.
- Grief After Suicide.

APPENDIX F

PRETEST/POSTTEST QUESTIONNAIRE

Instructions

This questionnaire is designed to elicit your response because your opinions, beliefs, and attitudes are important. Please answer each question in view of how you "see things." By answering all the questions on this form you will help us gain a better understanding on how to assist those who are grieving over the death of their loved one(s). Thank you for your time and help. Please sign your name.

If you "strongly agree" with the statement mark SA. If you "agree" with the statement mark A. If you are "undecided" mark UN. If you "disagree" with the statement mark DA. If you "strongly disagree" with the statement mark SD. Do not leave any question unanswered.

1. I have a fear of death. 20 People 9 People
- |      |                         |         |       |      |     |
|------|-------------------------|---------|-------|------|-----|
| (SA) | strongly agree .....    | Pre 15% | ..... | Post | O   |
| (A)  | agree .....             | Pre 20% | ..... | Post | 44% |
| (UN) | undecided .....         | Pre 35% | ..... | Post | 44% |
| (DA) | disagree .....          | Pre 25% | ..... | Post | 11% |
| (SD) | strongly disagree ..... | Pre 5%  | ..... | Post | O   |
2. I have been grieving for a loved one for years and have not found much help or relief.
- |      |                         |         |       |      |     |
|------|-------------------------|---------|-------|------|-----|
| (SA) | strongly agree .....    | Pre 10% | ..... | Post | O   |
| (A)  | agree .....             | Pre O   | ..... | Post | 33% |
| (UN) | undecided .....         | Pre 15% | ..... | Post | 11% |
| (DA) | disagree .....          | Pre 60% | ..... | Post | 44% |
| (SD) | strongly disagree ..... | Pre 15% | ..... | Post | 11% |

3. Death Education Seminars are essential to meet the needs of families after the death of a family member.

(SA)	strongly agree	.....	Pre	20%	.....	Post	67%
(A)	agree	.....	Pre	45%	.....	Post	33%
(UN)	undecided	.....	Pre	15%	.....	Post	O
(DA)	disagree	.....	Pre	20%	.....	Post	O
(SD)	strongly disagree	.....	Pre	O	.....	Post	O

4. I believe an individual should actually "see" the dead body of a loved one at the funeral.

(SA)	strongly agree	.....	Pre	35%	.....	Post	56%
(A)	agree	.....	Pre	60%	.....	Post	22%
(UN)	undecided	.....	Pre	5%	.....	Post	11%
(DA)	disagree	.....	Pre	O	.....	Post	O
(SD)	strongly disagree	.....	Pre	O	.....	Post	11%

5. Clergy can organize grief recovery groups for families that include those who are not a part of the local church.

(SA)	strongly agree	.....	Pre	30%	.....	Post	44%
(A)	agree	.....	Pre	60%	.....	Post	44%
(UN)	undecided	.....	Pre	5%	.....	Post	11%
(DA)	disagree	.....	Pre	5%	.....	Post	O
(SD)	strongly disagree	.....	Pre	O	.....	Post	O

6. Survivors do not have a good understanding of the theology of death and afterlife.

(SA)	strongly agree	.....	Pre	10%	.....	Post	33%
(A)	agree	.....	Pre	50%	.....	Post	56%
(UN)	undecided	.....	Pre	25%	.....	Post	11%
(DA)	disagree	.....	Pre	15%	.....	Post	O
(SD)	strongly disagree	.....	Pre	O	.....	Post	O

7. I want a public funeral for myself when I die.
- |                        |         |          |
|------------------------|---------|----------|
| (SA) strongly agree    | Pre 40% | Post 33% |
| (A) agree              | Pre 55% | Post 44% |
| (UN) undecided         | Pre 5%  | Post 22% |
| (DA) disagree          | Pre 0   | Post 0   |
| (SD) strongly disagree | Pre 0   | Post 0   |
8. Death is a topic that should be avoided and not discussed.
- |                        |         |          |
|------------------------|---------|----------|
| (SA) strongly agree    | Pre 5%  | Post 0   |
| (A) agree              | Pre 5%  | Post 0   |
| (UN) undecided         | Pre 0   | Post 0   |
| (DA) disagree          | Pre 50% | Post 22% |
| (SD) strongly disagree | Pre 40% | Post 78% |
9. I know I am ready to die when the time comes.
- |                        |         |          |
|------------------------|---------|----------|
| (SA) strongly agree    | Pre 10% | Post 11% |
| (A) agree              | Pre 60% | Post 56% |
| (UN) undecided         | Pre 20% | Post 11% |
| (DA) disagree          | Pre 5%  | Post 22% |
| (SD) strongly disagree | Pre 5%  | Post 0   |
10. Clergy have neglected to prepare themselves to counsel families and often do not even know how to refer them to trained professionals.
- |                        |         |          |
|------------------------|---------|----------|
| (SA) strongly agree    | Pre 30% | Post 33% |
| (A) agree              | Pre 20% | Post 33% |
| (UN) undecided         | Pre 25% | Post 11% |
| (DA) disagree          | Pre 20% | Post 11% |
| (SD) strongly disagree | Pre 5%  | Post 11% |
11. A church or family is damaged by the death of its members.
- |                        |         |          |
|------------------------|---------|----------|
| (SA) strongly agree    | Pre 30% | Post 33% |
| (A) agree              | Pre 40% | Post 56% |
| (UN) undecided         | Pre 15% | Post 11% |
| (DA) disagree          | Pre 15% | Post 0   |
| (SD) strongly disagree | Pre 0   | Post 0   |

12. The church needs to be taught what the Bible says about death and grief recovery.

(SA) strongly agree .....	Pre 55%	.....	Post 67%
(A) agree .....	Pre 45%	.....	Post 33%
(UN) undecided .....	Pre 0	.....	Post 0
(DA) disagree .....	Pre 0	.....	Post 0
(SD) strongly disagree .....	Pre 0	.....	Post 0

13. An individual should actually "see" the casket closed for the final time.

(SA) strongly agree .....	Pre 25%	.....	Post 33%
(A) agree .....	Pre 35%	.....	Post 56%
(UN) undecided .....	Pre 30%	.....	Post 11%
(DA) disagree .....	Pre 10%	.....	Post 0
(SD) strongly disagree .....	Pre 0	.....	Post 0

14. I cannot discuss death openly and find myself using such phrases as, "he passed on" or "she is at rest" or "he has gone to sleep" or some such terminology.

(SA) strongly agree .....	Pre 0	.....	Post 0
(A) agree .....	Pre 10%	.....	Post 33%
(UN) undecided .....	Pre 10%	.....	Post 0
(DA) disagree .....	Pre 50%	.....	Post 44%
(SD) strongly disagree .....	Pre 30%	.....	Post 22%

15. Every person should get to die at home.

(SA) strongly agree .....	Pre 5%	.....	Post 22%
(A) agree .....	Pre 15%	.....	Post 11%
(UN) undecided .....	Pre 30%	.....	Post 22%
(DA) disagree .....	Pre 35%	.....	Post 44%
(SD) strongly disagree .....	Pre 15%	.....	Post 0

16. A funeral director will always try to sell you the most expensive funeral because (s)he is in it for the money.

(SA)	strongly agree .....	Pre	5%	.....	Post	O
(A)	agree .....	Pre	5%	.....	Post	22%
(UN)	undecided .....	Pre	30%	.....	Post	22%
(DA)	disagree .....	Pre	55%	.....	Post	44%
(SD)	strongly disagree .....	Pre	5%	.....	Post	11%

17. I was satisfied with the way the body of my loved one looked.

(SA)	strongly agree .....	Pre	25%	.....	Post	33%
(A)	agree .....	Pre	45%	.....	Post	44%
(UN)	undecided .....	Pre	25%	.....	Post	11%
(DA)	disagree .....	Pre	5%	.....	Post	O
(SD)	strongly disagree .....	Pre	O	.....	Post	11%

18. I have a very good knowledge of what death is, what takes place, and the grief recovery process.

(SA)	strongly agree .....	Pre	15%	.....	Post	11%
(A)	agree .....	Pre	40%	.....	Post	67%
(UN)	undecided .....	Pre	30%	.....	Post	11%
(DA)	disagree .....	Pre	15%	.....	Post	11%
(SD)	strongly disagree .....	Pre	O	.....	Post	O

19. A person should go to the grave of a loved one on the day of the funeral.

(SA)	strongly agree .....	Pre	40%	.....	Post	44%
(A)	agree .....	Pre	45%	.....	Post	33%
(UN)	undecided .....	Pre	10%	.....	Post	22%
(DA)	disagree .....	Pre	5%	.....	Post	O
(SD)	strongly disagree .....	Pre	O	.....	Post	O

20. A family member tried to "comfort" me and get me to not grieve so much when a loved one died.

(SA) strongly agree	.....	Pre	O	.....	Post	O
(A) agree	.....	Pre	25%	.....	Post	44%
(UN) undecided	.....	Pre	30%	.....	Post	11%
(DA) disagree	.....	Pre	35%	.....	Post	44%
(SD) strongly disagree	.....	Pre	10%	.....	Post	O

21. Every person should die away from home in an institution like a hospital or nursing home.

(SA) strongly agree	.....	Pre	O	.....	Post	O
(A) agree	.....	Pre	5%	.....	Post	O
(UN) undecided	.....	Pre	20%	.....	Post	O
(DA) disagree	.....	Pre	40%	.....	Post	56%
(SD) strongly disagree	.....	Pre	35%	.....	Post	44%

22. Family members are not usually given the special attention they need after the death of a family member, leaving them with many unanswered questions.

(SA) strongly agree	.....	Pre	5%	.....	Post	56%
(A) agree	.....	Pre	50%	.....	Post	33%
(UN) undecided	.....	Pre	20%	.....	Post	11%
(DA) disagree	.....	Pre	25%	.....	Post	O
(SD) strongly disagree	.....	Pre	O	.....	Post	O

23. I am very uneasy in the presence of a dying person.

(SA) strongly agree	.....	Pre	20%	.....	Post	11%
(A) agree	.....	Pre	30%	.....	Post	33%
(UN) undecided	.....	Pre	10%	.....	Post	22%
(DA) disagree	.....	Pre	40%	.....	Post	33%
(SD) strongly disagree	.....	Pre	O	.....	Post	O

24. We usually respond to the bereavement with the "three C's"--cards, cut flowers, and casseroles.

(SA) strongly agree .....	Pre 25%	.....	Post 22%
(A) agree .....	Pre 75%	.....	Post 78%
(UN) undecided .....	Pre 0	.....	Post 0
(DA) disagree .....	Pre 0	.....	Post 0
(SD) strongly disagree .....	Pre 0	.....	Post 0

25. I am comfortable at funerals.

(SA) strongly agree .....	Pre 10%	.....	Post 11%
(A) agree .....	Pre 30%	.....	Post 11%
(UN) undecided .....	Pre 10%	.....	Post 22%
(DA) disagree .....	Pre 25%	.....	Post 44%
(SD) strongly disagree .....	Pre 25%	.....	Post 11%

#### Gender

Males (Pretest)	10	Males (Posttest)	2
Females (Pretest)	10	Females (Posttest)	7

#### Pretest Age Range

1 under 15  
 4 ages 16 - 19  
 2 ages 20 - 29  
 0 ages 30 - 39  
 5 ages 40 - 49  
 2 ages 50 - 59  
 2 ages 60 - 69  
 4 ages 70 and over

#### Posttest Age Range

0 under 15  
 0 ages 16 - 19  
 1 ages 20 - 29  
 1 ages 30 - 39  
 0 ages 40 - 49  
 1 ages 50 - 59  
 1 ages 60 - 69  
 5 ages 70 and over

## APPENDIX G

### ORGANIZATIONS, JOURNALS, CONFERENCES

American Association of Suicidology  
Denver, CO  
303-692-0985  
Promotes public awareness, research and education.

Association for Death Education and Counseling  
638 Prospect Avenue, Hartford, CT 06105  
203-232-4825  
Promotes effective death education and counseling. The organization does research and will co-sponsor.

Bereavement: A Magazine of Hope and Healing  
8133 Telegraph Drive, Colorado Springs, CO 80920  
719-282-1948

Candlelighter's Foundation  
2025 Eye Street, NW, Suite 1011, Washington, DC 20006  
Helps parents of children with cancer.

Compassionate Friends  
P. O. Box 3696, Oak Brook, IL 60522  
703-990-0010, 312-323-5010  
Offers support, friendship and understanding to parents and siblings grieving the death of a child.

Concerns of Police Survivors, Inc. (COPS)  
9423 A Marlboro Pike, Upper Marlboro, MD 20772  
301-599-0445

Death Studies  
Hannelore Wass, Ed., Hemisphere Publishing Corporation  
1010 Vermont Avenue, Washington, DC 20005

Heartbeat  
2015 Devon Street, Colorado Springs, CO 80909  
719-596-2575  
Mutual support group for those who have lost someone through suicide.

In Loving Memory  
1416 Green Run Lane, Reston, VA  
703-435-0608  
Mutual support, friendship and help for parents who have lost their only child or all of their children.

MADD (Mothers Against Drunk Driving)  
669 Airport Freeway, Suite 310, Hurst, TX 76053  
800-Get-MADD

Mothers of AIDS Patients (MAP)  
P. O. Box 1763, Loma, CA 09717

National Association of Military Widows  
4023 25th Road N., Arlington, VA 22207  
703-527-4565

National Sudden Infant Death Syndrome Alliance  
10500 Little Patuxent Parkway #420, Columbia, MD 21044-3505  
410-964-8000 or 800-221-7437  
Provides emotional support for families of SIDS victims; the organization has local chapters.

National Sudden Infant Death Syndrome Resource Center  
8201 Greensboro Drive Suite 600, McLean, VA 22102  
703-821-8955

OMEGA: Journal of Death and Dying

R. J. Kastenbaum and K. J. Doka, Eds.

Amityville, NY: Baywood Publishing Company, Inc.

Association for Death Education Counseling Affiliated Journal

POMC (Parents of Murdered Children)

100 East Eighth Street, Room B-41, Cincinnati, OH 45202

513-721-5683

Provides self help groups to support persons who survive the death of children through murder.

Ray of Hope For Suicide Survivors

319-337-9880

Survivors

993 "C" Santa Fe Avenue, Vista, CA 92083

Mutual help and 12-step program to recover from grief due to the death of a loved one.

Survivors of Suicide

P. O. Box 82262, Lincoln, NE 68423

414-442-4638

Helps families and friends of suicide victims cope with grief and refers to other survivor groups; has manuals and materials to start groups.

Tender Hearts/Triplet Connection

P. O. Box 99571, Stockton, CA 95209

209-474-0885

Network of parents who have lost one or more children in multiple births.

Theos (They Help Each Other Spiritually)

Theos Foundation

410 Penn Hills Mall, Pittsburg, PA 15235

412-243-4299

Helping persons whose spouses have died.

Unite, Inc.  
 Jeanes Hospital  
 7600 Central Avenue, Philadelphia, PA 19111  
 215-728-3777  
 Support for parents grieving miscarriage, stillbirth and infant death.

Victims of Pan Am 103 "The Truth Must Be Known"  
 135 Algonquin Parkway, Whippany, NJ 07981  
 Mutual support group for families and friends who lost a loved one  
 on the flight.

### Professional Organizations

Association for Death Education and Counseling (ADEC)  
 638 Prospect Avenue, Hartford, CT 06105  
 203-232-4825

International Association for Trauma Counselors  
 1033 La Posada Drive, Suite 220, Austin, TX 78752-3880  
 512-454-8626  
 This multi-disciplinary professional organization offers certification for  
 persons counseling victims of trauma, debriefers and other trauma-related  
 professionals. It sponsors an annual national conference and various  
 trainings.

International Society for Traumatic Stress Studies  
 60 Revere Drive Suite 500 Northbrook, IL 60062  
 708-480-9028  
 This multi-disciplinary organization is the pioneer organization in the field  
 of trauma. It sponsors an annual meeting and publishes The Journal of  
 Traumatic Stress. Members are in the forefront of trauma research,  
 education, professional scholarship and training.

National Organization of Victim's Assistance  
 717 D. Street NW, Washington, DC 20004  
 This private, nonprofit organization of victim and witness assistance  
 programs and practitioners provides national advocacy, direct services,  
 training in critical incident stress debriefing, technical assistance and other  
 training. It has numerous curricula available.

Catalog (handpicked resources to help people grow through loss and grief)

Rainbow Connection  
477 Hannah Branch Road  
Burnsville, NC 28714  
704-675-5909 FAX 704-675-9687

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### Videocassettes

#### A Child's Grief

Aquarius Productions, Inc.  
5 Powderhouse Lane  
Sherborn, MA 01770  
508-651-2963

#### A Child's View of Grief

Hazen & Jaeger Valley Funeral Home  
North 1306 Pines Road  
Spokane, WA 99206  
924-9700

#### Grieving and Healing

Aquarius Productions, Inc.  
5 Powderhouse Lane  
Sherborn, MA 01770  
508-651-2963

#### Grieving Successfully with Mary Anthony

Widowed Persons Service  
Grand Rapids, MI 49507  
616-247-8111

#### A Teen's View of Grief

Center for Loss and Life Transition  
3735 Broken Bow Road  
Fort Collins, CO 80526  
303-226-6050

## ABSTRACT

### CREATING A LAY MINISTRY TEAM TO CARE FOR THOSE WHO ARE GRIEVING AT SOUTHSIDE CHURCH OF CHRIST, DRESDEN, TENNESSEE

Larry DeWain Mathis, D.Min.  
The Southern Baptist Theological Seminary, 1998  
Faculty Supervisor: Dr. Hal Poe

The purpose of this project was to create a non-professional "lay-member-team" of Christian caregivers at Southside Church of Christ, Dresden, Tennessee, to help individuals and families process grief after the funeral.

Southside was an eleven year old, small rural church in West Tennessee, that had experienced fifty-eight deaths. Unprocessed grief bent the congregation in the direction of becoming a sanctuary church and a survivor church. Death hit this church hard and grief overload was experienced. Something had to be done beyond the Three Cs--cards, cut-flowers, and casseroles.

A biblical, theological, and pastoral care investigation of death and grief (recovery) led the minister of the congregation to select a Focus Group; to train them; and, to utilize their talents as a lay-team of caregivers to bring healing, closure, and hope to God's people.

## VITA

Larry DeWain Mathis

### PERSONAL

Born: October 10, 1949, Fisk, Missouri  
Parents: Rawleigh Mathis (deceased) and Mamie Mathis  
Married: Sharon Kay Goings, 1967  
Children: Shawn DeWain, born 1968  
Rebekah Diane, born 1975

### EDUCATIONAL

Elementary and High School, Fisk-Rombauer, Southeast Missouri  
Three Rivers Community College 1971-72, Poplar Bluff, Missouri  
A.A., Freed-Hardeman University, 1975  
B.S., Freed-Hardeman University, 1981  
M.A., Southern Christian University, 1990  
M.A.R., David Lipscomb University, 1993  
M.Div., Southern Christian University, 1995  
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### MINISTERIAL

Seneca Church of Christ, Seneca, SC, 1981-86  
Hickory Knoll Church of Christ, New Orleans, LA, 1986-89  
Camden Avenue Church of Christ, Parkersburg, WV, 1989-92  
Southside Church of Christ, Dresden, TN, 1992-

### RECOGNITIONS, AWARDS, COMMUNITY SERVICE

Outstanding Young Men of America, 1985  
Who's Who in New Orleans, 1988  
Graduate: Leadership Weakely County, TN, 1993  
Who's Who in American Colleges & Universities, 1995 & 1996  
Hospice Chaplain, West TN, 1995-97  
Hospital Chaplain, West TN, 1996-

### PROFESSOR: FREED-HARDEMAN UNIVERSITY

Vice-Chairman, Board of Advisors, M.S. Program in Clinical Counseling, 1995-  
Site-Supervisor, M.S. Practicum in Counseling, 1996  
Adjunct Faculty, Graduate School of Clinical Counseling, 1997-