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### Some Implications of a Modern Understanding of Grief for the Pastoral Care of the Bereaved

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Short Title

THE PASTORAL CARE OF THE BEREAVED

A Thesis Presented to the Faculty  
of Concordia Seminary, St. Louis,  
in partial fulfillment of the  
requirements for the Degree of  
Bachelor of Divinity

By

Paul John Baumgardner,

June 1938

Approved by

W. H. P. [Signature]

[Signature]

SOME IMPLICATIONS OF A MODERN UNDERSTANDING OF  
GRIEF FOR THE PASTORAL CARE OF THE BEREAVED

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Paul John Bauermeister

June 1958

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## TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION . . . . .	1
II. THE PSYCHODYNAMICS OF GRIEF. . . . .	4
III. REACTIONS IN GRIEF . . . . .	9
IV. THE PSYCHOLOGICAL NEEDS OF THE BEREAVED. . . . .	29
V. THE PASTOR'S GENERAL AIM IN WORKING WITH THE BEREAVED . . . . .	38
VI. THE PASTOR'S IMMEDIATE REACTION TO GRIEF . . . . .	43
VII. THE PASTOR'S LATER ACTION WITH THE BEREAVED. . . . .	46
VIII. THE PASTOR CAN PREPARE PEOPLE FOR THE CRISIS OF BEREAVEMENT . . . . .	62
IX. SUMMARY AND CONCLUSIONS. . . . .	65
BIBLIOGRAPHY. . . . .	67

## CHAPTER I

### INTRODUCTION

The purpose of the research done in preparing this paper is to determine what constitutes good pastoral care of the bereaved. The answers to two questions are sought: (1) What are the personality sciences currently saying about grief?; (2) How can the minister make use of these findings in his ministry to the bereaved?

This writer's interest in this subject stemmed largely from a feeling of personal and professional inadequacy when confronted with people in grief. He felt the usual compulsion to "do something" in such cases, but had very little idea what he should do. He found the emotional outbursts of people in grief to be personally upsetting and felt that in this area of his ministry he was failing both his Lord and the people to whom he was ministering. He further felt that he was not alone in his feelings of inadequacy, failure, and uneasiness when confronted with grief, and felt that his research might prove helpful to others.

While a wider definition is possible, the term, "bereavement," in this study refers to the condition brought about by the death of a loved one unless otherwise specified. While the term "pastoral care" might be used to describe almost anything that a minister does in fulfilling the obligations of his call, in this study it is understood to have special

reference to the personal, face-to-face ministry to the individual. The funeral service and other corporate aspects of the pastoral care of the bereaved are not included within the scope of this study for two reasons: (1) The material has been rather completely handled in single volumes elsewhere; (2) It is the conviction of this writer that there is a very real difference between the individual ministry and the corporate, or public ministry. Also, no attempt has been made in this study to present a profound theological statement regarding death. A theology of death would be the proper work of an exegetical or systematics study. The reader will notice also an almost complete lack of any illustrative material. There are no Biblical quotations, except those which occur in the body of other quotations. There are no case histories. Nor is any interview recorded. The purpose of the study is to determine the insights of the personality sciences into grief and to relate these insights to the pastoral care of the bereaved.

The study naturally divides itself into two major parts:

(1) The contributions of the personality sciences to the understanding of grief; (2) the implications of these findings for the pastoral care of the bereaved. The first major portion covers Chapters II, III, and IV. Chapter II deals with the psychodynamics of grief. Chapter III deals with the reactions of people in grief. Chapter IV deals with the psychological needs of the bereaved. The second major section covers chapters V, VI, VII, and VIII. Chapter V deals with the

pastor's general aim in working with the bereaved. Chapter VI deals with the pastor's immediate reaction to grief. Chapter VII deals with the pastor's later action with the bereaved. Chapter III deals with the pastor's function in preparing people for the crisis of bereavement. And Chapter IX contains a summary of the study and some suggestions for related areas of further investigation.

The first major section has one main source. It is Erich Lindemann's "Symptomatology and Management of Acute Grief." It was this brief study, based in part upon clinical research done among the victims of the Boston Cocoanut Grove fire and first published in the American Journal of Psychiatry in 1944, that sparked much of the current interest in the inner workings of people in grief. Almost everything that has been said about grief and bereavement in recent years is based in part on Lindemann's study.

The second major section of this study relied heavily upon the work of William Rogers and Paul Irion. In the field of pastoral care these two men have made the most significant contribution in working with the bereaved.

## CHAPTER II

### THE PSYCHODYNAMICS OF GRIEF

A brief history of the scientific study of grief will aid in the understanding and appreciation of the findings which have resulted from such investigations. Greer supplies the necessary background as follows:

For years our best descriptions of grief came from the poets, the novelists, the playwrights. The old school psychologists discussed the kinds of grief and distinguished the dry, the bitter, the cankering and the warping. Among the early psychoanalysts, Freud, Groddeck and Alexander recognized that the grieving person is somehow an angry person and linked this anger and irritation with the frustration of any close human contact, a frustration and resentment which cannot be expressed because one does not get angry and mistreat one's mother, or father, one's child or wife. Yet an emotion swallowed is an emotion undischarged, and the floodgates for a new emotion, grief, cannot be unlocked without the old one rushing along.

Later, Melanie Klein studied the process of grief and concluded that mourning was grief-work, the going back over the memories surrounding the lost one and freeing the tentacles of emotion so they could fasten on another object and life be picked up anew. Helene Deutsch pointed out the freezing, crippling effects of unexpressed grief. More recently, Lindemann has studied the psychosomatic repercussions - how grief expresses itself through the body and through the mind.<sup>1</sup>

Grief is described psychologically as an emotion, or as sentiment, that is a complex of emotions.<sup>2</sup> Grief is the emotional reaction to bereavement.<sup>3</sup> Bereavement can be

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<sup>1</sup>Ina May Greer, "Grief Must be Faced," The Christian Century, LXII (February 28, 1945), 269-270.

<sup>2</sup>Paul E. Irion, "Toward an Ethical Understanding of Grief Situations," Pastoral Psychology, IV (December, 1953), 20.

<sup>3</sup>William F. Rogers, "The Place of Grief Work in Mental Health" (unpublished Ph.D. dissertation, Boston University, 1948), p. 9.



understood as resulting not merely from the death of a loved one, but also from the "sudden cessation of social interaction" with any person or object.<sup>4</sup> Lindemann would further broaden the definition of bereavement to include also the situation where there is "disillusionment about another person in whom one has had faith, and losing another person through being rejected by him."<sup>5</sup> Mourning is "grief work," the process

whereby a person seeks to disengage himself from the demanding relationship that has existed and to reinvest his emotional capital in new and productive directions for the health and welfare of his future life in society.<sup>6</sup>

Psychologically speaking, mourning is essentially a reality testing process. Reality testing demands from the bereaved person that he should separate himself from the object, since it no longer exists in the same manner in which it did.<sup>7</sup> Freud well describes the psychic struggle that results from this necessary separation:

The testing of reality, having shown that the loved object no longer exists, requires forthwith that all the libido shall be withdrawn from its attachments to this object. Against this demand a struggle of course arises --abandons a libido-position, not even when a substitute is already beckoning him. This struggle can be so intense that a turning away from reality ensues, the

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<sup>4</sup>Ibid., p. 8.

<sup>5</sup>Bereavement--Death--The Funeral, Simon Doniger, editor (Great Neck, New York: Pastoral Psychology Press, 1955), p. 27.

<sup>6</sup>Edgar W. Jackson, Understanding Grief (Nashville: Abingdon, 1957), p. 18.

<sup>7</sup>Sigmund Freud, The Major Works of Sigmund Freud (Chicago: Encyclopedia Britannica, 1952), p. 754.

object being clung to through the medium of a hallucinatory wish psychosis. The normal outcome is that deference for reality gains the day. Nevertheless its behest cannot be at once obeyed. The task is now carried through bit by bit, under great expense of time and cathectic energy, while all the time the existence of the lost object is continued in the mind. Each single one of the memories and hopes which bound the libido to the object is brought up and hyper-catheted, and the detachment of the libido from it is accomplished.<sup>8</sup>

The psychic pain universally associated with grief can in a measure be understood in terms of mourning as reality testing. Klein puts it this way:

The pain experienced in the slow process of testing reality in the work of mourning thus seems to be partly due to the necessity, not only to renew the links to the external world and thus continuously to re-experience the loss, but at the same time and by means of this to rebuild with anguish the inner world, which is felt to be in danger of deteriorating and collapsing.<sup>9</sup>

Rogers makes very emphatically the point that the death of a loved one is a painful experience, "not because we fear what has happened or is happening to the loved one, but because of the loneliness that we ourselves are suffering."<sup>10</sup> The pain is difficult to deal with because of our complete "inability to do anything about the loss which has brought it on."<sup>11</sup>

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<sup>8</sup>Sigmund Freud, "Mourning and Melancholia," Collected Papers (London: Hogarth Press and the Institute of Psycho-Analysis, 1946), IV, 154.

<sup>9</sup>Melanie Klein, "Mourning and its Relation to Manic-Depressive States," International Journal of Psychoanalysis, XXI (1940), 136.

<sup>10</sup>William F. Rogers, Ye Shall Be Comforted (Philadelphia: Westminster Press, 1950), p. 15.

<sup>11</sup>Ibid., p. 20.

The psychological process called identification, the process whereby the person seeks to identify himself with someone, and also to set the limits of the self, is also involved in the work of mourning. The mechanisms of identification are twofold: in the first, the self reaches out and says, in effect, of another person or object, "This is somehow or other a part of me"; and in the second, the self withdraws and says in effect, "This is not I." Eliot suggests that the mourning person experiences another tension in the area of identity making:

Acceptance of a death as real is itself a form of introjective identification. However, acceptance of death as real may be accompanied by one or another form of projection: i.e., repression, substitution, and so forth.

These facts suggest a paradoxical quality of grief, the ambivalent conflict of impulses to introject and impulses to project, in a confusing situation-process where the bereaved is groping for a revised identity and/or attempting to maintain or restore his former role by fixating the status quo ante.<sup>12</sup>

Freud noticed a similarity between acute grief and a condition he called melancholia. Many of the external symptoms seem to be the same. In both conditions the person is withdrawn, sullen, and lacking in affect. However, as Freud says, the "lay public distinguishes clearly between grief and neurosis."<sup>13</sup> The difference between the two is this: "Melancholia

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<sup>12</sup>Thomas D. Eliot, "Identification in Bereavement," The Midwest Sociologist, XVI (Spring, 1954), 9.

<sup>13</sup>Sigmund Freud, A General Introduction to Psychoanalysis (Garden City, New York: Garden City Books, 1952), p. 244.

is in some way related to unconscious loss of a love-object, in contra-distinction to mourning in which there is nothing unconscious about the loss."<sup>14</sup> Jackson, when speaking of a person's reactions in early acute grief mentions the possibility of what he calls "normal neurosis."<sup>15</sup> It would seem that he has here rephrased Freud's earlier thought concerning the similarity between acute grief and neurosis. Certain behavior which would normally be called neurotic is normal and expected of a person in acute grief.

In brief we can think of the work of mourning as having a dual purpose: (1) To enable the bereaved person to live without the deceased; (2) To enable the bereaved person to live with the memory of the deceased.<sup>16</sup>

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<sup>14</sup>Freud, "Mourning and Melancholia," p. 155.

<sup>15</sup>Jackson, op. cit., p. 135.

<sup>16</sup>Paul E. Irion, in a personal interview, September 17, 1957.

## CHAPTER III

### REACTIONS IN GRIEF

The many reactions to bereavement fall into two broad categories--the normal and the abnormal. Suffice it to say that as in all descriptions of human behavior the line between normal and abnormal is not always clearly to be seen. It is not our purpose here to set down a definitive statement concerning what is normal and what is abnormal in grief. It is our purpose to present a brief picture of (what is generally regarded as) some of the normal and expected grief reactions, the normal physical, mental and emotional changes, and contrast them with those recognized as abnormal, with the hope that the reader, aided by his own sensitivity and understanding of people, will be able to make an informed guess regarding the reactions of his people in a grief situation.

We will discuss the normal reactions in grief under the three following general areas: physical changes, mental changes, and emotional changes.

Lindemann lists three areas of physical complaints generally found in normal acute grief. They are sighing and sobbing, a feeling of a lack of strength and exhaustion, and various digestive complaints.<sup>1</sup> He says:

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<sup>1</sup>Erich Lindemann, "Symptomatology and Management of Acute Grief," Journal of Pastoral Care, V (Fall, 1951), 20f.

The picture shown by persons in acute grief is remarkably uniform. Common to all is the following syndrome: sensations of somatic distress occurring in waves lasting from twenty minutes to an hour at a time, a feeling of tightness in the throat, choking with shortness of breath, need for sighing, and an empty feeling in the abdomen, lack of muscular power, and an intense subjective distress described as tension or mental pain. The patient soon learns that these waves of discomfort can be precipitated by visits, by mentioning the deceased, and by receiving sympathy. There is a tendency to avoid the syndrome at any cost, to refuse visits lest they should precipitate the reaction, and to keep deliberately from thought all references to the deceased.<sup>2</sup>

Regarding the feeling of exhaustion, Greer states that the person in acute grief feels that "all activity is an effort; he climbs a flight of stairs or walks to the corner and is exhausted." And further, regarding the various digestive disorders: "He cannot eat, food seems to stick in his throat and choke him; he has no appetite. His abdomen feels hollow; bowel and kidney action may be changed."<sup>3</sup>

The mental changes in acute grief are generally speaking three-fold. The person in acute grief will experience a decided preoccupation with the image of the deceased.<sup>4</sup> He will give evidence of his preoccupation with this image by expressing over and again his vivid memories of the circumstances of the death of the deceased.<sup>5</sup> The image is so vivid at times that it seems real.<sup>6</sup> The bereaved person is often "surprised to

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<sup>2</sup>Ibid.

<sup>3</sup>Ina May Greer, "Grief Must Be Faced," The Christian Century, LXII (February 28, 1945), p. 270.

<sup>4</sup>Lindemann, op. cit., p. 20.

<sup>5</sup>Erich Lindemann and Ina May Greer, "A Study of Grief: Emotional Responses to Suicide," Pastoral Psychology, IV (December, 1953), 10.

<sup>6</sup>Greer, op. cit., p. 270.

find how large a part of his customary activity was done in some meaningful relationship to the deceased and has now lost significance."<sup>7</sup> Along with this preoccupation there is a "feeling of increased emotional distance from other people" coupled with a "slight sense of unreality."<sup>8</sup> From this preoccupation with the deceased and the feeling of unreality often comes the fear of insanity. Greer puts it this way:

Brought up to avoid the unbridled display of emotion, threatened by the turbulence within him and further frightened by the vividness of new experiences, the bereaved one may feel he faces insanity and add that thought to the sum of his distress.<sup>9</sup>

Another change the bereaved will notice is that routine tasks have become meaningless and difficult.<sup>10</sup> The bereaved seems to have lost the ability "to initiate and maintain organized patterns of activity."<sup>11</sup>

The third area in which bereavement causes a disturbance in the bereaved person is in his emotional life. Basically there are two changes--increased hostility and a feeling of guilt.

The hostility felt by the bereaved person can show itself in several ways. He may feel only a "loss of warmth in

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<sup>7</sup>Lindemann, Journal of Pastoral Care, V, 21.

<sup>8</sup>Ibid., p. 20.

<sup>9</sup>Ibid.

<sup>10</sup>Greer, op. cit., p. 270.

<sup>11</sup>Lindemann, op. cit., p. 21.

relationship to other people" and respond to them with "irritability and anger, a wish not to be bothered by others."<sup>12</sup> The feeling of hostility or anger may be directed against the deceased and cause considerable uneasiness for the deceased.<sup>13</sup> Or if the feeling of hostility is more intense, the bereaved person may project his anger on another person or cause, for example, "doctor, nurse, relatives, or God; in addition, employer, government, or the 'system' might be mentioned."<sup>14</sup> Here again the fear of approaching insanity sometimes enters. The bereaved person is surprised by his feeling of hostility and quite unable to explain it, and he takes it as a sign of approaching insanity.<sup>15</sup> Great efforts are often made to handle these feelings, and the result is often a formalized, stiff manner of social interaction, frequently noticed in the bereaved.<sup>16</sup> The presence of these feelings of hostility is quite well explained by Rogers:

A child soon learns that the expression of hostile feelings toward his parents defeats his own desire for affection.

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<sup>12</sup>Ibid.

<sup>13</sup>William F. Rogers, Ye Shall Be Comforted (Philadelphia: Westminster Press, 1950), p. 22.

<sup>14</sup>Thomas D. Elliot, "Identification in Bereavement," The Midwest Sociologist, XVI (Spring, 1954), 10.

<sup>15</sup>Lindemann, op. cit., p. 21.

<sup>16</sup>Ibid.



Such expression endangers his own security, and promptly brings reprisals. In the adult this repression is likely to result from compunctions of the conscience. One does not ordinarily express hostile feelings toward one's mother or life partner or other intimates. If the training of the conscience has been rigid, one does not even admit to oneself that such feelings of hostility exist. Thus they may be totally repressed and driven from awareness.

These feelings are totally repressed--that is, until some experience such as bereavement releases them. The coming of the emotion of grief may release, also other emotions that have fixed themselves in the same individual. The death of a parent may bring memories of frustrations and feelings of anger that had been long forgotten, or possibly never noticed before.<sup>17</sup>

The other predominant emotional change in grief is a strong feeling of guilt. This often shows itself by the bereaved person's searching the time before the death of the deceased for evidence of some personal failure.<sup>18</sup> Or the bereaved person may "spend much time idealizing the deceased" because this is probably the simplest and best form for resolving the quiet feeling that exists.<sup>19</sup> The feeling of guilt may be based on fact or on imagination. Both are equally potent.<sup>20</sup> The feelings of guilt arise in part from the very normal and universal ambivalence in every interpersonal relationship.<sup>21</sup> Rogers says: "It is safe to say that in any love relationship

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<sup>17</sup>Rogers, op. cit., p. 22.

<sup>18</sup>Lindemann, op. cit., p. 21.

<sup>19</sup>Edgar H. Jackson, Understanding Grief (Nashville: Abingdon, 1957), p. 89.

<sup>20</sup>Paul E. Irion, "Toward an Ethical Understanding of Grief Situations," Pastoral Psychology, IV (December, 1953), 21.

<sup>21</sup>Rogers, op. cit., p. 22.

there is also present the feeling of hostility that is born of personal frustrations and anger situations."<sup>22</sup> This feeling of guilt which comes from the past ambivalent relationship is further complicated by the guilt which stems from the hostility felt and/or expressed at the time of bereavement. The hostility expressed at the time of bereavement is also directly related to the former ambivalent relationship, but was perhaps in part not realized and expressed until the time of bereavement.<sup>23</sup> A further possible cause of guilt feelings might be the cultural demands made upon the bereaved. Irion says:

A person may feel very guilty because his actual feelings in the grief situation do not correspond to the way in which people of the community think he feels. . . . He feels guilty because he considers himself a hypocrite.<sup>24</sup>

The abnormal reactions to grief fall into two broad categories--the delayed reaction, and the distorted reaction.

Lindemann says that the delayed reaction is the most striking and the most frequent of the abnormal reactions.<sup>25</sup> The grief reaction may be delayed for a few weeks or in some cases, many years.<sup>26</sup> The causes for the delayed reaction may be either internal or external. The person may be unable

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<sup>22</sup>Ibid., p. 21.

<sup>23</sup>William F. Rogers, "The Place of Grief Work in Mental Health" (unpublished Ph. D. dissertation, Boston University, 1948), p. 94.

<sup>24</sup>Irion, op. cit., p. 21.

<sup>25</sup>Lindemann, op. cit., p. 24.

<sup>26</sup>Ibid., p. 25.

psychically to mourn and will therefore protect himself by denying the reality of the death, or the bereavement may occur at a time when the patient is confronted with important tasks and when there is necessity for maintaining the morale of others, and he may then postpone his reaction until a later date.<sup>27</sup> Again, "The precipitating factor for the delayed reaction may be a deliberate recall of circumstances surrounding the death or may be a spontaneous occurrence in the patient's life."<sup>28</sup> This latter case is frequently seen when a person is thrown into acute grief by the death of one with whom there were no real close ties. The grieving person is often at a loss to explain the severity of his reaction. What has happened is that the present mild bereavement has brought to the surface some past grief that was unresolved at the time.

Regarding the treatment of persons with a delayed reaction Lindemann says:

The delayed reactions may occur after an interval which was not marked by any abnormal behavior, or distress, but in which there developed an alteration in the patient's conduct perhaps not conspicuous or serious enough to lead him to a psychiatrist. These alterations may be considered as the surface manifestations of an unresolved grief reaction which may respond to fairly simple and quick psychiatric management if recognized.<sup>29</sup>

The next area of concern is the distorted reactions in grief. As the term indicates, these reactions do not differ

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<sup>27</sup> Ibid., p. 24.

<sup>28</sup> Ibid., p. 24.

<sup>29</sup> Ibid.

in type from the normal reactions. They differ rather in intensity and/or duration. Lindemann mentions nine such reactions.

The first distorted reaction is "overactivity without a sense of loss."<sup>30</sup> The bereaved person grieves very little or not at all and then is noted to be feverishly active. His activity can be understood as an attempt to avoid the painful process of grief. He avoids the reality of the death by busy-ing his mind and hands with other things. Most likely these would be things unrelated to the deceased.

The second distorted reaction is the "acquisition of the symptoms belonging to the last illness of the deceased."<sup>31</sup> If the deceased died of a coronary, the bereaved will notice severe pains in his chest, for which there is no physical explanation.

The third abnormal reaction involves an actual recognized medical disease. Lindemann describes the medical disease as a "psychosomatic condition, predominantly ulcerative colitis, rheumatoid arthritis, and asthma."<sup>32</sup> The seriousness of abnormal grief is quite evident in view of the serious diseases that can result.

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<sup>30</sup>Ibid.

<sup>31</sup>Ibid.

<sup>32</sup>Ibid., pp. 23-26.

The fourth distorted reaction is an "alteration in relationship to friends and relatives."<sup>33</sup> This is frequently noted in a normal reaction, but is of a short duration. When the different relationship remains and becomes more or less permanent, it is a sign of unresolved grief. Certain alterations would not be considered abnormal. For example, a significant bereavement sometimes draws a family closer together. The abnormal alterations would be more along the lines of a lasting, rigid self-imposed isolation from former associates.

The fifth ineffective reaction is a "furious hostility against specific persons."<sup>34</sup> Some general temporary hostility is to be expected. It may even normally be temporarily directed against a specific individual. However, in the abnormal reaction, the person gives way to his feelings of hostility. He is possessed by them and can think of little else. Lindemann adds that while "it is characteristic that patients talk a good deal about their suspicion and their bitter feelings, they are not likely to take any action against the accused, as a truly paranoid person might do."<sup>35</sup>

The sixth distorted reaction resembles schizophrenia.

The same author says:

Many bereaved persons struggle with much effort against these feelings of hostility, which to them seem absurd, representing a vicious change in their characters and to

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<sup>33</sup>Ibid., p. 26.

<sup>34</sup>Ibid.

<sup>35</sup>Ibid.

be hidden as much as possible. Some patients succeed in hiding their hostility, but become wooden and formal, with affectivity and conduct resembling schizophrenic pictures.<sup>36</sup>

The serious chain reaction resulting from unmanageable feelings of hostility is further described by Lindemann:

Provocation to a hostile act may be followed by an appropriate aggressive and corrective act or one which effectively removes the provocation even though the act itself is so destructive and so primitive that it meets with social and moral disapproval. If no such act is permissible, and no adequate substitute may be found, tension may mount until there is a disruptive explosion or a frozen immobility which extends into other areas of life and activity. Counter-defenses may be set up in this situation, which are then recognized by others as being among those symptoms known as psychoneurotic. If the counter-formation fails or for some reason is not possible and the tension mounts, the hostility may be turned against the person himself and be felt by him as guilt. He may enter upon a depression or, if other etiological factors also exist, develop a frank psychosis. Attempts at suicide may occur during some psychoneurotic episodes, and are relatively frequent in reactive depression, and form a real danger in melancholia.<sup>37</sup>

The seventh distorted reaction to grief is a "lasting loss of patterns of social interaction."<sup>38</sup> In this condition the bereaved's distorted grief reaction affects his whole sphere of social relationships. Not only is his relationship to former friends and associates altered, but now his relationship to everyone is changed, and again the change is a lasting one. This could be seen in the person whose bereavement turns him permanently sour on the world in general.

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<sup>36</sup>Ibid.

<sup>37</sup>Lindemann and Greer, Pastoral Psychology, IV, 10-11.

<sup>38</sup>Lindemann, op. cit., p. 26.

The eighth distorted reaction shows itself in activities which are detrimental to the bereaved, as far as his social and economic existence is concerned.<sup>39</sup> This condition is the neurotic extension of the hostility-guilt cycle that is not adequately expressed by mere attitudes and feelings, but must find expression in overt acts which are essentially self-punitive or self-destructive.<sup>40</sup>

The ninth distorted reaction is that of a "straight agitated depression with tension, agitation, insomnia, feelings of worthlessness, bitter self-accusation and obvious need for punishment."<sup>41</sup> Lindemann says that such people may be dangerously suicidal.<sup>42</sup> He further says that agitated depressions of this sort represent only a small fraction of the grief reactions in his research group.<sup>43</sup>

It can be seen that Lindemann's nine distorted reactions cannot be thought of as nine separate and distinct individual reactions. They are rather in a sense a series of steps or stages in a distorted reaction, from the first manifestations of distortion to the final personality disintegration. However, it must be remembered that because of the many variables

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<sup>39</sup>Ibid., p. 27.

<sup>40</sup>Rogers, "The Place of Grief Work in Mental Health," p. 96.

<sup>41</sup>Lindemann, op. cit., p. 27.

<sup>42</sup>Ibid.

<sup>43</sup>Ibid., p. 28.

involved, the presence of one set of symptoms does not preclude the future presence of the entire series. The needs of the bereaved may be met by one phase of the distortion, and no further distortion may ever appear. Also the early stages of distortion may be sufficiently suppressed as to be generally unnoticed, when suddenly something of a serious nature is discovered.

The factors which determine the reaction for the individual in grief fall into three broad categories: (1) The personality of the bereaved; (2) The relationship between the deceased and the bereaved; (3) The manner in which death came to the deceased. It must be remembered that these categories are academic and artificial. They are merely for the purpose of analysis.

The degree of success with which a person goes through the grieving process is in a large measure determined by his personality. By the term "personality" we mean many things. Such elements as the person's basic patterns of emotional response, his intelligence, his flexibility and ability to adjust to a new situation, his value structure,<sup>44</sup> and his degree of inner security<sup>45</sup> enter into the picture. To this list this writer would add the spiritual condition of the bereaved, realizing that this is not a completely separate factor in personality, but that it is rather woven into the fabric of

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<sup>44</sup>Jackson, op. cit., passim.

<sup>45</sup>Seward Hiltner, Self-Understanding Through Psychology and Religion (New York: Charles Scribner's Sons, 1951) p. 183.



personality in such a way as to be to a degree evident in almost any of the above-mentioned factors.

Helen Deutsch, speaking from the psychiatric point of view, points to what is very likely the basic factor in the personality regarding its reaction to grief, namely, ego strength. Explaining abnormal reactions, she says:

If grief should threaten the integrity of the ego, or in other words, if the ego should be too weak to undertake the elaborate function of mourning, two courses are possible: first, that of infantile regression expressed as anxiety, and second, the mobilization of defense forces intended to protect the ego from anxiety and other psychic dangers. The most extreme expression of this defense mechanism is omission of affect. Whether these defense mechanisms are called into operation depends upon the opposition of two forces: the relative strengths of the onrushing affects, and the ego in meeting the storm.<sup>46</sup>

Hiltner seems to be pointing in layman's language toward the same strength mentioned by Helen Deutsch when he says:

People who cannot face the pain of confronting the stark fact of loss have no reason to berate themselves. They would face it if they could. But in their own lives there has been deprivation of some kind. And facing another loss, something as terrible as grief, is literally more than they can bear. In making one of the detour responses to grief, they are protecting themselves, for they can at this time stand no more.<sup>47</sup>

To illustrate the importance of personality "type" in determining reaction to grief, Irion suggests the possible reaction for the three types of people as defined by Karen Horney: (1) Those moving toward people (dependent); (2)

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<sup>46</sup>Helene Deutsch, "Absence of Grief," Psychoanalytic Quarterly, VI (1937), 14.

<sup>47</sup>Hiltner, op. cit., p. 182.

Those moving against people (aggressive); (3) Those moving away from people (isolated). The dependent type has difficulty facing grief, because he must face it alone. Yet mourning is very necessary because of a very real attachment to the deceased. The aggressive type, because of aggressive relationships with the deceased, may often have real guilt feelings which complicate mourning. The isolated type does not have much mourning to do, but what he has to do is complicated by cultural pressure on him demanding certain mourning procedures and forms.<sup>48</sup>

It is important to note that the immediate bereavement situation is never thought of as the factor which destroys or disintegrates the personality. It may well be the factor which precipitates the disintegration, but the personality crumbles along the lines of long existent faults. Jackson says:

Abnormal grief reveals emotional conditions that might otherwise have been unobserved. Such grief releases feelings that might otherwise have been controlled.<sup>49</sup>

Lindemann spells this out a little further by saying that "patients with obsessive personality make-up and with a history of former depression are likely to develop an agitated expression."<sup>50</sup>

The second factor which in part determines the bereaved's reaction to the grief situation is the manner in which death

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<sup>48</sup>Paul B. Irion, The Funeral and the Mourners (New York, Nashville: Abingdon Press, 1954), pp. 58-60.

<sup>49</sup>Jackson, op. cit., p. 162.

<sup>50</sup>Lindemann, op. cit., p. 29.

came to the deceased. A violent death, especially if witnessed by the bereaved, often causes an increased feeling of guilt. This is because a violent death "has unconscious symbolic connotations that for obvious reasons lend themselves more to the formation of ideas of guilt."<sup>51</sup> Similarly, a bereavement that occurs after a long lingering illness for the deceased often causes a greater identification with the deceased and may perhaps show itself in the bereaved by symptoms similar to those of the deceased.<sup>52</sup> Two other factors concerning the condition of death were noticed by Loomis: (1) The suddenness or unexpectedness of the separation; (2) An excessively prolonged period of uncertainty regarding the reality of the separation, such as might occur in war time. These two factors were seen as possibly contributing to a distorted reaction.<sup>53</sup>

The third factor conditioning grief reactions is the relationship that existed between the bereaved and the deceased. This relationship is in part, of course, a result of the personality of the bereaved and cannot really be thought of apart from that picture. Also, the relationship may have determined the personality of the bereaved to a degree.

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<sup>51</sup>Karl Stern, Gwendolyn M. Williams, and Miguel Prados, "Grief Reactions in Later Life," The American Journal of Psychiatry, CIX (1951), 293.

<sup>52</sup>Ibid.

<sup>53</sup>The Minister's Consultation Clinic, Simon Doniger, editor (Great Neck, New York: Channel Press, Inc., 1955), p. 221.

Regarding this relationship Lindemann says:

The intensity of interaction with the deceased before his death seems to be significant. It is important to realize that such interaction does not have to be of the affectionate type; on the contrary, the death of a person who invited much hostility, especially hostility which could not be well expressed because of his status and claim to loyalty, may be followed by a severe grief reaction in which hostile impulses are the most conspicuous feature.<sup>54</sup>

Helen Deutsch agrees with this idea and says that though one might expect to find a constant correlation between the severity of grief and intensity of positive ties to the deceased, quite the opposite is true. She says: "My experience corroborates Freud's findings that the degree of persisting ambivalence is a more important factor than the intensity of positive ties."<sup>55</sup> Rogers states that the "intensity of the relationship" is the key factor rather than the affection involved.<sup>56</sup>

Another factor in the relationship is mentioned by Lindemann. The deceased may have been a "key person in a social system." His death is followed by disintegration of the system and by profound alteration of the living and social conditions of the bereaved. This brings the additional and separate problem of readjustment to a new social system, along with the reaction to the loss incurred.<sup>57</sup>

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<sup>54</sup>Lindemann, op. cit., p. 28.

<sup>55</sup>Deutsch, op. cit., p. 12.

<sup>56</sup>Rogers, "The Place of Grief Work in Mental Health," p. 8.

<sup>57</sup>Lindemann, op. cit., p. 29.

It is an extremely difficult task to determine the relative importance of the various factors that condition the grief reaction. This is in part because of the interrelatedness of individual personality and interpersonal relationships, and also because of the many contributing factors which remain clinically unknowable. Lindemann indicates that his research seems to point in the direction of the relationship with the deceased as the more important factor.<sup>58</sup> However, Crinker<sup>59</sup> and others seem to feel that the basic personality structure and/or strength is the key factor.

The duration of the grief reaction depends to a degree upon the severity of the reaction, including such factors as are mentioned above. Also the duration depends upon the "success with which a person does the grief work."<sup>60</sup> No general figures can be given for the duration of a distorted reaction; however, the duration of an uncomplicated reaction can be predicted with some degree of accuracy. Lindemann states that it is "ordinarily possible to settle an uncomplicated and distorted grief reaction" in a period of from four to six weeks, with psychiatric help.<sup>61</sup> Brewster puts this figure even lower, at three to four weeks.<sup>62</sup> Greer sets the upper

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<sup>58</sup>Ibid.

<sup>59</sup>Roy R. Crinker and John P. Spiegel, Men Under Stress (Philadelphia: Blakiston Co., 1945), passim.

<sup>60</sup>Lindemann, op. cit., p. 22.

<sup>61</sup>Ibid., p. 24.

<sup>62</sup>Joshua L. Liebman and others, Psychiatry and Religion (New York: The Beacon Press Inc., 1948), p. 150.

limits as approximately three months.<sup>63</sup> Rogers sets the limits wider and says that the "sharp edge of grief should be dissolved in from six to ten weeks."<sup>64</sup> Irion adds a note of warning by saying that "if the work of mourning is not done within several months, there may be lasting devastation in the life of the individual."<sup>65</sup> To this seemingly optimistic picture Loomis adds the solemn note that grief is probably never fully accomplished.<sup>66</sup> By this we assume that he means that the bereaved is never quite the same person again, remembering that grief has positive as well as negative effects.

Loomis sounds a very healthy note for all would-be therapists when he says:

It must be remembered that the process of "grief work," as Freud termed it, is a slow one, and that what has been said about therapy is not meant to imply that it can necessarily be accelerated to any degree, or that time alone will not heal the majority of grief reactions.<sup>67</sup>

Two special cases of mourners merit special attention. They are children and the aged. Their reaction to grief is conditioned by their stage of development. Children often display indifference to the death of a loved one. Helen Deutsch offers two explanations for this indifference: (1)

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<sup>63</sup>Greer, op. cit., p. 270.

<sup>64</sup>Rogers, Ye Shall Be Comforted, p. 35.

<sup>65</sup>Irion, The Funeral and the Mourners, p. 34.

<sup>66</sup>The Minister's Consultation Clinic, p. 221.

<sup>67</sup>Ibid., p. 222.

Intellectual inability to grasp the reality of death, or (2) an inadequate formation of an object relationship, and adds that neither explanation is exclusively valid because the separation must provoke some type of reaction and some stage of object relationship must have been achieved. As a possible solution to this problem, Deutsch offers again the hypothesis of ego strength, by saying that "the ego of the child is not sufficiently developed to bear the strain of the work of mourning and that it therefore utilizes some mechanism of narcissistic self-protection to circumvent the process."<sup>68</sup>

Stern and his associates made a study of grief among the aged and reported the following findings:

The most striking features in this group were: a relative paucity of overt grief and of conscious guilt feelings, a preponderance of somatic illnesses precipitated or accentuated by the bereavement; a tendency to extreme exaggeration of the common idealization of the deceased with a blotting-out of all "dark" features; a tendency to self-isolation and to hostility against some living person.<sup>69</sup>

He further states that this hostility was usually expressed against a person of the same sex as the deceased.<sup>70</sup>

Before concluding this section on the factors conditioning the grief reaction, one further factor suggested by Lindemann must be mentioned, namely that of "anticipatory grief."

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<sup>68</sup>Deutsch, op. cit., p. 13.

<sup>69</sup>Stern, and others, op. cit., p. 293.

<sup>70</sup>Ibid., p. 291.

Lindemann states the possibility of people going through the grief process before the death has occurred, as might happen in a war time separation or in a long terminal illness of the deceased. Thus when the death does come, a good share of the mourning has already been done, and the reaction following the death is less severe.<sup>71</sup>

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<sup>71</sup>Lindemann, op. cit., p. 30.



## CHAPTER IV

### THE PSYCHOLOGICAL NEEDS OF THE BEREAVED

Briefly stated, the bereaved person needs three things. X  
He needs to face his grief, he needs to express his grief, and he needs to begin again to rebuild his life, or to be socially reintegrated. Each of these three needs involves a process for the bereaved, and though these three processes will be carried on simultaneously (by the bereaved), still there is a necessary progression from the first to the second to the third. Thus a person cannot express grief that he has not yet faced or acknowledged, and likewise, he cannot be socially re-integrated in a healthy manner if he has not given both acknowledgment and expression to his grief.

Lindemann calls the tendency to avoid grief one of the big obstacles in mourning.<sup>1</sup> The desire to avoid grief is a very natural one in that it is merely an extension of the desire to avoid pain. As was mentioned earlier, one of the normal immediate reactions to bereavement is a denial and/or turning away from the fact of the bereavement. Often a conscious effort is made to avoid those thoughts which cause pain. At other times the effort is unconscious and may involve the substitution of another person for the deceased, or the bereaved

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<sup>1</sup>Erich Lindemann, "Symptomatology and Management of Acute Grief," Journal of Pastoral Care, V (Fall, 1951), 22.

may continue to live as though the deceased were still with him.<sup>2</sup> There is real danger in attempting to avoid the pain of grief. Rogers says: "Grief which we thought we had eluded often proves to be present in unrecognized but very diabolical forms. Complete character changes are often brought about by this force which we deny."<sup>3</sup> Greer adds, "The process, like any illness, is painful. But there are legitimate means of hastening its end and relieving its distress," and the first of these means is facing one's grief and submitting one's self to the attendant suffering.<sup>4</sup>

Grief must be faced because "so long as a person denies in any way that the deceased is really gone, he will remain in bondage to the deceased."<sup>5</sup> The fact that the emotional stresses caused by grief, if unacknowledged and unexpressed, often result in a serious physical disorder indicates the degree to which the real feelings of the person are suppressed and need to be brought out into the open.<sup>6</sup>

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<sup>2</sup>William F. Rogers, Ye Shall Be Comforted (Philadelphia: Westminster Press, 1950), pp. 18-19.

<sup>3</sup>Ibid., p. 51.

<sup>4</sup>Ina May Greer, "Grief Must Be Faced," The Christian Century, LXII (February 28, 1945), 270.

<sup>5</sup>Paul E. Irion, The Funeral and the Mourners (New York, Nashville: Abingdon Press, 1954), p. 112.

<sup>6</sup>Paul E. Irion, "Toward an Ethical Understanding of Grief Situations," Pastoral Psychology, IV (December, 1955), 24.

Some aspects of the universal desire to avoid the reality of death, even by those only casually associated with the deceased, is stated by Freud:

Our habit is to lay stress on the fortuitous causation of the death--accident, disease, infection, advanced age; in this way we betray our endeavor to modify the significance of death from a necessity to an accident.... Towards the dead person himself we take up a special attitude, something like admiration for one who has accomplished a very difficult task. We suspend criticism of him, overlook his possible misdoings, issue the command: De mortuis nil nisi bene, and regard it as justifiable to set forth in the funeral oration and upon the tombstone only that which is most favorable to his memory.<sup>7</sup>

Although there is always pain connected with facing one's grief and the reality of the loss, still there is an almost immediate relief in store for those who are able to do so. Lindemann reports that as soon as the bereaved became willing to accept the grief process and to embark on a program of dealing in memory with the deceased, there seemed to be a rapid relief of tension.<sup>8</sup>

The second need of the bereaved is to give expression to his grief. Once the fact of death has begun to be accepted as reality, the bereaved is ready to begin his "grief work." Rogers defines grief work as "the process of reliving one's relationship to the lost until the pain of grief is sufficiently mitigated to enable the bereaved to make wholesome adjustment to his new world."<sup>9</sup>

<sup>7</sup>Sigmund Freud, The Major Works of Sigmund Freud (Chicago: Encyclopedia Britannica, 1952), p. 762.

<sup>8</sup>Lindemann, op. cit., p. 22.

<sup>9</sup>William F. Rogers, "The Place of Grief Work in Mental Health" (unpublished Ph. D. dissertation, Boston University, 1948), p. 14.

If the bereaved is to be fully emancipated from the deceased, the entire relationship must be reviewed. This means both the positive and the negative aspects of the relationship must be accepted.<sup>10</sup>

The feelings of the bereaved in the grief situation are also of great importance. He must give expression to his feeling of sorrow and loss, to his feelings of hostility and guilt, and to his fear of insanity as well as any other strong feelings he may have as a result of his bereavement.<sup>11</sup>

The importance of this expression cannot be minimized.

Greer says,

Grief can be denied, it can be postponed, it can be distorted; but sooner or later it must be experienced. By natural law, an emotion once touched off ushers in a chain of events within the body--mental, chemical, neural, skeleto-muscular - which in some way or other must be externalized and the energy they produce discharged. This emotional chain is never complete until the appropriate act, or its substitute, has been performed.<sup>12</sup>

Deutsch adds the thought that "unmanifested grief will be found expressed to the full in some way or other"<sup>13</sup> Irion strengthens the warning by saying that unless grief "is brought to the surface, exposed to the light of day as it were, it works severe damage within the individual."<sup>14</sup>

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<sup>10</sup>Irion, The Funeral and the Mourners, p. 37.

<sup>11</sup>Rogers, "The Place of Grief Work in Mental Health," p. 126.

<sup>12</sup>Greer, op. cit., p. 270.

<sup>13</sup>Helene Deutsch, "Absence of Grief," Psychoanalytic Quarterly, IV (1937), 13.

<sup>14</sup>Irion, Pastor Psychology, IV, 20.

Once having begun his grief work, the bereaved must carry it through to completion. Deutsch says,

The process of mourning as reaction to the real loss of a loved person must be carried to completion. As long as the early libidinal or aggressive attachments persist, the painful affect continues to flourish, and vice versa, the attachments are unresolved as long as the affective process of mourning has not been accomplished.<sup>15</sup>

Regarding the manner of expression, Greer says, "The most effective means is talking. It all sounds rather harsh, rather vague, and decidedly as though it wouldn't work. But it does."<sup>16</sup>

More than mere expression is accomplished by the talking process. Greer says,

Talking assumes a listener. And as soon as the mourner has a listener he has entered into a new activity, a new human relationship, a new shared pattern of behavior. Three things have been accomplished by the mere act of talking: an emotion has been expressed, tension has been lessened, and a new pattern of conduct has been formed. The grieving person has already started on his way to recovery.<sup>17</sup>

About the only guideline for the extent of this expression is that given by Hiltner who quoting Lindemann says, "We do well to show as much grief as we feel and can express at the appropriate times and places."<sup>18</sup>

The third need of the bereaved is to be socially re-integrated. If the first two needs have been adequately met, the need for social re-integration is almost automatic. Rogers says:

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<sup>15</sup>Deutsch, op. cit., p. 21.

<sup>16</sup>Greer, op. cit., p. 271.

<sup>17</sup>Greer, op. cit., p. 270.

<sup>18</sup>Seward Hiltner, Self-Understanding Through Psychology and Religion (New York: Charles Scribner's Sons, 1951), p. 183.

After having courageously faced our loss, lived through our memories, and talked out our tensions, the next step is to renew old relationships with other people, or to form new ones. No one individual will fill the gap left by the beloved who has died. Neither will any group of individuals. That one was a special person who occupied a unique and deep place all his own in our life. Nevertheless a number of more casual friendships can help to fill the empty space. As social beings, we need the support of friendships and the occupation of social intercourse. Friends won't take the place of the deceased, but they will help us to bear the loss.<sup>19</sup>

There are two dangers involved in the social re-integration of the bereaved. The first is that the process will be begun too soon, that is, before a sufficient degree of emancipation from the deceased has been accomplished. Should this happen, the bereaved would not be accepting the reality of his loss, but would rather be denying it by substituting a similar person for the lost one. The second danger is that of substitution even after a degree of emancipation has been achieved. Using the example of a mother who loses a young child, Liebman points out that the immediate adoption of another child would be unwise because unconsciously the mother would feel disloyal to her own dead child because of the speedy transference of affection to a stranger. As a result the substituted person would become the unconscious victim of a deep hostility.<sup>20</sup>

Society helps to meet the needs of the bereaved, especially in the area of social re-integration. Greer says,

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<sup>19</sup>Rogers, Ye Shall Be Comforted, p. 32.

<sup>20</sup>Joshua L. Liebman, Peace of Mind (New York: Simon Schuster, 1946), p. 115.

By convention a period is set aside during which the bereaved is expected to mourn, to be spared responsibility, to be granted extra attention, to act as a special person, set apart. If he wishes to withdraw into himself, dress in black, think only of the dead for a few days, he is forgiven. His friends gather around, say nice things about the departed, overlook his attempts to thrust them away, forgive him his irritation, ignore his half hidden hostility, make special efforts to provide him with new patterns of conduct. They may bring him food and flowers, tangible, time-accepted tokens of friendliness and sympathy.<sup>21</sup>

A word must now be said about two special cases of mourners whose needs present special problems. The first group is children. Sherrill points out that children have traditionally been shut out from the two great mysteries of life, birth and death. Since the advent of modern psychology, the attitude toward birth has changed, but not the attitude toward death.<sup>22</sup> Though children will not react to a grief situation with the intensity that might be expected of an adult, still they should not be shielded from grief and sorrow. They must, in effect, go through the same process that anyone else goes through. To deny them the expression of their grief is harmful and is essentially a rejection of them as a person.<sup>23</sup> Because a child will not generally have the intellectual and emotional background that an adult brings to a bereavement situation, he may need some interpretation of the event in language that he can understand as well as the opportunity to talk to someone who will endeavor to understand his feelings.<sup>24</sup>

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<sup>21</sup>Greer, op. cit., p. 270.

<sup>22</sup>Helen H. Sherrill, and Lewis J. Sherrill, "Interpreting Death to Children," The International Journal of Religious Education (October, 1951), p. 4.

<sup>23</sup>Liebman, op. cit., pp. 126-131.

<sup>24</sup>Paul E. Irion, "Children and Funerals," Pulpit Digest, XXXIV (April, 1954), 13-15.

The second special type of mourner is the one who is bereaved by suicide. This type of mourner has additional needs beyond those of the usual mourner because, as Lindemann points out,

Those left behind after a suicide are faced with a triple loss, that from death, rejection, and disillusionment. There is also, for many a sense of shame and a resulting injury to the image of the self.<sup>25</sup>

Later he adds that those bereaved by suicide sometimes fear retaliation by the community, as was custom years ago. They express this fear when they say, "What will people think?"<sup>26</sup>

Because he feels rejected and disillusioned by the deceased, this mourner will have strong ambivalent feelings, as well as the resulting fears and guilts that will need expression.

As the needs of the bereaved are met, he gradually is able to return his life to the normal. Klein describes the process thus:

Only gradually, by regaining trust in external objects and values of various kinds, is the normal mourner able once more to strengthen his confidence in the lost loved person. Then he can again bear to realize that this object was not perfect, and yet not lose trust and love for him, nor fear his revenge. When this stage is reached, important steps in the work of mourning and towards overcoming it have been made.<sup>27</sup>

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<sup>25</sup>Erich Lindemann and Ina May Greer, "A Study of Grief: Emotional Responses to Suicide," Pastoral Psychology, IV (December, 1953), 11.

<sup>26</sup>Ibid., p. 13.

<sup>27</sup>Melanie Klein, "Mourning and its Relation to Manic-Depressive States," International Journal of Psychoanalysis, XXI (1940), 138.



Greer pictures the final result in layman's language thus:

There may remain an area of sadness, an added gravity; a warmer feeling for people and a wider sympathy and receptiveness to others woes; an increased gentleness and softness; but the bitterness, the torturing pain is gone. The bondage to the dead companion has been broken and the bereft is ready to take up his life anew, to make other friends, to form attachments to new people.<sup>25</sup>

<sup>25</sup> Greer, op. cit., p. 270.

## CHAPTER V

### THE PASTOR'S GENERAL AIM IN WORKING WITH THE BEREAVED

Rogers says, "The cure [for grief] lies in the healing process of the spirit, which we can aid if we understand."<sup>1</sup> Since the pastor is almost invariably called when there is a death in the family of his members, he stands in a very good position to be helpful in many ways. Irion says,

Granted that nothing can be done about the loss, much can be done to help the bereaved work through their grief. It is this fact which makes therapy among the mourners a primary responsibility of every minister. Awake to the psychological substance of grief, he can do much to enable people to find release from the strong feelings which hold them in bondage to sorrow.<sup>3</sup>

Rogers also points out (this) concerning the pastor's advantageous position:

Often the minister is acceptable to the bereaved when another is not because he is already known as one whom he can trust, and to whom hurt feelings and sore spirits can be made known. In strong grief there may be a tendency for the bereaved to withdraw at the very time when he needs support. The ability of the minister to make contact with him may be the factor which keeps him from isolation, and hence become his chief support.<sup>3</sup>

The pastor's general aim in ministering to the bereaved is to be as helpful to them in working through their grief as

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<sup>1</sup>William F. Rogers, Ye Shall Be Comforted (Philadelphia: Westminster Press, 1950), p. 15.

<sup>2</sup>Paul B. Irion, "Toward an Ethical Understanding of Grief Situations," Pastoral Psychology, IV (December, 1953), 20.

<sup>3</sup>Bereavement--Death--The Funeral, Simon Doniger, editor (Great Neck, New York: Pastoral Psychology Press, 1955), pp. 16-17.

possible. It is the conviction of this writer that an enlightened ministry to the bereaved falls well within the pastor's responsibility as a minister of the Gospel of Jesus Christ. Speaking of such a ministry in crisis situations Dicks says, "It is the pastor's task to demonstrate the love of God through his own love."<sup>4</sup>

The pastoral care of the bereaved involves essentially two functions. The pastor will function as a minister of the Gospel bringing to the bereaved the resources of the Christian faith and the resources of the Christian fellowship. He will also function as a counselor for the bereaved, aiding them by these two functions in facing and expressing their grief, and also aiding them as they move toward social re-integration.<sup>5</sup>

The pastor's success in such a ministry to the bereaved is conditioned by four factors: (1) The pastor's qualifications, both personal and professional; (2) The bereaved's qualifications; (3) The relationship between pastor and parishioner; and (4) The time element.

The pastor's ability to be helpful to the bereaved is to a degree dependent upon his understanding of what is really going on inside the bereaved. However this writer feels that a technical psychological understanding of grief cannot be considered as essential because for centuries Christian ministers

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<sup>4</sup>Russell L. Dicks, "Bereavement," The Pastor (April, 1950), pp. 11f.

<sup>5</sup>Bruce L. Middaugh, "The Ministry of Bereavement," The Pastor (July, 1948), p. 10.

have been working effectively with the bereaved without such academic background. A man of faith, with a genuine concern for his people that shows itself in his desire patiently and sympathetically to understand them will be well equipped to work with the bereaved. However, the insights of the psychological understanding of grief will be of great aid even to such a minister. Johnson describes the pastor's qualifications in this way:

To have a pastoral counselor who is available and ready to listen without being shocked by one's confession, who will not betray confidences or grow weary of the intricate details of a life story, who is emotionally mature enough to understand how a bereaved person feels, yet ever maintaining a clear perspective of faith of life and the healing power of growth through adversity, is a resource of immeasurable value to a person searching for a way out of distress. From such a counselor one may expect emotional support, release from bewildering tensions, and the patient development of insight with increasing ability to act upon this self-understanding in outgoing steps toward better social relationships.<sup>6</sup>

To this picture Rogers adds this thought: "He has faith-- faith in life, faith in us, faith in God."<sup>7</sup>

The final result of the pastor's efforts in working with the bereaved will be to a large degree determined by the qualifications that the bereaved brings to the situation.<sup>8</sup>

The third factor relative to the pastoral care of the bereaved is the relationship that exists between the pastor and

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<sup>6</sup>Paul E. Johnson, Psychology of Pastoral Care (New York, Nashville: Abingdon Cokesbury, 1953), p. 251.

<sup>7</sup>Rogers, op. cit., p. 37.

<sup>8</sup>Supra, pp. 22-23.

the parishioner. If the parishioner is well known by the pastor because of long association or because of an intensive relationship, and if the parishioner regards the pastor as one whom he can trust and for whom he has respect, the pastor will be in a position to be quite helpful to him. However if the relationship has been superficial or even antagonistic, there will be serious barriers to any psychologically helpful relationship which must be overcome before much that is of significance psychologically can take place. If there has been no previous relationship before the bereavement, the pastor must work slowly and carefully first to build a good relationship before he can hope to be of much help. However, the total lack of a previous relationship does not preclude the pastor's being helpful to a bereaved person.

The fourth factor in the pastoral care of the bereaved is the time element. Because of the nature of the bereaved's need to express his grief, counseling with the bereaved is a time consuming task. In a large city parish where funerals are frequent, it is conceivable that a pastor could spend all his time merely ministering to the bereaved. The wide scope of activities embraced by almost every minister will put him time at a premium. He does not have unlimited time to spend in this phase of his ministry. However, it is the feeling of this writer that the pastor will do well not to slight the needs of the bereaved. To the extent that his schedule will allow, he should make himself available to them. Stating this truth in hyperbolic fashion, Dicks says,

The clergyman who does not have time to minister effectively to the bereaved does not have time to do anything else, and the words he utters in his next sermon will be nauseating to God and a blasphemy of Christ.<sup>9</sup>

Loomis, a noted psychiatrist, says,

No psychiatrist can replace the pastor's function in the majority of separation and grief reactions of his parishioners. It is only his own maturity and faith and understanding that will enable the minister to share in the rehabilitation of the bereaved.<sup>10</sup>

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<sup>9</sup>Russell L. Dicks, Pastoral Work and Personal Counseling (New York: Macmillan Co., 1955), p. 92.

<sup>10</sup>The Minister's Consultation Clinic, Simon Deniger, editor (Great Neck, New York: Channel Press Inc., 1955), p. 222.

## CHAPTER VI

### THE PASTOR'S IMMEDIATE REACTION TO GRIEF

If a pastor is genuinely concerned about being helpful to the bereaved, he will make himself available to them as soon as is possible after he has been informed of the bereavement. This initial contact with the newly bereaved is an important one. The pastor will be concerned about more than merely arranging the details for the funeral. How he will convey his concern best is a matter that bears some investigation. Howell says,

If one holds love and sympathy in his heart, let him stand by the side of his mourning friend. One need say but little. A cheerful word, a hand of sympathy upon the shoulder will more surely convey the deep fellowship of your heart than a torrent of conversation.<sup>1</sup>

Middaugh says,

The minister will remind the bereaved of their Christian faith by his very presence in the home, by his attitude, by his facial expression, and by his voice. He need not worry about the words he shall speak, if only he will make sure that they are few enough and genuine enough. The least of his methods will be direct exhortation. To come barging into a home of bereavement, scattering choice texts and pious exhortation, is to betray oneself as an insensitive person.<sup>2</sup>

In much the same vein Cabot and Dicks speak of the minister's "contagion."

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<sup>1</sup>Erle Howell, "Can the Bereaved Be Comforted?" The Pastor (January, 1953), p. 17.

<sup>2</sup>Bruce L. Middaugh, "The Ministry of Bereavement," The Pastor (July, 1948), p. 11.

The minister who strengthens people's belief in the soul's permanence does so by the contagion of his own certainty, and especially by the evidence of this that he gives unconsciously in the way he behaves, in the things he takes for granted, in what he treats as important and what as trivial.<sup>3</sup>

Oates speaks of a ministry of silence.

The pastor's presence itself is a spiritual fortification as he comes alongside people in time of stress and sits where they sit as a reminder of the presence of God.

The knowledge of this fact should relieve the minister of the compulsive necessity to "say something" on every occasion, because there are many times when silence itself is a means of prayer during these "groanings which cannot be uttered." Especially within the fellowship of the household of the Christian faith, among those who share a common loyalty to a living Christ, "There is no speech or language, without these their voice is heard" (Ps. 19:3, marginal reading). Job aptly railed at his comforters: "Ye are all physicians of no value. Oh that ye would altogether hold your peace! And it would be your wisdom" (Job 13:4,5). The minister today who has not learned the disciplined and re-creative use of silence as a means of spiritual communication falls into the same condemnation.<sup>4</sup>

To these injunctions to silence, Wise adds,

In his initial call the minister should of course express his own feelings of sorrow to the bereaved person. This in itself will enable the bereaved to express his feelings. From here on the pastor should focus his attention on the feelings that the bereaved express.<sup>5</sup>

Irion suggests the following as an example of what might be said by the Pastor:

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<sup>3</sup>Richard C. Cabot and Russell L. Dicks, The Art of Ministering to the Sick (New York: Macmillan Co., 1947), p. 321.

<sup>4</sup>Wayne E. Oates, The Christian Pastor (Philadelphia: The Westminster Press, 1951), pp. 98-99.

<sup>5</sup>Carroll A. Wise, Pastoral Counseling: Its Theory and Practice (New York: Harper and Brothers, 1951), pp. 211-212.



We are so very sorry that Mr. S. has died. I think we can all understand in a small way your loss because we are all going to miss him. If there is anything that I can do to help you through this difficult time, I hope you'll call on me.<sup>6</sup>

To explain in an expression of this kind Irion says, "The sharing of sorrow is more an understanding and acceptance of the feelings of the mourners than an attempt to equal the depth of their feelings."<sup>7</sup>

Should the situation warrant it, the pastor at this time might do well to remind the bereaved of the strengthening presence of God, even in this very dark hour. This however, is no occasion for a sermon, nor is it the time for a torrent of Bible verses. The pastor's words should be few and well chosen.

The need of the bereaved to give verbal expression of his grief at this time is not too great.<sup>8</sup> The initial sobbing and sighing reactions will usually be present.<sup>9</sup> They should not be suppressed. However, since certain details must be agreed upon by the minister and the bereaved, some talking will be necessary. Should the bereaved give some expression to his feelings, it should be accepted and encouraged; however the bereaved is in no condition for a counseling session.

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<sup>6</sup>Paul E. Irion, The Funeral and the Mourners (New York, Nashville: Abingdon Press, 1954), p. 147.

<sup>7</sup>Ibid., p. 107.

<sup>8</sup>William F. Rogers, Ye Shall Be Comforted (Philadelphia: Westminster Press, 1950), p. 34.

<sup>9</sup>Supra. pp. 13-14.

## CHAPTER VII

### THE PASTOR'S LATER ACTION WITH THE BEREAVED

The pastor's later care of the bereaved is thought in the main to include that pastoral care which occurs following the funeral. However, it is not rigidly to be regarded as such and could well take place in part before the funeral. Although the funeral can certainly be considered a part of the pastor's care of the bereaved, it is not within the scope of this paper to deal with the funeral.

The Christian ministry to the bereaved has traditionally been thought of as a ministry of comfort in which the Christian minister seeks to bring the resources of the Christian faith to bear on the sorrow of the bereaved. Rogers lists the following positive values of the Christian religion for those in mourning: (1) We believe in the "creative influence" of God. God is at work in us. There is therefore power, God's power, available to us; (2) God cares for us personally; (3) There is purpose to life. "Our faith assures us, however, that although the ultimate purpose is not readily ascertainable in certain specific happenings, yet it is there."; (4) God will ultimately conquer evil. "Our confidence is in God, however, and in both his desire to bring things out and his ability to do so; (5) The resurrection idea. This idea helps us to evaluate our grief properly. We see clearly now that our pain is for our own loneliness. This does not minimize our pain, but helps us

understand it. It does not take our pain away, but it does aid in formulating a plan to overcome it; (6) God can give strength for any situation; (7) We can pray; (8) We can confess; (9) We have the church fellowship.<sup>1</sup>

Irion sees the Christian faith as a definite aid to the process of mourning. He says,

There is genuine religious significance in this psychological explanation of the therapy of mourning. In the Christian faith we find the resources for implementing the therapy. We see that religion is not to be looked upon as a substitute for grief. Faith is not a means of short-circuiting mourning. Rather in the Christian faith we find the strength and resources which enable us to face and pass through the painful experience of mourning.<sup>2</sup>

Farther on he says,

The Christian faith, seen in its true meaning, gives every justification for mourning. The belief in the working of the Spirit of God in the lives of men, strengthening and sustaining them in crises, enriches the psychologist's faith in a power for health which resides in man. This belief enables man to entrust himself to the therapeutic process of mourning, which is a means to health. The strength to bring him to re-integration will be there if he is willing to trust himself to the process. In similar fashion the Christian belief in the value of confession and the forgiveness of sins enables the mourner to enter the process without trepidation, without fearing feelings of guilt or indications of failure which may come out in rigorous self-examination. Then, too, the new integration of life without the deceased can be faced in confidence, because the Christian faith of the individual provides him with a system of values and a purpose for living which neither abrogate his feelings for the deceased nor make him inordinately dependent upon them.<sup>3</sup>

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<sup>1</sup>William F. Rogers, Ye Shall Be Comforted (Philadelphia: Westminster Press, 1950), pp. 41-48.

<sup>2</sup>Paul E. Irion, The Funeral and the Mourners (New York, Nashville: Abingdon Press, 1954), pp. 37-38.

<sup>3</sup>Ibid., p. 38.

Loomis, a psychiatrist, says, "The Christian hope of immortality can provide a cheerful contrast to an otherwise somewhat stoical acceptance of death's finality."<sup>4</sup>

The Christian faith offers in its various dogmas a wide variety of resources for the mourner. However, comfort can also be abused by those who seek to apply it with the best of intention but with little understanding. Liebman had this in mind when he said.

In a sense, religion attempts its most heroic feat in the presence of the grave. . . . The minister must console the bereaved, but accomplish this purpose in such a way as not to congeal the life impulse of the living."<sup>5</sup>

Irion points up a danger in an over-emphasis on the life after death. He says,

It is true that faith in life everlasting is a comfort when one is concerned with the spiritual welfare of the deceased. But it says nothing about the deep loss which has been suffered. It is entirely legitimate and consistent with the Christian position to feel and express grief because of loss and separation and loneliness.<sup>6</sup>

He also says,

Unfortunately the church often abets the delay of the grief reaction and thwarts the therapeutic process. In our desire to be of help and comfort we unconsciously give people the idea that expression of grief betrays a lack of faith. . . . It is reasoned that belief in immortality should enable a person to control his grief and sublimate his mourning.<sup>7</sup>

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<sup>4</sup>The Minister's Consultation Clinic, Simon Doniger, editor (Great Neck, New York: Channel Press Inc., 1955), p. 222.

<sup>5</sup>Joshua L. Liebman, Peace of Mind (New York: Simon Schuster, 1946), p. 106.

<sup>6</sup>Paul E. Irion, "Towards an Ethical Understanding of Grief Situations," Pastoral Psychology, IV (December, 1953), 23.

<sup>7</sup>Irion, The Funeral and the Mourners, p. 35.

Rogers warns of the danger of bringing comfort too soon. He says, "When the bereaved has been emancipated, then he can be consoled."<sup>8</sup> Wise adds to this thought by saying,

Comfort, in the usual sense, involves attitudes that tend to help the bereaved repress their grief and pain. The aim of much comfort is to help the person to feel better immediately. Such immediate results may be purchased only at a heavy price in terms of long range well-being. Real comfort involves a relationship in which a person finds a deep sense of strength. It involves experiences through which the bereaved may find release from pain and the ability to express his positive, creative impulses. The pastor . . . will not seek to give superficial, sentimental reassurances of comfort. He will rather seek to help persons on the deeper level of life through which real comfort and strength emerge.<sup>9</sup>

Later he says,

Some pastors feel that if a person has a vital Christian experience and philosophy of life, he should not experience intense reactions at the time of bereavement. Occasionally the pastor meets a person in whom this seems to be the case. Without questioning the validity of this interpretation, certain facts need to be mentioned. One is that some experiences of bereavement are easier to accept than others. Much depends on the nature of the relationship between the bereaved and the deceased. Again, some persons will feel that it is not Christian for them to express grief. Then guilt about their grief will lead them to repress it, especially in the presence of the minister. What on the surface may seem to be the result of a genuine Christian philosophy may in reality be a delayed grief reaction. The alert pastor will keep these considerations in mind, and will learn to distinguish genuine Christian attitudes from those which are false and harmful. He will furthermore handle his people in a way that makes it unnecessary for them to put on a good front. A deep aspect of a genuine Christian faith is learning to be honest about our feelings.<sup>10</sup>

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<sup>8</sup>The Minister's Consultation Clinic, p. 220.

<sup>9</sup>Carroll A. Wise, Pastoral Counseling: Its Theory and Practice (New York: Harper and Brothers, 1951), p. 216.

<sup>10</sup>Ibid., pp. 216-217.

Rogers points out that when the idea of life after death is abused, it is because it is not properly understood. There is a confusion between a physical reality and a spiritual reality. The deceased lives, but not any longer as he formerly did. Thus the separation of the deceased from the bereaved is a very real thing.<sup>11</sup>

In endeavoring to comfort mourners with the Christian faith, Middaugh notes that the mourner must have had that faith before he was bereaved. He says, "Usually, at such times we cannot create in people a Christian faith that they have never had."<sup>12</sup> Christian comfort usually is a matter of calling forth that which the mourner already possesses.

Occasionally, when confronted with a death of a parishioner in which the pastor himself feels bereaved personally, the feeling of sympathy with the mourners may enter into the picture. Furgeson says of this,

The counselor's emotions of sympathy need to be handled with care lest they prove to be obstructions preventing the client from doing his grief work. Expressions of sympathy do not lead to reassurance as readily as we might suppose; they may encourage a client to avoid doing his grief work. The sympathy of another person is no substitute, therapeutically speaking for the strength one must find within.<sup>13</sup>

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<sup>11</sup>Rogers, op. cit., p. 26.

<sup>12</sup>Bruce L. Middaugh, "The Ministry of Bereavement," The Pastor (April, 1950), p. 10.

<sup>13</sup>Russell Becker and Earl H. Furgeson, "Grief," The Pastor (April, 1954), p. 19.

Occasionally the pastor may attempt to bring comfort to the bereaved with thoughts that cannot be defined as Christian doctrine, but might perhaps be broadly termed philosophical. Cabot and Dicks list the following as rather dangerous to the relationship between pastor and parishioner: (1) Death is common. Rather the pastor should strive to see the uniqueness in the common; (2) Death is necessary. While true, it is difficult to prove that this death was necessary at this time; (3) "Don't suffer so." Suffering at separation is the other side of the coin called love; (4) Grief is unmanly. This adds shame to heartache; (5) "Six months from now you will forget it." This smacks of disloyalty to the dead and says in effect, "Your love for the deceased wasn't real."; (6) "Nothing is lost; you have gained him, not lost him." This is not true. You have something you didn't have while he was alive, namely finality and completeness, but you have lost much. The interaction has stopped, or at least been radically altered.<sup>14</sup>

Comfort, while a vital part of the pastoral care of the bereaved is not the complete picture. Lindeman says, "While, . . . [comfort] has helped countless mourners, comfort alone does not provide adequate assistance in the patient's grief work."<sup>15</sup>

If the parishioner is to be assisted in his grief work, counseling is indicated. It is not within the scope of this

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<sup>14</sup>Richard C. Cabot, and Russell L. Dicks, The Art of Ministering to the Sick (New York: Macmillan Co., 1947), pp. 316-318.

<sup>15</sup>Erich Lindemann, "Symptomatology and Management of Acute Grief," Journal of Pastoral Care, V (Fall, 1951), 29.

paper to restate all the generally accepted procedures and methods of pastoral counseling. It is rather the purpose of this writer merely to point out some of the special aspects of pastoral counseling as conducted with the bereaved.

The first essential for counseling with the bereaved is a proper attitudinal approach. Becker sets the stage with the following description of the two Calvaries:

one is the Calvary-that-leads-to-we-know-not-where. It is real anguish. It is real suffering. It is loss felt personally. It is hopes being dashed. It is guilt felt for what might have been done otherwise. It is shame. It is doubt about living. It is doubt about God. It is . . . [the bereaved's] grief.

The other emotional world is the Calvary-that-leads-to-the-ultimate-triumph-of-God. On this lofty plane, suffering is but a present setback, doubt is unbecoming and grief is a naughty word. So many of us have been fixated on the sublime and serene aspects of the Christian life that when the emotions confronting us are those of grief and despair we cannot bear to face them. Something causes us to avoid letting the parishioner have his real expression of bereavement.<sup>16</sup>

It is into the bereaved's world that the counselor must enter. As Liebman points out, this is not the usual method of approach to the bereaved. He says,

Our usual approach has been to divert the bereaved person from his loss by talking about many extraneous events. Laymen will continue to pursue this method, but clergymen should, it seems to me, help the bereaved to verbalize their deep sense of loss.<sup>17</sup>

The counselor is one who listens to and tries to understand the feelings of the bereaved. Concerning this relationship, Wise says,

<sup>16</sup>Becker and Furgeson, op. cit., p. 19.

<sup>17</sup>Joshua L. Liebman, and others, Psychiatry and Religion (New York: The Beacon Press, Inc., 1946), p. 201.



The bereaved needs to be able to verbalize and communicate his grief to a person in whom he has deep confidence, who offers him acceptance and understanding in a relationship involving freedom and a necessary dependence but also responsibility. Acceptance and understanding are an essential part of helping people with grief reactions.<sup>18</sup>

Briefly stated the counselor's aim is to give (1)

Emotional support; (2) Release from emotional tension; (3)

The development of insight and understanding.<sup>19</sup>

This aim is achieved by what Rogers calls "responsive listening." He says,

It is important further that the parish minister be a responsive listener. It is not enough that the minister be available. He must discover the proper techniques and the proper procedures. When one is bereaved the time for teaching is at least temporarily past. The time for exhortation may be both past and future, but not present. Cross questioning should always be left to lawyers. Reassurance at this time would be premature. Advice to avoid thinking about one's loss would be erroneous. The bereaved needs a listener to whom he can express his feelings and with whom he can work through to an acceptance of the fact of his loss, and eventually to an adjustment to an environment from which the deceased is gone.

Responsive listening is the art of eliciting from a distressed person a discussion of the problem which is causing him to be emotionally tense and disturbed. It is designed to encourage the distressed to do most of the talking while at the same time the counselor carries his share of the burden of keeping the conversation moving. He does this in part by being alert and showing that he is interested. If the individual is one who is expressive the minister might not need to say so much, but if the person does not wholly accept him as a counselor he may need much tactful leading to bring about release. The establishing of rapport is the first step and one which comes from confidence rather than from prying questions or pious exhortation.

As the term indicates, responsive listening is primarily a process of listening to what the individual has to say, but in an active way which indicates that the listener is reacting to that which he is being told and has a

<sup>18</sup>Wise, op. cit., p. 311.

<sup>19</sup>Rogers, op. cit., pp. 37-39.

genuine interest in it. This type of listening gives especial attention to the feeling content more than to the intellectual ideas expressed. Such direction as the minister gives to the conversation is done subtly through the responses he makes to the statements of the bereaved. By accepting and restating what the bereaved has said one encourages him to think further about it, and to elaborate on the subject. By asking for an explanation of the previous statement one may obtain further development and emotional release. By adding one's own appreciation of the deceased to what is expressed by the bereaved encourages further elaboration by the grieving person. The key point of this counseling method is that the center of attention of both the minister and the bereaved shall be focused upon the bereaved's expression of his feelings.<sup>20</sup>

Elsewhere Rogers says, "Whatever comes to the [bereaved's] mind is reasonable material for discussion, and serves to meet and to pass through the pain of grief."<sup>21</sup> In yet another place he enumerates some things that might well be talked about. Among these are the condition of death, any memories of the deceased, anything about the relationship between deceased and bereaved, not only events but feelings about the deceased and the relationship.<sup>22</sup> Jackson, expanding on Rogers a bit, lists nine possible areas for counseling with the bereaved. They are as follows: (1) The bereaved will need to accept the pain of bereavement; (2) He will need to review his relationship with the deceased; (3) He will need to express his feelings toward the deceased before he died, and also the change that has come in his feelings since bereavement; (4) His changed feelings may cause him to fear that he is losing his mind; (5)

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<sup>20</sup>William F. Rogers, "The Place of Grief Work in Mental Health" (unpublished Ph. D. dissertation, Boston University, 1948), pp. 154-156.

<sup>21</sup>Rogers, Ye Shall Be Comforted, p. 28.

<sup>22</sup>The Minister's Consultation Clinic, pp. 219-220.

He may need to discuss how he is attempting to handle his changed feelings; (6) He will need to explore his feelings of hostility; (7) He will need to develop a new mode of thinking of the deceased in the future; (8) He may need to verbalize guilt feelings; (9) He may need to plan verbally his new relationships with others.<sup>23</sup>

Rogers suggests that this counseling be begun as soon after the funeral as is possible and that the counseling interviews be kept at about one hour in duration.<sup>24</sup>

The cultural pressures that converge on the bereaved sometimes present a special problem to the Pastoral Counselor. Irion says,

Most cultures . . . have strong taboos involving death which color the mourning patterns. . . . Such taboos reflect the desire to treat death as something unreal, as if one could deaden the pain of loss by denying the reality. Naturally this creates a terrific conflict within the mourner. He knows the reality of the loss as no one else can possibly know it. Yet all around him the culture and his social group are doing everything possible to deny or disguise it.<sup>25</sup>

One of the places where culture and tradition play a rather dominant role is in the funeral practices. Irion warns,

Not only is it wrong for people to spend inordinate sums for funeral exhibition, using needed funds to satisfy custom. It is also wrong because these exhibitionistic

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<sup>23</sup>Edgar N. Jackson, Understanding Grief (Nashville: Abingdon, 1957), p. 157.

<sup>24</sup>Rogers, Ye Shall Be Comforted, pp. 34-35.

<sup>25</sup>Irion, The Funeral and the Mourners, p. 39.

tendencies breed insincerity, disintegration, and the inability to really face grief. They enable the person to satisfy some of the conventions without actually coming to grips with the psychological problem. They are a means of short circuiting grief.<sup>26</sup>

However, Mauves adds,

A relatively expensive casket might in some cases help relieve a sense of guilt which would otherwise be overburdening.<sup>27</sup>

The sensitive minister, aware of the danger of unexpressed grief, may feel a desire to "make people talk" beyond what could be classified as responsive listening. This feeling may particularly arise when attempting to counsel with people who are naturally reticent about expressing their feelings. Wise says,

The pastor should not seek to force people to discuss their grief with him. In those situations where there is reluctance to talk about the deceased person, the pastor's best approach is to accept that reluctance, reflecting the feelings back to the person, allowing the person to go on or not as he feels able. The important part of handling such reactions is the establishment of a relationship which gives the person sufficient strength to discuss his pain. Where the pain and grief are openly expressed, acceptance and clarification of feelings are highly important. The pastor will discover that one acceptance will lead to further expression and in this fashion the bereaved will work into his problem. As this is done the process of release and insight will go hand in hand. It is through the insights that the bereaved achieved for himself, that he will find the answer to the question as to how he can go on without the deceased person.<sup>28</sup>

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<sup>26</sup>Irion, "Towards an Ethical Understanding of Grief Situations," p. 24.

<sup>27</sup>"Funerals in the Light of Our Knowledge of Grief and Bereavement," (unpublished report of joint session of May 5, 1950, Federal Council of the Churches of Christ in America, Department of Pastoral Services, Commission on Religion and Health), pp. 2-3.

<sup>28</sup>Wise, op. cit., p. 212.

Rogers adds, "If the loss is too painful or the bereaved has not yet accepted it, then his efforts to evade expression of loss should be respected."<sup>29</sup>

Guilt feelings are often a factor which seriously complicate grief. The Christian minister is in an ideal position for helping the mourner with his guilt feelings. Johnson quotes Lindemann as saying,

The pastor is in a logical position to deal with guilt, for he stands between the person who feels guilty and the God to whom we are ultimately responsible even for secret thoughts. Furthermore as interpreter of the moral standards of the community the pastor stands between the guilty person and other people who may be supposed to accuse or disapprove his misdeeds.<sup>30</sup>

Elsewhere Lindemann says,

Religious agencies have led in dealing with the bereaved. They . . . have counteracted the morbid guilt feelings of the patient by Divine Grace and by promising an opportunity for "making up" to the deceased at the time of a later reunion.<sup>31</sup>

Regarding counseling with those with guilt feelings,

Rogers says,

These guilt feelings may arise either from actual wrongs, or from fancied wrongs, and may be out of all proportion to the facts. An opportunity to discuss them and express them will help to relieve the tensions developed and lead to insight as to what the true situation really is. The minister must realize the need for full release and the development of insight before he urges the acceptance of forgiveness. In all the dealings with guilt feelings there must be full understanding and a bearing which indicates sympathy and acceptance. Any suspicion on the part

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<sup>29</sup>William F. Rogers, "The Relationship of the Funeral to Counseling with the Bereaved," Pastoral Psychology, VIII (November, 1957), 29.

<sup>30</sup>Paul E. Johnson, Psychology of Pastoral Care (New York, Nashville: Abingdon Cokesbury, 1953), p. 253.

<sup>31</sup>Lindemann, op. cit., p. 29.

of the bereaved that he is being condemned will very likely prevent the release of guilt feelings and the development of new insights. The feelings that the minister understands him and is supporting him will be of great significance to the bereaved.<sup>32</sup>

He says further,

Christian confession gains point beyond the psychological release of emotional tension in the assurance which we have that when we make full and honest confession, God will forgive us our sins. This belief is especially helpful in situations such as grief, where corrective action is impossible. When the bereaved is overwhelmed by guilt feelings, whether for real or fancied wrongs done the deceased, there is no opportunity to make restitution. Our only salvation is to believe that there is divine forgiveness, then we can go the final step of forgiving ourselves. Without this latter step there can be no emotional health.<sup>33</sup>

In another place he adds,

The bereaved can no longer make restitution to the deceased, but he can make his recognition of failure a means to a transforming experience. He can still make his guilt feelings a means of a more mature relationship to God and man.<sup>34</sup>

A seriously bereaved person will often feel, and sometimes express, a feeling of hostility toward God. Wise points out that a person who has had a religious training will feel intensely guilty about such hostility and that the pastor needs to be very careful not to inhibit the expression of such feelings.<sup>35</sup> Rogers says,

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<sup>32</sup>Rogers, "The Place of Grief Work in Mental Health," pp. 157-158.

<sup>33</sup>Rogers, Ye Shall Be Comforted, p. 46.

<sup>34</sup>Rogers, "The Relationship of the Funeral to Counseling With the Bereaved," p. 31.

<sup>35</sup>Wise, op. cit., p. 214.

Particularly difficult for ministers to take, often, is hostility toward God. God is good and righteous and His ways are sometimes mysterious, but always for the best. Who is man to question Him even when the course of events causes suffering and pain? Maybe so! But the pastor hasn't had his world shattered the way this bereaved person has. Even now he may be feeling guilty for his hostility, but more likely that will come later. Now he is hurt and bewildered. Why has this happened to him? He can only complain to the one who is ultimately responsible for all things.

The pastor can be helpful here too, if he can remember that this isn't blasphemy, but a distraught person facing a painful experience. The opportunity to express feelings without censure is the quickest way to discover that this is not a cruel world striking out capriciously, but that things do fit together in a reasonable pattern. . . .<sup>36</sup>

Regarding such a case, Dicks says,

Let him weep, curse, threaten, pour out his heart, relieve his resentment. Thus he will build up the feeling that here is someone who understands and who cares, who represents and personifies the mind and affection of God.<sup>37</sup>

When working with the bereaved, the pastor will frequently be asked the question, "Why?" Wise says,

The pastor faces a particularly unique problem when the bereaved asks, "Why, why did this have to happen to me?" Here the pastor may be tempted to deal with this person on an intellectual level and try to answer the question in some theological manner. . . . Actually, there is no adequate or acceptable intellectual answer that can be given to this question.

If the pastor listens to such questions closely, he will detect the fact that the individual is expressing a deep feeling of protest. He cannot accept this bereavement. He is rebelling against it. The question "Why?" is not one of curiosity; it is one of protest. It is this deeper

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<sup>36</sup>Rogers, "The Relationship of the Funeral to Counseling With the Bereaved," p. 30.

<sup>37</sup>Russell L. Dicks, "Clinical Material," The Pastor (April, 1948), p. 24.

feeling of protest and of rebellion that the pastor needs to sense and to allow the bereaved to express fully.<sup>38</sup>

In counseling with the bereaved, the minister should also be aware of certain cases which may well need more than he is able to give in the way of counseling. Rogers mentions that those with "extreme guilt feelings" should be referred to a psychiatrist because of the danger of self-destructive impulses.<sup>39</sup> Wise adds those with physical complaints following bereavement, also those who exhibit a sudden change in personality, often with religious overtones. Also he suggests referring to a professional counselor those with a history of repeated failure, such as the alcoholic or the homosexual.<sup>40</sup>

Along with the pastor's skill and efforts at personal counseling with the bereaved, the congregation has additional resources which can prove helpful to the bereaved. One of these resources is the fellowship which is to be found in small church groups. This fellowship can be a great aid in the re-integration of the bereaved. Rogers says, "The minister will have started the process of socialization in his counseling. Beyond this he can help the bereaved to find his way into close fellowship in small groups."<sup>41</sup> Johnson adds,

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<sup>38</sup>Wise, op. cit., p. 214.

<sup>39</sup>Rogers, "The Place of Grief Work in Mental Health," p. 159.

<sup>40</sup>Wise, op. cit., pp. 103f.

<sup>41</sup>The Minister's Consultation Clinic, p. 220.



In small group activities sponsored by the church as well as in the sublime moments of congregational worship, there are emotional support and social participation for the lonely days of bereavement when one gropes for friendly hands to strengthen him in the sense of belonging to a responsive fellowship. The church offers tasks for one to perform in the service of others to turn one outward from his egocentric predicament to the needs of other persons where one may find a new purpose for living and a sense of becoming useful in significant ways. There are the frequent conversations with friends who have also passed through the deep waters of sorrow, and who are ready not only to sympathize but to point the way and take the first steps in moving out of the helpless dependence of grief to a more responsible role of active participation in the life and work of the community.<sup>42</sup>

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<sup>42</sup>Johnson, op. cit., pp. 250-251.

## CHAPTER VIII

### THE PASTOR CAN PREPARE PEOPLE FOR THE CRISIS OF BEREAVEMENT

A final facet of the pastoral care of the bereaved involves that which the pastor can do to prepare people for bereavement before it happens to them. Loomis suggests an annual sermon that deals "realistically with death."<sup>1</sup> Rogers adds that the pastor should faithfully teach those religious beliefs which lead to emotional maturity; that he must faithfully lead people in religious practices which have maturing as well as therapeutic effect, for example, prayer; that he must be an organizer of the fellowship, thereby aiding people in having a wide range of interpersonal interactions.<sup>2</sup> Lindemann also encourages a wide range of relationships, so that a person is not attached solely to one person.<sup>3</sup> Johnson encourages the use of bibliotherapy as a pre-bereavement preparation. He says,

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<sup>1</sup>"Funerals in the Light of Our Knowledge of Grief and Bereavement," (unpublished report of joint session of May 5, 1950, Federal Council of the Churches of Christ in America, Department of Pastoral Services, Commission on Religion and Health), p. 4.

<sup>2</sup>William F. Rogers, "The Place of Grief Work in Mental Health," (unpublished Ph. D. dissertation, Boston University, 1948), pp. 160-161.

<sup>3</sup>Bereavement--Death--The Funeral, Simon Doniger, editor (Great Neck, New York: Pastoral Psychology Press, 1955) p. 27.

Pastors might take more active responsibility to inform their members through books such as Ye Shall Be Comforted or pamphlets and printed sermons or the recommendation of one friend to another as to how a pastor can help in time of grief.<sup>4</sup>

Finally Jackson adds that feelings of anger or hostility can be ventilated before bereavement occurs so that all the ambivalence is not released at once.<sup>5</sup> It seems to this writer that any encouragement toward inner personal honesty in one's own prayer life, which is after all a necessity for a sincere confession of sins, could also be thought of as a pre-bereavement preparation.

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<sup>4</sup>Paul E. Johnson, Psychology of Pastoral Care (New York, Nashville: Abingdon Cokesbury, 1953), p. 251.

<sup>5</sup>Edgar N. Jackson, Understanding Grief (Nashville: Abingdon, 1957), p. 206.

## CHAPTER IX

### SUMMARY AND CONCLUSIONS

Grief that arises from a significant bereavement is a complicated and potentially dangerous phenomenon. Bereavement causes intense inward pain and disturbances. Both the pain and the potential danger are dissipated by proper mourning. The mourning process can take many differing forms depending upon the person involved. Though the grieving person's actions would under normal conditions be considered unusual, still a certain amount of temporary unusual action and even temporary personality change is considered normal for a person in grief. Grief may however, precipitate a complete disintegration of the personality of the bereaved, and a lasting change may come. This is considered abnormal grief. Three factors determine the grief reaction of the bereaved: (1) The personality of the bereaved; (2) The manner of death of the deceased; (3) The type of relationship that existed between the bereaved and the deceased. Basically the psychological needs of the bereaved are three: (1) Grief must be faced; (2) Grief must be expressed; (3) The bereaved must be socially re-integrated. Though the state or condition or welfare of the deceased is an important concern for the bereaved, still it is not his main problem. The major problem of the bereaved is that he has experienced a great personal loss and must now face life without the deceased. He must adjust to his loss

and rebuild for himself a personal and social life in which the deceased is absent. The pastor's aim in working with the bereaved is to be as helpful to them as possible. His helpfulness is limited by his own qualifications, by the qualifications which the bereaved possesses, and by the relationship that exists between them. When the bereaved is in the first stage of his grief, the pastor is wise to keep his verbalization to a minimum, but to make himself available to the bereaved. Later the pastor will want to bring the full resources of the Christian faith to the bereaved. The experienced pastor will have at his fingertips a wealth of Biblical quotations and ideas which he can use with the bereaved. The inexperienced pastor will easily find such material. It is not within the scope of this paper to include such a list. The pastor should exercise care in attempting to comfort the bereaved. He should be certain that the comfort he brings is directed to a specific need of the bereaved, and that it is not used to silence an expression of grief. In counseling with the bereaved, the pastor's aim is to help the bereaved to work through his grief by allowing him to talk of his memories of the deceased and of his feelings in the present situation. The pastor must realize the limits of his ability and refer his people to competent therapists when the bereaved needs more than the pastor is equipped to give. The pastor will also want to use the resources of his congregation to aid the bereaved. Particularly the smaller group will be helpful in aiding the bereaved in his social re-integration. The pastor can also help to prepare people for the crisis of



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