

# Grief Recovery, Death and Dying and Faith

- **New Quest** PO Box 833 Tucumcari NM 88401
- 575-461-1302 maciasmissioners @yahoo  
www.maciasmissioners.com
- Mark A. Silla LPCC, MAPS *An outreach of St. Juan Macias Missioners, Inc.*



# Grief

is-

\*A normal human reaction to a lost loved object.

\*The Oxford English Dictionary (second edition, 1989) root of the words bereavement and grief (greave), which is derived from the Old English word 'reafian', to plunder, spoil or rob, and which gave name to the reavers or reivers ([Payne, Horn, and Relf 6](#)).

\*Word's root denotes sudden, forceful deprivation of an object that promotes "cheering reactions of the soul" (Barnlund 1976: 722).

\*Mental pain, distress and deep or violent sorrow and bitter feelings of regret for something lost. Mourning, on the other hand, has to do with the anxiety and pining as well as the ritualistic acts of grieving for the loved one ([Payne, Horn, and Relf 7](#)).



# Psychosomatic complaints.

- Aches and pains resulting from muscular tension such as headaches, dizziness, neck stiffness and back pain. There may be changes to eating patterns with appetite suppression or overeating, such as 'comfort eating' of sweet foods like biscuits and chocolate. Other gastrointestinal changes may occur such as nausea, vomiting, feelings of choking, perceptions of a lump in the throat or abdominal fullness, constipation or diarrhea. (Payne, Horn, and Relf 22)



# Two types of Grievors

- **Intuitive-feelings** are dominant, crying lamenting. They good adaptive skills but can have periods of confusion and exhaustion.
- **Instrumental-thinking** is dominant. Reluctant to talk about feelings. Good problem solving skills. Some cognitive dysfunction but enhanced .



# More clinical symptoms

- Suicidal wishes, withdraw from others and be preoccupied with their loss, intrusive, painful thoughts about their loss. Slowed thinking, psychic numbness, crying, physical numbness, disorganized thinking, blunting, weeping, sobbing, feeling of unreality, suicidal ideation, euphoria, outbursts, feeling outside body, disbelief, hysteria, talkativeness, dizziness, appears unaffected, hyperactivity, general physical distress, unaware of others, passivity, sighing. (Payne, Horn, and Relf 22)
- (Larson, and Nolen-Hoeksema 3)

# Symptoms cont.

- Gradually the numbness is replaced by the 'pangs of grief', episodes of intense pining interspersed with periods of anxiety, tension, anger and self-reproach. The desire to recover what has been lost is intense and may be characterized by restless searching, vivid dreams, auditory and sensory awareness of the deceased and a preoccupation with memories. Crying aloud and sobbing is common, as is the suppression of emotions although anguish may be displayed. (Payne, Horn, and Relf 71).

# Mortality and Grief

- (Payne, Horn, and Relf 84).
- There is also some evidence that bereaved people have an excess mortality in the first six months following the death. This is due to stress reactions and the effects on neuroendocrine and immune functioning. This allows existing diseases such as coronary heart disease to be potentiated by biochemical changes such as increased blood viscosity. Also immunosuppression may make people more vulnerable to infections and possibly to cancers (Payne, Horn, and Relf 37).

# Other effects of grief

- Include: depression - sadness, loss of pleasure response, low mood, intense distress, anxiety - fearfulness, hyper-vigilance, inability to relax, anger - may be expressed as hostility to friends, family, health care workers or God. Guilt, feelings of self-blame, loneliness, lack of concentration and attention, memory loss for specific events or general problems in recalling information or attending to new information, repetitive thoughts especially about the deceased, sometimes needing to talk constantly about certain events like a traumatic loss, helplessness/hopelessness, pessimism about the future, feeling of distance/detachment, irritability, expression of anger and hostility, suspiciousness.

# Effect cont.

- In addition, some people experience **repetitive thoughts** although this should be differentiated from the 'flashbacks', night-mares and overload of distressing cognitions characterized by post-traumatic stress disorder (PTSD). **Experiencing the deceased** by seeing or hearing the person is relatively common and should not be construed as abnormal (Conant 1996; Young and Cullen 1996). At one time such hallucinations were thought to be uncommon and indicative of pathology but there is now evidence that they may well be helpful. **Behavioral expressions of distress** include agitation or restlessness with constant searching for the deceased, despite cognitive awareness of the loss. Feelings of anger and hostility may present themselves as irritability, physical or verbal attacks on others or objects, social withdrawal and self mutilation. These behaviors may be socially sanctioned in some cultures (Payne, Horn, and Relf 25).

# Effects cont.

- As the loss is accepted, the intensity and frequency of grief lessens and are replaced by despair and apathy. This often includes social withdrawal and an inability to concentrate or to see anything worthwhile in the future. Furthermore, one can be left with the challenge of rebuilding identity and purpose in life and acquiring new skills (Payne, Horn, and Relf 71) .



# Kubler Ross and Stage Theory

- Applied to grief as well as being terminally ill: The initial reaction is **denial**- a natural coping mechanism that helps people manage their shock and take in the news. They often ignore the emotional impact while maintaining a cognitive understanding of their situation. Next, once the truth of the diagnosis begins to be accepted, **angry** (Payne, Horn, and Relf 72). **Bargaining**, often with God, in order to negotiate a cure, more time or greater relief from symptoms(73). This may include promising to attend Church regularly or become better people in return for being cured. **Depression**- Such feelings can be come so and intense and lead to self-blame. In the final stage, terminally ill people come to **accept** the reality of their death, or loss in the case of grief (Payne, Horn, and Relf 73),



# Phases of Grief

- Wahlhaus :“A transition period during which it is necessary to experience loss in practical terms, express it in emotional terms, integrate it and adapt to it in order to recover sufficiently to continue with hope and a sense of future. 'Grief is a process not a state'. (2) [\(Wahlhaus\)](#)
- Stages: '**numbness**', which is the natural reaction to stress. '**Pining**', then '**disorganization and despair**' and finally '**recovery**'. Feeling: guilt, self-reproach, anger, sadness, ambivalence, relief, fear and anxiety . He asserts that these feeling are natural symptoms of grief-work. [\(Wahlhaus\)](#)
- **MIDDLE PHASE** Preoccupation with thoughts of deceased. General physical distress, idealizing the deceased.
- **RESOLUTION**- Realistic memory of de-ceased, return to normal range of emotions, return to normal functioning, pleasure in remembering, new or renewed social relationships, new meaning in life, new or renewed activities [\(Larson, and Nolen-Hoeksema 4\)](#) }

# Grief Work

- The second phase of grief work begins when the death is acknowledged cognitively and emotionally. This phase of acute mourning includes intense feelings of sadness, despair, loneliness, anxiety, and anger. The full syndrome of depression may occur, with loss of interest in life, disruptions in sleep and appetite, inability to concentrate or make decisions, a sense of hopelessness and helplessness, and (Larson, and Nolen-Hoeksema 5) }

# Worden's Tasks of Grief

- (1982, 1991) Draws on Freud's concept of grief work, Bowlby's attachment theory, developmental psychology and Engel's concept of grief as an illness. Four overlapping tasks: bereaved people need to **accept** the death both intellectually and emotionally; they need to **work through** the emotional pain of loss while simultaneously **adjusting to changes** in circumstances, roles, status and identity ; and they need to **integrate the loss and let go** of their emotional attachment to the deceased, so that they can invest in the present and the future (Worden 1982, 1991). (Payne, Horn, and Relf 74)

# Other grief perspectives

- **Bowlby**- describes grief in terms of an infant separated from his mother: 'His initial response ... is one of protest and of urgent effort to recover his lost mother ... Sooner or later, however, despair sets in. The longing for mother's return does not diminish, but the hope of it being realized fades' (p. 9). **Marris** (1992) takes a more specifically human perspective in arguing that grief is provoked not merely by the loss of a significant relationship itself but by 'the disintegration of the whole structure of meaning centered upon it' (p. 18), and that it is the enormity of this threat that provokes (Payne, Horn, and Relf 8)

# Effects of Grief on Marriage

- Larson et. al.- Conflicting grief styles and how it can disrupt the marriage:
- *We witnessed a couple in therapy whose teenage son had been killed in an automobile accident. The wife coped by expressing her emotions. Although she had family and friends around each day who were supportive of her expression, she still needed to talk about the loss with her husband each day. He, on the other hand, wanted to avoid thinking about it and move on, and used work and golf to distract himself from the loss. Two weeks after the son's death, the husband announced unexpectedly that he had arranged for the couple to go to Hawaii to "get away." The trip was a disaster because the pain went right along with the wife, and the husband felt frustrated in his attempts to "distract" her from her grief. This couple's different coping strategies continued to clash until they dropped out of therapy unable to accept their differences. (Larson, and Nolen-Hoeksema 73) 7*

© Original Artist  
Reproduction rights obtainable from  
[www.CartoonStock.com](http://www.CartoonStock.com)

© Mike Baldwin / Cornered

*B. Baldwin*



search ID: mba0354

“Let’s face it. We can’t agree on anything.”

# Factors in how the loved one died

- **Sudden death**- the mourner often shows more anger, guilt, and a sense of helplessness, shock, confusion, and somatic complaints.
- **long-term chronic illness**, -grief is found to manifest itself in more social isolation, loss of emotional control vigor, and rumination (Larson, and Nolen-Hoeksema 48).
- **Suicide**- there is often feelings of guilt involved with the grief process. .(Payne, Horn, and Relf 25).2.

## \*Cleiren's (1991) study-

- Bereavement after various types of deaths including: death from road traffic accidents, suicide or long-term illness. No long-term impact on adaptation, however, he did show that people facing multiple stressors in their lives such as other losses and low income, have been found to be at greater risk of maladaptive grief patterns, (Parke 1975; Sanders 1988). These types of stressors can lead to increased clinical problems such as Major Depression or other psychiatric disorders 3.



# Mother's grief vs. father's-



# How parents respond to loss

- \*Data shows mixed reviews-some say mother's have higher distress, some say no difference in the grief reactions of fathers and mothers--both parents suffer greatly ( Florian, 1989; Lieberman, 1989).
- Parents who lose an adult child to illness, accidents, or in war, often have heightened levels of anxiety, depression, and physical illness years after their loss (Larson, and Nolen-Hoeksema 36) .5



- **Individuals differ in grief response-**
- \***People who are more dependent** on others for
- their self-esteem will be more at risk for poor adjustment to loss.
- \*(Sanders, 1993) **Women were more likely** than the men to report using rumination and support seeking, whereas men were more likely than women to be using distraction (11).
- \*(Larson)" **Men may have** a greater propensity than women to depression and physical health problems following loss of a spouse because men are less likely than women to have strong social support networks of people to whom they feel emotionally close" (Larson, and Nolen-Hoeksema 40).

# Avoidance Coping

- Men who lost their wives found that those who suppress thoughts of their loss were more depressed months later than those who did not suppress (Stroebe [\(Larson, and Nolen-Hoeksema 65\)](#)).
- People who were engaging in more avoidance coping were more depressed and distressed than those who were not.
- People who engaged in more avoidance coping at the interview 1 month after their loss were more depressed and distressed at all other interviews. The study also took into account avoidance coping using alcohol or drugs to cope, as well as questions about denying or avoiding thinking the loss.

# Women and grief-

- \*Report more symptoms than men (Parkes and Brown 1972)
- \*More than 40% of the widows in their sample still had significant symptoms of anxiety, depression, and problems in everyday functioning 2 to 4 years after their loss.
- \*(Vachon et. al. 1982) 38% of widows still were experiencing a high level of distress one year after their loss, and 26% were experiencing high distress 2 years after their loss.
- \*Zisook and Shuchter ( 1986) Even 4 years after a loss, at least 20 % of widows and widowers assessed their own adjustment as "fair or poor," whereas only 44% assessed it as excellent.

# Young children who loose a


**parent** - also faced with complex grief issues.

- \*They are suddenly faced with the loss of a caregiver and primary attachment figure.
- \* The meaning of parental loss depends greatly on the child's age. However, losing a parent as an adult can still have a great impact on an individual.
- One's primary caregiver remain one's primary attachment figures throughout life. Thus, the loss of a parent still severs the critical attachment bond, even if that loss occurs when one is 50. (Eiser 1990)





# Children's understanding of death.

- **Shaped by stages of cognitive development and experience.**
  - Worden and Silverman (1996) present evidence of acute depression-like symptoms in bereaved children soon after a loss.
  - While the grief reactions typically lessen by the first anniversary, some children had significant emotional and behavioral problems, such as social withdrawal, anxiety, and social problems, which did not become apparent until two years after the death. 9
- 

# Resolving the pain of loss entails

- \**Confronting the pain in order to reach a successful resolution.* Distress is necessary in grief work and not showing distress is thought to be an important indicator of complicated grief. (Vachon et al. 1982b; Parkes and Weiss 1983).
- \*Stephenson (1985) describes **the grieving process in three phases**: *reaction* (involving shock, numbness and anger), *disorganization and reorganization* (stopping old actions then replacing them with new actions or resuming actions that contribute toward closure of the process), and reorientation and recovery (resolution of previous strong felt emotions).
- \*Brunelli) Pessagno (2002) *four tasks of grief* that are described as follows: *accepting the reality of the loss, experiencing the pain of the loss, adjusting to the environment from which the deceased is missing, and withdrawing energy from the relationship with the deceased and reinvesting in other relationships* (Brunelli).

# Loss related to a failed pregnancy:

- \*More than 1,000,000 couples in the U.S. alone each year grieve a pregnancy loss.
- \*Bereaved parents experience more intense and longer lasting grief symptoms than any other group of bereaved people ( Littlefield" (Larson, and Nolen-Hoeksema 34).4



# Parents who loose a pregnancy

- \* Need to be given the choice to see their baby, no matter how small.\* Have all medical procedures explained to them and be offered the one that best suits their needs.\* Have their baby tested and examined, even if the loss occurs at home.\* Be given a keepsake of their baby to take home or for the hospital or physician's office to retain on file, such as a sonogram picture or a positive pregnancy test result.\* Receive pastoral care if they desire.\* Name their baby if they wish to.\* Have the grieving process explained and be provided with writ ten information on bereavement, especially the telephone number of a local pregnancy loss support group.\* Receive information on burial or memorial services and the options concerning the disposition of the baby's remains.\* Receive guidance on how to help their children al home cope with the loss.\* Have a phone number of a staff person to call if medical questions arise or if they need emotional support or referral information for further help.\* Receive follow-up appointments for medical tests and genetic counseling or to review lab test results.\* Be asked about their feelings concerning their loss, which encourages bereaved couples to talk about their situation."After my miscarriage, one of the nurses asked me if I wanted anything," ("Parental Grief over a" 16) 10



# Pregnancy loss cont.

- In addition, studies have shown that when families are denied the opportunity to express their sorrow over a pregnancy loss, their grief goes underground, only to resurface as complex grief later (Moffitt). If they have suffered a midterm or late pregnancy loss, parents may want mementos, such as photographs, footprints, the baby's blanket, or a lock of hair. Couples who suffer an early miscarriage may wish to have positive pregnancy tests or copies of sonogram photos as keepsakes. Mothers and fathers also should be given the chance to see their baby and, depending on the gestational age, to hold their child as well. They should have access to grief counseling, pastoral care, and options for rituals (Moffitt).

# Larson's research on parent's grief

- More than 60% of bereaved parents interviewed just 1 month after their loss said they had gained something positive in their loss and nearly all interviewed 6 and 13 months after their loss (Larson, and Nolen-Hoeksema 39). However, negative feelings also ensue and should be addressed by health care professionals.

If parents sense that their needs are neglected during their hospital stay

- It can be therapeutic for them to write a letter to a patient representative, social work department, director of obstetrical nursing, or hospital chaplain with a copy to the chairman of the hospital's board of trustees, requesting a follow-up meeting to discuss



# Complex grief and pregnancy loss

- When families are denied expression of grief their grief goes underground, only to resurface as complex grief later (Moffitt).
- Parents may want mementos, such as photographs, footprints, the baby's blanket, or a lock of hair.
- Couples who suffer an early miscarriage may wish to have positive pregnancy tests or copies of sonogram photos as keepsakes.
- Mothers and fathers also should be given the chance to see their baby and, depending on the gestational age, to hold their child as well. They should have access to grief counseling, pastoral care, and options for rituals (Moffitt).

# Returning to work

- It can be difficult for a parent to return to work after a pregnancy loss and face a myriad of questions only to have to report the sad news to all who may ask. Moffitt cites the following of how a parent's boss effectively dealt with the delicate situation:
- *One mother who worked in a large advertising agency was relieved to discover that her boss had sent out a letter to all of their clients after her baby was stillborn. "I actually appreciated it very much," she confirms. "Not only was I spared having to tell the news myself, I got so many letters of condolence in return. People really poured their hearts out to me in those letters."*  
(Moffitt)



# Freud proposed three criteria in complex grief:

- 1 the presence of **hatred for the lost object** which is expressed through self-reproach ; 2 identification with the lost object through **internalization**; 3 the disposition of the libido in melancholia to **withdraw** into the ego, instead of being transferred to a new love object as happens in 'normal' mourning.

# Freud and Identification

- A central feature of Freud's theory of pathological mourning. He originally believed that identification only occurred in pathological grief, but by 1923, he proposed that it was an important aspect of all mourning.
- In pathological grief, he suggested that the aggressive component of the ambivalent state turns inward and causes depression. However, the repression of aggressive thoughts causes some aspects of grief work to be carried on in also in the unconscious. (Payne, Horn, and Relf 60).




# Isolation

- Larson's study found that isolation was the most strongly related to depression and distress ([Larson, and Nolen-Hoeksema 96](#)).
- Factors leading to isolation and poor social support: lack of support for bereaved people, geographical mobility, loss of support provided by the deceased, impact of bereavement on social network, changes in role and status, anxiety experienced by others when interacting with bereaved people and personality factors ([Payne, Horn, and Relf 92](#)).


# How everyday practicalities are being managed.

- Loss may affect the ability of daily tasks are managed. These include: cooking, shopping, self-care, child care and housework.
- Loss may also cause people to question their beliefs about the world affected religious or other spiritual and lead to a loss of meaning and belief systems, identity, esteem and feelings of self-worth individual's self-concept and self- esteem as well as sexual problems (Payne, Horn, and Relf 84).





"The psycho-social transition theory (Marris 1974; Parkes 1993)

- Bereavement in terms of the need to adopt new roles, skills and identities and to review one's world-view. " (Walter 104) and Freud asserted that "when the work of mourning is completed the ego becomes free and uninhibited again. (Freud 1917/1984: 253
- 

# Rituals in grief

- *The events of 9/11 occasioned feelings of loss shared by the nation and much of the world. This unifying grief first appeared spontaneously through individual or small group rituals. In New York City, for example, relatives and friends created shrines with pictures of the missing, messages for them, personal possessions, and poems of lamentation about them. These sites have been well documented photographically by Martha Cooper and others ("Hallowed Ground"). In the dust that clung to surfaces near Ground Zero, individuals used their fingers to trace dismay, hope, anger, or regret. Groups gathered in parks or in church settings to meditate, pray for the dead and injured, and implore for peace. The folklorists Steve Zeitlin and Iana Harlow evocatively described the scenes they witnessed in [\(Lawrence\)](#)*
- *Manhattan's parks, where "New Yorkers recreated the towers in miniature using tin, papier-mâché, and paint. Red, white, and blue candles flickered alongside Christian votives, Jewish memorial jabrtzeit, and offertory candles petitioning intercessors. ... New Yorkers came together in a public ritual that in its transcendence of any single belief system represented all of them. The magnitude of the expression of grief approached the enormity of the loss." Across the country, church bells chimed, candlelight prayer vigils were held, and doves were released in ceremonies noted by numerous journalistic organizations (Shipp; Anderson; "How the States Will Mark"; "Victims to be Remembered"). Transmitted around the world by television, images of these folk rituals doubtless amplified the global sympathy felt for America's loss. [\(Lawrence\)](#)*



# Function of Rituals

- They provide us acts to engage in for the purpose of meaning making (Neimeyer)
- Provides symbolic connection to the lost person.

*Grief is a process*

*some call a journey*



# Four Functions of Ritual-Dr. Kenneth Doka

- Continuity-the person is still part of my life and a bond exists (cooking a memorial meal)
- Transition-a change has taken place in the grief response-(cleaning out a room at an acceptable time)
- Affirmation-One writes a letter or poem to the deceased thanking them
- Intensification-identification among a group (War Memorials)



# Planning for the Date

- Certain dates can be troubling and anxiety proving such as birthdays, anniversaries, holidays, religious celebrations, anniversary of the death. These are best dealt with through ritual rather than avoidance.



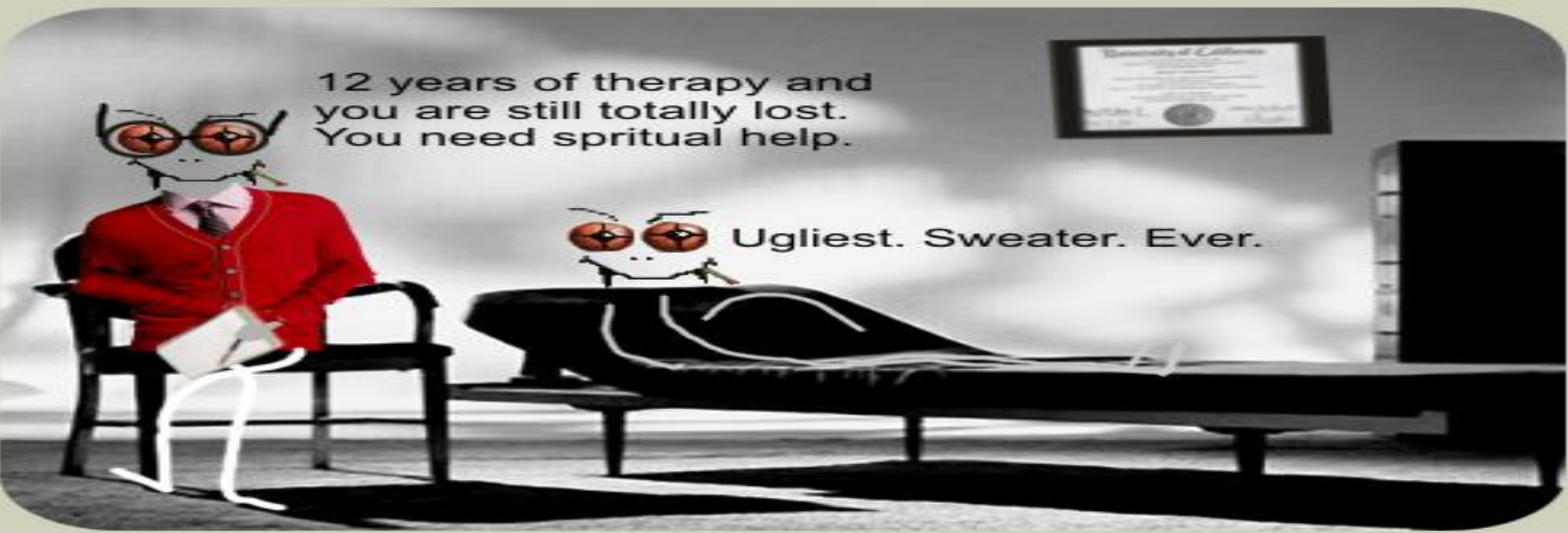
# Counseling Process

- **ASSESSMENT**- Observe and collect information Define and agree the problem. **HYPOTHESIS** Make your best guess as to the root of the problem. **TREATMENT PLANNING** Decide what any intervention needs to achieve. Choose the course of action most likely to be effective most quickly and simply.
- **INTERVENTION EVALUATION** Assess whether the intervention has been successful. Discuss with the person and decide whether further help is needed If so, decide how it can most appropriately be given If not, help the person back to their own support systems (Adapted [\(Payne, Horn, and Relf 104\)](#))

-

# Become a skilled listener

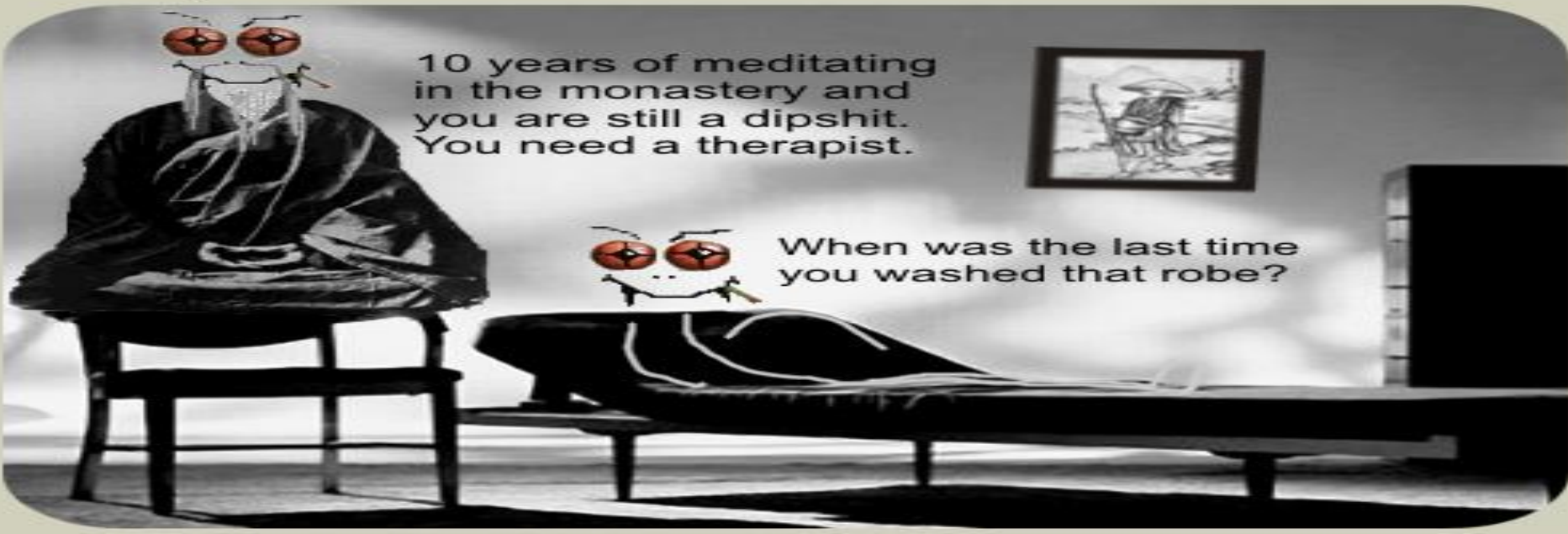
- True listening connects you to grieving people in a way that can bring a sense of acceptance and healing into the process. Make eye contact, maintain an attentive posture, and match the volume and speed of your voice to theirs. Refrain from asking too many questions and let them steer the conversation. Nod and affirm, uttering words of encouragement. Provide a sounding board by reflecting back to them the meanings and feelings you hear them saying. People in grief and distress from illness want to be heard. They may need to tell their story over and over again, and sometimes the care provider may be the only one who still is a willing listener. (Jeffreys)



12 years of therapy and  
you are still totally lost.  
You need spiritual help.

Ugliest. Sweater. Ever.

10 years later...



10 years of meditating  
in the monastery and  
you are still a dipshit.  
You need a therapist.

When was the last time  
you washed that robe?

# More on counseling in grief

- Normalize their feelings of: confusion, helplessness, hopelessness, a sense of dread, and a feeling of being stuck in an endless nightmare. They worry that they are going crazy. Say things like, "It's okay to feel this way," "Of course you're angry," "I would feel this way, too," and "It's good to let those tears out." However, self-destructive, suicidal, or homicidal comments are to be taken seriously and referred for professional evaluation. (Jeffreys)
- Avoid judgment and to keep the "whys" or "shoulds" out of the conversation. As Jeffreys states, "do not allow your facial expressions, body language, or gestures to give away your thoughts. Be careful of the telltale "raised eyebrow," which signals judgment. Instead, acknowledge the person's expressions of helplessness and continue to listen". (Jeffreys)
- Moreover, allowing people in grief to remain active is an excellent coping skill. They can write obituaries, plan the funeral, create other mourning rituals, block out schedules, send out acknowledgment cards, fill a vase with flowers, invite special friends over to reminisce, make a donation in honor of the deceased, get into an exercise routine, or take a class. "People grieving due to a serious or life-threatening diagnosis can research the latest developments concerning their illness, make a list of all the medical specialists who are conducting studies or research on their disease or condition, and locate local support groups related to their illness or loss situation. Doing "something" gives individuals a sense of control and purpose; it is a perfect antidote for feelings of helpless despair" (Jeffreys).
- Grief counseling also entails identifying social, spiritual, and health care resources. This includes family, friends, clergy, neighbors, colleagues, other care providers, and community services that can become part of the "team." Clergy and congregational members can be invaluable sources of support for the grieving-healing process. It is also important to discern which issues require attention and which are better left on their own (Jeffreys).

# “Timeouts” from grieving


- Various activities such as an outdoor walk, working out at a health club, finding time for a hobby, watching a funny video or television show, scrubbing the kitchen floor, and even retail therapy at a nearby shopping mall. “Sometimes people need permission not to grieve--to do or think about something else” (Jeffreys)
- People in grief can also benefit greatly from the mutual aid model. In this framework, bereaved people who are no longer experiencing acute grief themselves provide support to other bereaved people by sharing experiences, talking about their loss and what helps, coping strategies are nurtured and inner strengths developed. ([Payne, Horn, and Relf 106](#))

# Faith

- Religion also provides community social support through companionship, practical help and supporting self-esteem via shared values and beliefs. Prayer ministry can also provide comfort and increase self worth. However, people may also feel let down and angry towards their religion or God, and a loss of faith may result if their church does not provide the anticipated help or support.
- A study found that people who were spiritual and attended religious services were more likely to use social support and active problem solving to cope. They also were more likely to engage in positive reappraisal of their situation Larson, and Nolen-Hoeksema 14. Those spiritual or religious people who did attend religious services at least occasionally had lower levels of depression at 13 and 18 months following their loss than those who never attended religious services. (15) These individual seemed to cope more adaptively with their loss and had lower levels of distress after their loss ([Larson, and Nolen-Hoeksema 75](#)).

# Conclusions

- Living one's grief transforms relationships with one's self, one's sexual (marriage) partners, children, and society. The release of repressed emotions and memories yields vitality and creativity. The discovery of one's personal truth halts repetition compulsion as destructive patterns inherited from previous generations lose their chokehold. Confronting one's own history increases empathy and compassion for others as well as discernment of their festering wounds. In particular, according to Miller (1997), grief-work sensitizes clients to the emotional exploitation of children and reduces the risk of unconsciously manipulating their own children to meet their own unmet childhood needs for mirroring and unconditional love. Especially pertinent to our current socio-cultural context, Miller suggests that grief-work can assist the flourishing of human life in a given society by diminishing individual proclivities toward racism, sexism, homophobia, and oppression of all sorts (p. 114). In this regard, grief-work may be essential to the maintenance of democratic freedoms. When hate is externalized and projected onto others, rather than de-repressed, it creates factions among groups of people, polarized groups who seek annihilation of the other, which can only occur after trampling upon the other's human rights and dignity. [\(Latini\)](#) }

- 
- “Grief-work moves a person from shame to esteem, from depression to hope, from bitterness to forgiveness, from victim to survivor, from emotional paralysis to creative, spontaneous, vital living.” On the psychological level, it is the “one thing that is needful” in response not only to personal but also communal tragedy. “In the practice of pastoral care and counseling, such grief-work may be interpreted and experienced as one form of subjective participation in the Cross of Jesus Christ. Besides providing parishioners and clients with comfort and hope in the face of unbearable pain, the theology of the CROSS may transform the identity and ministry of the pastoral care-giver and counselor as well. For dependence upon the Cross enables her to hear the seemingly unbearable pain of others and continue her own personal process of healing through mourning [\(Latini\)](#)”.
  - 3) The avoidance of one's own suffering through intellectualization, grandiosity, denial, etc., is antithetical to **both grief-work/faith** and the way of the cross in human existence. (4) Just as grief-work may be a life-long process, so is the way of the cross for the Christian. Sorrow and joy, woundedness and healing exist together in the temporal realm. The full and complete actualization of reconciliation between God and humanity and the eradication of sin and suffering occur only in eternity. (5) Compassion toward others is a natural consequence of both grief-work and participation in the Cross of Jesus Christ. As the Apostle Paul wrote, For just as the sufferings of Christ are abundant for us, so also our comfort is abundant through Christ. If we are being afflicted, it is for your comfort and salvation; if we are being comforted, it is for your comfort, which you experience when you patiently endure the same sufferings we are also suffering. Our hope for you is unshaken; for we know that as you share in our sufferings, so also you share in our comfort. (2 Cor. 1:5-7) [\(Latini\)](#)





Downloaded from <https://www.cambridge.org/core>. University of Cambridge, on 02 Jun 2018 at 12:01:00, subject to the Cambridge Core terms of use, available at <https://www.cambridge.org/core/terms>. <https://doi.org/10.1017/S0022278X18000500>





© 2010 W. H. Freeman & Co.