COPING WITH DEATH, SEPARATION AND LOSS[1]

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Grief is a normal process to a loss of a person (loved one), thing (precious possession) or relationships (friends, pets) for which we have cared deeply. Our goal is not to avoid grief but to deal with it wisely and creatively. Unresolved grief can be very harmful. It may be compounded with confusion, guilt, fear, and isolation and can lead to physical illness.[2]

Most experts agree that overcoming grief is work thus the term "grief work" is commonly used when dealing with bereavement. Grief work refers to our ability to go through the dynamics of grieving. In each of us the degree of experiencing the loss (or losses) brings forth varied responses due mainly to the differences of our inner personal dynamics in responding to outside stimuli. There are however, areas of convergence in dealing with the dynamics of grieving.

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[1] Lecture delivered at the CPU Annual Memorial Lecture Series in honor of the late Rev. Dr. Johnny Gumban, former dean of the College of Theology, Central Philippine University, Jaro, Iloilo City, Philippines on January 19, 2003.

[2] Ernest Morgan, *A Manual of Death Education and Simple Burial* (Burnsville, North Carolina: Celo Press, 1984), p.21.

Erich Lindermann listed 6 categories of grief work one must undergo leading towards healing. These are the following:

1. Facing Pain
2. Permitting emotional expression
3. Emancipation of bondage to the other
4. Readjustment to altered environment
5. Formation of new relationships
6. Acceptance[3]

I will attempt to use these categories of "grief work" using my personal experience as a point of reference in exploring this subject. This presentation is partly academic and partly autobiographical. My wife passed away 10 years ago. Therefore, I consider myself as one of the authoritative experts on this subject because of my personal experience. Bear in mind that this is just a "one-man" experience.

1. Facing the Pain

Establishing the reality of death is very important in resolving grief. Temptations abound to avoid seeing or facing the reality of death or losses. A person can avoid the pain by literally avoiding looking at the dead body or by being emotionally detach from the whole experience of grieving. The use of drugs to ease the pain of the bereaved must be minimized or avoided. To induce a state of stupor during mourning would block seeing the reality of death experience. It is important that the bereaved person participates in the planning and execution of funeral arrangements if he or she is able to do so. Saying "goodbye" must be encouraged. The religious ritual of commendation for the body and soul to

[3] Erick Lindermann, "Symptomatology and Management of Acute Grief," (American Journal of Psychiatry 101, 1944), pp. 141-148.

God is a valid healing resource. Doing a good deed in memory of the departed loved one is another healing resource.

2. Permitting emotional expression

This is a very important process in resolving grief. Permission given to oneself is a positive act of letting go the tears, the sobs, the self-pity, the acknowledgement of weakness and emotional pain. Just as one must directly face the pain, one must face the tears which go along with it. One must look at oneself and say, "I weep, I am someone who must weep." Failure to do is a denial of one's humanity and a rejection of part of oneself, a self-mutilation of emotional feeling.[4] In bereavement, shedding tears is a form of emotional release. Crying often is a normal process of grief-the letting go of one's emotional burden. One may prefer to cry alone but there is a therapeutic effect when the tears of sadness and pain are shared with a trusted family member, friend, pastor, priest or rabbi. Allowing the bereaved to talk "over and over again" about the departed loved one has a healing effect. This behavior is an attempt to re-live the past experiences and relationships with the departed. This is especially true when death occurred suddenly or unexpectedly. As time goes on the "retelling of the same old story" will diminish and eventually the frequency will stop. This is assuming that the normal process of grieving is being taken care of.

Dreaming, sighting, smelling, hearing familiar voices of a loved one who died is a common occurrence. Do not be alarmed by these phenomena. It shows that you still need to relate closely with your beloved. The spirit has

[4] D.J. Bane, A.H., Neely, R. Reeves. Jr., editors, *Death and Ministry, Pastoral Care of the Dying and Bereaved* (New York: Seabury Press, 1975), p.84.

the capacity to transcend physical boundaries in order to bring the past relationships alive again.

I look forward to having a dream about my wife because that means we have visited each other. Lately, I seldom dreamt simply because my psyche had adjusted well in dealing with her "absence." If the dream is horrifying this is an indication that there is unresolved agenda in your relationship. This is a signal of a disturbed psyche which a trained counselor can help you sort it out.

3. Emancipation from bondage to the other

The human heart and mind can bind oneself forever to the beloved who died. The bonding is usually strong when death has newly occurred. As time goes on the physical absence of the beloved becomes real and believable. However, the bonding of the spirit or "thoughts for each other" could not be cut off merely by the physical absence of the beloved. There is wisdom in observing "All Souls (Saints) Day" annually. This event does carry a therapeutic effect by carrying on the value laden familial bonding experiences and relationships. Generation after generation carrying on the tradition celebrating "the love that binds us" frees the living from obsessively thinking everyday of the dead loved ones. There is always a special day during the year that we can devote ourselves to renewing our relationship to "those who were gone before us." So when the grief work of "emancipation" is done completely, the bereaved can move on through life ready to bond with another "significant other." This bonding can be expressed in terms of human relating, vocational commitment or any activity that provides lasting benefits. The pursuit of personal satisfactions in human relationships and in a work-a-day world is a good sign that the grief process is in a good "working order." The focus is toward having a sense of self-fulfillment, personal satisfaction and purposeful meaning. He/she may get married again,

develop a new career or devote her/his time to taking care of the grandchildren. These are ways to "emancipate" oneself from grief. Now you can see that the grieving process has moved away from "bonding enslavement" to greater freedom and personal autonomy of forming a new bonding experience with "significant other" within the realm of human experience.

4. Readjustment to altered environment

The phenomenon of change especially if you have no choice on the matter is difficult to accept. Death of a loved one is "one hell of a change" to anyone. Jack Silby Miller in his book, "The Healing Power of Grief", tells a story of a woman coming to him a few months after her husband's death saying; "I wish to hell they'd buried me along with Earl." Mr. Miller made a further comment, "I knew she was half ironic, half serious. She meant it but she didn't mean it. She was caught between the two worlds."[5] There are many bereaved people who have had a hard time altering their usual environment to a new one-adjusting to a new life style. When this thing is happening, the grieving process gets delayed. With no good intervention one may choose to get sick or have a slow death syndrome such as, drunkenness, gambling assets away, carelessness in grooming and eating habits, etc.

There is a real ambivalence of choosing between *Eros* (love of life) and *Thanatos* (love of death). I know for quite sometime after my wife died that I was wishing to get sick and so I am not worried if I die. I was not suicidal in the real sense but I was ambivalent of wanting to say "good bye" from the land of the living. It was doubly difficult for me because when my wife died my children were all gone to college and graduate school. Right after

[5] Jack B. Miller, *Healing Power of Grief* (New York: Seabury Press, 1988), p.32.

graduation they all got married. (I gave my two daughters elegant and beautiful weddings although they were quite expensive). In the middle of bereavement I was exposed to an “empty nest syndrome” because my big house was empty of significant people. For the first five years of my wife’s death I also wanted to live alone. I sold the big house in the suburb (lots of good and bad memories) and bought a front beach Condo. There, I live alone for more than five years until I got tired of grieving (crying often). This profiled me to move to Houston to develop a new congregation among first generation Filipino immigrants. While in Houston, my intermittent “crying” stopped. My coming back to CPU, although this was my hope and dream since I left in 1971 for further studies at Princeton and Chicago, may still have something to do with working out my grief. Indeed, this present involvement is serving me well even as I seek out new adventure in the pursuit of purposeful and meaningful life.

5. Formation of New Relationships

The freeing of oneself from grieving allow the bereaved person to move forward in forming new relationships. The relationships may be directed to a significant human being or to developing a deeper involvement in the pursuit of meaningful mission in life. The latter rings true to my personal experience. I do not “busy” myself looking for a wife instead, I “busy” myself to seeking meaningful life style that is fulfilling and rewarding to myself and to others as well. I am at this point of “re-investing” myself to a “new world” of purposeful living. I decided to invest myself into this world to find new meaning and to grasp new reason for being.[6]

[6] Miller, *The Healing Power of Grief,* p.30.

6. Acceptance

This is the culmination of “grief work” process. The bereaved accepted the death or sense of loss as part of his/her own personal story. The pain of loss, the readjustment to altered environment, and the formation of new relationships are all accepted and integrated into oneself or personhood. Acceptance implies that one “feels right” about the death experience. Surely, acceptance frees the grieving person from the unresolved grief symptoms. The final process of grief work is done and total healing begins.

Implications for Pastoral Care (or for other Professional Care Givers)

The quality of care giving is crucial in the grieving process. In most cases grief work involves individual person or group of persons (family members). In both situations, communicating the mercy and love of God can be construed as insufficient especially if it is not done appropriately. A caregiver who is a pastor, priest or rabbi or a dedicated religious layperson have the enviable position to present himself as one who represent the presence of God in the midst of pain and suffering brought about by the death of a loved one. While other helping professions may be very good in the “ministry of doing” like the social workers, medical doctors, nurses, etc, clergy persons and religious laypersons are equipped to bring about the “ministry of being” to the suffering person. The “ministry of being” implies that even in the midst of pain God is interested in bringing mercy and love to anyone who needs it. This form of care can be carried out through the following: a) ministry of listening, b) ministry of acceptance, and c) ministry of presence.

The Ministry of Listening

One author calls it “holy listening.” It is called “holy listening” because the one who listens does not concentrate primarily to himself/herself. Rather, the act of listening is directed mainly to the other person who needs care. This quality of listening is free of “personal baggage” or personal agenda brought along by a caregiver. Instead, the Caregiver must attend to the “excess baggage,” the bereaved person carries. Listening to the needs of the other person and not listening to your own agenda or needs is the “name of the game.” Your attention and focus is given primary to the bereaved person and not vice versa. Holy listening encourages the bereaved person to open up freely without fear of being condemned, criticized or judged. It has “educative” quality which means that the goal is to draw out the person to talk or share the inmost concerns of his/her being. A sure sign that you failed in listening is when you hear yourself talking more with the person you are counseling with. Example: *Nagdamgo ako sang bana ko kagab-i. Buhi gid siya sa akon damgo* (I dreamt of my husband last night. He was so much alive in my dream). Immediately, you interrupted: *“Ako nagdamgo man sang akon bana”* (I also dreamt of my husband) and then you went on and on retelling your own dream. You were so excited about it that you gave no time to listen to the other person who started sharing his/her dream. What then, is happening here? You failed to listen to the other person’s dream. Instead, you were preoccupied retelling your own dream experience. This means you are interested more on yourself and not with the other person. It takes great personal sacrifice to listen. It means being willing to give up something. Henry Thoreau once said: “It takes two to speak truth- one to speak, and the other to listen.” You sacrifice to listen in order to know the other person better, to understand the meaning of her/his experience, and to see his/her perception of the traumatic event. It is a

personal sacrifice to listen because you are voluntarily refraining from inserting your own psychic "material" in the process. All your attention- one hundred percent is devoted to understanding what the other person is saying at least for a time being. It is believed that the average person receives very little of this high quality listening from loved ones, probably less than 10 minutes per week. For example, when a friend says, "Howdy?" or "How are you?" in the context of Texas lifestyle, is just a casual greeting. It is not an invitation for you to open up your heartaches or personal problems expecting that the person who asked "Howdy?" will stop and listen to you for 5 or 10 minutes. Listening deeply is a valued asset in helping the bereaved person.

The Ministry of Acceptance

Acceptance involves "unconditional loving." This means that the caregiver must accept the bereaved person's agenda or concerns. Your pre-conceived prejudices, personal taste, behavioral sensibilities or religiosity must be put aside in order for you to reach out in the level of the bereaved. The goal is to achieve a deep level of personal relating and or emphatic understanding with the person in need. It is important that you get into the frame of reference of the person you are giving care instead of attending to your own frame of reference. For example, you hear the counselee say: *"Daw mahikog gid ako"* (I feel like committing suicide). Your answer, "*Indi. Sala gid ina sa Dios.*" (Don't. That is "sin" in God's eyes). Your posture here is more of judging/condemning instead of counseling. In helping the bereaved, you must defer your own value judgments. (Keep it at the back of your mind). Instead, focus on and accept the validity of his/her thoughts of committing suicide. To the average person who is not trained in counseling, a suicidal thought can be very threatening. It is threatening to you who is listening as well as to the

person thinking about it. And when both of you are afraid about it, the non-acceptance or the devaluing of the suicidal thought becomes the end result. Therefore, you ignore or deny the authenticity of the psychic material which in this case is the suicidal thought. You pretend and hope that the possibility of real happening will not happen. Worst, still you will reprimand the suicidal person or warn the person not to say a word about it. So both of you will just keep quiet about it or do it in a "hush, hush" gossipy way. By not accepting it as "real", you failed to deal with it openly and the process of having an informed therapeutic intervention failed. The "conspiracy of silence" can have a devastating effect on the bereaved persons especially if they have morbid thoughts.

The Ministry of Presence

This type of care giving may involve "doing nothing" but your undivided attention is given to the bereaved person in need. This means that you are not spending "idle time" with each other instead, your "feeling presence" is with the person you are ministering. Feeling presence means being attuned with the feeling of the other person in the moment.[7] The best example for this is to see and witness old fashioned Filipino lovers sitting at a distance from each other, yet the feeling of love and romance "prevailing in the air" warms their hearts and their whole being at the very present moment. When the bereaved relates to you his/her deep sadness, you as a listener must get into the same intensity of feeling sad with the person you listened to. This is easy to say but difficult to follow through. The spiritual principle to make this happen is when there is a sense of "high calling" on the part of the pastor. Carl Rogers called it "unconditional

[7] Calixto C. Sodoy, *Pastoral Ministry to the Bereaved Child* (Doctoral thesis presented to Chicago Theological Seminary, 7 June 1978, Chicago, Illinois), p.27.

positive regard." Roger was once a theological student at Union Theological Seminary in New York. His psychological theory comes from the theological motif of the Christian understanding of how God in Christ came and received us "unconditionally…even when we were yet sinners." In the ministry of "feeling presence" you may appear to be "doing nothing," however the personal presence of the ordained clergy person or commissioned religious layperson symbolizes the presence of God in the room where the ministry of "presence" is taking place. Your personal presence sends a powerful message that the love and mercy of God is present in the midst of suffering and pain among the bereaved loved ones.

Concluding Comment

The clergy person among all helping professionals has the enviable position to care for the sick, the dying and the bereaved. When all human efforts fail, i.e., medical cure, exhausted financial resources, etc., the "man of the cloth" will continue to be in the forefront carrying on the caring/healing mission of his/her call. We have in our "medicine kit" the theological faith belief affirmation that we are God's own even when we say "good bye" from the "land of the living." The bereaved person will continue to come to us for comfort and solace because we represent to them the God who will not "abandon nor forsake us" even when death comes.