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DEATH AND DYING: A PROCESS OF GRIEF

by

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## ABSTRACT

The study was designed to investigate the behavior of an individual who had lost a significant other and to ascertain who was most helpful in enabling him to make a healthy adjustment and return to a productive life.

The literature reveals a need for persons to work through the grief process. Those who are able to experience the grief process following the death of a significant other are better able to make a healthy adjustment and return to a productive life. Those who are unable to work through this grief process do not make a healthy adjustment and the road to recovery is a long and tortuous one.

A questionnaire was administered by personal interview. Each session was taped to enhance accuracy. Twenty volunteer survivors who had lost a significant other in the last five years were interviewed.

Some conclusions of this study were: a good friend was most helpful in enabling the survivors to make a healthy adjustment, a good friend who kept calling, kept coming back. The funeral service was helpful not only in aiding the grief process but afforded other people the opportunity for unfinished grief work. Keeping busy with meaningful activities proved very therapeutic.

One recommendation would be to acquaint other people with the different stages of grief--that grief indeed does have a pattern. The second recommendation would be to train listeners to hear expressions of feelings. The third recommendation would be for the counselor, pastor to have a trained group of listeners that he could send out at any time to follow up on the longer range impact of loss.

## CHAPTER I

### INTRODUCTION

"How we take one another for granted!" a lady in her fifties expressed in the midst of her anguish following the death of her husband. "I just can't believe it," she said. "We tend to live as if we would never experience the jarring separation by death from those persons with whom we have closely linked our lives."<sup>1</sup>

People may live many years before being confronted with the experience of death. Others are confronted with death and its emotional impact early in life. No one escapes! Death is universal. Where the primary emotional relationship has been close, the impact of the death makes itself felt and its influence can remain with a person for the rest of his life. One can never again live as if the loss had not taken place.<sup>2</sup> Why do individuals experience the feelings they do in response to the death of a significant other? Why is it that an event external to oneself produces such pain within, such feelings of emptiness, loneliness, fear,

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<sup>1</sup>David K. Switzer, The Dynamics of Grief (Nashville and New York: Abingdon Press, 1970), p. 9.

<sup>2</sup>Ibid., p. 10.

and depression? How can a person cope effectively with his own grief reactions and how can he in his interaction with others help those who are in the mourning process. A lady in her fifties exhibited these reactions when she confessed to this researcher: "It's difficult to accept that you are no longer number one with anyone."

#### STATEMENT OF THE PROBLEM

The problem of this study was to investigate the behavior of an individual who had lost a significant other in death, to ascertain what activities or which persons were beneficial in enabling him to make a healthy adjustment and to return to a productive life.

#### PURPOSE OF THE STUDY

People who have lost a significant other need help in identifying the grief process as well as support in working through it. Those who are able to experience the grief process following the death of a significant other are better able to make a healthy adjustment and return to a productive life. Those who are unable to work through this grief process do not make a healthy

adjustment and the road to recovery is a long and tortuous one.

Lindemann's study pointed out the relationship of psychosomatic illness and the loss of a significant other. "Extensive studies in ulcerative colitis has produced evidence that 33 out of 41 patients with ulcerative colitis developed their disease in close time relationship to the loss of an important person."<sup>3</sup>

A psychologist reports, "All too often a patient comes to me with one problem only to discover that his real problem is an unresolved grief of five, ten, or even fifteen years standing which has eroded his whole life since."<sup>4</sup> Consequently, if the grief process is not acknowledged and experienced, the physical and mental well being of a person may be jeopardized.

More than any other group, clergy have opportunities to minister to persons in bereavement. Even families having little or no connection with a faith group will frequently welcome a minister's help with

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<sup>3</sup>Erich Lindemann, "Symptomatology and Management of Acute Grief," American Journal of Psychiatry, Vol. 101, No. 2 (September, 1944), 145.

<sup>4</sup>Bernadine Kreis and Alice Pattie, Up From Grief: Patterns of Recovery (New York: The Seabury Press, 1969), p. 101.

funeral and burial arrangements. At such times sensitive ministers can help with much more than the funeral; they can facilitate the first stages of the grief process. The essential skills required of the minister, intervening in the lives of bereaved congregants or strangers, are the willingness and the ability to listen and to encourage the expression of feelings, no matter how painful. Important, if often neglected, opportunities for ministry continue beyond the burial. It is appropriate for the minister to take the initiative to follow up with bereaved families and friends in the weeks, months, and even years following a funeral.

When he knows what emotional events to expect in bereavement and what helps a person complete the process of grief, the pastor will be more at ease in his own role as well as more responsive to the changing needs of the bereaved.

It is essential to complete the grief process, because left incomplete, it will inhibit an individual's personal growth and may cause pathological reactions in future times of stress. The apparent return to "normal" of a distressed survivor does not always indicate that



the necessary "grief work" has been done. The incompleting task can be unconsciously transformed into a myriad of other forms of distress from physical illness to unhappy personal relationships.

To love is to risk loss. Learning not just to cope with loss, but to experience it fully is a task for all of us. To assist that growth through pain and sorrow is what a ministry to the bereaved is all about.

In the researcher's clinical experience, he has been increasingly impressed with the presence of long-range "fallout" from unresolved grief processes which lead more or less directly to marital and family conflict. There is some evidence that affective mourning plays a significant role in marital and family conflict as well as in human life in general. Paul and Grasser<sup>5</sup> found in a study of fifty families of schizophrenics and twenty-five families of hospitalized psychoneurotic patients that the common element in the families of these patients despite varying ethnic origins, religious affiliations, and socioeconomic

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<sup>5</sup>N. Paul and G. Grasser, "Operational Mourning and Its Role in Conjoint Family Therapy," Community Mental Health Journal, Vol. 1, No. 4, 339-345.

status, was the "variable patterns of maladjustive responses to object loss."<sup>6</sup> The authors further state:

Although the original losses may have occurred as much as 50 years ago the response to them exercised a lingering effect on the present. Such losses were usually suffered by one or the other parent often before the birth of the patient. Affects and attitudes toward the lost person remained essentially unchanged and recent losses evoked similar reaction patterns. The current style of family life appeared permeated with varying degrees of denial or "warding off" of losses and disappointments. Major changes in family homeostasis, such as those which might result in separation or independence of its members, were resisted.<sup>7</sup>

In these families dominated by fixations upon past losses the "refusal to mourn"<sup>8</sup> created a disruptive family situation and resulted in symptomatic behavior in one or more family members.

As a therapy for the families of their patients, Grasser and Paul introduced the techniques of "operational mourning," a directed inquiry into the losses

<sup>6</sup>Ibid., p. 340.

<sup>7</sup>Ibid., p. 341.

<sup>8</sup>S. Kopp, "The Refusal to Mourn," Voices, Vol. 5, No. 1, 30-35. Kopp states: "To some extent each of us still lives in the darkness of his own unfinished past. The refusal to mourn the disappointments and losses of childhood, to bury them once and for all, condemns us to live in their shadows" (p. 30).



and mourning reactions of the family members, especially the parents. Though these investigators experienced formidable resistance in the families of schizophrenics, therapeutically induced mourning was by and large successful in breaking relational impasses and in fostering more healthy familial patterns and thus the healing of the "identified patient."

Paul<sup>9</sup> has also focused on the important role of shared mourning in the conjoint marital therapy context. He describes emotional responses to losses by death and desertion as "critical factors" in the etiology of marital impasses. Further, he feels the ability to share affectively previously encapsulated responses to loss is a primary factor in increasing empathy between the couple and in breaking up "symbiotic fixity" in role relationships.

Hilgard, Newman, and Frish<sup>10</sup> sampled both hospitalized psychiatric patients and a large population

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<sup>9</sup>N. Paul, "The Role of Mourning and Empathy in Conjoint Marital Therapy," in Family Therapy and Disturbed Families, eds. G. Zuk and I. Borzormenyi-Nagy, (Palo Alto, California: Science and Behavior Books, Inc., 1969), pp. 186-205.

<sup>10</sup>J. Hilgard, M. Neuman, and F. Frish, "Strength of Adult Ego Following Childhood Bereavement," Death and Identity, ed. R. Fulton (New York: John Wiley & Sons, Inc., 1965), pp. 259-271.

of "normals" to determine the traumatic effect of the loss of a parent upon children. Their results indicate that the degree of trauma to the child upon the death of one parent is related to the "separation tolerance" of the pre-loss family. "Separation tolerance," a somewhat global term, points to the ability of the surviving parent to grieve effectively and to avoid undue dependency upon the children in working out his mourning. In short, although the authors do not state this directly, it seems justifiable to conclude that parental loss will in large measure be traumatic to the child to the degree that mourning is not completed successfully by the remaining parent.

In an interesting case study from the standpoint of the relationship between grief and family conflict, Sherman<sup>11</sup> recorded the details of the case of a young middle-class man, Mr. B., who sought help for a variety of phobic responses and debilitating anxiety about his work. As it turned out, his wife had recently been having an extramarital affair, which was the immediate

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<sup>11</sup>S. Sherman, "The Concept of the Family in Casework Theory," Exploring the Base for Family Therapy, ed. N. Ackerman, pp. 22-24.

occasion for his anxiety attacks. Sherman asked himself the all-important question, "Why at this time?" His further study of the case revealed that Mrs. B's "acting out" occurred shortly after her mother's death. Mrs. B., Sherman tells us, had been overly involved emotionally in a "close relationship with a morally rigid, essentially impersonal mother." Though identified significantly with her father's "sportiness," Mrs. B "played dead" through adolescence and married a man whose personality was quite similar to her mother's. Mrs. B had for eight years, in return for her husband's assistance in helping her maintain control of her impulsivity, shored up her husband's defenses against anxiety. When Mrs. B's mother died, she reacted by refusing to maintain the complementarity of the marital relationship and came alive to her own needs. She experienced her reaction to loss as liberation from mother's domination and, we seem justified in assuming, began expressing long-repressed anger toward her mother. In this case again the symptom of mourning in reaction to Mrs. B's mother's death marked the beginning of a severe family crisis focusing on the interface between Mrs. B's internal developmental struggles and her relation to her husband and family.

This data together with my clinical experience indicate that many times when the counselor is presented with a marital or family problem he will do well to take seriously the possible relationship between incomplete mourning resulting from loss as a component of the conflict. The question "Why at this time?" is nearly always a fruitful one and not infrequently leads one more or less directly to a loss (real or perceived) of a significant person.

Those who have experienced grief could hardly question the need for a healthy adjustment. The most obvious reason growing out of the feeling of distress is simply that it hurts. It hurts desperately. Agony cries for relief. Normal life is disrupted. Chaos needs to be restructured. Sharply unpleasant emotions are experienced, physiological distress, an inability to think clearly, a sense of the loss of meaning, an inability to perform one's usual job and engage in useful projects, a lack of enjoyment in activities that formerly produced pleasure may accompany grief. No one wants life to be this way. We naturally seek healing.<sup>12</sup> This study

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<sup>12</sup>Switzer, p. 182.

will try to ascertain how the bereaved begin to adjust to the death and experience normal grief and who aided him in providing structure to this anguished, chaotic situation.

#### GENERAL QUESTIONS TO BE INVESTIGATED

Answers to the following general questions will be sought in this study.

1. Was the funeral service helpful in aiding in the grief process?
2. Who was most helpful after the death of a significant other?
3. Following the death of a significant other, how did you choose to structure your time?
4. What are some of the difficulties in returning to a "full life"?

#### GENERAL PROCEDURES

The problem investigated used the following procedures: In Chapter I an introduction to the problem was presented, a statement of the problem was given, the need and purpose of the study was clarified, and general questions to be investigated were considered. General

procedures were described, limitations acknowledged, and a definition of terms were given.

Chapter II encompassed a review of selected literature deemed pertinent to the process of grief. Five major sections appeared in Chapter II: Introduction, Symptomology of Normal Grief, Sequential Patterns of Mourning, Stages of Grief, and a summary of the divisions within the review of selected literature concluded Chapter II.

Chapter III presented the focus of this research, which is a humanistic, client centered, descriptive series of interviews conducted with volunteer survivors. The interviews were conducted around the framework of the selected review of literature in Chapter II and the researcher's training as a counselor. A holistic approach to the subjects was taken as recommended by Maslow: "... the best way of understanding another human being is to get into his Weltanschung and to be able to see his world through his eyes."<sup>13</sup> A pioneer in the field of descriptive research and of the client-centered approach, Carl Rogers hypothesized that:

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<sup>13</sup>A. H. Maslow, Toward a Psychology of Being (Princeton, N.J.: D. VanNostrand Co., Inc., 1968), p.14.



I would hazard the hypothesis that, in the immediate moment of the relationship, the particular theory of the therapist is irrelevant, and if it is in the therapist's consciousness at that moment, it is probably detrimental to therapy. What I am saying is that it is the existential encounter which is important.<sup>14</sup>

This writer attempted, relying upon his training in counseling, to enter into each conference with the aim of capturing that "existential encounter" as fully and completely as possible.

Precautions taken to assure accuracy in this research have been explained. The factors perceived as contributory to accuracy were: tape recordings of the interviews and close personal supervision by the researcher's major advisor, Dr. Richard K. Horswill. The description of data collected and the researcher's interpretations of the data within the framework of the interviews conducted represent the main thrust of Chapter IV. Data were presented from individual clients, including transcription of portions of some of the actual interviews between the researcher and the subjects.

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<sup>14</sup>Carl Rogers, A Therapist's View of Personal Goals (Lebanon, Pa.: Sowers Printing Company, 1967), p. 189.



Chapter V entailed the summary, conclusions, and recommendations for further research. The researcher attempted to interpret observations which seemed particularly significant over the course of the subject interviews. A primary purpose for this professional paper was to provoke greater interest and sensitivity in aiding the survivor to return to a full and productive life.

#### LIMITATIONS

A limitation of this study is that it was made in a rural community which tends to be based on more primary than secondary role relationships, resulting in more primary and community support. This could alleviate or decrease the function of professionals dealing with death more so than in an urban area.

#### DEFINITION OF TERMS

Certain terms used in this study are defined as follows:

Normal Grief: "Grief is ordinarily characterized by intense mental suffering and distress, deep sorrow and painful regret. Initially, the bereaved experiences shock and numbness and denies that the loss has really

happened. His incomprehension soon gives way to, or alternates with, bewilderment and weeping, despairing acknowledgment of the loss with constantly returning thoughts and memories of the deceased.

In addition to mental pain, the bereaved will usually exhibit physical reactions--dyspnea and deep sighing, 'lumps' or tight sensations in the throat, weakness, feelings of emptiness, exhaustion, decreased appetite, and insomnia. Anxiety and tension are prominent symptoms in the early period following loss."<sup>15</sup>

Anticipatory Grief: "Grief frequently begins before loss actually occurs. The person faced with his own declining health, serious illness, or impending surgery may grieve for himself in much the same way he would grieve when an actual loss is sustained. In nearly all instances in which loss is imminent, those concerned experience the beginnings of grief. Anticipatory grief may range from quiet periods of sadness and tears to those symptoms usually associated with grief over actual

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<sup>15</sup>David Peretz, "Reaction to Loss," Loss and Grief: Psychological Management in Medical Practice, ed. Bernard Schoenberg (New York: Columbia University Press, 1970), p. 22.

loss. Anticipatory grief may deprive both the dying patient and the bereaved-to-be of the possibilities still remaining in their relationship."<sup>16</sup>

Absent, Delayed, and Inhibited Grief: "The development of a specific bereavement state may not occur until days, weeks, or months after the loss has been experienced; in some instances such symptoms and signs may never become apparent. The absence of bereavement after loss is not always indicative of maladaptation. . . . Individuals who delay grief become more vulnerable to what is referred to as 'anniversary reactions'--the re-experiencing of loss on an important date associated with the deceased."<sup>17</sup>

Chronic Grief: "The condition of chronic grief is one of persistent mourning. Some individuals arrange their environment after the loss to reflect no change in life pattern. It is as if the home and way of life were enshrined at the time of loss, and the return of the deceased is awaited. Such a response represents a denial of the reality of the loss, and aims to protect against the intense suffering its acknowledgment would engender."<sup>18</sup>

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<sup>16</sup>Ibid., pp. 25-26.

<sup>17</sup>Ibid., pp. 26-27.

<sup>18</sup>Ibid., p. 28.

Depression: "Depression as an emotional state is one in which sadness, tension, and a sense of depletion are prominent. The patient appears to be in a state of marked conservation: he moves more slowly than usual, features are fixed in a position of despair, and there is a subjective sense of slowdown of mental processes."<sup>19</sup>

#### SUMMARY

To say one can be made less vulnerable to grief ought not to lead to misunderstanding. There is no device by which to ward it off, no six easy steps by which the distress can be done away with. Death will remain death; the loss is a real loss; the pain still hurts. A person may be protected against the destructive powers which the anxiety of grief potentially contains and the severe disruption of life which it occasionally produces. A morbid grief reaction may be avoided. The future might be seen as remaining open. The person may even be able to come through his grief with greater strength of personality and with greater

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<sup>19</sup>Ibid., p. 29.

sensitivity to others in distress, thereby deepening the quality of all his relationships and adding meaning to his life.<sup>20</sup>

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<sup>20</sup>Switzer, p. 209.

## CHAPTER II

### REVIEW OF LITERATURE

#### INTRODUCTION

The professional literature is documented by research on death and dying. These studies run the gamut from cultural determinants of death and dying to biological perspectives.<sup>1</sup>

The decade of the sixties brought about a renewed interest in death and dying. Elisabeth Kubler-Ross's book On Death and Dying was a significant step in this renewal. It is her account "to refocus on the terminal patient as a human being, to include him in dialogues, to allow him to teach us more about the final stages of life with all its anxieties, fears and hopes."<sup>2</sup> The studies have now come full circle to include the significant other, the suffering survivor.<sup>3</sup>

As a member of a "helping profession" which deals with death and dying (clergy), this researcher has had an

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<sup>1</sup>James R. Averill, "Grief: Its Nature and Significance," Psychological Bulletin, VI (1968), 724.

<sup>2</sup>Elisabeth Kubler-Ross, On Death and Dying (New York: The Macmillan Company, 1969), p. xi.

<sup>3</sup>Bernadine Kreis and Alice Pattie, Up From Grief: Patterns of Recovery (New York: The Seabury Press, 1969), p. 7.

interest in the process of normal and abnormal grief. Dealing with people who are experiencing this process, this researcher has determined further study is needed to assist those "suffering survivors" make a healthy adjustment in working through the grief process.

Individuals have confessed that they feel awkward with a griever--afraid of saying the wrong words, doing the wrong things. They were afraid to be with a griever and afraid to stay away. All grievers were fascinated by the idea that grief did indeed have a pattern no matter how nebulous. It is to this pattern that this review of literature turns.

Psychiatrists began to sense that people in sorrow--from whatever cause--tend to follow a pattern which consists of several stages. The idea of stages of grief was first suggested by Dr. Erich Lindemann, Professor of Psychiatry at Harvard, who described the grief process in an article entitled "Symptomatology and Management of Acute Grief," published in The American Journal of Psychiatry. In this study he demonstrated the difference between normal grief reactions and abnormal or morbid grief. He showed the importance of helping the



grief-stricken person to face up to the struggle of "working through" his grief. The person has to be helped to "extricate himself from the bondage to the deceased and find new patterns of rewarding interaction." He described five reactions he observed and determined in acute grief: (1) somatic distress, (2) preoccupation with the image of the deceased, (3) guilt, (4) hostile reactions, and (5) loss of patterns of conduct.<sup>4</sup>

#### SYMPTOMATOLOGY OF NORMAL GRIEF

Common to all people in acute grief 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."<sup>5</sup>

There is a marked tendency to sighing respiration. Lindemann noted that this respiratory disturbance was

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<sup>4</sup>Erich Lindemann, "Symptomatology and Management of Acute Grief," American Journal of Psychiatry, Vol. 101, No. 2 (September, 1944), 142.

<sup>5</sup>Ibid., p. 141.

most conspicuous when the patient was made to discuss his grief. The complaint about lack of strength and exhaustion is universal and is described as follows:

"It is almost impossible to climb up a stairway."

"Everything I lift seems too heavy." "The slightest effort makes me feel exhausted." Digestive symptoms are described as follows: "The food tastes like sand."

"I have no appetite at all."

Often there is a slight sense of unreality, a feeling of increased emotional distance from other people, and there is intense preoccupation with the image of the deceased. Some patients are much concerned about this aspect of their grief reaction because they feel it indicates approaching insanity. Another strong preoccupation is with feelings of guilt. The bereaved searches the time before death for evidence of failure to do right by the lost one. He usually accuses himself of negligence and exaggerated minor omissions. Many times there is disconcerting loss of warmth in relationship to other people, a tendency to respond with irritability and anger, a wish not to be bothered by others.

### SEQUENTIAL PATTERN OF MOURNING

Dr. George H. Pollock, Professor of Psychiatry at the University of Illinois, College of Medicine, feels that the mourning process follows a sequential pattern:

The mourning process consists of a series of operations and stages whose appearance seems to follow a sequential pattern. Although certain aspects of the process are more apparent at particular times, the succession of one stage by another does not necessarily indicate that a former stage may not be present later in time or that a latter one was not in evidence earlier.<sup>6</sup>

### THE FIRST PHASE

When death occurs to a significant other, the first response of the survivor is that of shock. There is a sudden loss of control over external or internal reality, or both. The shock phase results when the individual is immobilized by the suddenness and massiveness of the task that confronts him.

The response noted in this initial stage varies in intensity according to the suddenness of the death and the degree of preparation the individual underwent

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<sup>6</sup>George H. Pollock, "The Mourning Process," The Chicago Theological Seminary Register, LVII, No. 3 (December, 1966), 16.

prior to the death. Thus death following chronic and prolonged serious illness is reacted to differently from the acute unexpected death of a significant other. Nonetheless, a shock response will be present in both situations, although the intensity will vary. In instances where death is anticipated as a result of a long-standing debilitation, acute mourning reactions (or anticipatory grief) can occur prior to the actual death.

#### THE SECOND PHASE

The second phase in the mourning process, very closely following the shock response, is the grief reaction. Early grief is characterized by much muscular hyperactivity, demonstrated by hand wringing, aimless wild walking, hair and clothes pulling. This frantic movement changes when it is realized that nothing can be done. Then deep despair and sorrow take over, and the sufferer becomes very quiet, sits motionless or gently rocks to and fro, sighs deeply, and becomes muscularly flaccid. All the facial features are lengthened, and a characteristic grief appearance results. Dr. Pollock calls attention to the grief muscles, whose innervation results in the typical obliquity of the

eyebrows and the depression of the corners of the mouth. As grief lessens, the change may be detected in muscular alterations even before feelings are altered.

As the shock stage merges into the grief phase, a subjective feeling of intense psychic pain is felt. Accompanying this psychic pain may be the sudden screaming, yelling, and other non-verbal but vocal manifestations of grief. The spasmodic crying changes to tearful lamentations, and gradually verbal communications become more frequent, though still accompanied by much sobbing.

### THE THIRD PHASE

The third phase of the acute mourning process is that of the separation reaction. This may manifest itself in various ways and will be more intense in individuals with earlier unresolved conflicts in this sphere. The reality of the loss intensifies this reaction, and, initially, recognition of the traumatic event may be avoided. Thus the absence of grief may be involved in the inability to recognize that the object's absence is permanent, not temporary; and that the object is dead.

Mourning as a process of adaptation to a significant loss occurs in the attempt to maintain the constancy of the internal psychic equilibrium. The process consists of an acute and chronic stage. The ego's ability to perceive the reality of the loss; to appreciate the temporal and spatial permanence of the loss; to acknowledge the significance of the loss; to be able to deal with the acute sudden disruption following the loss with attendant fears of weakness, helplessness, frustration, rage, pain, and anger; and to be able effectively to reinvest new objects or ideals with energy and so reestablish different but satisfactory relationships are the key factors in this process.<sup>7</sup>

#### STAGES OF GRIEF

Granger E. Westberg, Professor of Medicine and Religion, University of Chicago, in exploring the good aspects of grief suggests these steps in the grief process:<sup>8</sup>

Stage One: We are in a state of shock. Shock is a temporary escape from reality. As long as it is temporary, it is good. But if a person should prefer to remain in this dream world rather than face the reality of his loss, obviously it would be very unhealthy. The sooner the person has to deal with the immediate problems

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<sup>7</sup>Ibid., p. 23.

<sup>8</sup>Granger E. Westberg, Good Grief (Philadelphia: Fortress Press, 1962), pp. 13-54.



and make decisions again, the better. Even though a person does come out of the initial shock, he will undoubtedly experience times in the succeeding days and months when the unreality of the loss comes over him again. Every now and then he will say, "I just can't believe it has happened. Intellectually I know it did happen, but I guess I just have not really accepted it emotionally." For all of us the biggest hurdle is "accepting it emotionally."

Stage Two: We express emotion. Emotional release comes at about the time it begins to dawn upon us how dreadful this loss is. Sometimes without warning there wells up within us an uncontrollable urge to express our grief. And this is exactly what we ought to do: allow ourselves to express the emotion we actually feel.

Stage Three: We feel depressed and very lonely. Eventually there comes a feeling of utter depression and isolation.

Stage Four: We may experience physical symptoms of distress. Psychosomatic problems would fall in this category. Usually people who have physical symptoms of distress have stopped at one of the stages in the grief



process. Unless they receive help to work through the emotional problems involved in the stage in which they seem to be fixed, they will remain ill.

Stage Five: We may become panicky. We find ourselves becoming panicky because we can think of nothing but the loss. At a time like this all we want to do is run away from life. The last thing we care to do is to try anything new. We can think of a hundred different reasons why we prefer to stay home and be gloomy rather than go out and be forced to be nice to people and think new thoughts.

Stage Six: We feel a sense of guilt about the loss. The reference is to normal guilt as opposed to neurotic guilt. Normal guilt in the sense that more could have been done with the living.

Stage Seven: We are filled with hostility and resentment. As people move out of the depression state, they are more able to express some of the strong feelings of hostility and resentment of which they may not even have been aware.

Stage Eight: We are unable to return to usual activities. Even though persons may be well along in their grief work

and are trying to re-enter life again, they are unable to return to usual activities. Something seems to hold them back. Thomas Wolfe was right: "You Can't Go Home Again."

Stage Nine: Gradually hope comes through. As people express their emotions and accept affection and encouragement from those about them, hope has a way of breaking through when it is least expected. Rabbi Joshua Liebman in his book Peace of Mind has an excellent chapter on "Grief's Slow Wisdom" which speaks most effectively to this temptation not to return to usual activities again. Says Liebman, "The melody that the loved one played on the piano of your life will never be played quite that way again, but we must not close the keyboard and allow the instrument to gather dust. We must seek out other artists of the spirit, new friends who gradually will help us to find the road to life again, who will walk that road with us."<sup>9</sup>

Stage Ten: We struggle to readjust to reality. When people go through significant grief experience, they come

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<sup>9</sup>Joshua Loth Liebman, Peace of Mind (New York: Simon and Schuster, Inc., 1946).

out of it as different people. They do not return to their "old selves;" they are either stronger, weaker, healthier or sicker. By experiencing the grief process, Westberg feels a person will come out stronger and better able to readjust to reality.

### SUMMARY

The enigma of grief is this: "How to accept the breakup of family unity, and function amid the fast pace and the high pressure of life today so that grief does not destroy the survivors."<sup>10</sup> Who are the survivors? Those of us who are alive. But during our lifetime, we will lose many people we love--friends, neighbors, relatives, perhaps a child--and in marriage, if we live long enough, a mate. Again and again we will be the survivor--the griever. Suddenly, but inexorably the safety of "we" becomes the isolation of "you," for now you are the suffering survivor. The grief process enables one to survive.

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<sup>10</sup> Kreis, p. 7.

## CHAPTER III

### PROCEDURES

"One of the crucial problems in all mental health research is to discover why some persons are more vulnerable to particular situations or experiences than are others. A series of situations, or a single situation, which apparently precipitates a severe breakdown in one person would seem to be handled with ease by another."<sup>1</sup> The loss of a significant other is one of these situations. How to accept the breakup of family unity amid the fast pace and high pressures of today without destroying the survivor is the function of the grief process. The grief process helps one to rejoin the human race with dignity and a sense of one's own personal worth as an individual.

#### POPULATION DESCRIPTION

The population described in this research consisted of a group of volunteer survivors who had lost a significant other by death in the past five years. Most had lost a mate while one had lost a child. This sample included both anticipated and unexpected

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<sup>1</sup>Robert Fulton, Death and Identity (New York: John Wiley & Sons Inc., 1965), p. 272.

deaths. Examples of anticipated deaths were the aged in rest homes and patients with terminal cancer and fatal viruses. Examples of unexpected deaths would be infant and cardiac arrest. The survivors were solicited to contribute to this study through the researcher's contacts and suggestions from other ministers in the community of Bozeman.

#### DATA COLLECTION

Emphasis was upon a holistic, client-centered approach to data collection. The feelings, attitudes, and emotions of each individual were perceived as more significant than the collection of specific data. The humanistic orientation of the researcher seemed to be a positive element which added to the establishment of rapport within individual sessions. Carl Rogers seemed to be championing an approach similar to humanism when he wrote, "Unless the primary element in the counselor's value system is the worth of the individual, he is not apt to find himself experiencing a real caring, or a desire to understand."<sup>2</sup>

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<sup>2</sup>Rogers, p. 95.

The primary instrument of data collection in this study was the audio tape recorder. Rogers hailed the use of audio recordings as highly important for future study in counseling and psychotherapy.<sup>3</sup> Good suggested several advantages to utilizing taped interviews such as the maintenance of an accurate record and the freeing of the counselor from note taking so that he might concentrate upon the session itself.<sup>4</sup> The researcher found that in all cases the presence of the audio recorder created little or no anxiety and was not distracting when in use.

The following questionnaire was administered by personal interview. Each interview was audio taped.

1. At the time of death who contacted you? Whom did you contact? What did you talk about? Did they do anything for you?
2. What did you do after the notification of death?
3. What was the funeral service like? Was it helpful or hurtful or neither? In what respects (ways)?

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<sup>3</sup>Rogers,

<sup>4</sup>Carter V. Good, Essentials of Educational Research (New York: Appleton-Century-Crofts, 1966).

4. What did you do after the funeral?
5. What sort of person was most helpful--listener, sympathizer, comforter, one who took over?
6. With whom did you spend the most time?
7. Since the time of death, have you relied on other people more or less? What other people?
8. What adjustments or changes have you made in your life?
9. What kind of difficulties are you dealing with today? What do you find the hardest about your life now?

#### SUMMARY

Chapter III provided a description of the procedures to be following in this study. An introductory section explained that the researcher wished to focus upon the problem or problems underlying the perceived symptoms manifested in the grief process or lack of the grief process. The researcher perceived himself as a participant, descriptive observer of human existence following a humanistic, client-centered, holistic approach to each individual session. Because this study deals with descriptive research, no formal hypotheses were presented.



## CHAPTER IV

### DESCRIPTION OF DATA

The purpose of this chapter is to describe the data collected utilizing the procedures explained in Chapter III. The reader is reminded that the interviews represented herein were constructed around the questionnaire as recorded in Chapter III.

Eight subjects were randomly selected from the total population (twenty) interviewed. In order to maintain confidentiality the researcher has utilized fictitious names to identify subjects. In the dialogue sections, Rr indicates researcher and Ss indicates survivor.

For the purpose of clarifying the essence and use of data accumulated, each of the subjects was presented using the following broad outline:

1. Background
2. Dialogue
3. Descriptive Conclusions

The descriptive conclusions will deal with the interviews in light of the four general questions to be answered.

## ANNA

Background

Anna was a widow of three years at the time of interview. She is 66 years old. She had been married for 36 years. All of her married years she had lived in a small ranching community. Her son and his family live in the same community. Anna was a teacher and continued teaching for two years following her husband's death.

Dialogue

Ss: Well, the situation I feel was very favorably set up for me if Sam had to die. We ranched for long years. Then I went to teaching because always before I'd had a full ranch life. Then the last three years of Sam's life, he worked for ASCS and he was gone four or five days a week. I was used to being home alone. So I was employed and I loved to teach. I taught two years after his death. So home was still home without him.

Rr: Almost a weaning period there, wasn't there?

Ss: Yes, it made all the difference in the world.

Rr: Now just let me ask you some questions. At the time of death, who contacted you?

Ss: We were in Fargo at St. Luke's Hospital, excellent portion of the hospital and upon his death, my daughter and her son; my son and his wife, and various friends were there. Sam died in the night. And I know

that during the night this very wonderful physician expected it because he said, "Now you go home and get a good rest, I will be here all night." So I went home to sleep and in the night he called us, at 3:00. Then the family went down. And this blessed Dr. J., so busy, stayed there all night and he visited with our family. This was a very helpful thing for us because we felt like he was answering our questions.

We went home, driving across the state, 300 miles and began immediately upon preparation for a memorial service. We agreed as a family that we did not want the body and the casket at the service. That we wanted it to be as happy and as hopeful, as joyful a thing as possible.

....we had a private burial service with family and just a few friends ahead of the service. Our own minister was a lot of comfort to us. He was at his best working with the family in time of death. We asked him to sing, he had a beautiful voice and he sang, "How Great Thou Art." Then we were free to add another minister, who was a very good friend to give this talk at the memorial service. There was no grief. He talked about "my friend Sam." He just brought him back to us alive and able and joyous.

Rr: Celebrate that life.

Ss: Yes. It was a big funeral. Our women served a nice lunch. There must have been 250 that were there, coffee, to visit, and friends that were there from all over. I was so glad to see them. To me, that is a marvelous thing to have, to end a life.

Now you want to know several things that helped me quite soon.

Quite soon after Sam died, my daughter-in-law said, "Anna, when it gets too tough, just think of the happy times."

Then I had a checkup not too long afterward with our family physician, and he said, "Anna, it can never be the same again, but it can be good if you will make it good." And I believe that was as much help as anything.

...So then I decided that I would be as happy as I could and I think this was quite a help to me. That's all I think of right now except the work and my home was still home to me and oh, my many, many friends. All this is advice for someone who was caught as I was, I tried to go on with our social life as much as I could. You step into a strange new world when you're either a widow or a widower. It's no longer a world of couples. You can't quite realize the import of it.

Rr: It's a different ball game, isn't it.

Ss: I tried to continue as much as I could. Not of course as couples to the Elks Club for dance, but I could have a dinner party for two or three couples, friends of ours through all the years. They came happily and enjoyed it and I would be invited to their homes. And I said one time to a friend, "You have all been so wonderfully good to me." And she said, "You reached out to us. You let us know that you still wanted us. We have had other friends who were widowed and we didn't know whether we were intruding or not because they never asked us to their home and we'd invite them and they'd never return it."

Rr: You made an effort?

Ss: Oh, I really did. I had coffee parties with the teachers that I was teaching with. Every once in awhile, on Friday, I would say come on home and we would celebrate Friday night; many of them were younger teachers. They would pick up their wives on the way and we would have coffee. So I continued this pattern. This wasn't new, because Sam wasn't usually home until about the time they were leaving anyway. So this is very important that you keep as many of the contacts as you can.

Rr: Since that time do you think we have relied on people more or less.

Ss: I have treasured the friendships of friends and family more. They were a little more important,

a little more necessary. I have been particularly appreciative of these friends, couples, who were friends through the years that they have been so good to me, invited me to dinner and come to see me.

Rr: So, really old friends, who were concerned?

Ss: Old friends, friends of long standing for the most part. A few new friends among the teaching group. But it was the old friends.

Rr: You mentioned some of the adjustments you had to make. Are there any other changes?

Ss: Yes, there are some changes that I have been very careful not to make. I have tried to keep my life patterned to the community.

Rr: The last question here, what kind of difficulties are you dealing with today, the hardest thing about your life now?

Ss: Hardest thing? Missing the joy of being Sam's wife.

### Descriptive Conclusions

It seemed to me that Anna had adapted to her "new life." Some of the reasons for this are apparent in her effort to keep busy, to remain an active part of the community, to keep a close relationship with her friends by not withdrawing and to keep her life "patterned to the community." Because "she reached out to her friends" her friends help fill a real void and were able to sustain her as she worked through her grief.

She felt the memorial service was helpful and hopeful. This is a private burial with the immediate family. Later then a celebration service celebrating the life of her husband. Again the church was full of good friends attempting to support her through this most difficult time. The difficulty she is having in returning to a full life is missing doing things with her husband--being robbed of his rich sense of humor.

#### REBA

##### Background

Reba is a widow of approximately one year. She is in her early fifties. She has three children (two in college, one in high school). All three still live in the home. She is a secretary.

##### Dialogue

Rr: The death was this past year.

SS: June 1st.

Rr: Almost a year, then?

Ss: We had just gone in to take Sue to work at MacDonalds and stopped at Buttreys to shop just a tiny bit. When I checked out, well he was gone and he never leaves me at the check out counter, and so I suspected something right away. Early that afternoon he said that



he was sick and he took a rest before we went out. So when I got to the car, he was clutching his chest and we drove right to the hospital. And an hour later he was gone. So it was really, I don't believe while I was sitting there that he really was going to die. They told me to go down and check in the hospital and so I did that and when I finished that, Dr. C. came out and said he was gone. So just like that, he was gone.

Rr: Then who did you contact?

Ss: Outside of cousins, we have few relatives. They are all too far away. So really just friends and people. I don't know how the house fills up so fast, of course, it is a little house. People just come in and just went out, hardly saying anything, but they take care of things. And my brother, he was such a wonderful help. For the next few days, well, he sells insurance. We had never talked about death, Don and me. No wills, I didn't even know what kind of policies he had. I know we borrowed on his paid-up policies, but I didn't know what we had.

Rr: So you knew you had something?

Ss: My brother took care of that. I had never heard of Social Security. I thought that was for when you retired. But Tom knew about that. Everybody said it is really fabulous how everything worked out for me. Within two weeks my policies were coming in and in a month the girls were getting Social Security checks and that's really unusual. One of the physical things, one of the financial things that can really be a bad thing for families: they were taken care of right away.

Rr: Sounds like your brother really go things rolling.

Ss: He did. He knew exactly what to do. He wrote all the letters. Everything just worked out.

Rr: What about after the funeral, what did you do, do you recall?



Ss: You mean immediately after. We came home. I think we ate. There's always food. All the people that are in the church that came to the funeral and some of the neighbors. Probably our close friends. I can't really remember who came over.

Rr: But you know there were a lot of people.

Ss: Yes, the house was full. I know there was food served some place along the line. That evening, I don't remember. I know then that the very next day, Tom and I went out to do the business that had to be done because he had to be gone.

Rr: You were forced into doing things right away.

Ss: Yes, and it was good for me. The next week I went back to work. Got along fine until Friday which was our wedding anniversary. That was the first day I really cried. Poor Jane Doe really helped me. I'll never forget her.

Rr: That's a good friend?

Ss: Well, she really was that day. She came down there and we came to the office and I just let it all hang out. That was the first real cry I had. She just held me tight and let me bawl. I guess I needed it at that point after twelve days. Not that I hadn't cried, but that I just hadn't really.

Rr: What sort of person do you think was most helpful?

Ss: Well, you know those that just went ahead and did things without my having to think or direct or anything, were really great. And of course those that came and offered their sympathy and helped. It was good for me to talk and I talked a lot. It seemed like I just talked a lot and said the same things over and over again. I still like to talk about him. I don't get morbid, I do get weepy if I hang on it too long. We love to talk

about him, if something happens that reminds us of him, we don't just hush up and forget that he ever existed. We laugh about some of the things he did.

Rr: What adjustments or changes have you made in your life?

Ss: I don't know that our life is much different excepting that I'm busier because I'm having to do Don's work. I have to pay bills now, I never had to pay bills--I never knew a thing about it before. Of course, dying on June 1st, I had to do it right away. That's another thing that was probably good for me. I didn't have time to sit and feel sorry for myself. But our patterns are just the same. We haven't had that many changes.

Rr: What kind of difficulties are you dealing with, or what do you find the hardest today?

Ss: I don't have anything. Nothing difficult about my life. Emotionally, I'm content. I don't know. I can't say that I have a hard life. Financially we're making it. It's not any worse that it was before. Those are the two biggest outside of just not having a companion to share any problems. But I don't seem to have any problems. What every problem I do have, I just go to God and I don't have anything that he can't take care of. Sometimes I think I must be a wierd widow because things go smoothly for me.

Rr: But you've obviously made some effort.

Ss: Yes, but I think being busy and not having too much time on your hands is a healthy thing. And I'm certainly busy enough. As you know, having a working wife. And your children are little, mine are big, but it doesn't make too much difference. I think maybe I have more help, I don't know. The girls are really great help around here.

### Descriptive Conclusions

Reba is a prime candidate for delayed and inhibited grief. She has not allowed herself to enter fully the grief process. She has had her little weepies but not until an anniversary date could she allow herself to have a good cry. It was the comfort of a friend who just held her as she sobbed. It is almost as though she expects her husband to walk in the doorway anyday now. "Nothing has changed"--everything is just like it was. Her business is more wrapped up in the form of denial rather than therapeutic. She dreads the time when all of her children will be gone. Another separation anxiety to be faced is difficult and maybe even debilitating when the first one has not been faced. She was very tense throughout the interview. There are some rough years ahead for Reba.

### DONNA

#### Background

Donna had been a widow two years at the time of this interview. She has lived in the Gallatin Valley most of her life. She and her husband farmed most of their married life. Donna is in her fifties. She lives

alone on her farm.

Dialogue

Rr: Now let's see. That's been about two years hasn't it?

Ss: It was two years in March, March 22.

Rr: Who did you contact?

Ss: Well, someone called my sister and someone must have called you. There were several people at the Temple that morning, and J.M. got busy calling folks. I don't know.

Rr: So a friend did the calling for you right away.

Ss: Yes.

Rr: Do you think the funeral was helpful, hurtful, or neither?

Ss: Oh, yes. I just couldn't have gotten through without it. And I just had to go back to church the next morning.

Rr: Yes, that was neat, and I know it was tough.

Ss: So you know then that it must have been helpful or I never could have made it.

Rr: Since that time, do you think you have relied on other people more or less?

Ss: Well, you know this has always been one of my problems. I'm so afraid that I'll get to be a loner, be awfully easy to get self-centered and selfish at this point, when the family are all quite a ways away. I do spend a lot of time alone, and it would be awfully easy.

So then I try to get busy, write a letter to somebody. Make a batch of cookies and take over to Sue. Again, to make it easy for other people, I think most everybody tries to do the best they can. But I think you need to be alone too.

Rr: Oh sure.

Ss: To get that bawling and screaming over with.

Rr: Yes, I think that's important.

Rr: What adjustments or changes have you made in your life?

Ss: Oh boy. Well, not a whole lot, because I just wasn't going to leave here for awhile. I don't know when I'm going to do that. I've learned to take care of myself. I can remember sitting in there in front of that safe. I knew what the combination was, but I never opened it. Jim always did. Sitting there, and turning that dial I don't know how many times, and that was a mistake. Later somebody said you don't do that, you give it a hard flip so that it goes around real hard fast and then the first time it opened.

Just things like that. And the difficulties I have here with these renters is something that I never had to deal with. I graduated from high school one week and got married the next. So I never took care of myself. I didn't know how. But I've learned somewhat, roughly.

And to deal with a great deal of money. To be sure you don't make a mistake, that can't be changed. This is what I was more concerned with. Because we were in the process of that sale, which was a real lucky thing. Because all the papers were signed and everything and there was that great big gob of money to do something with. There again I couldn't have done anything without that lawyer. Because the family said, "Oh, now that's up to you." They're a big help. Get the kids arranged so they would have a good education. That's all I could do because...we worked too hard too many years. I still

don't know how to spend money. To just get out and blow it.

Rr: That's kind of foolish anyway.

Ss: And there's still plenty of time. Even this winter. I had a flat tire one day when I was getting ready to go to church, 20 below, went out there, flat tire. Well, I gave up going to church and it wasn't long before the neighbors called saying come on down and eat dinner. Said, can't, got a flat tire. So Tim came up, changed that tire, put on the spare that was in the trunk, and down plunk it was flat too. That's two flat tires. I never thought about keeping air in the spare tire. So you learn.

Rr: Just a lot that you automatically have to start taking care of.

Ss: Yes, just suddenly it was there. Just like that silly safe. I just...and to think that Jim wanted me to learn how to do it. I didn't have time.

Rr: Didn't need to.

Ss: Yes

Rr: What kind of difficulties do you think you are dealing with today. What do you find the hardest about life now?

Ss: Oh, that's easy. My renters. I try to look at things from their side, but so help me, I can't always. They've really given me a hard time.

Rr: You know outside of the daily coping with things, you are doing pretty well.

Ss: Well, I sometimes wonder, but it all goes back to the same old thing. I don't want to make a mistake that can't be changed. And I've got a lot of people helping with that though. Keep the gas in the car and the tires up.



Descriptive Conclusions

Even though Donna's husband had had an earlier heart attack, this is still an example of an unexpected death, a cardiac arrest. Donna is making a good recovery and a new life for herself. Not that there are not bad moments--there are. There has to be if one is to deal with grief. The funeral service was a positive step in aiding the grief process. Her friends, her "church family" have all contributed in the rediscovering of her own identity. When she gets "the blues", she gets up and does something for someone else. Some of the difficulties she is experiencing have to do with business matters that formerly her husband took care of. She is not preoccupied with herself and doesn't want to be a "loner" or "self-centered." She has taken the time "to get the bawling and screaming over with" and is ready to help when she can. The present is positive and the future is open.

## NORMA

Background

Norma has been a widow for two years. She is in her fifties and had been married for forty years.

Dialogue

Rr: What did you do after the notification of death? You came home and Johnny was there. Who else?

Ss: Sharon. There were just the three of us. John and Lynn were gone. And everybody else, we had to wait until they came. But I don't know. I guess you're the only one I called.

Rr: Do you recall what you talked about at that time? What they tried to do for you, did they do anything for you?

Ss: Oh, the kids were all very protective of me but then I can't recall talking. I think that everyone was pretty much thinking their own thoughts. We were pretty well stunned even; it was just pretty hard to realize that it had happened. We knew it could, but then like I said when I knew that his heart had become unstabilized I knew then that it probably wasn't going to be too long. Still, it was really a shock when the doctor said that he was gone. Well, I was just not aware that they were working on him that night. It's just something that whenever it happens you, even if you are expecting it, I think it is still a great shock. And John had been getting so much better that the real chock came around 9:30 when they called us back after we had only been home for an hour to say that he had taken a turn for the worse. In itself--I can't really explain what I thought. Because it frightened me so when they said he had gotten worse, but still somehow I don't know. It was as though I had kind of expected it even. And it's always a shock--you have lots of inner thoughts. You don't do much talking it over with anyone. And each one has his own. Whenever you experience the first shock that they are gone, possibly within the first hour you have taken on a different feeling especially if someone is around you because you can push that out of your mind and it's as though they're not at home right then but they will be back. I've thought about this a great deal, because the only time that I showed very much emotion one way or another of how I felt was not until everyone was

gone and I had time to be alone and could think about it a little bit. Even then I tried to control my emotions. But like I said, this is the only thing you can feel, like any minute he'll come home. You keep kind of planning. I know that the time my mother passed away, it was two years before I got over the feeling that I might just look up any minute and see my mother come by my kitchen window to the back door. Because she would pop in on us any day, any time. They lived over at Wilsall. And I would just have that feeling. But eventually, you know, even then you know it can't happen, but there's still may be you put it out of your mind. But it has been increasingly hard for me to control my emotions because I suppose, it is final and it is becoming more apparent to me all the time. You can pretend, I guess.

Rr: It's just so long.

Ss: It's just so long.

Rr; Reality keeps nagging away.

SS: This is what I've told all my friends and kids and all of them. You're sticking right by me and I appreciate this, but still it's prolonging what I have to face sooner or later.

Rr: What was the funeral service like? Was it helpful, hurtful, neither?

Ss: Yes, I think it was. But Jeff, I think the whole family appreciated what you did by coming and meeting with all of us. This is something that we have never experienced before. And we all talked about this extensively and we all appreciated it very much. It did take us a little off guard. I have two kids; they're a lot like their dad. And they can't talk about things much.

Rr: What did you do after the funeral:

Ss: Came back to the house. Friends and neighbors were here again.

Rr: Was this helpful at this time, do you think?

Ss: Oh, yes and no. Yes, I think it was helpful really because it takes the family's thoughts away from what the sad occasion was. And many people feel so helpless to know what to say to people at a time like this. Many people don't go see other people because they are so afraid of saying something wrong. But I don't think people want to hear anything said. They know it is out of concern and respect for the one that's gone and for the one's that are left. They do come so I really don't think that anyone has to say a great deal but it's just nice to know that people are concerned and have thought enough of you to want to be with you at a time like that. And of course, the less you talk about any of it the better the family is. They forget about all of it then. Where otherwise if they were left alone everyone would be grieving and just real sad. It has to come sooner or later, but if it is taken gradual, you get through it better I guess.

Rr: What sort of person was most helpful?  
Listener, sympathizer, counselor, one who took over?

Ss: There again, I think there is a need for all of them. Because you always need those and there are always those who just come in and kind of take over and assist everybody in doing anything that there is to do. You're always appreciative of that type of people. There are those who come in and maybe they haven't heard about it and want to hear all about it and here again I think it depends on the type of person you are. Now me, I got the most comfort out of talking about John all the time. I still do.

Rr: What adjustments or changes have you made in your life?

Ss: The big adjustment is if you have always lived alone, you're used to it. But if you've lived with someone, John and I were married for 40 years. Our 40th wedding anniversary, the day before he took sick. They haven't been years without a few family rows and whatnot, though I will have to say in all honesty most of

the rowing was me. John didn't ever fight much with me. But anyway. We were always able to talk out our differences at all times. My adjustment? Perhaps yet to come actually. If being alone, is a big adjustment. Because there again, I don't know. I don't feel that we're ever completely alone. You call on your Lord for help and I guess if you feel like you're going to get help, you get it. Whenever I get to really missing John more than I don't know how to say it.

Rr: It really gets rough.

Ss: Yes, it really does. There's just nobody to talk over your problems. And get immediate answers.

Rr: What kind of difficulties are you dealing with today and what do you find the hardest about your life now?

Ss: Well, I guess just being alone. Because it is just the whole adjustment of being alone, of just being one. I have Doug, he stays here with me all the time, but even if all my kids lived with me, it would still be different. Because things you don't talk over with your children. For forty years you have someone right with you all the time. We never smothered one another with our own petty little things. It's just that you adjust to another's wishes and you just have that respect for one another and you don't always have to have the one right with you all the time to know what they're going to say. You've just learned to know all these things. You just want to do things for one another and when that one's gone, you are at a loss. There are just certain things that you can't do any more.

### Descriptive Conclusions

Norma felt that the funeral service was helpful. Another thing that was helpful was the minister going over the night before and visiting with the family.



Facilitating the expression of feelings and giving the family permission to talk about the deceased. The ones who were most helpful after the death were her family and friends. The family kept too close a vigil and didn't allow enough space or distance. She is one who enjoys her work and enjoys doing things for people. So she has been able to keep busy and participate in church and community affairs. The difficulties are being alone and her aloneness. "Nobody right there to talk over your problems." For forty years you have someone right with you all the time.

REX

#### Background

Rex is a widower of three years. Another example of an unexpected death, a car wreck. He is in his early fifties.

#### Dialogue

Ss: We came on here and had the funeral then. I was able to make it to that. I had a patch on one eye.

Rr: Wondering what you were doing here about that time, I suspect?



Ss: Yes, I was in a daze. You just really can't believe that one of these things happen to you so quick.

Rr: How things can change so fast!

Ss: Of course, you're just driving along. I had asked her if she wanted to have a cup of coffee and she said, "Yeah, if we can see a place," because it's just a small place and we couldn't see a thing that was open--it was Sunday afternoon. So I said, well why don't we wait until we get to St. Regis, and I said too bad that coffee shop wasn't open, and like a knot-head went on up the road.

Rr: It's so strange, because of matter of minutes or seconds.

Rr: Some guy was passing, is that what happened?

Ss: He was passing and pulled right out to pass a truck on a hill on a double line.

Rr: Just that fast.

Ss: Yes.

Rr: What about the funeral service, was it helpful, hurtful, neither?

Ss: Well, it was helpful. I really do. I didn't realize I had so many friends and relatives came from all over.

Rr: What about after the funeral? What did you do, do you remember?

Ss: Immediately after. Well, we had all that get together in the church--cookies and what not. Just a real nice get together. I wish I could have been there under different circumstances. With all those people. It's a hard thing to go through. I looked at other

couples, and said they are going to have to go through it, one or the other.

Rr: What sort of person do you think was most helpful?

Ss: My two daughters, johnny-on-the-spot, and my brother-in-law, he came right to Missoula and brought us here. And B.B., good friend of my wife's and we've camped a lot, etc. She was real helpful. Helped take a hold and the girls relied on her a lot. My sisters, of course came, and helped immensely. In fact, we had a houseful here for four days. Somebody coming and going, which is good, you wouldn't want to be sitting alone. Yet you'd like to visit with them rather than over sorrow.

Rr: You're glad they are there, but it's not the most pleasant time, the most comfortable time.

Rr: Since the time of your wife's death, have you relied on other people more or less?

Ss: Seems like I enjoy going and seeing my friends and ones that really helped me out; and I felt like I owed them something since they were so helpful to me. I have really been more appreciative of what people do and I try to return the favor. Go help them, or do something for them. If nothing else, then take them out to dinner. Cause they all had me in to eat a lot, break up the monotony of coming home to four bare walls.

Rr: What adjustments or changes have you made in your life?

Ss: I just try to think about--I've made some but I keep thinking there are a lot of things I should have done, but didn't have time for or money. I could just kick myself for not having done. And I don't worry about it any more. If I see I want to do something or help somebody out, I do it. Like going to see the kids--I just bunch it and go.

Rr: What kind of difficulties are you dealing with today or what do you find the hardest about your life now?

Ss: Well, to come home here and cook and be by myself. I have lost all interest in doing things unless someone is around. Now my daughter and her husband came and lived with me almost a year. He went back to school again and that helped me a lot. I had somebody here to eat with and of course took a hold. I was getting better about my cooking and what not before she came, but after they left I've been worse.

#### Descriptive Conclusions

Rex felt that the funeral service was helpful. He made the statement: "I didn't realize I had so many friends and relatives from all over." Friends and relatives were the most helpful after the death. Rex has structured his time in trying to return some of the favors that were shown to him during this time. He has become "more appreciative of what people do." Out of this experience, he has become a more sensitive human being. The difficulties that he has are still coming home to an empty house and trying to cook for himself. He has made an effort to keep busy, to invest his time in other people. He is starting to date and get back into the stream of things.

## ESTHER

Background

Esther is in her seventies and has been a widow for one year. She had been married for fifty years.

Dialogue

Ss: He passed away a year ago, the 28th of March.

Rr: I was going to say a year ago, but I thought it might have been a little longer than that.

Ss: They told him in September what he had.

Rr: Actually he lasted a lot longer than maybe what the doctors thought.

Ss: You know sometimes they last eight, ten years. I was very thankful to God that he didn't have to because he was getting worse all the time.

Rr: At the time of death, who contacted you?

Ss: To tell me? My son.

Rr: Who then did you contact?

Ss: I don't think I did. I think friends just came. I was sitting there right where you are that morning. And I looked out that window and I saw my son's camper coming, and I thought, what's he doing out this time of day with the camper? He came down and he came in and he said, "Well, mom, dad's troubles are over, he's gone." And it was a terrible shock because I didn't dream he would go that quickly, cancer, you see. September to March, lacked quite a bit being a year. I

was really surprised. But it was an awful blow you know.

Rr: Sure, you are never quite ready for that.

Ss: You can't. No matter how much you've thought about it. You're not ready. It's terrible to have the best friend you've ever had to die with cancer. And he was good to everybody that was sick.

Rr: He was a great guy. And the thing that I remember was his fantastic sense of humor. When he could hardly go, he still had a good sense of humor.

Ss: Once in awhile he would break down and cry just like his heart would break for maybe two or three minutes. Then it was over.

Rr: When your friends came in that morning, do you remember what they talked about? Or did they do anything for you, do you remember how that went.

Ss: Oh, just is there anything we can do to help?

Rr: Just wanted to help as best they could?

Ss: He had lots of friends.

Rr: What did you do after the funeral? Do you remember?

Ss: Well, the friends had a dinner over at my son's. And the relatives and the friends, like from Wilsall, came. A couple from Wilsall over here, he was one of the pallbearers, that boarded with us the first year our son when to school and we've been friends all the years since. And different people like that.

Rr: So you really just had friends and family. That's helpful, do you think?

Ss: Yes, I think so because it kind of helps

you break away from the grief. Of course, you can't quit thinking about it. And the day of the funeral, when it comes to the time the body has to be lowered into the ground, that is what breaks your heart.

Rr: Yes, that's it.

Ss: But we can't do anything about it.

Rr: Reality really hits you at that point, doesn't it.

Ss: Yes, it's hard. But I wouldn't ask him back to have to suffer with cancer. Now if he could have been well, that would be different. They talk about curing cancer, but it doesn't sound like it's possible.

Rr: Oh, I think they will, but I think we have a ways to go.

Ss: I hope they will.

Rr: What sort of person was most helpful to you. Listener, sympathizer, comforter, one who came in and took over? Who was most helpful?

Ss: I think it was someone who had been through it and knew what it was.

Rr: And a lot of time that was a friend?

Ss: You know Mrs. J. Well, she's a very dear friend of mine. And nobody's ever had a friend who is better to them than she's been to me. She's cripple, she can't hardly do anything but she can still drive the car. She's coming this afternoon. She certainly has been a wonderful comfort. Her last husband and we were the very best of friends.

Rr: Ran into N.M.'s neighbors, same kind of thing. Good friends, fishing together same as what you are talking about. Then with whom did you spend the most time after the death?



Ss: Well, of course my son and his wife.  
But next to them, I think it was Janie.

Rr: Since that time, Esther, have you relied  
on people more or less?

Ss: I think you rely on yourself more. You  
know what it is. Now I always thought when any of my  
friends lost their husband or wife that I could sympathize  
with them because I knew how it felt. But I didn't know  
anything at all about it until I went through it myself.

Rr: That's a good answer, I think you're right.

Ss: Well, you just go through those things and  
you have to just take it on your own shoulders.

Rr: What adjustments have you made in your life?

Ss: Oh, I think it's pretty much the same.  
Always did all I could for the church. Of course, I  
can't pay much to it now because I don't have it.

Rr: That's no problem.

Ss: And I can't work. I could work, I love to  
work, but you see I'd had that sick spell thirteen  
years ago the first day of April and I'd never got to go  
back to work.

Rr: One more question: What kind of difficulties  
are you dealing with today? Or what do you find the  
hardest about your life today?

Ss: Well, one thing is, you have to be more  
responsible for what you are doing. You used to could  
ask your husband and do it and that was that.

Rr: Just really all on your shoulders, like  
you said a minute ago.

Ss: And, I just have the one son and they don't  
think I can do anything.

Rr: That's natural though.

Ss: Oh, yeah, that's natural. But they have been awful good to me. They came here yesterday and worked just like horses, picking up the yard and so on. Of course, I always did those things and I always assumed that if people didn't, they were just lazy. But now I find out....

Rr: Another side to that story.

### Descriptive Conclusions

The funeral service was not very helpful because her wishes had not been carried out. Because this was a terminal case, some anticipatory grief had taken place. Esther felt she had been helped most by someone who had been through it themselves. The difficulties encountered were having to shoulder all the responsibilities. No one with whom to share the tasks. You have to rely on yourself more!

DON

### Background

Don's wife died about three and a half years ago. He since has remarried. Don is fifty years old and a rancher. His present wife has two girls. His children are grown. He had been married to first wife 26 years.

Dialogue

Rr: At the time of death who contacted you? You were at the hospital, weren't you? That was such a long drawn-out period.

Ss: Yes, I was right there.

Rr: Who did you contact, do you remember?

Ss: Well, I guess I called--I don't remember that detail very well--but I called Barbara's mother and her dad. And the boys. Peg was either there or came right afterwards. Because Peg and I were staying there all the time. And of course, this was different than most--because this was a long ordeal. We wanted her to go, it was that kind of situation. This would be unique to most deaths.

Rr: Some anticipatory grief in a situation like that. And yet, you still don't get the job done. Even though you know it would be a blessing when and if it happens.

Ss: Yes, that's right. In that particular situation where she had been in a coma for no one knows for sure. They couldn't tell us for sure. They couldn't tell us for sure whether when she was in an apparent coma she could hear and understand; I rather doubt that she could. But that's a guess on my part. This was pretty terrible way to go and we were praying that she would go with some dignity. It was a tough time.

Rr: Do you remember what you did after that?

Ss: Made some calls, I think I went up to Barbara's mother and visited with her. Really I accepted her as being gone previous to that. Down in Salt Lake, before we ever brought her home. That was when I accepted the fact that she was gone.

Rr: What about the funeral service, was it helpful?

Ss: I would say at that point it was helpful. I really haven't assessed that part of it.

Rr: Something to do.

Ss: At that point, yes, I guess. This was a different thing. This isn't what I would call normal, but I guess then none of them are normal. I'd say it was formality. To me at that time.

Rr: What did you do after the funeral?

Ss: Well, we went out to Lynn and Mae's and had the pallbearers and minister and family. Family from out of town got together.

Rr: Was that helpful?

Ss: Yes, particularly people coming long distances and a tough way to visit. But it would leave a terrible hole if you didn't. Visit and discuss, and this came on top of losing a brother.

Rr: How long before--not long?

Ss: Lee died about the third of November and Barbara the 28th of November. But I was skeptical about going because just any day, and I didn't think I should be gone. But it was quite a decision to make to go to Lee's funeral and leave Barbara.

Rr: What sort of person do you think was most helpful?

Ss: Probably the most helpful person was down in Salt Lake, a woman I didn't know. Barbara, the doctors had just diagnosed the thing, and she was in a coma. They have been working on diagnosing this--all the tests they know. She had gone into a coma and maybe about a week after, they called me and told me they felt sure they had diagnosed it and that there wasn't any hope for her to get better and that it would be a matter of time. And they were helpful, the doctors were very

helpful. The social worker came to visit and she was helpful. The most helpful person was the woman in the waiting room. I had just gone in; there was a TV and smoking room; and had a cup of coffee and was just kind of looking, several times a day and got to visiting with her. She had a husband there with a heart condition and they were treating him. She asked, "Why are you here?" And we got to talking, and I told her even though she was a stranger, something about it is I guess that it helps to talk, and I told her it was a rare thing Barbara had, they had just diagnosed it and just that morning the doctors had told me about it. She said, "Well, I'll tell you something, your wife will soon be taken care of. No problems. She's going to be at peace. If you poke around and feel sorry for yourself, that's just what it will be, you will be a selfish person."

Rr: She laid it on you.

Ss: She did lay it on and do you know, that I was a little bit honky there for a minute. Then the more I thought about it, the more I thought she was right. I think that helped me more than anything else. If you get to feeling sorry for yourself, you go to pot, if you can't control yourself, it's just because you're a self-centered, selfish person, she said, because your wife is at peace. That helped me more than anything. And it was from a person I don't even know.

Of course people are great. I guess a lot of people offered their sympathy. You kind of feel alone and if people offer their sympathy and you know other people care, it does help.

Rr: It's just a tough time. People don't know know what to do. Your friends are just going to be there.

Ss: A billion things go through your mind. It's just unbelievable how much mileage you put your mind through at a time like that.

Rr: Good way to phrase that.

Rr: Who do you think you spent the most time with



after Barbara's death?

Ss: That's a tough one to answer. I did have quite a little work that had to be done, and I did keep busy.

Rr: So that was helpful.

Ss: It was difficult to stay busy. Of course, then a lot of things you normally would go through after a death, I went through before. After the death, after she actually died, it was really a relief. More than a grief. It was a relief. I had gone through the grief portion of it three months ahead of it. And then at that time, it was more comparable to death. After they had diagnosed it. We were down at Salt Lake for awhile--about a month. Both sons were down. Of course they had their jobs and couldn't be gone too long, but they were with me. I talked with Peg quite a bit. She never got down there. She was home, helping here. And we didn't know of course when we went down that it wouldn't be something they would find that they couldn't correct.

Rr: Since the time of death, have you relied on other people more or less?

Ss: I don't know--I'm sure that it has--values maybe. I'm not sure whether other people have noticed. I suppose they have. Maybe I learned when the thing hurt too bad, to flip the switch. I don't know what you call that. But I've always been real sentimental and I think I'm probably less; and I'm not happy about that. I guess I just learned you have to accept some things. That's the only way I could live. I couldn't blame anyone. I just accepted it that these things happen and difficult to understand.

Rr: Yes, there are no answers to if questions.

Ss: I don't know now, I'm not sure--I know you don't ever get over these things. They are part of you.



Rr: You can no longer act as though they didn't happen.

Ss: And I think Kaye and I, I'm sure she thinks of John and I think of Barbara; and we've accepted that; and we knew this. I think that I have--as far as relying on another person. Of course, Kaye and I got married rather soon after Barbara passed away. I don't think there is any question about it, I think we both admit that we lean on each other. Which has been a great thing. I don't know whether I could have cut it alone or not. I've talked about it.

Rr: Kaye, I thought made a real good observation. She said that because you both had a common need the inevitable problems that two people have when they join forces, worked out really pretty easily.

Ss: Couldn't have been better. As long as we are both open about it, and sure don't have any reservations about it, that has been a great thing. I think that has helped us.

Rr: What adjustments or changes have you made in your life?

Ss: Well, I know I'm a lot more tolerant. I know that much. Things that I used to think were--used to harp on--I don't bother any more. It isn't that important anymore. It does teach quite a little about--and I had lost my mother and a brother--and it isn't the same as losing your wife.

Rr: No, it isn't. I don't know anything any rougher than that.

Ss: I don't know what it would be, but I'm not going to judge.

Rr: What kind of difficulties are you dealing with today?

Ss: Would it sound really silly to you--I don't have any momentous problems. Of course, part of that

is financial pressure isn't on me, like it used to be, maybe it just isn't important to me anymore. Maybe I don't take things as seriously as I should--maybe that is a problem.

### Descriptive Conclusions

A lot of anticipatory grief took place because his wife was in a coma for several months. There was a great relief when she died. The benefit of the funeral was that it gathered many friends together. An acquaintance helped point Don toward reality when she remarked "If you poke around and feel sorry for yourself, that's just what it will be, you will be a selfish person." And then the companionship of his present wife who had lost her spouse at the same time, has been a great help.

### KAREN

### Background

Karen is in her late thirties. She has remarried. Her first husband had been dead about three and a half years. She has two children in the home. Her husband was 42 when he died. They had been married 17 years.

Dialogue

Rr: At the time of death, who contacted you, were you there?

Ss: I and my two girls were there.

Rr: Was this a car wreck, hospital, or what?

Ss: No, he had gone down. We were farming evenings and weekends and he had gone down to help a neighbor move some cows. And he came back because the wind was blowing and he felt like he had the flu. He was aching, etc. We never thought anything about heart, he was only 42. And then he slept all that afternoon and then we had company later in the afternoon and they ate supper with us, visited and then left about 10:00. At that time we had the TV downstairs and so we went down to watch and I came upstairs for something and the girls hollered at me, and said he was having spasms. I called the ambulance and the doctor, and it took them twenty minutes to get down here and by that time it was too late. The autopsy showed that it was hardening of the arteries. But the girls were here and I called the neighbor and he came over and he and his wife took the kids home. So it was very sudden. You just knew it was final.

Rr: Never suspecting anything like that.

Rr: Do you recall what you did, of course you were notified right on the spot. What happened after that?

Ss: I called my aunt and she came over. Then I called my folks and they came and everybody came. And of course, at a time like this your friends and neighbors. You never realized that you were that close to them, they all came. But I found the thing that really helps the most is to be able to talk naturally about it. And people would come in and you would cry on their shoulder and sit around the table and visit and we didn't have to actually talk about the one that was gone. Just kind of get back

into a normal routine as much as possible. And then my mother was here for about two weeks afterward. I was working at the time, and I called the school and got time off for as long as I needed it. We got everything done and taken care of at home, and I went back to work. It helps to have a job and of course you have this lost feeling and wander around. And it's really I found the hardest time was at meal times and evenings.

Rr: Pretty hollow house.

Ss: Yes, because now during the day he was gone and part of the evening. But late evening--you just have that empty feeling.

Rr: I suspect that those are some of the hardest times. And I guess too that it's normal some of the same routines.

Ss: I found this with the girls. Because Jim did a lot of discipline, and we just got to where we depended on him. And the girls were lost and I was lost. You've got to maintain some kind of balance. And both girls were teenagers, one thirteen and the other fifteen. That was a very bad age. They weren't kids that were running around, so I didn't have this kind of problem but you have a tendency to get too lenient with them.

Then Don called me just before my mother left and we talked and of course he had just one through this. And it helped to have someone to talk to who had gone through it. I think we probably helped each other, and adjusted faster than if we had had to do it alone.

Rr: That's a good point.

Ss: Heavens, if I hadn't been working, I'd been in terrible shape. You have to, whether you need the money to help you live and most everybody does, you need to have something that forces you to get out and mix with people. Otherwise it's so easy to stay home and withdraw.

Rr: What about the funeral service? Do you think it was helpful, or what?

Ss: It is a very bad experience to go through. I was more worried about the girls than anything else. And so, they never saw Jim again after that night.

Rr: What did you do after the funeral?

Ss: I belong to a Rebekah organization and they brought the meal down and we had it down here in the basement and relatives and friends all came. And then there were two or three gals that stayed and helped serve--it was mostly family style and everybody kind of gathered and just visited.

Rr: What sort of person do you think was most helpful?

Ss: Well, I really didn't have anybody that came in and took over other than my mother insisted that I go through Jim's clothes while she was here and get that done; and then she went with me to help make funeral arrangements. And I had worked down at the furniture store for awhile and had a real good boss and I could talk to him. I think the one that I talked to most was Don. Sometimes I listened and sometimes I talked. I think I probably found him most helpful.

Rr: With whom did you spend the most time, probably Don, yes?

Ss: Yes.

Rr: Of course, this is a little different situation; since that time have you relied on other people more or less?

Ss: Sometimes I've been very independent and sometimes not. I think that where Don and I got married as quickly as we did, that it's about the same as it was. I might be a little bit more independent.

Rr: What adjustments or changes have you made in your life?

Ss: Well, I've gone from a city girl to a city/country girl. There have been quite a few changes. I haven't done too much with the cattle. I had helped Jim with farming and stuff like this.

Rr: What kind of difficulties are you dealing with today or what do you find the hardest about life now?

Ss: Right off hand, we don't have any.

Rr: You see most of the people I have talked to have not remarried.

Ss: I think that living alone, I would have had a terrible time. The girls would have probably gotten away with more than they really should have. But I think since I've remarried as soon as I did that we just helped each other make these adjustments to where it was just all one process.

Rr: Do you think the adjustments might have been a little easier because of your common experience?

Ss: Right, if one of us had been divorced, it wouldn't have been as easy. Otherwise you have to make this adjustment and even at that, it took two years-- but about a year ago, it seemed like, we were sitting here and Don said I suddenly feel freer. And I had just been thinking this. It just seemed like something had lifted and you were natural. Not that so much that anyone else noticed it, but you felt it inside.

Rr: Very good--that is a good point.

Ss: Any time you experience something physically, it takes a while for your emotions to get back to normal. You put up these barriers around you and until you're ready, they're not all coming down. There is nothing you can do about it. Just live as normal as you can. You've still got this little fence around you.



### Descriptive Conclusions

This is another example of unexpected death. He died of cardiac arrest. Even though the funeral was a difficult time because of her anxieties for the two daughters, it still aided in the grief process. Karen was not having the difficulties that some of the others were having. She had companionship and it was her present husband who was most helpful after the death of her first husband. Because her present husband had lost his mate at the same time, there was a common need and both responded.

### SUMMARY

The purpose of this chapter has been to provide examples of the conferences conducted by the researcher in gathering descriptive, rather than statistical, data for this study. A brief paragraph containing background material was followed by actual dialogue between the investigator and eight, randomly selected subjects. The researcher then added descriptive conclusions which included his perception of the conferences in relation to the intrapersonal characteristics of the grief process.

The researcher felt that the essence of this chapter was to describe how the investigation was conducted. There was the basic belief that in order to determine what the survivor felt the investigator must go "head to head" with him in humanistically-oriented conferences. By participating with the subject in a one-to-one relationship, the researcher hoped to descriptively uncover those characteristics and those people which seemed to help induce an individual to the grief process.

Chaper V has included an elaboration of the data presented in this chapter in the form of a summary, conclusions and recommendations.

## CHAPTER V

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### SUMMARY

The enigma of grief is this: "How to accept the breakup of family unity, and function amid the fast pace and the high pressures of life today so that grief does not destroy the survivors."<sup>1</sup> Who are the survivors? Those of us who are alive. But during our lifetime, we will lose many people we love--friends, neighbors, relatives, perhaps a child--and in marriage, if we live long enough, a mate. Again and again we will be the survivor--the griever. Suddenly, but inexorably the safety of "we" becomes the isolation of "you," for now you are the suffering survivor. The grief process enables one to survive.

To say one can be made less vulnerable to grief ought not to lead to misunderstanding. There is no device by which to ward it off, no six easy steps by which the distress can be done away with. Death will remain death; the loss is a real loss; the pain still hurts. A person may be protected against the destructive

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<sup>1</sup>Kreis, p. 7.

powers which the anxiety of grief potentially contains and the severe disruption of life which it occasionally produces. A morbid grief reaction may be avoided. The future might be seen as remaining open. The person may even be able to come through his grief with greater strength of personality and with greater sensitivity to others in distress, thereby deepening the quality of all his relationships and adding meaning to his life.<sup>2</sup>

#### CONCLUSIONS

In all of the interviews, each at some point stated that a friend or a special family member was most beneficial in helping him to cope with his ever present anxiety. After the cousins and the casual friends leave the graveside and one finds himself in a house that echoes and rattles, the void envelopes him like a stifling smog. "After the people pick up their dishes from having brought food, the doorbell no longer rings." "You wonder if the phone is out of order?" It was comments like these that the survivor made as he began to realize that it is a couples' world and there is not much room for a single. But it was the friend who kept coming back

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<sup>2</sup>Switzer, p. 209.

week after week. The friend who kept calling every day just to talk. Many of the survivors stated that it was the friend who had been through this trauma himself that proved helpful. So in almost all instances, it was a good friend who kept calling, kept coming back who was most helpful.

Most thought the funeral was helpful. Even though many were numb at that point, it structured a time and place for good friends to gather. There is a certain closure to this life that is important and which aids in the grief process. It is a service of celebration for this unique life that has been with us before physical death. Another positive factor in the funeral is that it allows and affords other people to "get on" with some of their unfinished grief work. Therefore, it not only aids the family but it is also helpful for the gatherers.

One of the keys to structure of time was the admonition to "keep busy." One cannot withdraw from life and expect to continue living. To continue "to keep on keeping on" was the advice given me by an elderly survivor. "When you start to feel sorry for yourself,

get up and get busy." "Bake something for somebody or write a card--just do something for somebody else--does wonders for your own outlook," was advice from a lady in her fifties. "You have to go back to work as soon as you possibly can," another woman told me. "You have to make yourself get back in the stream of life as difficult as that may be," I was advised. Even though one has to pretend in order to get in motion, eventually the motion will be natural.

Some of the difficulties in returning to a "full life" might be stated in terms of assuming a different role. One lady was confronted with paying the bills which previously her husband had done. In the case of a widower, the cooking and household duties were a source of frustration. To several others having to make decisions on their own was traumatic.

The common denominator of all these survivors was loneliness. No one there to answer the everyday questions was a prevalent remark. Such statements as "missing the joy of being Sam's wife"; "of being one"; "of being denied the warmth of his sense of humor" are all descriptive of loneliness.



RECOMMENDATIONS

In working on the problem of grief, the biblical dictum, "Blessed are those who mourn, for they shall be comforted" (Matt. 5:4) has taken on a new meaning. While one may tend to limit the process of grief only to obvious external loss of relationship, it appears that these processes are intrinsic to all of human existence.

The first recommendation would be to acquaint other people with the different stages of grief--that grief does indeed have a pattern no matter how nebulous.

The second recommendation would be to train people to listen. Through listening exercises, one could learn to "pick up on" expressions of feelings.

The third recommendation would be for the counselor, pastor to have a trained group of listeners that he could send out at any time. In my experience the greatest gap in the pastoral care of the bereaved person comes in the failure to follow up on the longer range impact of loss. There is a real temptation in the face of overloaded schedules to condense one's pastoral care into the immediate crisis situation and to

believe that in the quiet withdrawal which often follows loss that mourning has been accomplished. Ministers are in a prime position for follow up. For they among all the professional "helpers" can not only observe but have access to persons and families over time. The sensitive clergyman may be able to make the diagnostic link-up between grief and family or marital conflict rather rapidly whereas the isolated specialist may spend months of painstaking work to get to the real issue.

There is always much to mourn and much to rejoice. In our work with individuals and families we need always to consider that we deal with human beings in almost constant movement between these two poles. It may be that our incorporation of this truth may offer a significant clue to understanding and assisting persons experiencing the "dark nights of the soul" and the hell of separation in relationship.

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