A COMMUNITY DEVELOPMENT PROJECT

FOCUSING ON BEREAVEMENT

IN A RURAL COMMUNITY


by Robert D. Schulz


A Practicum
Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
for the Degree of


MASTER OF SOCIAL WORK


University of Manitoba

1990

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Canada

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Debbie...thankyou so much for waiting for me!

...thankyou so much for your encouragement

...I dedicate this work to you

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## ABSTRACT

Over the past five years, I have observed many
families experience separation as a result of death.
This practicum describes how I made contact with men
and women in order to discuss the themes of LOSS and
GRIEF. My initial intention had been to meet only
with widowed men--however, the practicum became much
more of a community development "project", which
included discussions with men. This practicum
involved the following process:

(1)  reading an assortment of literature:
*   Grief Theorists
*   Psychological Response of Bereavement
*   Mortality Among the Widowed
*   Morbidity Among the Widowed
*   Predictors of Adaptation to Conjugal
    Bereavement
*   Assessment of Intervention with the
    Conjugally Bereaved
*   Future Research in the Area of
    Conjugal Bereavement
*   Grief Counseling

\* Influence of Family and Social Group

\* Boys Becoming Men

\* Learning & Coping

\* Participatory Research (even though this is a practicum, I found this literature helpful for my needs)

\* Social Work Values

\* Group Work;


(2) writing articles for the local community newspaper--a method of increasing awarenesss and dialogue about loss and grief;


(3) announcing in church bulletins my interest in talking with recently widowed men;


(4) offering a series of discussion evenings to talk about issues pertaining to loss and grief;


(5) meeting with individual widowed men in their homes;


(6) offering a group for widowed men in my home; and

(7)   planning for further community outreach.

# CHAPTER 1

## LITERATURE REVIEW

### 1:0 INTRODUCTION

When I first began to read the literature on
loss and grief, I was particularly curious about how
grieving people cope both physically and emotionally
following a significant loss.  I wanted to know about
the first year after the loss--particularly, about
the bereavement related to conjugal loss.

The death of a spouse is ranked at the top of
the list of major life stressors for survivors
(Holmes & Rahe, 1967).  It has been shown that
survivors of a death generally experience many more
mental and physical health problems than do control
respondents of comparable demographic characteristics
who have not lost their spouses ( Lopata, 1973;
Parkes & Brown, 1972).  Emotional symptoms may
include pathological grieving, increased anxiety
(Parkes, 1972), severe depression (Bornstein et al.,
1973), and diminished life satisfaction (Elwell &
Maltbie-Crannell, 1981).

Crisis in its simplest terms is defined as "an

upset in a steady state" (Rapoport, 1971).
Throughout a life span, many situations occur which
lead to sudden disturbance of the homeostatic state.
The death of a spouse is such an obvious life
situation.

Grief brings one to the necessity of
decision (Carse, 1981). Grief can also be viewed as
an active, evolving process and therefore not a
steady state which simply diminishes in intensity
over time (Jacobs & Douglas, 1979).

The role of the social worker is to assist the
bereaved individual return to a steady state. The
social worker must be clearly aware that the loss of
a loved person is one of the most intensely painful
experiences any human being can suffer. The social
worker must also realize that grief is a normal
response to loss. (my view and that of most writers
in the area of grief). The term "Grief" is more
usually reserved for the loss of a person (generally,
a loved person at that). Colin Murray Parkes (1986)
states that the term grief is not normally used for
the reaction to the loss of an old umbrella.
Mitchell and Anderson (1983) state that, "Grief is
always a particular response to the particular loss
of a particular object." (p. 53).

I agree with Mitchell and Anderson that
difficulties exist when one attempts prematurely to
identify the universal factors operating in loss and
grief.

I further agree with their definition of grief:
"Grief is the normal but bewildering cluster of
ordinary human emotions arising in response to a
significant loss, intensified and complicated by the
relationship to the person or the object lost." (p.
54). Therefore, guilt, shame, loneliness, anxiety,
anger, terror, bewilderment, emptiness, profound
sadness, despair, helplessness: all are part of grief
and all are common to being human.  Grief, then, is
the clustering of some or all of these emotions in
response to loss.

The first portion of this literauture review
looks at: **1:1**  the definitions of grief and mourning
as developed by the major Grief Theorists, **1:2**  the
studies that assess the impact of the loss of a
spouse on the surviving partner, **1:3** some of the
intervention studies which have been demonstrated to
influence the course of adjustment to loss of a
spouse, particularly to influence the resolution of
problematic grief reactions, and **1:4**, a look at more

specific kinds of grief work and grief therapies.
Note: I have read this literature in order to find
ideas which may help me become particularly sensitive
to the grief of the widower; certainly, this has
required me to read a great deal of the literature
pertaining to the grief of the widow. Several studies
about the widow, included samples of widowers as
well.

## 1:1  GRIEF THEORISTS

Sigmund Freud wrote to his friend Binswanger,
whose son had died:

> "We find a place for what we lose.
> Although we know that after such a loss
> the acute stage of mourning will subside,
> we also know that we shall remain incon-
> solable and will never find a substitute.
> No matter what may fill the gap, even if
> it be filled completely, it nevertheless
> remains something else."
> (E. L. Freud, 1961, p. 386).

It is necessary to trace how ideas have
developed in regard to two distinct types of problem:

(a) Ideas regarding the nature of mourning
processes themselves and in what ways healthy and
pathological processes differ,

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(b) Ideas regarding why some individuals and not others should respond to loss in a pathological way. (Bowlby, 1980).

The study of grief and mourning has usually been approached by way of the study of depressive illness in adults.  Bowlby suggests that few attempts have been made by psychoanalysts to conceptualize the processes of grief and mourning.  "Until about 1960 only Freud, Melanie Klein, Lindemann, and Edith Jacobson had tackled the problem." (Bowlby, 1980, p. 24).  Until 1960, Lindemann appears to have been alone in having made the first-hand study of acute grief his main concern.  Bowlby suggests that the clinical literature (until 1960) deals exclusively with depressive illness.  Bowlby further suggests that the clinical tradition could have been enriched by drawing more on the contributions from other traditions of psychological thought.  He suggests those of Darwin (1872) and Shand (1920).  Darwin's interest in the expression of the emotions lay in the functions served and the muscles used.  Darwin's analysis traces much of an adult's expression in times of grief to the crying of an infant.

"Shand, drawing for his data on the works of English poets and French prose-writers, not only delineates most of the main features of grief as we now know them but discusses in a systematic way its relation to fear and anger." (Bowlby, 1980, p.p.24-25). Shand's and Darwin's main themes are that a mourner is repeatedly seized, by an urge to call for, to search for and to recover the lost person. Shand concludes,

"The nature of sorrow is so complex, its effects in different characters so various, that it is rare, if not impossible, for any writer to show an insight into all of them." (Shand, 1920, p. 361).

John Bowlby (1980) states that, "loss of a loved person is one of the most intensely painful experiences any human being can suffer." He further states that nothing but the return of the lost person can bring true comfort. Bowlby points out that there is a tendency to underestimate how intensely distressing and disabling loss usually is. There is also a tendency to underestimate for how long the distress should last.

Bowlby draws striking similarities between the

responses of young children following loss of mother
and the responses of bereaved adults. Bowlby,
describes four variants of adult mourning:

(a)   unconscious yearning for the lost person,

(b)   unconscious reproach against the lost person,
combined with conscious and often unremitting self
reproach,

(c)   compulsive caring for other persons, and

(d)   persistent disbelief that the loss is permanent
(denial).

Bowlby (1961) defined mourning as:
"...psychological processes that are set in train by
the loss of a loved object and that commonly lead to
the relinquishing of the object." He defined grief
as: "...the sequence of subjective states that follow
loss and accompany mourning." According to Bowlby,
the grieving individual focuses on the lost object
(person) with strenuous and often angry efforts to
recover it. These efforts may continue despite their
futility and despite the fact that this futility is

painfully evident to others, and sometimes also to the
bereaved himself.   When the energy directed to
the lost object shifts, the efforts to recover it
cease too.   The result is disorganization of
personality, accompanied by pain and despair.
Reorganization takes place, partly in connection with
the image of the lost object, and partly in
connection with a new object or objects.   Pain is
inevitable because of the persistent and insatiable
nature of the yearning for the lost object, and
because of guilt and fear of retaliation.

Bowlby also emphasized the dynamics of anger in
regard to mourning.   He stated that anger has two
main objectives: a./ directed against those believed
to have been responsible for the loss, and b./
directed against those who seem to impede reunion.
The lost object is almost always sensed as being in
some degree responsible too.   This means that anger
directed against the lost object is practically
inevitable and universal.

Keeping the above information in mind, we expand
our definitions of mourning and grief: Mourning: Is
regarded as the whole complex sequence of

psychological processes and their overt manisfestations, beginning with craving, angry efforts at recovery, and appeals for help, proceeding through apathy and disorganization of behavior, and ending when some form of more or less stable reorganization is beginning to develop. Mourning may take one of several different courses: Those which enable the individual ultimately to relate to new objects and to find satisfaction in them; and those which fail in this. The process of becoming disorganized is not only intensely painful, it is also alarming. The prospect of disorganization, even though it be preparatory to reorganization on a new and better basis, is fought off.

Grief: (My richer definition): Is a peculiar amalgam of anxiety, anger, and despair following the experience of what is feared to be irretrievable loss. It differs from separation anxiety in that anxiety is experienced when the loss is believed to be retrievable and hope remains.

An individual who demonstrates adaptive features, is someone who has a capacity to tolerate

the disorganization of mourning, and is willing to undertake a reorganization directed towards a new object. The individual who demonstrates maladaptive features, is someone who remains oriented towards the lost object and continues to live as though he were present, or at least retrievable. This person is also overwhelmed with anger that is striving for reunion and reproach against the object for desertion. This is often an individual who is heading towards a depressive illness. Another form of maladaptation is the individual who becomes neurotic, persistently focusing on self and somatic symptoms. This behavior is usually described as regressive in nature, similar to the young child when she/he is bereaved or separated.

The general nature of the psychological response of bereavement is explored next.

## 1:2:1  PSYCHOLOGICAL RESPONSE OF BEREAVEMENT

The literature on response to bereavement is marked by considerable divergence in theory.  Many investigative formulations are based on uncontrolled observations from clinical experience.  Freud (1917) characterized normal grief or mourning as "a profound painful dejection, a cessation of interest in the outside world, a loss of capacity to love, and inhibitions of all activities."  He differentiated melancholia from mourning by describing additional aspects that included a "lowering of self regard, sometimes to a delusional degree."

Lindemann (1944) described the process of mourning as <u>acute grief</u> with psychological and somatic components appearing immediately after a crisis or at a delayed point in time.  He defined <u>pathological grief</u> as having both denial of grief and protracted grieving reaction.  He also suggested that when survivors experienced symptoms reminiscent of those of the lost relative, such identification is indicative of a pathological grief reaction.

Parkes (1972), drawing on Bowlby's work on

separation, described the following seven phases of mourning:

(1)   initial denial and avoidance of the loss,

(2)   alarm reactions such as anxiety, restlessness, and physiological complaints,

(3)   searching--an irrational urge to find the lost person,

(4)   anger and guilt,

(5)   feelings of intense loss,

(6)   adoption of traits or mannerisms of the deceased,

(7)   acceptance and resolution, including appropriate changes in identity.

Horowitz, Wilner, Marmar el al. (1980) suggest that pathological grief is mediated by the activation of problematic self images (eg. helpless victim). These self-images (have their origins in childhood &

adolescence) are predominantly dormant in adulthood,

but re-emerge as a consequence of the loss.

Many studies have been undertaken to assess the
risk of mortality following spousal bereavement.
Some are included in the following section.

## 1:2:2  MORTALITY AMONG THE WIDOWED

A close analysis of mortality studies reveals
that many of them are retrospective or have not been
adequately controlled (Kraus & Lilienfeld, 1959;
Young, et al., 1963; Rees & Lutkins, 1967; McNeil,
1973; Clayton, 1974).

In a carefully conducted noncurrent prospective
study in Washington County, Maryland, Helsing and
Szklo (1981) identified 1,204 male and 2,828 female
caucasians 18 years of age and over, enumerated in a
1963 census and subsequently widowed between 1963 and
1974.  The study includes an equal number of married
persons, matched to the widowed group on race, sex,
year of birth, and geographic residence.  In
calculating the mortality rates, known risk factors
other than widowhood including age, sex, socioeconomic
status, and smoking were controlled for in a
sophisticated multiple regression approach which
adjusted the risk groups in terms of differences in
levels of these predictors.  Other potential sources
of bias were accounted for, including temporal changes
in mortality rates across the period of the

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study as well as differential patterns in mortality rates for those who could be followed versus those "lost" to follow-up.

The results of the above study were as follows:

(1) Widowed males suffered significantly greater mortality after bereavement than married males of the same age, even after adjustment for the effects of other risk factors.

(2) The excess mortality among widowers was statistically significant for two age groups: 55 to 64, and 65 to 74 years.

(3) No significantly higher mortality rate was found for women.

(4) No significantly higher mortality rate was found for men or women in the first six months of bereavement as compared with after one year bereavement.

The results of the above study are in direct conflict with the work of Parkes et al. (1969). Parkes and his colleagues found an increased risk of

mortality for widowers in the first few months following bereavement. The Parkes study is considered to be a well-designed investigation of spousal bereavement. According to this study, several diseases seem to contribute to the higher mortality. Heart disease is the most frequent cause of death. Parkes et al., contend that 75% of the increased death rate during the first six months of bereavement was attributable to heart disease; in particular, coronary thrombosis (clot) and arteriosclerotic heart disease (hardening of the arteries). As Parkes points out, the fact that bereavement may be followed by death from heart disease does not prove that grief is itself a cause of death.

Further research is required to elucidate the natural history of the mortality risks of widows and widowers.

The next section of the literature review will describe morbidity studies related to grief and loss.

## 1:2:3 MORBIDITY AMONG THE WIDOWED

The pioneering study was undertaken by Lindemann
(1944). His work involved the assessment of a
heterogeneous group of 101 subjects; survivors and
relatives of people who died in the Coconut Grove
fire in Boston.  He found the following symptoms
common to all grief reaction: somatic distress,
tightness in the throat, shortness of breath, lack of
strength, digestive symptoms, preoccupation with
images of the deceased, guilt, hostile reactions, and
loss of patterns of conduct.  Lindemann observed that
these lasted from approximately four to six weeks
after the loss.  This is basically a natural history
study without a control group, and without the more
specific breakdown of symptomatology as it relates to
type of loss, demographics, or other characteristics
of survivors.

Parkes (1970), in a study of 22 London widows
under the age of 65 who were followed for a period of
13 months after the death of their spouses reported
declining physical health in 27% of the sample.
Parkes suggested that psychological responses marked
by anger were related to increased risk of poor

health.

Parkes and Brown (1972) studied 68 young Boston
widows and widowers under the age of 45, and
contrasted them with matched married controls.  They
reported that fourteen months after the loss there
were increased psychological and somatic symptoms as
well as hospitalizations in the bereaved group.  Both
widows and widowers consulted physicians and utilized
psychotropic medication at higher rates than
controls.  They also found that widowers had
approximately twice the level of somatic symptoms as
compared with married male controls, while non-
significant elevations in physical symptomatology
were found for widows.

Maddison and Viola (1968) obtained information
from 375 Australian widows during the 13 months
following bereavement. Of these, 28% reported marked
health deterioration compared with 4.5% of matched
married controls.

Gerber et al (1975) in a study of 81 elderly
bereaved subjects in New York City, found a
deterioration in physical health across the sample at

6 months after the loss.   This was reflected by 3 indicators: physician visits, illness episodes not leading to physician consultation, and utilization of psychotropic medication.

Clayton (1974) found that the conjugally bereaved had significantly more symptoms of both a psychological and physical nature than their nonbereaved counterparts.   She found the following symptoms: depressed mood, crying, sleep trouble, loss of appetite, weight loss, fatigue, poor concentration, slowed thought processes, decreased life interest, decreased memory, hopelessness, hallucinations, and a desire to die.   Also, among physical symptoms, blurred vision, shortness of breath, and palpitations typified the bereaved and not the controls.

Studies regarding morbidity clearly demonstrate that the death of a spouse can be a profoundly traumatic event.   A careful look at the literature, reveals that most of the typical symptoms suffered have more often been linked with psychological distress.   These symptoms are usually those of depressive ones: weight loss, appetite loss, and sleep disturbance.   Such depressive symptomatology

occurs as part of the psychological response to the loss of a spouse.

Predicting adaptation to loss is difficult.   The next segment of this review explores the literature which describes _attempts_ to predict adaptation.

## 1:2:4   PREDICTORS OF ADAPTATION TO CONJUGAL BEREAVEMENT

Investigators have attempted to specify determinants that would predict adjustment following conjugal loss and identify those persons who are at particular risk. Risk factors that have been related to adjustment after conjugal bereavement are some of the following: age, sex, social class, income, race, education, living situation, initial symptomatic distress, sudden versus anticipated deaths, nature of spouse's illness, perceived social support, conflicted marital relationships, and multiple life crises.

Unanticipated versus anticipated death has been proposed as a situational variable.  The accepted hypothesis often advanced is that anticipation modulates a person's reaction to a loss, allowing for prepatory grieving.  Clayton et al. (1973) found no differences between a group of subjects who anticipated the death of a spouse and those who did not.  Note:  subjects tended to be older then other studies have used.

Maddison and Walker (1967) and Maddison and
Viola (1968) found that no relationship existed
between anticipation and subsequent adjustment.

Raphael (1977) studied 200 Australian widows.
She investigated the following predictors of poor
adjustment:

(1) a strong subjective perception of lack of
support in the widows social network during the
crisis period,

(2) a moderate degree of perceived lack of support
in the bereaved's social network during the crisis,
occuring in interaction with particular traumatic
circumstances of the death: i.e. untimely,
unexpected, anger-provoking and guilt-provoking
deaths,

(3) a highly ambivalent marital relationship with
the deceased, traumatic circumstances of death, and
unmet needs,

(4) the presence of concurrent life crises. Raphael
identified vulnerable subjects as those who: a) had a

perception of diminished social support, b)
ambivalent marital relationships, and c) traumatic
circumstances of spouse's death.  Note: Raphael
observed that these subjects went on to have poorer
outcomes.

Barrett & Becker (1978) found (188 widowed women
29-78 years of age) that the younger and the more
affluent widows were expereincing more difficulty.
They noted the following predictors of poor
adjustment: relocation after the death greater,
greater number of children at home, lack of a career
outside of the home during marriage, greater duration
of marriage, and pessimistic attitude about the
future.

Vachon (1980) found the best predictor of a one-
month maladjustment to be a disturbance in the
widow's social support system; i.e. the widow was not
seeing old friends' as frequently as she had prior to
the death of her husband.  The best predictor of
distress at two years was high initial symptomatic
distress scores at one month.  Other predictors of
poor adjustment at two years, also included: low
socioeconomic status, short duration of the husband's
illness, and low satisfaction with health.

The aforementioned studies and similar ones reflect a very unclear picture of what specifically predicts poor adjustment following the loss of a spouse. However, the one consistent predictor found by Raphael, Maddison, Clayton et al. and Parkes, is that social support (or the survivors subjective perception of social support) helps to mitigate the response to the death of a spouse.

## 1:3:1 THE ASSESSMENT OF INTERVENTION WITH THE CONJUGALLY BEREAVED

There are few reports of controlled intervention studies for this population. I will describe some of the work which attempts to address intervention.

Barrett (1978) evaluated 126 subjects, who responded to newspaper announcements for discussion groups of widowhood issues. Of these 126 individuals, 70 were randomly assigned to one of four groups: (a) self-help groups, (b) confidante groups (widow-to-widow pairs), (c) consciousness raising groups (with structured agenda, focusing on women's roles), (d) control group.

Barrett concluded that the consciousness-raising groups were overall most effective, and the self-help groups were overall least effective. Barrett stated that all four groups demonstrated statistically significant increases in self-esteem, increases in grief intensity, a decrease in negative attitudes toward remarriage, and a trend toward an increase in self-orientation.

Note: However, pathological grief reactions of the individuals studied were not documented. In addition, the subjects were not selected according to know high risk predictors.

Polak et al. (1975) conducted a trial of crisis intervention treatment for families following the recent sudden death of one of the family members. The experimental group of 39 families was contacted within two hours of the death of the relative and visited by a team that included the medical examiner and several psychotherapists. The interventions were varied and included facilitation of grief work, supervision of children, and notification of relatives. The families were visited for two to six hours over a one to ten week period. The treatment focused on fostering coping skills to deal with the

loss. There were two control groups: (a) 66 families receiving no treatment following a recent sudden death, and (b) 56 families who were not recently bereaved and also did not receive treatment.

Following a 6 month follow-up, the results showed no clear advantage for the crisis intervention group. Coping behavior, incidence of medical and psychiatric illness, and social functioning were similar in the two bereaved groups, both bereaved groups had a greater incidence of psychiatric illness. The negative results for intervention with the bereaved may be understood in part as a failure to identify high-risk subjects, with selective assignment to treatment and no-treatment conditions. The results of this study suggest that a primary prevention strategy that aims to reduce the risk of later morbidity through early vigorous intervention is not warranted in unselected cases of bereavement.

Gerber et al (1975) investigated the effects of brief psychotherapy for the aged experiencing spousal bereavement. In my view, Gerber received a positive reception from his population because his intervention was unsolicited. Gerber decribes a 94%

acceptance rate in the treatment group. Treatment
consisted of a brief therapy technique that was
described as "active, focused goal-oriented,
circumscribed, warmly supportive, and concerned with
present adaptation." (p. 315). Intervention was
carried out by social workers and psychiatric nurses.
The primary method of intervention was by phone,
followed by home visits and office visits, and in no
case lasted longer than six months.

Raphael (1977) found preventive interventions in
the early bereavement period to be effective in a
high-risk population. This study consisted of 200
widows under the age of 60 (assessed within seven
weeks of the death of their husbands). The selection
of subjects was based upon 3 risk predictors (stated
already in this paper, but emphasized again because
of their current application in this section): (a) a
high level of perceived nonsupport from the widow's
social suppport network, (b) a previous highly
ambivalent relationship with the deceased, (c) and
the presence of at least 3 concurrent life crises.
Results were determined by a self-report general
health questionnaire at 13 months after the death.
Note: Treatment consisted of an average of four

(range 1-9), sessions ( 2 hours or more) in the
widow's home.

In the treatment group, 77% improved and 23%
were deemed as unimproved.  In untreated controls,
41% improved, and 59% were unimproved. Controls
showed more obvious symptoms of excessive swollen
joints, and increased visits to the doctor.

Vachon (1980), contrasted 68 treatment subjects
with 94 controls at six, twelve, and twenty-four
months of a one-to-one supportive relationship with a
widow who had some prior training in grief
counseling.  Support groups were also provided.
Intervention was offered as long a period as the
subjects felt was necessary.  Of the total of 162
subjects, 67 had initial distress levels at or above
a threshold typical for nonpsychotic psychiatric
cases.  These 67 subjects made up a designated "high
distress" group as determined by scores on the
Goldberg Health Questionnaire.  According to this
study 6 months after the bereavement, those women in
the high distress group who received the intervention
were, when compared with high distress controls, more
likely to perceive their health as better than

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average. They were also more likely to experience improvement in the intervening six months, less likely to be seeing old friends as much as usual, and less likely to anticipate further difficulty in adjusting to widowhood.  This appears to be the first control trial supporting the efficacy of widow-to-widow pairing in combination with mutual help groups.

## 1:3:2 THE DIRECTION OF FUTURE RESEARCH IN THE AREA OF CONJUGAL BEREAVEMENT

After having read many journal articles, there remain for me a number of unanswered questions regarding conjugal bereavement:

(1)  What are the premorbid personality characteristics that render a person vulnerable or immune to the stress of spousal loss?

(2)  What are the characteristics of the marital relationship patterns which influence postbereavement adjustment?

(3)  How can one accurately contribute further to advancing the literature on assessment and interpersonal relationships?  These two features are underemphasized in the existing literature.

(4)  What are the differences (between men and women) in their grieving and recovery?

The next segment of the literature review
describes more fundamentally, the nature of grief
counseling and perceptions of death and dying.


## 1:4  GRIEF COUNSELING: FACING DEATH


"In the early twentieth century, before World War I,
throughout the Western world of Latin culture, be it
Catholic or Protestant, the death of a man still
solemnly altered the space and time of a social group
that could be extended to include the entire community.
The shutters were closed in the bedroom of the dying
man, candles were lit, holy water was sprinkled; the
house filled with grave and whispering neighbors,
relatives, and friends. At the church, the passing bell
tolled and the little procession left carrying the
Corpus Christi." (p. 560, Aries, 1981).


Aries suggests that death today does not have
the quality of absolute generality that it once had.
He contends that society has banished death.
"Society no longer observes a pause; the
disappearance of an individual no longer affects its
continuity." (p. 560, Aries).   He goes on to say that
once there were codes for all occasions.   Codes for
revealing to others feelings that were generally
unexpressed: codes for courting, for giving birth,
for dying, for consoling the bereaved.   He argues
that these codes disappeared in the late ninteenth
and twentieth centuries.   Therefore, then, feelings

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too intense for the ordinary forms either do not find expression and are held in, or else break forth with intolerable violence because there is no way to channel them. They then must be repressed. What follows then is that everything having to do first with love and then with death becomes forbidden. A model (according to Aries) was born, especially in the English public schools, of virile courage, discretion, and propriety, which forbade public allusion to romantic feelings and tolerated them only in the privacy of the home. Aries cites Geoffrey Gorer,

>"Today it would seem to be believed, quite
> sincerely, that sensible, rational men and
> women can keep their mourning under complete
> control by strength of will and character,
> so that it need be given no public
> expression..." (p. 111, Gorer, Death, Grief and
> Mourning)

Society is a death denying society. Society refuses to participate in the emotion of the bereaved. Aries states that this is "... a way of denying the presence of death in practice, even if one accepts its reality in principle." (p. 580, Aries). It is my view that rather then truly enter in with the dying of the "other," we express relief that we are not dying. In fact, we may become

temporarily preoccupied with our own death, without giving necessary support to the dying person. When Piotr Ivanovich hears that his friend Ivan Ilyich has died, he reflects, "...it is he who is dead, and not I." (Leo Tolstoy, 1967, p.102). Ivanovich attempts mightily to avoid facing the reality of his friends death: "He did not once look at the body, right through to the very end refusing to give way to depressing influences, and was one of the first to leave." (p.109). I am curious how we attempt to understand the dying process itself. We seek to control that process for the one dying as a way of trying to maintain our own control of a very difficult situation (my supposition, and hinted at in Tolstoy's work). Because the narration of Ivan Ilyich's death is so very rich, I have included portions of the final chapter:

"In place of death there was light.
`So that's what it is!' he suddenly exclaimed aloud.
`What joy!'
To him all this happened in a single instant, and the meaning of that instant suffered no change thereafter. For those present his agony lasted another two hours. There was a rattle in his throat, a twitching of his wasted body. Then the gasping and the rattle came at longer and longer intervals.

`It is all over!' said someone near him.
He caught the words and repeated them in his soul.
`Death is over,' he said to himself. `It is no more.'

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He drew in a breath, stopped in the midst of a sigh,
stretched out and died."


It is my belief that one has to <u>begin</u> somewhere
to become comfortable with her/his own death.    I
further believe that this development of "comfort
with dying" greatly enhances the therapist in sitting
with the dying person, and later with the bereaved.
This from a headstone in Ashby, Massachusetts:


> "Remember, friends, as you pass by
> as you are now, so once was I.
> As I am now, so you must be.
> Prepare yourself to follow me." (p. 25, Levine,
> 1982)


Stephen Levine tells of a friend who approached
a Zen master.   His friend asked the Zen master if he
might study with him.   The roshi replied, "Are you
prepared to die?"   Levine's friend stated, "I didn't
come here to die.   I came here to learn Zen."   The
roshi said, "If you are not willing to die, you are
not ready to let go into life.   Come back when you
are ready to enter directly, excluding nothing."
(Levine, 1982).


Levine suggests that we should be open to
anything, open to the reality of death.   He describes

how the American Indians cultivated an openness to death by using a death chant. The Indian, if falling from his horse, or if confronted by a dangerous animal, or if aching with food poisoning or burning with a fever, immediately is reminded of his death chant. The chant is always available in a time of need. The chant created a familiarity with the unfamiliar, with death.

Levine also refers to the Hindu tradition, where there is another instance of becoming "comfortable" with the notion of death. It is taught and practiced that to die with God's name on your lips is way of consciously returning to the source. According to Levine, when Mahatma Gandhi was assassinated, as he fell to the ground from the gun shot, he said, "Ram." Ram is one of the names of God in the Hindu tradition. Levine asks how many people are so connected to some essential part of themselves that even death could not distract them? Levine suggests that we begin to cultivate an openness to what is unpleasant, to acknowledge resistance and fear, to soften and open around it, to let it float free, to let it go. He further suggests that we start using death as a means of focusing on life. This implies

accepting the current reality as is, just this

moment, an extraordinary opportunity to be really

alive.   Viktor E. Frankl (1985), in his stunning book

entitled Man's Search for Meaning, comments that,

"Man can preserve a vestige of spiritual freedom, of

independence of mind, even in such terrible

conditions of psychic and physical stress." (p.86,

1985, referring directly to the concentration camp

experience).


I agree with Stephen Levine's question, "Why

wait until the pain is too great to focus the mind?"

(p. 32).   He argues that there is no other

preparation for death except opening to the present.

He contends that pain marks the limit of the

territory of the imagined self, the "safe ground" of

the self-image, beyond which a kind of queasiness

arises at being in the midst of the uncontrollable.

Levine calls this zone our "edge."   Playing the edge

means being willing to go into the unknown.   When we

start playing the edge, we discover that fear becomes

the beacon of the truth (I agree with Levine). We

then cut through our resistance by the investigation

of what is real and who is holding to some false

sense of security.   We begin to see that our pain

arises in pulling back from the unknown and the

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imagined.  Levine further suggests that by playing

our edge, we expand beyond the fear of death, beyond

the idea of "someone" dying, and come into the

wholeness of being, the deathless.

Levine invites us to sit down quietly each

morning, and allow the mind to see the edge.  It is

holding to our edge that obscures death, that makes

death seem so real and solid, rather than another

transition into the next unknown.  "Fear arises, we

close.  Doubt arises, we close.  Anger arises, we

close. Death arises, we close." (p.37).

It is my view and that of Levine that confusion

and suffering arise from our attachments to how it

used to be and how we thought it always would be.

Levine suggests that most people live their lives in

an incessant alternation between heaven and hell.  He

states that getting what they want, people are then

in heaven.  Losing it, or never getting it at all,

they drop to hell.  Levine's conclusion here is that

hell is the stiff resistance to what is.  Heaven is

our loving openness.  Hell is resistance.  Heaven is

acceptance.  Levine tells the story of a great

Samurai who comes to visit the Zen master, Hakuin.

The Samurai wishes to understand the differences between heaven and hell. The Zen master tells the Samurai that he would tell him, but doubts that the Samurai would have the keenness of wit to understand. The Samurai pulls back in astonishment and comments, `Do you know who you are speaking to?' `Not Much' retorts the Zen master--the Zen master further comments, `You are probably much too dull--and what is that thing hanging on your side, a butter knife?' The Samurai becomes enraged, draws his sword and raises it over the Zen master's head about to strike him. `Ah,' says the Zen master. `That is hell.' The Samurai's eyes shine with recognition as he bows and sheathes his sword. `And that,' says the Zen master, `is heaven.'

I agree with Levine further that when anger arises in the mind, when fear becomes present, it can either make life hell or reveal another opportunity to enter into heaven. It can be another moment of resistance, of pushing away, of becoming lost in the mind. Or it can be a reminder to let go gently into the vastness, into the openness of the heart, into the essence of acceptance itself. Hell then is our inability to play lightly with the hungry ghost of past fears and temporary satisfactions, the inability

to surrender. Levine states that by letting go of our knowing, we open into being itself. We experience the deathless. Our fear of death and our longing for life merge in being; heaven and hell are resolved in the moment. The richness, the suchness of life becomes evident. Nothing to protect, nothing to hide. Just a renewed vitality and openness to life.

How much of what we call grief is the experience of previous loss? How do we allow such grief not to be a motivator for our life? How do we get in touch with that deep pain, that place of loss that creates a fear of life itself, our doubt in ourselves about our ability to deeply experience the world because we so fear loss and change?

Levine states that grief can have a quality of profound healing because we are forced to a depth of feeling that is usually below the threshold of awareness. He likens this to going below ground level to look at the roots of a tree whose branches and twigs, leaves and flowers were all only, thought to being meaningful. We are usually operating "above ground level" in the conscious mind. Often, we prune

and trim the tree to eliminate the painful, to
magnify the pleasant. Then life becomes like an
ornamental shrub. The living truth is buried beneath
layer after layer of longing for things to be
otherwise. However, in grief there is no hiding.
There is no choice or control and we are forced
beneath ground level to the very roots out of which
our lives' experience has arisen. The grief forces
us into the pain we would never examine voluntarily.
We find ourselves immersed in the darkness of
millennium, and we behold the very roots and
tendrils, even the root hairs, from which this tree
of personality has been nurtured. Levine suggests
that we start to see the roots of various desires and
judgments and feelings and doubts. We then,
potentially, enter below what is usually accessible
to awareness and see the immensity of this process of
growth and being. I would add at this juncture, that
we become aware of the feelings associated with grief
itself. These are the sources for the feelings
described by Mitchell and Anderson (1983): (1)
contemplation of the loss itself; (2) comtemplation
of a future without the lost object; and (3)
contemplation of the unexpected experience of grief
itself, i.e. feelings about grieving. According to
Mitchell and Anderson, feelings may be intensified

when we realize how the loss or losses is/are going
to affect our relationships with other people.  The
intensification of those feelings may in turn produce
shock and shame at the emergence of powerful feelings
we did not know we had.  I believe (along with many
writers) that those who grieve need to let go of what
has been lost in order to get ready to live again.
People come to psychiatric centres stuck in their
grief process (ie. feel they can't get through it).
Grief is below the surface of much physical and
mental aberration (ie. persons seek help for these
problems without being aware of underlying grief
issues).  The above comments reflect an increasing
need for awareness and sensitivity on the part of the
therapist to assist her/his client with the <u>Tasks of
Mourning</u>.


## 1:4:1  THE TASKS OF MOURNING (ADAPTATION TO LOSS)

According to J. William Worden (1982), the tasks
of mourning must be accomplished before psychological
healing or equilibrium can be restored.  It is noted
that tasks are not necessarily completed in
chronological order, but need to be seen in sequence
and all of them need to be completed for full

healing.

## I ACCEPT THE REALITY OF THE LOSS

When someone dies (particularly an unexpected death) the survivors are in a state of SHOCK and oscilate between PANIC (non-constructive, uncontrolled, unrealistic behavior) and DENIAL. Worden suggests that denial is an emotional "Not Me" shock absolver, allows time to muster inner forces. Partial or prolonged denial indicates inability to deal with the problem. The specific task of the survivor is to accept the belief that re-union is impossible. The survivor may participate in "searching behavior": call out for the lost person, or even "see" the deceased. Eventually, with repeated disappointment, the survivor accepts the death. Worden suggests that the therapist be aware of the following during this task:

(1) The therapist may want to terminate the relationship when she/he senses resistance/defensiveness on the part of the client.

(2) The therapist may corroborate with the denial.

(3)    The therapist begins to face the meaning of
her/his own death and allows  her/his own unresolved
grief "baggage" to emerge.


II  **EXPERIENCE THE PAIN OF GRIEF**


Worden suggests that the client may work at "not
feeling."  She/he may avoid all painful thoughts, may
avoid reminders of the death, think exaggerated
"pleasant" thoughts of the deceased or may use
religious belief as a "balm" for pseudo-euphoria in
the possibility that the deceased is still alive.


It is the counselors' task to give permission to
express feelings and act them out in a constructive
way.  The client may have to go over her/his grief
countless times.  The counselor may have a difficulty
expressing certain feelings. The process of
identification with the client's feelings is
essential, provided that the helper examines and
understands her/his own feelings.


III   **ADJUST TO AN ALTERED ENVIRONMENT**


This adjustment varies in each case depending on

the relationship to the deceased (wife, child) and
the roles played by the deceased; eg. particularly
that of a widow where she now lives alone, or raising
children alone, and learning to manage finances.
Worden refers to the work of Colin Murray Parkes,
stating that it is <u>seldom clear what is lost</u>. A loss
of husband, for instance, may or may not mean the
loss of sexual partner, companion, accountant,
gardener, baby minder, audience, bed warmer and so
on, depending on the particular roles normally
performed by the husband.

The counselor will need to be perceptive in
observing the clients' potential withdrawal from
society.  The individual client may "seek" to promote
her/his own sense of helplessness.  She/he may refuse
to learn new skills.  She/he may resent having to
learn the skills earlier performed by
her/his spouse.  Worden refers to John Bowlby's
understanding of this vital task: (The quote is that
of Bowlby).

> "On how this task is achieved turns the outcome of
> mourning--either progress toward a recognition of
> his changed circumstances, a revision of his
> representational models, and a redefinition of his
> goals in life or else a state of suspended growth
> in which he is held prisoner by a dilemma which he
> cannot solve." (Bowlby, 1980, p.139 in Worden p.15)

Worden mentions that a client with the above
task oscilates between realistic hope and despair.
Rev. George Neufeld (hospital chaplain) suggests the
importance of a warm relationship, a hopeful support
group, or a confidante experiencing the same kind of
grief.  George emphasizes that the client wants the
assurance that she/he will not be alone or rejected (
now or in the future).  Questions of ultimate meaning
often emerge here.  Why him?  Why now?  What does
this mean?  What is meaning in life?  **Note**: George
further emphasizes that the despairing client must be
led back over Tasks I and II.  The more optimistic
client must be helped to gain a new relevant life's
perspective and an internalized trust in life's
goodness.  The move is either to resignation or
acceptance.


IV **WITHDRAW EMOTIONAL ENERGY FROM THE DECEASED AND
RE-INVEST ENERGY IN THE FUTURE--POSSIBLY, ANOTHER
RELATIONSHIP**


Worden quotes from Freud, "Mourning has a
precise psychical task to perform; its function is to
detach the survivors' memories and hopes from the
dead." (Freud, 1913, p.65).  **NOTE**: The client may

think that she/he will dishonor her/his spouse if they "withdraw." The client may fear re-investment because the new relationship may also end in "death." There may be fear conflicts with children regarding future relationships. There is also "respect" for the romantic notion that one is "Married for life." (ie. to the same partner).

## 1:4:2 WHEN IS MOURNING FINISHED?

Worden suggests that mourning is completed when the four tasks are completed and when one to two years of time have elapsed. There are those, however, who never seem to accomplish a completion to their grieving.

## 1:4:3 SIGNS OF COMPLETION

(1) To be able to think of the deceased person without overwhelming pain; constant sobbing or tightness of chest.

(2) There is a beginning of re-investment.

(3) For some, as mentioned above, mourning never

ends, it only erupts less frequently.

Beverley Raphael (The Anatomy of Bereavement, 1983) is a psychiatrist from Australia. Her writing is very helpful both from her research emphasis and practical observations. She also seems more at ease referring both to the widow and the widower. I will refer to some of her work which is taken from her chapter entitled: "Loss in Adult Life: The Death of a Spouse."

Raphael states, "The first anniversary of the death is particularly hard for most bereaved, with all the memories of the death and the loss vividly relived." (p. 190). Yet at the end of this first year the bereaved has survived (in most cases); she/he can and will exist without the lost partner; she/he begins to realize that life is going on.

Patterns of "normal" bereavement for widows and widowers are essentially the same; external manifestations may differ because of sex role differences in behavior. (Raphael, 1983). The widow's overt tears and sorrow are easily accepted as womanly. For the widower, tears and need are seen as

unmanly in most Western societies ( although, I see
this as changing with role change).  In any case, the
widower's grief is often more hidden and constrained;
the widow's grief is more open. Raphael suggests that
the degree to which life has been organized around
the lost person may make a difference also. For
example, the man may have been the central core of
the woman's existence; his loss deprives her life of
all meaning. The woman may have been the comforting
haven of love, but secondary to the excitement and
challenge of the man's life or work.  I hear my
female clients say that they feel abandoned by their
husbands who have died.  Several of the widowers I
have spoken with say they feel like "a part of them
has died."

Because family and the social group are
important in providing support, the next segment will
discuss their influence.

1:4:4   THE INFLUENCE OF FAMILY AND SOCIAL GROUP

Raphael states the following dilemma within
family units: each member is bereaved, yet each needs
also to fulfill the role of comforter to others.
Family patterns of supporting and comforting one

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another in the family before the loss may set the scene for what is expected. Raphael suggests (citing from Vollman et al. 1971) that the functional family with flexible roles and the capacity to express and share feelings is likely to weather the crisis of death better than the family with rigidity and poor methods of handling feelings.

Raphael contends that pronounced guilt is most likely to occur when the relationship between the bereaved and the deceased had been one of marked ambivalence, perhaps even colored by overt or covert aggression or wishes for the other's departure. Raphael believes that the counselor needs to explore the origins of the ambivalence in the relationship. She encourages the counselor to abstain from too early reassuring this particular bereaved individual that she/he "did her/his best" or "did all she/he could" for the dead person. This bereaved individual may have to talk openly about the past anger (overt and covert) she/he had towards the deceased. When the guilt is linked to real behaviors and does not have its origins purely in fantasy, then the counselor's role may be to help the bereaved accept and live with it as a reality.

Certainly, the counselor must be particularly sensitive not to cast judgment on the bereaved and therefore reinforce further guilt.

Raphael, in cases of pathological grief, suggests that the bereaved person is reassured by a model of short-term therapy. The clear message from the counselor is that she/he believes in the bereaved individual's capacity to cope with the loss and to manage without ongoing therapeutic support. Raphael further suggests that the counselor communicate to the bereaved an end point in the grief therapy contract. The goal here is to avoid the counselor becoming a replacement for the lost person.

Raphael refers to chronic grief where no proper end to grief and mourning has occurred. In this form of grief, the bereaved is not motivated to relinquish either the chronic grief or the ongoing relationship with the dead person that it symbolizes. Mrs. L. is a 52 year old widow whose husband died September 16, 1987. I have been seeing her since near the time of her husband's death. Approximately two months ago, I attempted to stretch out the appointments. After seeing her very recently, she commented that she

wished to see me more often.  I am (and have been all along) currently wondering how dependent she really is on me, and how much I have "replaced" her deceased husband.  I will continue trying to lengthening the time between appointments.  Note: She has been attending a grief recovery group in Winnipeg, she works full time--she has recently however lost her father, and only 6 months ago, her brother had a serious heart attack (he is now doing fairly well).  I am aware too, that her children are becoming very inpatient with her, and feel that she is seeing me too often.  I continue to wonder about the adult childrens' grief.  I have given them opportunity to talk about their own grief.  For most part, they carry on with the look of stoicism.  In any case, it seems that Mrs. L. is not very motivated to relinquish her chronic grief; very recently, she told me that she continues to hear her deceased husband breathing next to her and she refuses to lie on his side of the bed.  It is further noted that her husband was an alcoholic and that there was much marital strife.  We have spent extensive time talking about all the ambivalence in this relationship. Unfortunately, all too often, Mrs. L. continues to glorify her husband rather then see him with his strengths and weaknesses.

Raphael suggests that the aims of counseling are to focus on the quality of the lost relationship, the nature of the death, and the perception of social support. I have to readily admit, that in the case of Mrs. L., I too have become inpatient at times with her protracted grief. Raphael states that the particular work of counseling in these cases is to explore why the relationship has such special meaning to the bereaved and why it cannot be relinquished. Raphael further suggests that sometimes chronic grief develops a secondary gain of controlling and punishing others as well as eliciting their care. (felt particularly by Mrs. L.'s daughters). I concur with Raphael's thesis that chronic grief (with its "manipulation") may alienate all sources of care, including professional systems.

The next portion of this review describes various kinds of "therapy" employed with those who grieve. Even though my practicum is not a presentation in how to "do" grief therapy, I need to be mindful of what is being "done" in the field of grief work--Certainly, working in the area of Mental Health, I do also have a clinical interest. Note: there are many therapies "out there"--I have only

touched on a very few. I realized that I could have also addressed the entire "new" vogue of Cognitive Therapy—again, this practicum is not primarily concerned with therapy, as we traditionally think of as therapy. However, my practicum will argue that I demonstrated therapeutic intervention(s).

The first of these therapies is described by Raphael with references to Volkan and Showalter.

## 1:4:5  RE-GRIEF THERAPIES

Raphael refers to the work of Volkan (Volkan and Showalter 1968; Volkan, 1971). According to Volkan, the goal of therapy is limited to two specific outcomes. The client is helped to understand why she/he has not in the past been able to complete his mourning. She/he is then assisted to complete it in the present and to experience and express her/his grieving emotion. The initial stage of this therapy is referred to as "demarcation." Through detailed history taking about the lost person and the lost relationship, the client is helped to make boundaries demarcating her/him from the dead individual. The client may be asked to bring a photo of the dead

person to facilitate this focused consideration and differentiation.  The circumstances of the death are carefully examined.  The client is helped to recognize that her/his experience with the lost person has ceased.  The client is seen perhaps three to four times a week over about three months in Volkan's model.  Over time, the counselor focuses on the "linking objects" which the client uses as her/his symbols of, and contact with, the deceased.  Volkan claims (as described by Raphael) that this focus opens up the client's emotional response to the loss, and allows the client to experience the grief that has been postponed from the time of the death.  Knowledge of what is condensed and symbolized in the "linking object" helps the counselor make interpretations to loosen the client's contact with the lost person.  It is hoped then that frozen emotions are stimulated and reawakened.  Volkan suggests that the client bring her/his linking object (if a physical object) to sessions; the handling of this object may further free blocked emotions.

Behavioral therapy developed out of psychological schools of thought.  I will now describe its' potential application to grief.  ( I have always believed that a social worker should have

many skills--that is, like a carpenter has tools in his tool box--the social worker, like the carpenter, should know which tool to use for which "job.")

## 1:4:6  BEHAVIORAL THERAPY

Ramsey and Happee (1977, 1979) see the unresolved grief reaction as something like a phobic reaction.  They suggest a forced confrontation with the facts of the loss and all that it entails.  The aims are to break down denial and to evoke depression, guilt, anger, and anxiety until these affects of grief are extinguished, and there are no further reactions to the loss.  Sessions are usually at least two hours in length. The counselor presents various items he expects to evoke a reaction from the client.  Ramsay and Happee say that both the counselor and bereaved must be prepared for extremely painful emotional outbursts.  These writers see this approach most applicable for those bereaved who are unable to work through their loss verbally with family or friends or in other verbal therapies.

The next two kinds of therapy share the similar theme of gestalt and reminiscence.  It is my view,

that these may have potential for clientele who are
comfortable with somewhat more of a directive
approach--possibly, also, more confrontative as a
result.

## 1:4:7 GUIDED MOURNING

Raphael refers to the work of Mawson et al.
(1981). She describes their work as the most recent
and detailed trial of the behavioral method in a
controlled study of "guided mourning." Nurse
therapists and Psychiatrists were used to provide
sessions in which the patients were exposed to
avoided or painful memories, ideas, or situations,
both in imagination and reality. The morbid grief
reaction was equated to a phobic avoidance response.
The client was encouraged to say good-bye to the
person in sessions, in writing, and by visiting the
cemetery. There was also an emphasis on facing
factors related to the death if these had been
phobically avoided. There was an intense reliving of
painful memories and feelings associated with the
bereavement. Clients were also given written
instructions to force themselves to face the loss.
Note: The control group was encouraged to avoid
thinking about the death or dead person or any

reminders.  A significant difference was found in the direction of improvement, on all indices, for those clients who received guided mourning.  This improvement was maintained at ten and twenty-eight weeks.  Mawson et al. conclude that this approach is most likely to be effective for the kind of morbid grief that involves some form of phobic avoidance.

## 1:4:8  BEREAVEMENT AND PREVENTION OF MORBIDITY

Beverley Raphael states, "The stress of the bereavement crisis, the clear-cut nature of the stressor, and the effectiveness of a goal oriented approach, mean that bereavement offers a very useful point of entry for preventive services." (p. 399, 1983).

Some individuals dare not involve themselves intimately with others, because they cannot bear the thought of the pain of separating from them or of eventually losing them.  Others will build relationships in which they hope to prevent loss.  I am discovering in my work and in my life that we are people for whom letting go, holding on , and letting go are intrinsic to our existence.   I agree with

Mitchell and Anderson that all losses, even "minor" ones, give rise to grief. Grief is universal and inescapable even when its existence and impact are denied. It is a composite of powerful emotions and thoughts assailing us whenever we lose someone or something we value. It is my belief that grieving must be an intentional form of work which grief-stricken persons engage in. It is my further belief that grief work enables most individuals to return eventually to full, satisfying lives. Grief work can be avoided, though usually at a very high cost to the one who refuses it (both physical and emotional). Before the conclusion of this paper, I would like to include a powerful narration of grief work as described by Dr. Stephen Fleming, Department of Psychology, York University, Toronto. I believe that this piece of therapy is most illustrative of necessary grief work. Note: Joan is the client; SF is Stephen Fleming the counselor.

Joan:   I'm drowning.

SF:     Does it feel like your drowning? How are you drowning?

Joan:   Sobbing.

SF:    What does it feel like to be drowning?

Joan:  (Sobbing)...I don't want to die...I want my

       children.

SF:    You don't want to die?

Joan:  (Crying)...No...I have too much to do...I'm

       not finished doing everything...I don't want

       to die!

SF:    Say it again.   Scream it.

Joan:  I don't want to die!!...(Sobbing).

SF:    Again.

Joan:  I don't want to die!...(Crying).

SF:    Scream if you want to scream.

Joan:  (Crying)...Ray (husband) didn't want to die

       either...He wanted to see his children

       grown up...(Crying)...I'm sorry you had to

       die...(Crying)...Ray asked his sister

if she thought Garth (son) would grow up all right...

SF:     Is there something you'd like to say to Ray now...

Joan:   Ray, I'll try to be a good mother...I'll try to bring up your children...I don't want to die too...(crying)...Ray I had to sell your truck, I'm sorry, I know how you loved that truck...(Crying).

SF:     Tell him why you had to sell it.

Joan:   I needed the money...(Crying)...(Sobbing)...I miss seeing it sitting in the driveway...It was a part of Ray I had to sell...(Crying).

SF:     You sold a part of Ray, is that what it feels like?

Joan:   Yes...(Sobbing)...I can see him sitting in it...I can see him driving it. (Crying)...

SF:     What's happening?

Joan:    ...mumbled...

SF:      Can you pick a time, just let a time come when
         you went for a ride.  Can you think of a time
         together as a family and tell me about it.

Joan:    ...bad times...

SF:      You can only think of bad times.  Can you pick
         a bad time?  Let it come to mind...Think of
         who was there and where you were...

Joan:    Arguing...I try not to say it: things to
         aggravate Ray...(Sobbing)...I can't help it,
         everything I say aggravates him...(Sobbing).

SF:      Tell him that.

Joan:    I'm trying not to aggravate him...I'm trying
         not to say the wrong thing...I can't say
         anything right...I don't want to annoy
         you...I just want to have a nice
         time...(crying)...I didn't mean to hurt
         you...I'm sorry...I'm sorry...(Sobbing)...He
         only had three more months to live and I was

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just aggravating him all the time.  I didn't
mean to.  I just couldn't help it. Everything
I said aggravated him.

SF:     Tell him.

Joan:   I'm sorry Ray I didn't mean to.
        Sorry...(Sobbing).   I should have been much
        nicer, should have tried harder...I'm sorry I
        hurt you...(Sobbing)...I didn't know you were
        so sick, I didn't know you were going to
        die...thought you were going to be okay...

        **Note:** In the example above, Joan has been
placed in a trance state.   I believe this is a
poignant example of grief therapy: <u>holding on</u> and
<u>letting go</u>.   (I received this verbatim from Dr.
Fleming's workshop in Winnipeg).

**SUMMARY & CONCLUSIONS OF SECTIONS 1 to 1:4:8**

        Death of a spouse is ranked at the top of the
list of major life stressors for survivors (Holmes &

Rahe, 1967).  It is evident from the literature that
conjugal bereavement produces variable biological and
psychosocial sequelae.  The studies on bereavement
indicate an increased risk of mortality for men
following conjugal loss.  Even though mortality risks
are greater for men, psychological morbidity
following conjugal loss loes not appear to be
differentially related to the sex of the surviving
spouse.  Both men and women commonly experience
transient psychological distress including crying
spells, disturbed sleep and appetite, difficulty
concentrating, and loss of interest.

Controversy remains regarding the mortality risk
of conjugally bereaved women.  Currently, there
appears to be a disparity in the research.

The evidence on morbidity is somewhat clearer.
These are the conclusions regarding morbidity:

(1)  When compared to approriate controls, both men
and women who lose their spouse consult physicians
more frequently, consume more psychotropic drugs
(sedatives, hypnotics, and minor tranquilizers) and
report,

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(2)    poorer physical health on a variety of general
health questionnaires.


    Intervention studies with the conjugally
bereaved have shown mixed results.    However, the
evidence suggests that intervention is of value in
selected cases but is only warranted for subjects who
show either hight manifest distress or potential for
distress because of specific risk factors.


    The social worker should always have a variety
of interventive techniques at her/his grasp.
Certainly, it is important to support the grieving
individual and to be concerned for her/his feelings.
I suggested a potential working model of William
Worden, employing his Tasks of Mourning.    These
involve assisting the client with: (1) accepting the
reality of the loss, (2) experiencing the pain of
grief, (3) adjusting to an altered environment, and
(4) re-investing energy from the deceased and
establishing new relationships/social network.    I
further referred to specific tasks of adaptation as
outlined by Beverley Raphael, in her book entitled
The Anatomy of Bereavement.    In turn, her work

referred me to the work of Volkan who speaks of re-
grief therapy. I also outlined an interview which Dr.
Stephen Fleming shared with his client Joan,
demonstrating many of the essential dynamics of
"Holding On and Letting Go."(The primary "stuff" of
grief, in my opinion).

The reader will also recall that I referred
somewhat extensively to the writing of Stephen
Levine. Levine worked together with Dr. Kubler-Ross.
I appreciate Levine's writing because it very clearly
reflects the humanity of us all. His writing, like
the writing of Kubler-Ross, moves grief theory into
the realm of doing. Levine's writing is a definite
departure from the plethora of books which the new
dying movement has spawned. Levine helps us to
divest the melodrama called `death' of its frightful
power, supplanting fear with calm, simple,
compassionate understanding. I believe that all of
our "therapy" needs to subsume the compassion of
Levine.

The grief literature provides us with many
insights. However, there remain for me a number of
unanswered questions. One of these questions that

particularly concerns me is: What are the premorbid
personality characteristics that render a person
vulnerable or immune to the stress of spousal loss?
There appears to be a "grave" (no pun intended)
paucity in the literature dealing with the entire
area of coping. The literature is rich in talking
about psychodynamics and defense mechanisms, but does
not move much beyond these, at times, hollow
parameters. Future work is required in contrasting
varied treatment approaches in order to define the
optimal therapeutic interventions. It would make
good clinical sense if this work was fused with
coping research.

Because my practicum has given some effort at
addressing the needs of widowed men, I also became
aware of the relatively new literature directed to
men. Much of this literature appears to have evolved
as a result of the feminist movement. I have
included a small segment in my literature review
entitled, "Boys Becoming Men." This body of
literature provides some help in understanding sex
role differences, and emotional/affective
developmental differences. It is my thesis that I
need to be somewhat sensitive to this knowledge,

particularly as I listen to individual men relate their story of their marriage and conjugal loss.

As indicated earlier, I noticed a dearth 'in the grief literature regarding learning and coping theory. I decided to turn to the educational psychology literature for possible validation of learning and coping theory as beneficial to resolving grief. As a result of reading Brundage and Mackeracher, I have included a section entitled "Human Behavior: Learning and Coping."

Patricia Maguire has written a fine book entitled "Doing Participatory Research--A Feminist Approach." Even though I am completing the requirements for a practicum, and not a thesis, I have found important practical hints in Maguire's book. Therefore, another section of this literature review is called **PARTICIPATORY RESEARCH**.

I contend that the profession of Social Work brings a unique quality to the study and practice of grief recovery facilitation. The social worker's knowledge and implementation of values such as "self-determination" and "confidentiality" are (in my view)

intrinsic to sound social work practice.    I have
included a section entitle, "Social Work: Profession
and Values."

The last section (certainly not the least) of my
literature review addresses the theme of "Group
Work." Because my practicum relied on two kinds of
groups:
(1)  discussion group, and (2) small group, I have
included a segment entitle, "Group Work."

I realize that each of the above topics could
include readings from numerous sources.    I have
chosen to include reading which proved mostly
pragmatic for my needs.    A great deal of literature
that I have not included here ( but did read) was
often more theoretical then pragmatic.    I trust that
I have been able to provide somewhat of a balance of
that which is theoretical and that which is more
readily applied to my practicum.

The next topic explores developmental issues of
men and focuses primarily on the psychological needs
of both men and women.    The utility of this segment
is (I believe) self-explanatory.

# CHAPTER 2   LITERATURE REVIEW

## 2:1   BOYS BECOMING MEN

> "Isn't it time we destroyed the macho
> ethic?...Where has it gotten us all these
> thousands of years?  Are we still going to have
> to be clubbing each other to death?  Do I have
> to arm wrestle you to have a relationship with
> you as another male?  Do I have to seduce her--
> just because she's a female?  Can we not have a
> relationship on some other level?...I don't
> want to go through life pretending to be James
> Dean or Marlon Brando."  -John Lennon-
>                    (From Men's Lives, Kimmel and
>                    Messner, p. IV, 1989)

Joseph Pleck (from Kimmel and Messner, 1989)
suggests that the macho image may have softened
recently.  Increasing numbers of men are realizing
that they can express tender feelings without
jeopardizing their social role or gender identity.

However, most men continue to suppress emotional
pain in order to continue "demonstrating" strength.
Don Sabo (from Kimmel and Messner, 1989) writes about
how boys are taught to endure pain.  Enduring pain
becomes symbolic for being a "man." Sabo further
suggests that the "pain principle" weaves its way
into the lives and psyches of men.  We men take the

feelings of hurt and pain--feelings of insecurity and
stress--and channel them against our "opponent." This
posture is very evident in the sportsworld. It is
also evident in the lives of many non-athletic men
who, as "workaholics", deny their authentic physical
or emotional needs and often develop health problems
as a result.

Jourard (1971) assumed that men's basic
psychological needs are essentially the same as
women's: all persons need to be known and to know, to
be depended upon and to depend, to be loved and to
love, and to find purpose and meaning in life. The
socially prescribed male role, however, requires men
to be non-communicative, competitive and nongiving,
and inexpressive, and to evaluate life success in
terms of external achievements rather than personal
and interpersonal fulfillment. Men, then, are caught
in a double bind. If a man fulfills the prescribed
role requirements, his basic human needs go unmet; if
these needs are met, he may be considered, or
consider himself, unmanly. Then, according to
Jourard, if a man is tender (behind his persona), if
he weeps, if he shows weakness, he will probably
regard himself as inferior to other men.

Man's potential thoughts, feelings, wishes and
fantasies know no bounds, save those set by his
biological structure and his personal history. But
the male role, and the male's self-structure will not
allow man to acknowledge or to disclose the entire
breadth and depth of his inner experience to himself
or to others. If men can see themselves as manly,
and life as worthwhile, only so long as they are
engaged in gainful employment, or are sexually potent
or have enviable social status, then clearly these
are tenuous bases upon which to ground their
existence.

> "If self-disclosure is an empirical index of
> openness and if openness is a factor in health
> and wellness, then research in self-disclosure
> seems to point to one of the potentially lethal
> aspects of the male role. Men keep their
> selves to themselves and impose thereby an
> added burden of stress beyond that imposed by
> the exigenciesof everyday life." (Jourard,
> 1971).

Men are "instrumental"--they make things happen.
When they can't and their sense of control drops,
their stress soars. (Witkin-Lanoil, 1986). Witkin-
Lanoil further suggests that society's expectations
for men are often in conflict. The individual's

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expectations for himself are often in conflict with
society's expectations and a man's many expectations
for himself may be in conflict with each other.

While taking a course with Professor Miriam
Hutton, of the Faculty of Social Work, I became
curious (because of Professor Hutton's encouragement)
about the educational psychology literature.   I
contend that this literature has some usefulness in
its' application to loss and grief and the ability to
learn how to cope more effectively with traumatic
life events in general.

## 2:2  HUMAN BEHAVIOR: LEARNING AND COPING

According to Brundage and Mackeracher (1980):

"The trend to master relates to feelings of
autonomy, to independent behaviour within
society, and to a sense of personal control
over the conditions of one's life." (p. 13)

This trend includes meanings, strategies, and
skills required to function independently and values
which reflect positive feelings about oneself as
competent and worthwhile. These writers contend that

such learnings diminish feelings of helplessness and
inferiority and assist in meeting survival,
achievement, and self-esteem needs.

A sense of belonging transpires as an individual
develops interdependent behavior with other members
of society, and interpersonal involvement.   These
writers argue that such learnings lead to a reduction   ·
of feelings of isolation and alienation and assist in
meeting security, belonging, and affiliation needs.
This form of learning responds best to "feeling-
oriented feedback."

The growing child is expected to develop
behaviors reflecting both dependent and independent
learning styles.   We adults, tend to assume that the
basic position and behavior of an adult is no-longer-
dependent.   This view ignores the fact that adults
also need to be able to use dependent behaviors in
certain situations--for example, during severe shock
following personal trauma of spousal death.   In such
situations, the adult may need to accept assistance
from others and would be foolhardy not to do so.   The
assumption also ignores the fact that some adults
have never learned the basic behavioral patterns for

independence or interdependence; some may be capable of functioning in only one position.

Normal learning activities are designed so as to allow each person to make sense of the chaos and confusion of raw experience; to reduce the unknown aspects of life to a manageable level; and to develop ways to predict how best to respond to, interact with, and influence new experience.

Brundage and Mackeracher make important statements regarding self-concept. They contend that an individual trys to integrate all his experiences, perceptions, and ideas into the structural system of his self. This self is composed of both the cognitive and the emotional. The cognitive element is called the self-concept and the emotional element is called self-esteem. Whereas a child's self-concept is in the formulation stage, the adult's self-concept is already formed. Therefore, each learning experience of life has the potential for fragmenting the adult's self-concept or partially destroying it.

When life transitions proceed in an orderly,

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predictable fashion, the adult will probably

experience growth and development and not experience

confusion or disorientation. I believe that

bereavement is always an event which the adult cannot

control when death is the culprit. I agree with the

learning literature that if the individual is

confronted with pressures from a situation he does

not control or an event he did not initiate, he is

more likely to experience "crisis" than if the

changes are self-initiated. Certainly, every widower

has faced other life transitions. These major

transitions probably respond best to learning

experiences which allow the individual the time to

explore personal meanings and values and to transform

these into meanings and values more in keeping with

current reality.

Developmental theories which focus on situation-

specific transitions postulate similar patterns of

behavior, occurring in four general stages. A

synthesis of these stages relates closely to the

reality of death and dying. The following ideas are

summarized below:

## A./ ENTRY STAGE

This stage is triggered when the individual enters a situation (bereavement) which has a high degree of novelty, uncertainty, and involves him in personal stress, or in which he perceives a threat to himself. He may perceive himself as disoriented, may use inappropriate behavior, may feel inhibited in his interpersonal relationships, may appear as if he were dependent, and may communicate mainly through monologue. He may tend to rely on external standards to guide his behavior and to make assumptions about his current situation based on past experience--this may or may not be appropriate. Support can be given to the individual by creating a reliable environment which operates on the basis of standardized and explicit behavioral norms and in which the consequences of behavior are known.

## B./ REACTIVE STAGE

The individual now may perceive himself as autonomous and independent of the control of others, may work to develop a high degree of self-

understanding, and may wish to carry out individual
activities within a group setting.  The individual in
this stage is best supported by others who encourage
expressions of individual feelings and opinions and
who do not demand strict adherence to standardized
behavioral norms.

### C./ PROACTIVE STAGE

Here the individual begins to perceive himself
as involved in activities leading to mutuality,
cooperation, and negotiation in relation to self, and
as developing shared norms and values for behavior
within the group.  The individual in the proactive
stage is best supported by others who accept and
encourage cooperative and collaborative behavior in
preference to individual performance or competition
and who can provide descriptive and immediate
feedback about individual behavior in relation to
established objectives.

### D./ INTEGRATIVE STAGE

The individual moves on to integrating the
perspective of others with his own.  He develops a

sense of balance between himself and others and
between working at group or individual tasks and
maintaining interpersonal relationships with others.
He may integrate ideas which involve multiple
standards of behavior, multiple interpretations of
experience, and multiple sources of information.
Support is best provided by encouraging him to
develop internal standards to guide personal
behavior.  Support is also provided by persons who
openly share information about themselves and their
feelings and values.

The above ideas suggest that all adults, when
they enter a new learning experience, begin with
dependent-type behavior and move first to independent
behavior and then to interdepen-dent behavior during
the course of the new life experience.

This body of literature suggests that the
progression of the learner (widower) can be
facilitated by a "teacher" who is prepared to provide
some structure and direction at the beginning of the
learning activities; to move then to encouraging
individual activities; and finally to provide
opportunities for interdependent activities within

the group and for integrative processes for
individuals. (Adams, 1974; Kubler-Ross, 1970; Tuckman,
1965; Hunt and Sullivan, 1974; Gibb, 1964; Schutz,
1967).

In learning language--teaching strategies focus
on what the learner needs and wants from his learning
activities.  The teacher's primary responsibilities
are ( I believe these are the same for the social
worker):

- creating a climate in which learning is valued
and disincentives or obstacles to learning are
reduced to a minimum;

-helping the learner to clarify learning needs,
purposes, and objectives;

-organizing and making available the widest
possible range of resources;

-presenting himself as a flexible resource to be
used by the learner; and

-behaving in simultaneous roles: co-learner who

can and will learn from and with the learner; objective observer who can respond to the individual needs and feelings of the learner; and subjective participant who will act on and share his own feelings, needs, and personal values. This person-centred model demands that the "teacher" be highly skilled in process facilitation and content area and highly committed to personal involvement in the "teacher-learner transaction." The model design is emergent in that the facilitator must wait to discover what the individual learner needs before learning activities and content can be planned. Learning processes and output are shaped as the learner selects and implements his own goals and activities.

This person-centred model has two important overall objectives in mind:

1./ To facilitate the learner's discovering, exploring, and creating personal meanings and values, skills, and strategies which he can use to facilitate his own further learning; and

2./ To facilitate the learner's developing the

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self-concept and the self-esteem, which then

contribute in positive ways to further learning.


Person-centred models are very much embodied

into the profession of social work.  These models are

based on the value orientation that every learner

(individual) is unique, is worthy of respect,

acceptance, and dignity.  This orientation suggests

that the teacher must be willing to acknowledge that

the learner is as much a potential resource for

learning as the teacher and that both share rights

and responsibilities which are equal and reciprocal.

The most essential element of teaching in these

models is learning about the learners.  The teacher's

learning resources are invariably the learners

themselves.


I appreciate the theory of these models because

they are most relevant to the affective dimension of

learning.  They also are described as models which

lead to attitude change, to an understanding and

awareness of personal meanings and values, and to

changes in both the self-concept and the self-esteem.


This person-centred model suggests that the

facilitator's self-concept and self-esteem need to be positive in nature. Further, he should be able to trust himself to cope with all types of situations, including failure, uncertainty, and threat, without becoming unnecessarily anxious or resortin to self-defensive behavior. He needs to perceive himself as a learner and to value this role. He needs to be able to learn from adult learners. He needs to be aware of his potential as a role model for others.
He needs to be willing and able to disclose his feelings and values to the learners he is with. He needs to be keenly aware of his own values, needs, attitudes, and purposes. He needs to be aware of his own interpersonal style and skills and of how these affect learners. He needs to be committed to the learning of others and to step aside to allow individual learners to discover, acquire, create, and test out personal meanings, values, skills, and strategies without imposing or demanding that his own be learned. He should value and be open to feedback from learners about his own behavior.

Brundage and Mackeracher say some important things about planning. Instability is characteristic of planning because planning is always evolutionary.

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Individuals who have a high tolerance for instability
and uncertainty are more likely to develop plans
which are characterized as emergent, highly flexible,
responsive to feedback, and changeable at any time;
these individuals rely on the positive aspects of
their self-concept and self-esteem to provide
stability in the experience of change.  I agree that
program planning is a pragmatic enterprise based on
compromise.  There are always conflicts between what
is valued ( what "I" want out of this) and what
specific limitations there are on the time, energy,
resources and skills of the persons and institutions
involved.  I further agree that attention must be
paid to the consequences of any trade-off.  It seems
that opportunity allows for equally workable
alternatives which can allow the planned change
without adding necessarily, undesired consequences.
On closer examination, apparent limitations, are
sometimes limitations which can be removed or
reduced.

The above authors suggest that several
conditions are essential for creative design in
planning:

1./  Planning should include collecting and making
available several kinds of resources.

2./  Activities should have the potential for
effecting change in the desired directions.

3./  Activities should accommodate a variety of
learning styles.

4./  Activities should include opportunities for
ongoing feedback and assessment of progress toward
objectives.

5./  Activities should provide experiences in the
processes of differentiating, tranforming, and
integrating.

6./  Activities should result from integrating the
needs of various individuals and synthesizing designs
based on common denominators.

7./  Activities should include opportunities to
practice new behavior.

8./ Activities should include time for climate-
setting, further planning, and dealing with
individual and group needs.

It is my view that the above literature is
helpful in assisting me become more focused in
"doing." I found this literature particularly useful
when planning my discussion groups for November,
1989--in better helping me understand both process
and function of these evening activities.

My practicum became a community development
project. However, I was always trying to connect with
widowed men. Patricia Maguire's work also helped me
to see my project in a "brighter light." I readily
admit, at times, of feeling very fragmented in my
focus. I was always "busy', but not always clear how
I would move towards my "private agenda" of seeing
individual widowed men. Maguire had some instruction
for me.

2:3  PARTICIPATORY RESEARCH

Patricia Maguire (1987) states that

participatory research combines three activities:

* **INVESTIGATION**

* **EDUCATION**

* **ACTION**

Maguire further contends that participatory research aims at three types of changes:

* Both researcher and participants develop critical consciousness;

* Improvement of the lives of those involved in the research;

* Transformation of fundamental societal structures and relationships.

Maguire describes several phases which are fundamental to the nature of participatory research. I will highlight, what I think are the crucial ones-- particularly, because they seem relevant to my practicum.

Phase 1: **Organization of the Project and**

**Knowledge of the Working Area**

This first phase includes gathering existing
information about the research area.  As important
(possibly more important), this phase also includes
establishing relationships with community
organizations, leaders, clergy, and institutions.


Phase 2: **Definition of Generating Problematics**


A time of mutually trying to understand the
challenges.


Phase 3: **Objectivization and Problematization**


A time of collective educational activities to
help participants further examine their
interpretations as well as to identify and to discuss
together their challenges.  Maguire suggests that
each phase strengthens the participants' awareness of
their own resources and abilities for mobilization
and action.

### Phase 4: **Researching Social Reality**

Participants begin to develop their own theories, notions, and possible solutions to challenges.

### Phase 5: **Definition of Action Projects**

Researchers and participants decide on what actions to take to address the concerns that they have collectively defined and investigated.

Since reading about social workers in my undergraduate years, I have been given to believe that social workers are a special "breed." I have been convinced that they can make a difference in the lives of people. But, what is it about "them" that is magical? I trust that they subscribe to a particular value system which only contributes to the well-being of the "other."

The second to last portion of this literature review summarizes a few essential professional social work values. I list a number of these in section

2:4:1 and then talk about confidentiality in section
2:4:2.


## 2:4:1 SOCIAL WORK: PROFESSION AND VALUES


Muriel Pumphrey (in article entitled
"Professional Values", by J. Vigilante, found in
Handbook of Clinical Social Work, 1983) classified
professional social work values as ultimate and
proximate.  She identified eight ultimate
professional values:


1./  Each human being should be regarded by all
others as an object of infinite worth...


2./  Human beings have large and as yet unknown
capacities for developing both inner harmony and
satisfaction.


3./  Every human being must interact in giving and
taking relationships with others, and has an equal
right to opportunities to do so.


4./  Human betterment is possible...human beings have
the capacity to change.  Change per se is not sought,

but change toward personal and social ideals is something "better."

5./ Change in a positive direction for individuals, groups or organized societies may be speeded up by active and purposeful assistance or encouragement from others...

6./ The most effective changes cannot be imposed. Man's potentialities include his capacity to discover and direct his own destiny...

7./ Human effort should be directed to constant search for enlarged understanding of man's needs and potentialities...

8./ The profession of social work is...committed to the preservation and implementation of these values.

Charles Levy (Ch. 41 "Client Self-Determination", in Handbook of Clinical Social Work, p.905), states, "The social worker always has the ethical responsibility to honor, to preserve, and to facilitate the client's self-determination." Self-determination, as described by Levy, is any

activity in which human beings engage in order to
arrive at choices of actions or goals in relation to
their own lives and circumstances.  Self-determination
is of particular significance in the social work-
client relationship.  The client's self-determination
is, or should be, the determinant of whether or not
the client receives treatment, whether or not the
client's confidences are shared, whether or not a
client's consent is informed and voluntary. The social
worker then chooses a professional action which
clearly and scrupulously is designed to ensure the
voluntariness and the intentionality of clients'
choices and decisions.


## 2:4:2  CONFIDENTIALITY


Just a word about this this sometimes, forgotten
theme. Suanna Wilson ( Ch. 44, found in the Handbook
of Clinical Social Work), writes about the importance
of confidentiality. She refers to the National
Association of Social Workers Code of Ethics (1979).
I will highlight them for this review of social work
values.


The social worker engaged in research and in my

case a practicum, should ascertain that the consent of
participants in the research is voluntary and
informed.  Information obtained about participants in
research should be treated as confidential. The social
worker should inform clients fully about the limits of
confidentiality in a given situation, the purposes for
which information is obtained, and how it may be used.
The social worker should afford clients reasonable
access to any official social work records concerning
them.

I suppose that one could argue that I (taking a
Master's Program) should be strongly grounded in
social work values as a result of working in the
field and having had completed an undergraduate
degree in social work.  However, I am concerned that
professional ethics and values may be sacrificed too
readily in order to climb the academic ladder--I
sincerely trust that I will be vigilant with regard
to how I practice social work--whether that be
research, clinical practice, or developing social
policy.

In reading the literature concerning Group
Theory, I became interested in both the theory and

the dynamics of group functioning. These elements are very much like a "hand in glove" phenomena. A summary of key indredients to group work is included in this literature review.

## 2:5 GROUP WORK

Hartford (1971, p. 67) examined many studies that dealt with group development and developed a scheme that integrated them, as follows:

I. Pregroup Phases

    A. Private Pregroup Phase

    B. Public Pregroup Phase

    C. Convening Phase

II. Group Formulation Phase

III. Integration Disintegration and Conflict, Reintegration or Reorganization Synthesis Phase

IV. Group Functioning and Maintenance Phase

V.  Termination Phases


    A.  Pretermination Phase


    B.  Termination


    C.  Posttermination Phase


    I believe that this progression of group phases

probably represents an idealization of group life.

At any one moment, during the group session, group

members might experience events typical of several

phases.  All groups do not necessarily advance

through every phase; many groups appear to terminate

without ever progressing beyond the group formation

phase, and yet they accomplish the purposes for which

they were formed.  Groups also may experience a

regression to earlier phases as well as a forward

movement.


    Hartford's scheme recognizes that a conception

of group development must include events that occur

prior to the group's first formal meeting.  These

events may include the thoughts and experiences that

propel individuals toward the group. These events may
also include the discussions that members have with
each other before the meeting.

Groups control the behavior of members by
affecting their perceptions, cognitions, emotions,
behavior, self-concept, and ways of problem-solving.
A further delineation of these effects follows:

1.  Perceptions of Reality.

Research demonstrates that group members tend to
perceive reality in ways that conform to the
perceptions of others in the group, even when this
contradicts their own judgments (Sherif and Sherif,
1969).

2.  Understanding of Situations.

What members think about the meanings of their
perceptions is similarly affected. According to
Strong (1978), when others indicate to individuals
that they have previously acted in certain ways, they
will be likely to attribute the cause of the event to
themselves. When others define the behavior as

unique, the causes of the behavior more likely will be attributed to the environment.


3. Affective Responses.


Certain group events tend to elicit or reduce particular emotions. For example, conformity to group norms, is likely to reduce anxiety in members (Shaw, 1976). In any group, some members are likely to function as social-emotional leaders. These individuals, more frequently than others, will seek to reduce tensions in the group by providing emotional support and release through such techniques as humor.


4. Behavior.


Groups can selectively reinforce behaviors of members by determining how rewards are to be distributed. These rewards can take the form of assigning the member to desired group positions, or they can be an allocation of its available resources. Negatively, the group can punish undesired behavior by criticizing it, by withdrawing resources from members, and ultimately by excluding the member from

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the group (Nixon, 1979). The group can also control
the behavior of members through the information it
supplies members about the behavior itself, about the
situation that is the occasion for the behavior, and
about the consequences of behavior.

## 5.    Identity and Self-Concept

According to Hartford (1971), "not only do one's
values, beliefs, and behaviors seem to stem from his
interaction with others, but one's very impression of
himself or herself--one's identity, one's assessment
of his own worth, also develop from associations with
others." (p. 34). This is accomplished partially
through the process of seeing one's self through
others. This idea of the "looking glass self," as
discussed by Mead (1934), was one of the earliest and
most important ideas in social psychology.

## 6.    Problem Solving.

Groups are likely to affect both the processes
individuals use to solve problems and the quality of
the solutions they reach. Research has consistently
shown "that groups produce more and better solutions

to problems than do individuals." (Shaw, 1976, p. 64).
However, the amount of time required for a group to
solve a problem is usually greater than for an
individual.

Morton Lieberman and Leonard Borman (1979)
together with their associates wrote a book entitled
"Self-Help Groups for Coping with Crisis." Chapter 3
of this book is written by Mark Steinberg and Carrie
Miles: "Transformation of a Group for the Widowed."
Steinberg and Miles state that, "One special
characteristic of self-help groups is the drawing
together of participants who have a specific common
affliction or need." (p. 67). Steinberg and Miles
further contend that the common "condition" or
"affliction" does not necessarily encompass a single
need but is rather a broad category of distress that
may affect many aspects of an individual's life. For
example, grief may have far-reaching impact on the
individual's social, work, and financial status as
well as on her or his emotional and physical well-
being.

The Nain Conference of Chicago provides an
opportunity to explore the issue of grief with a

self-help organization. Its founders are William and
Jean Delaney.

The name Nain was taken from that of a village
where Jesus Christ performed a miracle for the sake
of a widow: "And it came to pass soon afterwards,
that he went to a town called Nain...and as he drew
near the gate of the town, a dead man was being
carried out, the only son of his mother, and she was
a widow.  And the Lord seeing her, had compassion on
her and said to her, `Do not weep'" (Luke 7: 11-13).
The miracle Jesus performed at Nain was bringing the
woman's only son back from the dead.

The Delaneys suggest that Nain's main emphasis
on group discussion has a cathartic and supportive
objective.  The discussion format recognized the need
of the newly widowed to come together in a "space"
where they would be understood.  The Delaneys
reported that widows and widowers often found that
their nonwidowed friends were unable to provide the
understanding they needed, particularly the need to
talk about their loss.

Nain attempted to maintain a balance between

focusing on bereavement and meeting social needs of
the bereaved.  A basic format of one business meeting,
including a discussion program, and one social meeting
a month gradually became accepted and served as a
model for new chapters.

Loss of companionship, loss of social life,
feelings of abandonment and grief are well-documented
problems experienced by the widowed (Glick, Weiss,
and Parkes, 1974; Lopata, 1973; Parkes, 1972).  Naim
appears to be effective in offering structured
companionship and numerous built-in opportunities to
socialize with people in the same life circumstances.
Nain does not cater to its members' grief per se, but
does represent itself as an organization filled with
people who are "all in the same boat" and thus able
to understand each others' grief.

Elizabeth Bankoff (1979, Ch.9 in Lieberman and
Borman) states that Naim members do not appear to be
joining the self-help group to compensate for the
unavailability or poor performance of professional
help givers.  Bankoff suggests that they have turned
to Naim as a source for new social linkages in
compensation for inadequate support and assistance

from their existing informal network associates.

Dennis Klass and Beth Shinners (1982-83) state that, "Self-help groups are a relatively new and very useful aid to the bereaved." (from the abstract, p. 361).

Klass and Shinners suggest that some writers have viewed self-help as "aprofessional" because it stresses often the concrete, the subjective, and the experiential. They further suggest that the professional "accent" is on distance, perspective, and systematic knowledge.

I agree with Klass and Shinners that the important dynamic of all work with self-help groups is that members own, control, manage, and lead the group. The professional's activities are subordinate to the group's own process. The best indication of the professional's involvement is that attention remains focused on the processes within the group. I agree that the professional gives up any power inherent in her/his professional knowledge, and also forgoes as is possible, any recognition of her/his activities.

Finally, the above article suggests several ways
that the professional can support and aid the self-
help process:

(1)  be an intermediary between the group and the
professional community;

(2)  articulate the group's ideology to the group
itself;

(3)  be a resource person in program planning;

(4)  facilitate group processes and organization; and

(5)  do research.

I agree with Klass and Shinners's conclusions:
The self-help group fosters healing by building a
community of people who help themselves by helping
others.   The self-help group encourages people to
jointly take responsibility for themselves (this is
important when considering our world of profound
independence and at times alienation).

Professionals who do not fully understand the

self-help ideology, or who are too concerned with
their own private agenda, may dangerously risk co-
opting the self-help process into the professional
sphere.

A sensitive professional can insure that a
synergetic relationship is enhanced between
herself/himself and the self-help group.

**CHAPTER 3**

**PRACTICUM REPORT**

## 3:0 INTRODUCTION

This practicum was focused on service development and delivery to recently widowed men in the rural area of South Central Manitoba. Their wives had died between two months and twenty-two months prior to my contact.

Many steps were taken to develop a liaison with these recently widowed men:

*   many informal contacts were made with several widowed men prior to the fall of 1989; going out for coffee with recently widowed men (whose wives had worked at Eden Mental Health Centre—my place of employment);

*   wrote letters to the Chiefs of Medical Staff of local rural hospitals (APPENDIX A);

*   spoke with ministers, clinicians at Eden Mental

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Health Centre, community leaders and physicians
who began to send me referrals;

*   travelled a large geographical area to do the
    following:  (1) asked ministers to place a notice in
    their church bulletins regarding my interest in
    talking with widowed gentlemen (APPENDIX B), and (2)
    placed notices on church and community bulletin
    boards regarding a series of discussion evenings I
    was offering in November of 1989 (APPENDIX C);

*   began to see individual gentlemen in their homes;

*   facilitated November meetings--November 7, 14, and 21;

*   offered a group meeting for recently widowed men in my
    home during December, 1989 and January, 1990;

*   wrote a series of articles for the local community
    newspaper (APPENDIX D), increasing awareness about
    loss and grief and informing the public of my
    interest and University work;

*   responded to many questions of family and friends

who asked about the practicum;

* Note:  in no way to embellish my efforts--I did much
to get to a point where I could comfortably relate to
widowed men--now, I will try to reconstruct the
process of this very fascinating and illuminating
practicum.

My next comments offer a glimpse into my world
of "wrestling."  That is to say, I wrestled with my
"need to help", versus the self-help concept of
allowing widowed men to come to a position in helping
themselves and each other.

In these opening paragraphs which follow, I am
very aware of the power that I carry as a social
worker--my sense of this power is to help the "other"
see their power within.

My best advice to the reader is that she/he will
read with the required compassion to walk in the
"moccasins" of the bereaved--moccasins which are not
fully known to myself and possibly not known to other
readers--that is, the death of your spouse.

## 3:1 EVOLUTION OF THE PRACTICUM: INTERACTION


As a social worker, my aspirations are deeply invested in the interaction between people and society. I have been taught to believe that I am a professional, but I do not simply wish to dispense "solutions" to "problems." In my enthusiasm, sense of urgency, and capacity for empathy, I wish to also demonstrate that my own life experiences are involved. I am concerned that most attempts to identify the foundations of professional skill have resulted in an encyclopedic inventory of virtues. Certainly, social workers should have a "tool box" filled with a variation of operational tools. Still, the tasks of "helping" or "facilitating" are not performed best by paragons but by those who want to listen, know what they are trying to do, and have sufficient mastery for themselves and of social realities to offer their strengths in the struggles of others.


I believe that social work affords me with an opportunity to be creative; much like an artist describes creativity. In both the artist and the

social worker, there is an emphasis on feeling, on an empathic quality which is cherished as a tool of the craft. Both the artist and the social worker feel a constant need for fresh insights into the nature of things and for new ways to express their view of the world. In both, there is a high degree of subjectivity, and self-consciousness, which contribute to their ability to create new vistas and new perspectives. Both require an atmosphere in which one is free to explore, to err, to test reality, and to change.

I very much wrestled with my inclination to be the artist-social worker, and with the educative strictures to learn within a given time frame. Fortunately, Professor Joseph Kuypers encouraged me to expand my boundaries, and not inhibit my artistry with strict adherence to personal time frames. When I could relax about deadlines, I could be a part of the learning evolution, rather then just a neurotic observer.

All along, as this practicum evolved, I began to see various practice models enfolding: individual versus group interaction, community development

versus community organization, and participatory

research design.  More importantly ( I believe ), I

rarely viewed the widowed gentlemen as "clients."

Personal growth happened for both the men and for

myself.  I trust that I was able to facilitate an

egalitarian position of power and ownership ( in

discussion with gentlemen about their grief and

bereavement).


I further believe that personal growth occurred

for both the gentlemen and myself, as a result of

facilitating two kinds of groups: A./ discussion

groups, held in November of 1989, and B./ small

group, held in my home during December of 1989 and

January 1990.  Note: All the while, I continued to

visit with the gentlemen on an individual basis.


Max Rosenbaum and Alvin Snadowsky comment that,

"Personal growth can be viewed as making new
connections in any of several directions:
upward, to achieve one's full potential;
outward, to make contact and encounter
others; inward, to increase our awareness
of who we are, and what we want, need, sense,
feel, think, and do; and downward, to touch
earth, to be grounded, and to connect with
the universe." (p. 87, 1976).


Jack Gibb (cited in Rosenbaum and Snadowsky)

considers as central to personal growth, the qualities

of trust, openness, and interdependence.

Gibb further believes that the basic dynamic process

of growth is the change from fear to trust.


In thinking about his own personal growth, Clark

Moustakas writes:

> "Many times in my life I have overcome obstacles
> to my own growth (after) I discovered resources
> when none appeared available. Many times, too I
> have felt emptiness, boredom, triviality,
> repetitiveness, sterility and meaninglessness--
> momentarily; but when I transcended the mood or
> feeling or situation, when I became involved,
> spontaneous and free, suddenly I was seeing with
> different eyes and hearing with different ears...
> boredom dissipated into interest, sadness into
> joy, emptiness into excitement."
> (p.90, in The Intensive Group Experience,
> Rosenbaum and Snadowsky, 1976)


I became more concerned in this practicum in

listening to each gentleman's grief experience and

facilitating the possibility of personal growth,

rather then "hitting" them with therapy. It is my

belief (as observed in the practicum) that personal

growth is stimulated through the group experience.

Carl Rogers (1970) talks about the importance of

accepting the group exactly where it is. Rogers

makes few comments on the group process during group

sessions. His argument is that these comments make

the group self-conscious and may give the members the
sense that they are under scrutiny.  He further
states that comments about group process are best
made by the participants--if at all.  I further agree
with Rogers that certain behavior, on the part of the
facilitator is "nonfacilitative."  A summary of
nonfacilitative behavior as described by Rogers, is
described below:

1.  A facilitator who pushes a group, manipulates it,
makes rules for it, or tries to direct it toward his
own unspoken goals.

2.  A facilitator who judges the success or failure
of a group by its dramatics.

3.  A facilitator who frequently gives
interpretations of motives or causes of behavior in
members of the group.

4.  A facilitator who withholds himself from personal
emotional participation in the group--holding himself
as the expert--attempting to analyze the group
process and members' reaction through superior
knowledge.

My intention was to use multiple forms of
interaction, to humanize relationships and to
increase the participant's abilities and capacities
for creating humanizing relationships.  I trust that
this occurred, not only because I had done my
literature review and felt comfortable academically,
but because I subscribed to the following tenets of
human interaction:

kindness

concern

mercy

compassion

consideration

responsiveness

tenderness

friendship

love

flexibility & spontaneity

## 3:2  THE PARTICIPANTS

I made contact with a total of fifteen widowed
men.  I visited with most of these men in their
homes.  ( Note: I noted in reading a practicum report
dated 1987, by Diane Mowdy that she interviewed 15
women; I did not intentionally attempt to equate my

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numbers with her numbers of persons interviewed).  I
also met with some of these men in coffee shops and
at their place of employment. Two of the men also
came to see me a couple of times at my office ( Eden
Mental Health Centre).

The gentlemen ranged in age from 50-72 with the
average age being that of 64 years.

All fifteen gentlemen spoke english; ten of the
men also spoke a low german dialect ( I can speak
somewhat, and understand a good deal of the dialect).
Several of these "bi-lingual" gentlemen would speak
both english and german in an alternating fashion.
They usually assumed I would understand the german--
possibly, because of my last name, and because many
of these same men knew my father and heritage (
Dutch-Mennonite ).

My individual contacts ranged between one and
four sessions, with an average of two hours per
meeting.  My group meetings averaged a minimum of two
hours each time--I did not pay close attention to
time.

Note: Six of the gentlemen attended at least one of the November discussion groups.

Even though I officially began to structure the process of this practicum in August, 1989, I already began to make contact with two of the gentlemen one year previous to the fall of 1989. This occurred primarily because both of their wives' worked with me at Eden Mental Health Centre. Note: one of these gentlemen married a second time in the fall of 1989 ( approximately one year after the death of his first wife). The second gentleman married a second time on January 6, 1990, one year and three months after the death of his first wife. In the case of the first gentleman, his second wife has not been previously married. In the case of the second gentleman, his second wife was divorced from her first husband.

## 3:3 PRACTICUM OBJECTIVES

1. To explore and to learn about the bereavement experiences of widowed men.

2. To facilitate normalization of the grief experience.

3. To hear men tell their individual "story" regarding their relationship and resultant grief experience.

4. To explore some of the feelings associated with grief--such as sadness, abandonment, anger, guilt and helplessness.

5. To facilitate a group process for several weeks, in order to hear men share together concerning their grief.

6. To provide emotional support, encouragement and hope.

7. To gain greater sensitivity in understanding the grief of persons--particularly men.

8. To discover differences/similarities in the grief of men and women.

## 3:4 METHOD

This practicum was pursued through the use of supportive, nondirective interviews guided by and based upon:

A.) The theory of Viktor E. Frankl, who sets forth the principles of existential thinking, which holds that man's search for a meaning in existence is a primary facet of his being. (1973, The Doctor and the Soul).

B.) The tenets of William Worden who addresses mourning as a series of tasks. (1982, Grief Counselling and Grief Therapy. A Handbook for the Mental Health Practitioner).

C.) Men do not (generally) view themselves as the counselee--more often, they view themselves as the counselor. Patricial Maguire (1987) makes this point with somewhat more succinct language. Her understanding of men is important to my practicum:

"Men are said to be rational, logical, cool,

detached, intellectual, and non-emotional.
Women, on the other hand, are considered
irrational, illogical, intuitive, emotional,
attached, and even hysterical."
                    -p.87, Doing Participatory Research-


    It is my view (from clinical work) that women

are (have been) socialized to seek therapy--men,

characteris-tically, do not.  Therefore, I wish to

talk with men, but do not, necessarily, wish to

project my "ideas" of grief "therapy."


    D.)  Beverley Raphael's (1983) "therapeutic

assessment interview" (p.362) format.  (The Anatomy

of Bereavement).


    E.)  The inspiration of Stephen Levine.

Particularly, three of his books:

            1982 :  Who Dies?

            1984:   Meetings at the Edge

            1987:   Healing Into Life & Death


    F.)  The writing of C. S. Lewis and Leo Tolstoy.

## 3:4:1   CONSIDERATIONS FOR A PRACTICUM IN THE AREA OF BEREAVEMENT

* Grieving is not specifically time limited--unfortunately, a practicum ( because of academic and student constraints ) is time limited.

* That individuals have their own, unique qualities to assist them with coping--I can only facilitate reinforcement of personal ability.

## 3:5   DISCUSSION GROUPS

David Johnson and Frank Johnson (1975) state that, "a discussion group is a group whose purpose is mastering a particular subject." (p. 277).  I would argue that learning in such a group depends to a great extent upon the orientation of the people involved and their specific goals--whether learning is even one of the goals.

In November of 1989, I offered to facilitate a series of evening discussion groups.  These discussions were designed to be open-ended, with

their purpose being to encourage members to think and value their own ideas about loss and grief. These discussions were also designed to encourage individuals to share their ideas with others in the group. I had hoped that this format would lend itself to a kind of self-help expression.

### 3:5:1 NOVEMBER 7, 1989 THE FIRST DISCUSSION

I spent the first part of the evening introducing my wife Debbie to the group. Many of the members in the group had either worked with Debbie ( Debbie is a registered nurse) or knew her because she had cared for her/his spouse during the palliative care stage of the illness. Debbie is a very comfortable hostess, and her natural ability also helped to put many of the persons at ease. Debbie also very kindly assisted with the making of coffee and preparation of pastry.

I am indebted to Deb. for her voluntary assistance with these evenings--her presence alone, very much contributed to the "ambiance" of the evening(s).

I spent the next part of this evening explaining
the objectives of these discussions. I described the
major themes as outlined by the poster announcement.
I mentioned that I would be providing a portion of
didactic information each week with a discussion
period to follow the coffee break.  I readily invited
members of the group to ask questions at any time in
the evening or direct comments to each other.  The
poster advertised the following themes: November 7:
"All Our Losses, All Our Grief"; November 14: "Anger
& Guilt"; and November 21: "Moving On."  I selected
these topics arbitrarily, deciding that I would
introduce the pervasive nature of loss; that I would
describe key emotional elements of anger and guilt;
and, that I would conclude with the theme of re-
investment ( "Moving On" ).

I suggested that the didactic portion of the
evening run from 7:30-8:20 with a coffee break to
follow.  I further suggested that we reconvene for
more informal group discussion following the break.

All three meetings were held in the basement of
the church which I attend.  The rent was reasonable
and I felt that the church basement would present a

comfortable enough atmosphere for our discussion

purposes. I felt that the school might impose a more

formal/educative environment which may inhibit some of

the participants.


I encouraged participants to attend all three

evenings, but quickly acknowledged that some may find

the evenings emotionally draining; I further

acknowledged that individuals were probably at

different time frames of their grief experience.


I informed the group of my vocation and of my

interest in the subject of loss and grief. I also

informed the audience of my current education

interests at the University of Manitoba in the field

of social work. I prefaced my introductory comments

with the following statement: "I have not experienced

separation from my spouse as a result of her death or

as a result of marital separation, but I am most

enthusiastic to learn more about loss and grief...I

can only benefit from our discussions together...It

is my wish that you too will benefit."


I showed the audience a portion of a video about

loss--the speaker was Clayton Barbeau--a counselor in

the United States; I believe, California.  I also
described loss from a number of various social
avenues.

Forty-five persons attended this first evening.
Of the forty-five people attending, 6 were gentlemen.
2 of the 6 gentlemen were widowed.  15 of the women
were widowed.  One of the woman was divorced.  The
remainder were married or had not experienced
marriage.

3:5:1 (continued)  MAIN THEMES IN DISCUSSION

A thirty-five year old woman described the
multiple deaths in her family, including the impact
of her sister's dying.  She related the importance of
her theology to sustain her well-being.

A forty-five year old woman related the recent
death of her teenaged son.  Her husband described the
soothing balm of tears that he had experienced over
the past month.  He also described how caring (well-
meaning) friends and relatives tried to "take his
grief away."

We also spent time talking about the importance
of the funeral—most of the group deemed the funeral
as significant to begin the process of closure
(saying good-bye to the deceased).  During this
particular conversation, one of the
widowed gentlemen reinforced his appreciation for the
funeral.  He described the importance of friends
grieving together with him, and friends also
expressing their condolence and memory of his wife.

Another married gentleman had recently
experienced the death of his father.  He expressed
uncertainty as to the importance of all the ritual at
the funeral.  He wondered out loud whether the
funeral might not be improved or that increased
creativity be sought—he suggested that possibly more
families should be discussing this matter much
earlier in life.

Following the evening, one gentleman stayed
behind to talk with me.  He told me his wife had died
20 months ago. He expressed a desire to speak with me
another time.  In the month of December, 1989, I had
the opportunity to meet with this gentleman at his
place of employment.

3:5:2   NOVEMBER 14, 1989   THE SECOND DISCUSSION

46 individuals attended this evening; 8 were men.   Three of the gentlemen were widowed.   One of the gentleman had married for the second time in the spring of 1989 to a woman previously widowed.

Note:   my father attended this evening.   He told me that he came primarily to hear me speak--I suspect, some of his motivation/curiosity may, too, relate to the fact that his dear brother died in a motor vehicle accident on his way to visit my father in March of 1989.   Dad still very much grieves Albert's death--reflected in dad's dream life.   Dad left at the break, stating that he could not contribute to the conjugally bereaved because his wife is very much alive.   I suggested to him (as he was leaving) that he could very much relate to grief, however.   My father is very much "left-hemispheric" and may not have been comfortable with the fact that following the break, the conversation would become very "right-hemispheric."

This evening's discussion following the break focused a great deal on conjugal bereavement.   Much

of the conversation centered around issues of a
practical nature: giving the clothing away--allegiance
to the spouse, relating to teenage children--
discipline.  Other themes included discussing the
appropriateness of anger and how to direct it.  We
also talked about the injustice/unfairness of death.
We also spent time talking about the emotions and the
cognitions--the balance of keeping these in check.  I
heard both the view of overt catharsis (giving
expression to the grief) and the view that too often
we become stoic (on the outside) with others about our
grief.


Prior to the coffee break, I had read from Earl
Grollman's book entitled, Living When a Loved One has
Died. Some excerpts are included on the following
page:

> "Your anger is neither right
> nor wrong.
>
> It should be recognized,
> not suppressed.
> Angry thoughts and feelings
> help to express frustrations.
> You want to strike out against
> those who caused you suffering.
>
> Resentment is a normal part
> of your grief process.
> As your pain subsides, so
> will your anger."  (p. 31, 1987)

Some words from Grollman regarding guilt:


"If only I had...

  treated the one I loved
  more kindly.


called the doctor sooner.

understood the full extent
of the illness.

taken better care of
him or her.

not lost my temper.

expressed my affection
more frequently." (p.39, Grollman)


"And maybe you were guilty.
 perhaps you said things you
 should not have said.
 Perhaps you neglected to do things
 you should have done.
 But who hasn't?

 What is past is past
 It cannot be changed." (p.41, Grollman)




3:5:3  NOVEMBER 21, 1989   THE THIRD DISCUSSION


During this last evening's discussion, 27

indivduals attended: because of responses from people

several days later, I believe that inclement weather and an evening concert reduced the numbers of people attending today's discussion.   5 members of the audience were men--4 of these men were widowed.

I showed another portion of Clayton Barbeau's video tape; a portion which focused on re-investment of grief energy.   I also provided a basic summary of William Worden's "Tasks of Mourning."   I projected these on the wall as follows:

1.   ACCEPT THE REALITY OF THE LOSS

2.   EXPERIENCE THE PAIN OF GRIEF

3.   ADJUST TO AN ENVIRONMENT WHERE THE DECEASED IS MISSING

4.   WITHDRAW EMOTIONAL ENERGY AND RE-INVEST IT SOMEWHERE ELSE

I further suggested to the group that the bereavement process is complete when the lost attachments have been thoroughly experienced and known and when the way which the deceased was

operational in the life of the bereaved has been in some way replaced by another person or persons function.

I also suggested that mourning is necessary for the restoration of pscyhological healing (equilibrium).

Following the break, we again met in an informal discussion group. I detected a very relaxed audience--possibly, just because there were almost 20 less persons. However, I like to think that a core group of people were becoming more cohesive with each successive evening. I am uncertain as to the precise number of evenings I should have offered. For this particular event, three "feels" fairly comfortable. Another reason that I sensed increased comfort, was that participants were not in the same hurry to leave the church--possibly, this is also related to the "termination" process of this particular group. In the weeks that followed, I heard very positive feedback regarding these evenings. Possibly, I should have dialogued further with this group about extending them--however, I was constrained with my own sense of time limitations. Helen Northern

(1969), in <u>Social Work with Groups</u>, comments that:

"The purposeful nature of social work implies that
from time to time it is necessary to assess the
desirability of continuing service to the members.
The judgment may be that there has been progress
toward the achievement of goals and there is
potential for further improvement, in which case
the service should be continued. Another decision
may be that little, if any, progress has been made;
if this is combined with little potential for
changing the situation, the service should be
discontinued. Still another evaluation may be
that progress toward the achievement of goals
has been sufficient, and the service should be
terminated. Social workers have undoubtedly
anticipated termination from the beginning of
their work with the group and have clarified
with the members its possible duration, so that
the goals and means toward their achievement
have been related to the plans for both
individuals and the group. Nevertheless there
comes a time when the worker and the members
must face the fact of separation from each other
and often, also, the end of the group itself."
(p. 222)

Following, the events of this evening, and as
people were leaving, I had the opportunity to talk
with one of the widowed gentlemen. Note: I had
already also visited with him in his home. Today, I
suggested the idea of several men getting together in
my home to continue discussing the topic of conjugal
bereavement. This particular gentleman agreed with
the idea and asked me to phone him when I planned to
have the first meeting. The next portion of this
report will describe my meetings with widowed

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gentlemen that I held in my home.


## 3:6  SMALL GROUP MEETINGS WITH WIDOWED MEN


Harleigh Trecker (1955) states, "the worker must have both general knowledge about different kinds of groups and special insight into the specific groups with which he is working at a given moment." (p. 75, Social Group Work)


Trecker lists ten points which he considers vital in helping the group worker to understand the psychological impact of groups.  I will summarize his key themes:


1./  The way in which individuals learn and support each other is influenced by the group to which they belong and in which they participate.


2./  The group influences the individual's formation of attitudes and tends to be decisive in the development of norms of response to situations.


3./  Group experience operates to change an individual's level of aspiration and striving.

4./ Group experience operates to modify the individual habits of living, working, and otherwise carrying on life's pursuits.

5./ Group experience has a powerful influence upon the individual's perception of himself and his role in a given situation.

6./ Groups tend to provide psychological support for individuals and help them to express themselves both positively and negatively.

7./ Groups always tend to influence the choices that individuals make when they are in situations where alternatives are presented.

8./ Groups affect an individual's speed, accuracy and productivity in the work situation.

9./ Groups have a strong effect upon an individual's perception of fear and frustration; his recovery from them is hastened because of the security giving function of the group.

10./ Groups tend to place limits on the individual's

drive to power and his need to be controlling.

With counsel from Professor Kuypers indicating that a group would strengthen my practicum, I worked towards inviting men to attend a group in my home. I also hoped to facilitate men talking with each other about their grief experience. I had discovered that men seemed comfortable talking about their grief in the privacy of their own homes. I had further discovered that some of these men were comfortable in talking about their grief in the context of a large heterogeneous group (November 1989, group discussions). In December of 1989 and in January of 1990, I moved towards inviting widowed men to attend a group at my home.

John Harris and John Sullivan (1988) contend that there is probably more chance of a man overcoming inhibitions in a man's group than in his family. Certainly, without exception each gentleman that I spoke with, found it very difficult to speak with his children about the death of his wife; that is, in terms of the emotional and psychic components of his deep loss. However, I was not striving to have men become "emotional"--I was more interested to

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facilitate men talking to each other without the
necessity of maintaining the characteristic bravado
often expected by society.

According to Harris and Sullivan, predominant
literature on men's groups has been written from
experiences of middle class or student consciousness-
raising groups.  Such groups adopt, often, a very
structured format, strictly adhering to a
predetermined subject.  The leader's role in such
groups is to keep the group to its task.

In beginning to think about the kind of group
that I would like to see happen, I became more
concerned about atmosphere, climate, and democracy.
However, because I began to invite men to my home, I
also had to provide a degree of leadership to the
group.  I viewed my main leadership role, though, as
one of providing opportunities for the potential
growth of friendhips in the group.  I also viewed
this group as a potential means by which individuals
could participate in the collective enterprise of
discussing a common theme--the loss and death of
their spouse.  Most importantly, I hoped that these
gentlemen would take some responsibility in self-

discovery within the safety and confidence of the group.

Harold Kaplan and Benjamin Sadock (1971) suggest that groups tend to function best when they are heterogeneous, not only with respect to clinical entity, but also with respect to factors such as sex, age, social status, and cultural background. In reflecting back to the November 1989 discussion groups, held in my church, I believe that women were very instrumental in stimulating discussion--not only that their population was much higher then that of the men, but because I believe (intuitive) that women are socialized to "act socially." Women are also more facilitative (generally) in providing nurturance and warmth, key ingredients to positive group dynamics. For the meeting in my home, I felt very responsible in having to take the lead in providing the nurturing role. I insured the presence of coffee and pastry (I don't bake--again, I thank Deb.), and I attempted to arrange our basement furniture in a way that would be comfortable--eg. plenty of leg room and a comfortable place to put the coffee cup. The literature that describes group "atmosphere" and "climate" always suggests that a cooperative

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atmosphere and a comfortable climate tend to reinforce a constructive and cooperative interaction between members.

I believe that "belonging" is related to people and purpose rather than place and program. I further believe that belonging is a voluntary response freely given. There may be various degrees of belonging and ever present change in the quality of the connectedness. The next portion of the practicum report will describe my small group meetings with widowed men.

### 3:6:1 DECEMBER 18, 1989 FIRST SMALL GROUP MEETING

Five gentlemen attended this first meeting. I had asked each gentlemen, individually to consider attending a meeting to "discuss the loss and grief of your wife." The ages of these five men are: 59, 65, 65, 68, and 69. All five men have had experience in the farming vocation; two are presently still farming. One gentleman is very mechanical and builds his own implements. Another of the gentlemen had farmed a number of years ago, then managed a credit union. Another gentleman is very involved in church

committee work. The 59 year old gentleman is widowed

for 7 months.   The 68 year old gentleman is widowed

for 4 months.   The 69 year old gentleman is widowed

for 4 and 1/2 months.   One of the 65 year old

gentleman is widowed for 4 months.   The other 65 year

old gentleman is widowed for 1 month (I was surprised

to see him attend this first meeting, very soon after

the death of his wife).

Two of these gentlemen have grown up in an

anglo-saxon culture.   They both attend the United

Church.   The other three gentlemen have grown up in a

mennonite culture.   Two of these men attend mennonite

churches, while the third attends the United Church.

The youngest of these five men, is very involved

in the sport of curling.   This gentleman and the 69

year old gentleman are great golf enthusiasts.   Four

of the five gentlemen enjoy reading, while one of the

gentlemen describes himself as an avid reader.   Three

of the gentlemen stated that they are having

difficulty concentrating on what they read.   All of

these individuals relate the stress of their loss as

the reason for their diminished ability to

concentrate.

Two of the men knew each other from previous business dealings and social occasions. The first part of today's meeting was spent in making introductions.

A good deal of today's meeting was also focused around each gentleman talking about his wife's death. Note: this happened very spontaneously. I did not stimulate this theme of conversation. One gentleman described how his wife had died in her bed at home. He expressed pride that he could grant his wife's request of dying at home. He also described how he and homecare worked together in caring for his wife. He further stated that he had no unresolved guilt feelings because he believed that he had done all that he could do for his wife. He admitted, however, that his home feels very quiet and empty.

Two other gentlemen who are very gregarious, expressed their common theme in this way: "You can't stay at home and feel sorry for yourself...you have got to get out there...or else you're going to go nuts." Another way that this was stated, "You've got to do something, anything to make the day move

along." One of these gentlemen had also brought a copy of Robert Veninga's book, A Gift of Hope, to the meeting. He told us that a recently widowed woman had encouraged him to read Veninga's book. He further shared that this particular woman is being very strong--he continued to say that she must have much private pain. This particular gentleman became an important person in the group because of his desire and ability to facilitate the group. At times, though, I surmised that he deflected his own emotion by being the social facilitator of others in the group. I remember him sharing much of his personal anguish in the privacy of his own home approximately one month prior to today's meeting.

The conversation also moved in the direction of future relationships with women. Three of the gentlemen were seemingly very comfortable talking about this theme. One of the other two gentlemen appeared markedly uncomfortable with this discussion--this gentleman's wife had died one month ago. There was consensus in the group that one should not hurriedly move into a new relationship. There was further consensus that one should work through the grief on an individual time line. All of

the men agreed that a time line should not be placed
on grieving.  They believed that important dates and
anniversaries will be difficult to experience the
first time without their spouse.  The gentleman whose
wife had died 7 months ago, told the group that he
was now comfortable with having dinner with a woman.
Several of his male friends jokingly chided him about
this or asked him, "when's the wedding."  He stated
the realization that his friends were only joking and
he was able to tolerate their comments.

Another individual in the group spoke of
"several" women calling him and asking him of his
interest about spending the evening together.  He
expressed concern of his "conservative" community
acting as moral adjudicators of his social actions.  I
expressed my observations of how society often
imposes values which are counter productive to
appropriate socialization.  It is this same society
which reinforces myths and stereotyes of the widowed
person: both of the widow and the widower.  One of my
main questions during today's meeting was that of
asking how we can alter societal attitudes directed
to those who are widowed.  This became a theme for
further dialogue in the meetings which followed.

Five men attended this meeting.  Note: 4 of the

5 men were the same men who had attended in December.

The new "member" was widowed in September of 1989. He

is 71 years of age.  He is a retired farmer.  The

gentleman who attended in December, but not today,

had travelled with a group of men in plans of

building an office structure for a mission in

Florida.  Of possible note, is that this same man

seemed the most uncomfortable with some of the

subject matter during the first meeting in December.

He did tell me however, that he had been planning

this trip for a time.  I asked him if I could make

contact with him upon his return from Florida--he was

receptive to my invitation.  I wished him a good

trip.

Today's new member knew two of the other

gentlemen in the group.  He shared common social

interests: curling and golf.  He is of mennonite

background and attends a mennonite church.  However,

he has been very involved in municipal politics and

has grown up with the anglo-saxon community.  He

seems to have a profound number of friends. He states having a chronic heart problem--sustained a heart attack at the age of 56.

I suggested to the group that I show a video about loss and grief. I showed Clayton Barbeau's video on Loss. The video is almost one hour long. Following the video, I offered refreshments, and the conversation that followed related to the video, to the theme of travel, and to the theme of my practicum--one gentleman asked me, "Robert, so what are you finding out about us." I spoke with him directly, while I noticed several men involved in another conversation. The simultaneous conversations did not appear to present any awkwardness for any one individual.

One of the men is planning to travel to Phoenix with his "fifth wheeler" and he told the group that this would be his last time in attendance. The group became most interested in hearing about his itinerary. He related to the group that he had purchased a brand new truck and plans to travel the same route that he has traveled several times together with his wife. He went on to say that he

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would rather have someone travel together with him, but that he had not taken time to seek for a compatible partner. He readily admitted that this journey may have several difficult moments as he reflects on the past trips with his wife. He suggested that he may have to pull the trailor to the side of the road occasionally. I could sense his trepidation and some ambivalence of making this trip. In my individual conversations with this man, he related a good deal of his feeling and thoughts about this trip. He feels it is something he must do. He likens it to somewhat of a "test." He feels that when he arrives in Phoenix, old acquaintances will be available to offer him support. I listened without providing an opinion of the merits of making this trip. I encouraged the possible option of keeping a travel log. I further suggested that this log may help in connecting thoughts and feelings. I further encouraged him to write me if he is so inclined, to give me a summary of how the travel worked out.

I noticed that the "new" member appeared to connect with a gentleman in the group who is very reflective--the same gentleman who describes himself as an avid reader. I sensed that these two gentlemen

shared engineering ideas as pertinent to the farming
community. Even though both of these gentlemen were
retired from the farming community, they both very
much followed the current practice and trends of
farming. This new member also has a further
investment in farming--literally. He has sold his
farm to one of his son's. Unfortunately, his son may
lose the farm with the result that this gentleman may
have to leave the property where he spent the
majority of his married life. Again, these are
issues which I discussed with this gentleman in his
own home.

I informed the group that I was offering further
meetings in my home on January 15th and January 22nd
at 2:00 p.m..

## 3:6:3 JANUARY 15, 1990    THE THIRD MEETING

Two men attended today's meeting. As mentioned
above, one gentleman had traveled south. Another
gentleman phoned me two hours prior to the meeting
informing me of feeling ill. I wished him well, and
reminded him of another meeting on January 22.

Of the two gentlemen who attended today, one was
attending his third time, the other attended the
first time the previous week.   I felt most relaxed
about the "numbers" and discovered that these two
individuals appeared very relaxed with each other.
Note: when one of the two gentlemen left to attend to
farming duties, the other stayed for an additional 45
minutes.   He expressed his comfort with today's
meeting.

I mentioned to the men that I had received a new
video on grief by Clayton Barbeau.   Because they
expressed interest in seeing the video, I showed it.
I particularly appreciate this video because it is
only 25 minutes in length and Barbeau is speaking
more directly about conjugal bereavement.   When the
tape had ended, both men stated that they enjoyed the
tape.

The conversation moved in the direction of
coping skills.   Themes related to: dealing with the
loneliness, taking care of domestic duties, relating
to adult children, and the social life.

These two men were "bonded" by their mennonite

heritage. One gentleman related the importance of his

trust and confidence in God. The other, very frankly,

admitted his sporadic church attendance, but too,

found strength in private prayer and meditation. I was

a bit surprised by this gentleman's

forthrightness--it is this same man who often speaks

quite loudly in the group and draws a fair amount of

attention to himself with his bravado. However, I

believe his comments were made with a good deal of

sincerity. In any case, I do not want to become

analytical about this man's values or sincerity. I

continue to be more concerned about how he copes and

how he shares his coping with the "other" in the

group.


This same gentleman (above) related his

discomfort with his relationship to his son. He went

on to say that he and his son rarely talk--they live

about 1/2 kilometre from each other. He feels that

he has always been very generous, monetarily, with

his son. However, he does admit having expectations

of his son working as hard as he did. He went on to

say that his son now comments, "You were too hard on

me." He further related another comment his son

makes, "You're feeling sorry for yourself."

He has encouraged me to talk to his son--
however, I believe that the talk, here, should happen
between father and son.  After this gentleman had
shared this with us, the other gentleman expressed
gratitude at positive familial relationships, but he
went on to describe the potential of losing the farm
property--the trees that he and his wife had
planted--the family home--because of his son's
potential bankruptcy.  Note: I am concerned that this
may prove to be a most devastating reality for this
man.  It would be coming on the heals of his wife's
death.  It would symbolize so much of what his wife
and he had worked for.  His 10 children may not be
able to adequately support him when and if this loss
happens.  Note:  I have a tradition of worrying too
much!  In reflection about these possible forthcoming
events, I am reminded of something I memorized in
high school: "Yon Cassius has a lean and hungry look,
he thinks too much, such men are dangerous."  (
cannot remember the exact source ). From a
preventative medicine point of view, I do worry about
this gentleman.  I expect to maintain contact with
him--I do not expect to own his problem.

I invited both gentlemen to the final group
meeting on January 22, 1990.    I emphasized again that
the meeting would begin at 2:00 p.m..


### 3:6:4  JANUARY 22, 1990    THE FOURTH (FINAL) MEETING


Three gentlemen attended today's meeting.   A
fourth gentleman continued to be ill; I phoned him at
his home--he had intentions of coming today, but
still has symptoms of a virus. I continued to wish
him well and indicated my interest to see him
sometime soon.


Of the three men who attended today, two were
attending their third time and one gentleman was
attending his fourth meeting.   ( Interestingly, this
gentleman, towards the end of today's meeting,
commented, "where do we go from here?")


Today's focus for discussion became a
questionnaire that I had assembled.   The
questionnaire is appended, APPENDIX F.
All the questions were based on conversational themes
that we had discussed in the group format or in our

individual conversations.

Note: one gentleman completed most of the questionnaire and left it with me. This man plans to take a bus tour in February and felt that he would like to complete it today. The other two gentlemen took the questionnaire with them. One of these gentleman, appears to have a very difficulty time reading and writing. I suspect, he may have been somewhat embarrassed with the questionnaire—more as a result of being "somewhat" illiterate. I am uncertain about the degree of his illiteracy; just that he commented, "I'll take this home with me, where I will have more time to look at it—anyway, I have a hard time spelling—you know things like `cat' and `rat'."

A good deal of the time today centred around discussion of questions: 22-25. One gentleman (very cognitively inclined) stated, "I think I would have to develop some kind of criteria to assess my desire for dating and decision making about further dates."..."I am not saying that I am ready for inviting women out for supper...however, because I am single, I certainly am eligible to do so." To this

statement, another gentleman commented, "You don't have to worry about all that criteria stuff, just get to know the person." ( This series of comments vividly demonstrated the "tension" with decision making, often present for the widowed individual). Here, one gentleman wishes to be very careful and cautious, while the other is apparently more daring and relies somewhat more on fate. I did not interrupt the conversation, as much as to suggest that decision making, like grief itself, is an individually unique opportunity. I recall the "logical" gentleman offering the following as he left my home today, (this comment directed to the other verbal gentleman in the group), "I did not mean to be critical of you...I am thinking alot about this." I suspect this gentlemen is thinking a great deal about this, particularly, as he plans to take a familiar bus tour--he has already told me that there will be "widows" on the bus, and he feels ambivalence about the degree of socialization he wants to have with them. Note: most of the people on this tour are known to him--this is a tour he has taken before, together with his wife.

The other large part of this afternoon's meeting

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was used to talk about the themes of comment number 31: "I believe that more public discussion should occur regarding death and dying." All of these gentlemen expressed interest in giving direction to a retreat idea (for single persons: widowed/divorced) or a community education/discussion series. However, they all suggested that I assist with the facilitation of the same.

One gentleman asked me, "Why do we have to evaluate you Robert?" I responded with the following comment, "In order for me to be able to offer support to others who are hurting, I am concerned about being better able to know how...I think you gentlemen can help me with that." This same gentleman commented, "I hope there will be other young men who will be willing to talk about these painful issues in the way that you are." Another gentleman wrote on his paper, in response to number 48. ( "I have felt support from Robert, because:"), "He seeks to find ways and means to help those who have experienced loss and need help."

All three gentlemen were receptive to further conversations with myself. I mentioned a particular interest in talking with them following a year of

their wife's death. They too, expressed interest in knowing how they "will be" after one year's time. I also invited their phone calls at any time in the next months.

## 3:6:5  SMALL GROUP SUMMARY AND EVALUATION

Note: I always visualized this group as being a discussion group, with the possible goal of facilitating self-help among its' members. At no time, did I wish to provide "therapy" for or to these men. In December, I thought of having 4 meetings. I became aware that many of these gentlemen had plans to travel south (United States) for the month of February and in some cases for a longer time. I also had intentions of returning to work on full-time basis--I had been on part-time education leave since April of 1989. And quite, frankly, in projecting the amount of work I had already done on this practicum and the work still required, I became concerned about my own physical and emotional welfare. The next portion of this report will ask a series of evaluative questions concerning this small group. I have then included brief answers to these same questions.

## 3:6:6 WHAT HAS BEEN HAPPENING TO INDIVIDUALS IN THE SMALL GROUP?

The gentleman who provided considerable leadership to the first two group meetings, became ill and could not, as a result, attend the last two meetings. I do not doubt that he became ill. However, I wonder if he decided not to attend the last two meetings in order to "allow" others to "shine." This comment is based strictly on reflection and intuition. Certainly, this gentleman was important in drawing other men into conversation. Note: this gentleman had also consistently attended the meetings in November of 1989. He had been very instrumental in stimulating conversation during these meetings as well.

Another gentleman attended only one group meeting. This is the man whose wife died approximately one month prior to attending this first group. This is also the gentleman who went on a "work-holiday" to Florida. Note: I phoned him on the morning of January 22nd, inviting him to the last group meeting. He told me that he had plans to attend a friend's funeral. I wished him well, and

inquired about the possibility of visiting him sometime. He agreed to the same--possibly, with a verbal tone of reluctance.

Another gentleman had intentions of only attending one group meeting--he had been scheduled to have surgery. However, because his surgery was rescheduled, he was able to attend 3 meetings. This gentleman provided a very comfortable, nurturing attribute to the group. He would sooner placate then become provocative. I am not implying a negative quality by the use of the word placate. He was a very sensitive listener and very (apparently) tolerant of the "other." This is the gentleman who stayed back for further dialogue with me, when others had left my home. This gentleman expressed particular gratitude to his children (has 10 children) for supporting him.

Another gentleman (left for Texas after the second meeting), expressed the opinion, "I did all I could for my wife." His direct explanations were refreshing and I believe wholesome for other group members who, possibly, felt uncomfortable discussing their loss within this group. He also described some

of his plans for the future. All the while, he was not "loud" with his comments, but with gentleness and healthy self-confidence, he expressed his views. (I recall the gentleman who came one time commenting, "I really appreciated Mr. P's comments...he also seems like a friendly chap.")

Another gentleman, who I already described as "cognitive", was initially very quiet, but attentive. I was surprised by his increased verbal participation during the last meeting. He became very animated and very much stimulated the discussion during today's meeting. I surmised that he had given considerable thought to previous meetings, and today, being our last, he would share his reflections. I am appreciative to him for doing so.

The final gentleman, is also the gentleman who I have some concerns about. This is the man who I earlier described as having conflicts with his son. This gentleman also has been fairly boisterous in the first three meetings--during the last meeting, I detected a more sullen spirit. This may be related to the questionnaire which required some reading and writing ability--an ability which may pose a problem

for this man. However, I believe that it may also relate to the fact that the group is terminating, and he may continue "needing" more. He has wanted affirmation from the group, when he has described the numerous women who have phoned him. During the last meeting, he told us that he had dined with a woman the past evening. He commented, "I wasn't going to tell you fellows this, but I took a woman out for supper last night." ..."It was just for one night...it won't happen again...I've eliminated her." Another gentleman, suggested that the woman may have some feelings about the evening...he suggested, and I agreed, that the evening may have meant something to her. The gentleman commented, "I'm not attracted to her...I met her in the afternoon...she asked me in jest if I would take her out...so I did." The other gentleman in the group commented, "There is nothing wrong with going out with a woman." Note: I feel and think that this gentleman (who went out for dinner) is in profound need of nurturing...he received all of his nurturing from his wife. He is trying very hard to be sociable with many persons, (certainly, many people know him) but he seems to be in need of more then just "community." I hope that he and his son will come to some "healing." Again, I have no

intentions of voicing all of these private
suppositions. I will continue to listen to the
community about how this gentleman progresses in his
grief.

## 3:6:7 HOW HAS THE GROUP CHANGED IN PURPOSE AND MEMBERSHIP?

The group had: 5 persons attending the first
meeting, 5 persons attending the second meeting,
2 persons attending the third meeting, and 3 persons
attending the final meeting.

NB. Only one individual attended all four times.

The scope of the group, I believe, always
maintained a discussion type of orientation. It did
not have the characteristic of encounter--free
wheeling, with no agenda. My agenda was never firm,
but the men appeared to expect a degree of
leadership--basically, to stimulate the conversation
with some material.

### 3:6:8 HOW DO MEMBERS RELATE TO EACH OTHER?

During the last two meetings, I have noticed an increased comfort with sharing their opinions. Possibly, this has happened as a result of increased cohesion--ethnic similarity--the past two groups were made up of men from mennonite background and similar religious affiliation.

### 3:6:9 HOW IS THE GROUP GOVERNED?

I have always "thrown out" information--I did not assume the postion of "expert." We had no formal system of control embodied in a "set of rules." Because I had invited men to my home, they had an apparent expectation that I would give some direction.

### 3:6:10 WHAT HAS HAPPENED TO ESPRIT DE CORPS?

I suppose that ideally, each individual should have agreed to attend each meeting. However, I always reminded the men, that they were not obliged to attend. They were not coming to the group for

me--they were coming for themselves.  Many good

discussions ensued with each meeting, inspite of the

varied numbers of men attending.  Without exception,

I heard and saw men encouraging each other--this

occurred at every meeting. The literature may suggest

ideal numbers for group interaction. I witnessed many

combinations of men attending, and various numbers of

attendance--I would caution helpers when facilitating

groups for widows and widowers, not to become too

obsessed with mere numbers, and necessarily, regular

attendance.  Of course, this depends very much on the

agenda of both the group members and the respective

facilitator.


## 3:6:11  DOMINANT VALUES


The Winnipeg Free Press has on occasion referred

to the combined border communities as the "Bible

Belt."  Perhaps, this name has evolved because many

persons living in this geographical area do place

high value on church life.  Possibly, at other times,

people in this area have been overtly judgmental of

others who do not subscribe to their value system.

At other times, the mennonite culture has been

criticized for being closed or self-righteous.

I provided the above statements, only to say
that the members of the small group, have all had
exposure to some or all of these sentiments.   I
contend that this small group was heterogeneous in
that the gentlemen all had unique religious and moral
values.   All gentlemen were willing to consider a
future where they may invite a woman out for dinner--
the exception was the most recently bereaved
gentleman--and this may relate more to the recent
death of his wife then to any particular value base.
Without exception, each gentleman found consolation
in praying to God.   A couple of the gentlemen readily
admitted that they did not attend church regularly,
and were uncertain as to whether or not this would
change.   These same gentlemen acknowledged that their
wives' had been very involved in church committees.
They also stated that it had been their wives who had
assumed responsibility for their children attending
Sunday school.   These same men expressed overt
gratitude to their wives for having done so.

All of the men who attended either one time, or
all four times, are all proud of their independence
and their heritage which encouraged them to "work

hard." These men were encouraged to suppress pain, to not complain, and to look forward to a new day. These men spent considerable time with their fathers during their formative years. There may not have necessarily been a great deal of verbal communication between father and son, but the son always knew what was expected of him. Father was strict, but could be made malleable if the son had a strong, convincing argument. These sons grew up believing in themselves and believing in their future. They saw themselves in control of their own destiny. They married women who, too, were independent in their own right--that is, they would look after the home front, while men took care of business away from home. These were women who implicitly trusted their husbands' judgment and family honor. These same women had no reason to believe that their husbands' were unfaithful--there was no time--everybody was working in order to survive and raise a family. These are the men who attended group meetings at my home.

## CHAPTER 4 PRACTICUM REPORT

## 4:0 LOSS IN ADULT LIFE: THE DEATH OF A SPOUSE

## 4:1 HOW SUPPORTIVE ARE ADULT CHILDREN?

Raphael (1983) states that inside the immediate family, there may be different patterns and levels of grief. When the husband is in the acute crisis, the children may be showing little response, perhaps as a result of their own shock. Possibly, later (Raphael contends) when parental grief is diminishing, the child's disturbed behavior may indicate that his grief and mourning are <u>now</u>. It is possible then, that these variations in grieving may lead to misunderstanding and resentment, because the other does not seem to appreciate either the bereaved's grief or how serious the situation seems.

In one of my situations particularly, the deceased wife always acted as a mediator between her husband and her son. Following her death, this gentleman's son stopped talking to his father. This situation is filled with unfinished conflict between husband and son, but also husband and son are

somewhat paralyzed with the uncertainty as to how to speak with each other about their mutual grief.

Another gentleman stated that he found it very painful when his children came for a visit--it is then that he feels the full impact of his wife's death--however, he cannot get himself to share the memory of his wife with his children. He fears "everyone" becoming too emotional. I suspect he fears most, that he will become "emotional" and is concerned about the awkwardness, he feels will be created.

Several other gentlemen related that their children spoke primarily to their mother (regarding sensitive issues). In many cases, these gentlemen were often absent: in their employment or involved in municipal politics. All gentlemen felt a need not to cry in front of their children--they did agree, however, that tears have an important function--they often cried when they were alone.

I would have thought that adult children should provide the greatest level of support. Certainly, most men comment, "my children are very good." They

were usually referring to their childrens' visits and invitations to meals (pragmatic helpfullness, rather then emotional, nurturing forms of support). Often, though, it seemed that the sharing of grief in the family was either denied or relegated outside the bounds of the parent/adult child relationship. Certainly, men talked about their wives with their children. They could not, however, fully express their affective tone of grief together. In fact, they stated a simple ease talking with an "outsider"--myself.

## 4:2   CONFIDANTE

Most of the gentlemen I spoke with had very good friends. Few of these men had confidantes ("confidential friend") to whom they could confide inner most feelings without being judged in a certain kind way. Some of these same men had various single (divorced or widowed) women phone them. These women often described their painful memories.

A few of the men, felt comfortable confiding in their male and female siblings. However, a number of the widowed men also expressed discomfort about

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sharing with their married sibling; the gentlemen
would state (about their sibling), "they do not
really understand." One gentleman, enjoyed sharing
with his single sisters. He stated, "they want to
mother me--I don't mind." I remember appreciating
his honesty about his description of his inner most
feelings.

I recall having a lengthy conversation with a
gentleman regarding the theme of having a confidante.
He asked for an elaboration of the term--I reinforced
the importance of having an individual to confide in;
someone, he could call day or night. He quickly
agreed that he was in want of such an individual. He
stated that his wife had always been his primary
confidante. He further said that he relished the
idea of having a confidante.

4:3  LONELINESS

Raphael (1983) states that loneliness can be the
source of great emotional distress and despair for
the widowed individual. Raphael argues that children
do not usually help diminish the grieving person's
sense of loneliness. Nor do necessarily the

widower's friends.

In my view (as noted in my discussions with men)
premature suggestions about remarriage are perceived
as unhelpful and may interfere with the resolution of
his bereavement. His loneliness may drive him to
unsatisfactory liaisons, further diminishing his
self-esteem and diminishing his view of himself as a
potential partner. However, I did see a social
urgency for men to date and consider new
relationships. During my practicum, 3 gentlemen got
married. I believe that 2 of these men began dating
before the first year anniversary date of their first
wife's death. One gentleman married a divorced
woman, risking harsh community censorship from the
mennonite church.

Most of the men that I spoke with, expressed
profound desire for companionship. A few, also
expressed a desire for a sexual relationship. There
is a dearth in the literature about the "normal"
sexual response patterns of widows or widowers
following their partner's death. Raphael's studies
suggest that sexual patterns are varied and
individual (1983). Loyalty to the dead spouse, may

also inhibit the reestablishment of such relationship
(Glick, Weiss, and Parkes, 1974).

The widower readily admitted to me that he is in
need of nurturance and contact. However, too often,
society states that these are only available through
sexual liaison, so that when relationships occur they
may be more dominated by this need than by sexuality.
Segal (1963) suggests that sometimes impulsive sexual
acting out; or promiscuity, may be the way in which
such needs appear.

## 4:4A   DOES DEATH REALLY DECREASE THE
### MEANINGFULNESS OF LIFE?

This theme became highly focused during group
meetings held at my home in December, 1989 and
January, 1990.   Viktor Frankl ( 1973, The Doctor and
the Soul ), suggests that immortal beings could
postpone every action forever.  He states that every
act might just as well be done tomorrow or the day
after or a year from now or ten years hence.  In the
face of death, however, as absolute finis to our
future and boundary to our possibilities, we are

presented with the imperative of utilizing our lifetimes to the utmost.

In meeting with widowed men in my home, I hoped to facilitate their dialogue with each other. The intent was for them to make sense of their existence, their grief experience together with another who truly understood their pain.

According to Frankl, in the beginning of one's birth, life is still all substance and unconsumed. He contends that life loses more and more substance, as it unfolds--life is more and more converted into function, so that at the end it consists largely of what acts, experiences, and sufferings have been gone through by the person who has lived.

I agree with Frankl that man's position in life is like that of a student at a final examination; it is less important that the work be completed than that its quality be high. The student must be prepared for the bell to ring signaling that the time at his disposal is ended, and in life we must be ready all the time to be "called away."

I was often concerned, in hearing the men talk, that they too quickly "moved on" in their grief. Even though I realize the theoretical importance of re-investing their grief energy, I could not but often feel that some of these men were too quick in moving on without continuing to wrestle (painfully) with the meaning of their wives' death.  However, I agree with Frankl that an individual's destiny belongs to him.  Man is free, but he is not floating freely in airless space.  He is always surrounded by controlling boundaries; being human is being responsible because it is being free.  The gentleman who sits with me in my basement "is" during the next second, what he will say to me or conceal from me. There is a multitude of different possibilities in his being, of which he actualizes only a single one and in so doing determines his existence as such.

It is my belief that the past should serve as fruitful material for shaping a "better" future; the mistakes of the past should have "taught a lesson." It is always "high time" we learned whatever is to be learned.  However, I cannot and will not tell widowed men what is good for them.  They must learn that for themselves.  I felt very much like a hockey fan

watching the entire game but catching myself in
wanting to provide critical analysis to the game. I
agree with Frankl that all worth while behavior of a
man is ultimately nothing more than socially correct
behavior.

Frankl states that "love is living the
experience of another person in all his uniqueness
and singularity." (p.132, 1973). Love increases
receptivity to the fullness of values. One gentleman
stated that his "rudder" was gone. He asked, "from
whom shall I receive my direction?" Several of the
other men described their spouse as unique,
irreplaceable, incomparable--one gentleman commented,
"she was the greatest." As a unique person, the
widower's wife can never be replaced by any double,
no matter how perfect a duplicate. Certainly, the
widower who is merely infatuated ( "foolish and
extravagent passion") could probably find a double
satisfactory for his purposes--that is, expression of
passion. This widower's feelings are concerned
primarily with the temperament the partner "has", not
with the spiritual person that the partner "is." I
suggest that the physical state passes, the
psychological state is impermanent and sexual

excitement is temporary. Love as a spiritual

relationship to the other person's being, as the

beholding of another peculiar essence, is exempt from

the transitoriness which marks the temporary states

of physical sexuality or psychological eroticism.

Part of my discomfort when hearing the widowed men

talk, is they may not have taken enough time to see

and feel what has all been lost--that is, the essence

of "spiritual" love. Some of the men, on the other

hand have told me that love is "stronger" than death.

They have told me that their beloved may die, but her

essence cannot be touched by death. Possibly, the

"shallow" individual sees only the partner's surface

and does not grasp the depths; the "deeper" person

sees the surface itself as an expression of the

depths, not as an essential and decisive expression,

but as a significant one. My concern for some of the

gentlemen in the group, is that during this time of

vulnerability ( void-no partner-grief-loneliness ),

they may deceive themselves by mere infatuation.

Because infatuation is a fleeting "emotional state",

it must be considered virtually a contra-indication

for marriage.


My discomfort is quickly qualified as that of an

observer to a profound life transition.   I quickly

remind myself that I do not wish to impose my values

on a population of persons who have experienced a

life event which I can only read about and pay

attention to as I hear the grief story.


About 75% of the gentlemen I spoke with,

wrestled with what God had "in mind" in "taking"

their wife.   In listening to their explanations, I

realized that I could not respond, at times, with

words that I felt were meaningful.   Rather, during

these occasions of "wrestling", I was careful to say

_less_ instead of saying _more_.   I did, however, come

across some literature during these days which has

provided increased utility for me, when meeting

further with these widowed men.


Jeffrey Watson (1986) states that religious

cultures and scientific philosophies have each probed

the question of higher meaning in life.   Watson

offers a continuum of "truth." This continnum spans

two major epistemologies.   The first epistemology is

the Secular/Scientific Worldview; the second is the

Sacred/Religious Worldview.

## 4:4B  ASSESSING "HIGHER" MEANING IN SUFFERING


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Secular/                                 Sacred/
Scientific-------------------------Religious
Worldview                                Worldview
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Watson argues that both sufferers and people-helpers interpret the world from a point on the above continuum.  Each person views the world through lenses ground by the respective worldviews to which they have become attuned.


In order to get a sense of one's location on the continuum, a few contrasts and comparisons need to be drawn.


The Secular/Scientific Worldview tends to be modern, Western, and physics-based, while the Sacred/Religious Worldview tends to be ancient, Eastern and metaphysics-based.

Whereas the Secular/Scientific Worldview assumes the cosmos to be autonomous from supernatural forces, the Sacred/Religious Worldview assumes that the cosmos depends wholly on the supernatural realm.

Whereas the Secular/Scientific Worldview describes existence on an evolutionary model (survival of the fittest vs extinction of the maladaptive), the Sacred/Religious Worldview describes it on a creationist model (divine salvation vs divine calamity).

I argue that one can become closed to broader aspects of reality if one is living by either epistemological extreme. The closed seularist/scientist may totally reject the possibility of afterlife, mystical communication, prophetic revelation, and spontaneous nonmedical intervention. The closed religionist/ritualist may totally reject the possibility of organic etiologies for illness and death or humanitarian ethics (against religiously motivated warfare and self-destruction).

An important implication for people-helpers may be that they are unable to interact profitably with others who do not share their worldview. Because people-helpers, and sufferers exist at every point of the continuum, tolerance and openness are needed for profitable interaction among the varying perspectives. Certainly, this is a "pure" social

work value.

Can people-helpers choose a closed and rigid worldview of life without harming the people they hope to help?  Can people be viewed as people at either extreme on this continuum?  I believe that the answer to both questions is, UNLIKELY.

I argue that any closed/rigid epistemology that denies others their human worth and the freedom to live, believe, and suffer as they choose, ceases to be "therapeutic."  I strive not to use the word therapeutic when it implies a disparity in a helper-helpee relationship;  in it's current usage, I am addressing the human interaction of persons which is egalitarian and free of prejudice--that is, subjective opinions of personl bias.  I contend that a relationship is therapeutic, when both individuals in the relationship benefit from it.  (Further in this paper, I will expand this theme as I look to Martin Buber's work of: "I-It" and "I-Thou").

Jeffrey Watson (1986) proposes four generic meanings for suffering: CORRECTION, AFFIRMATION, ALTRUISM, AND NATURALISM. These generic meanings

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focus on the long-term effects of suffering. Some
long-term effects are viewing God as the direct
savior-mediator of life (especially, correction, and
affirmation). Others view God as the indirect
creator-nature of life (especially, altruism, and
naturalism). The former pair focuses on "me" (the
individual sufferer), whereas the latter focuses on
"we" (the total human race as sufferers).

Watson suggests that these archetypes lend
themselves to a Religion/science Worldview
(correction, affirmation) or to a Scientific/religion
Worldview ( altruism, naturalism).

As example, these archetypes are found in the
dialogues of Job's (Old Testament) suffering:

1. CORRECTION: Job's friends tell him that his
suffering has come to punish or correct his wrong-
doing or wrong-being (Job 4:7).

2. NATURALISM: At the beginning, Job interprets his
suffering as a part of the normal destiny for all
persons (Job 5:7).

3.  **AFFIRMATION**: In the end Job grows in faith and humility, recognizing that God is not accountable to give every sufferer an explanation of his suffering (Job 42: 1-6; 38: 3).

4.  **ALTRUISM**: Job is used by God to teach a special moral lesson to Satan, Job's friends, and Job's wife (Job 1: 8-12; 42: 7-10).

I contend that the broad sacred and secular epistemologies that are most mutually exclusive, tend also to be most rigid and closed. Their interpretations of suffering are the least helpful and potentially most damaging when thought of as being encouraging to the suffering person.

Moderate and potentially holistic worldviews permit the expression of four generic archetypes to suffering: CORRECTION, NATURALISM, AFFIRMATION, AND ALTRUISM. I suggest that these are potential themes of meaning that people-helpers frequently hear, manage, modify and generate. At least 75% of the gentlemen I met with, attempted to make sense of their loss through finding meaning in a combination

of these four archetypes.

However, I agree with Watson in recognizing two
limitations on the use of archetypes in caring for
suffering people. Firstly, there is the logical
invalidity of saying that one's chosen higher meaning
in suffering was the cause of their suffering. I
suggest that no one can know the mind of God
concerning a specific incident (therefore divine
intention) unless the particular individual has
witnessed a persuasive revelation of meaning.
Secondly, there may be an over simplification of the
counseling goal. The goal is not merely to get
sufferers to grasp at an optional higher meaning of
their experience. If the counselor (people-helper,
friend) is leading them to do this and then
disengages from the counseling role, he/she may do
more harm than good. I believe that my goal is to
assist people in pain, with their individual quests
(as something to work towards) for higher
meaning in suffering--not to demand or expect that
they will conform to a specific archetype or
religious doctrine. I trust that this attitude
(value position) was honored during my interaction
with grieving gentlemen.

## 4:5  INTEGRATING THE SECULAR--SACRED EPISTEMOLOGY

I will conclude this discussion with what I
think are fairly clear possibilities of how the
latter ideas may be put into practice:

1. **BE A COMPANION TO SUFFERERS**
   * identify with the pain of their losses
   * explore the circumstances and extent of their
     losses
   * attend any early gropings for meaning in their
     losses

2. **LISTEN FOR STATEMENTS OF MEANING FROM SUFFERERS**
   * don't push the issue of higher meaning on
     someone who is suffering
   * allow the person's natural curiosity, instincts,
     and energy to surface the issue of higher
     meaning
   * don't prematurely criticize or applaud any early
     meaning statements

3. **VALUE ANY SELF-DISCLOSURE ON MEANING A SUFFERER OFFERS**

   * see each meaning statement as a self-statement
     (what does this tell me about the sufferer's
     view of himself?)

   * see each meaning statement as an other-statement
     (what does this tell me about the sufferer's
     view of the world, of God, of his family, of
     his people-helpers?)

4. **INVITE SUFFERERS' INTERPRETATION OF THEIR OWN EXPERIENCE**

   * solicit perceived parallels to other experiences
     and themes in their own lives or in the lives of
     others

   * give guidance to an unstructured "seeker"
     (casually discuss the archetypes of meaning)

   * support a sufferer who is exploring healthy
     options for meaning (use theological or
     psychological material to facilitate
     exploration).

5. **VALIDATE SUFFERERS' INTERPRETATION OF THEIR OWN EXPERIENCE**

   * clarify and restate the meaning option that has

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been discussed

* seek further definitions by the sufferer--
  explore the implications to self and other
* offer alternatives for reframing the meaning
  (when the existing framework seems destructive
  or unsynchronized with the larger life message)
* test the strength of the epistemology (does it
  permit further growth and development in the
  future?)
* identify supportive resources and hope for the
  sufferer to extend his identity and meaning in
  the future

The essential **ingredient** in all of this, is the
supportive reflective dialogue between the gentleman
and myself.

Many of these thoughts described above were
stimulated with the vehicle of journal writing.
During the entire practicum, I made notes in a
binder: of my contacts, my impressions, my
strategies. The next portion of the practicum
describes some of my self-monitoring.

## 4:6 THE JOURNAL

Ira Progoff (1975) states that, "life involvements that are subjective to the individual but are spontaneously shared by many others are a major bond of connection in modern society." (p.255, At a Journal Workshop). These life involvements draw together people who would not otherwise be linked by blood ties or cultural background but who have common values and interests.

Throughout my practicum experience, I engaged in keeping a journal--making brief notes about my many various contacts and informally charting the practicum process.

The following comments reflect an amalgam of practice and reading which were stirred during the writing of my journal entries.

I liken my practicum experience to the student who comes to see the Zen master and asks him to teach him Zen. The Zen master begins to pour tea into the student's cup. When the tea begins to spill over the top, the student comments, "stop pouring, the tea is

running over."  The Zen master comments, "to learn

Zen, you must first empty yourself before you can be

filled with the teachings of Zen."  (paraphrased,

from Out of Solitude, Henri Nouwen)


     In a similar way, I came to visit these

gentlemen; having read much about loss and grief.  I

came with theories, notions, certain expectations.

Possibly, I came with the fantasy that I might

"therapize" my "client."  However, when I entered the

home and world of the widower, I was face to face

with a brand new reality--a reality which no author

could adequately describe.  I was cast into the world

of dis-ease; of despair, depression, anger, and self-

castigation.  But when I began to enter in with the

widower, instead of therapizing my way out of it--

analyzing, analyzing, analyzing--I began to

investigate it.  I also got so much closer to myself.

I agree with Stephen Levine (1987), that healing is

what happens when we come to our "edge."  Confronting

our edge, becomes an invitation to explore the

unexplored territory of mind and body, and possibly

to take a step beyond into the unknown, the space in

which all growth occurs.

One evening, while making notes in my journal, I
was reminded of a good friend Erna, who had died just
over a year ago of Hodgkin's Cancer.  Six months
before Erna died, she related the following story: (
Erna was living with her parents).  "I awoke during
the night and noted that I was very thirsty.  I
walked to the kitchen, to the tap and drank a glass
of water--I noticed the bright moon shining into our
dining room.  Then I walked back into my bedroom and
noticed someone lying on my bed.  Robert, you may not
believe this, but the person lying on the bed was
me."  Erna interpreted this experience as having
communion with God--as a preparation for her own
imminent death.  My times of communion with Erna are
some of the most precious events in my life.  Erna
took me to the edge of her living and her dying and
her death.

As these widowed gentlemen shared their stories
of their wives' dying and deaths, I again was taken
to the edge of life and death.  Stephen Levine argues
that there is no other preparation for death except
opening to the present.  He further contends that
pain marks the limit of the territory of the imagined

self, the "safe ground" of the self-image, beyond
which a kind of quesiness arises at being in the
midst of the uncontrollable.  Levine calls this zone
our "edge."  Playing the edge means being willing to
go into the unknown.  It is my thesis then, that when
we start playing the edge, we discover that fear
becomes the beacon of the truth.  We then cut through
our resistance by the investigation of what is real
and who is holding to some false sense of security.
Levine further suggests that by playing our edge, we
expand beyond the fear of death, beyond the idea of
"someone" dying, and come into the wholeness of
being, the deathless.

In my contacts with these gentlemen, I again
became aware that confusion and suffering arise from
our attachment to how it used to be and how we
thought it always would be.  In a very real sense,
these men ( like the rest of us ), wanted to defer
mortality.  As long as someone else had died, they
could comment "...it is he who is dead, and not I."
(Tolstoy, The Death of Ivan Ilyich, 1967).  Now that
their wife has died, they are suddenly, very much
preoccupied with her death and the possibility of
their own death.  As I hear their story, I too

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become tuned into my own mortality.


There is really nothing that I can say which
will comfort the bereaved gentleman. I can listen
and I can ask and I can be still when there is no
talking. I can be a conduit (from Diane Mowdy, 1987)
through which the pain of the widower passes.


## 4:7 A MEDITATION ON GRIEF


During my journal entries and during my
reflection on this practicum, I found the following
meditation by Stephen Levine very helpful in slowing
myself down and just coping with moments of personal
"angst." This meditation is taken from Levine's book
entitled Healing into Life and Death, 1987.
The entire meditation is included--I found it helpful
just to slowly read it to myself. (pp. 118-121).


Let your eyes close.


As your eyes close and you feel your body
breathing, let your hand, your thumb, press into that
point at the center of the chest between the nipples
where it feels so sensitive to the touch. As


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sensitive as we are.   And push into it.

Feel all that pushes back.   Feel all that tries
to resist, that denies the pain.   All the armoring.
All the resistance to life.

Push into it.   Let the pain into your heart.
Breathe that pain into your heart.   All those moments
of self-hatred, all that anxiety, all those times you
could just jump out of your skin.

All those moments you wished you were dead.   All
held there, all pushing against the pressure, all
denying life.   Let the heart break.

Breathe the pain into the heart.   Let the pain
in.

Let yourself in.

Push into it.

It is so long since you have entered fully into
your heart.

Feel the grief that lies there just beneath the tip of your thumb.  All the loss.  All the moments you couldn't protect yourself or the people you loved.

The helplessness.  The hopelessness.

Feel it, breathe that pain into your heart.

Let go of the resistance.  Let go of the self-protection.

It is just too much suffering to be locked out of your heart.  Nothing is worth it.

Push resolutely into your heart.  Not causing yourself pain but creating deep attention to whatever arises there.

Breathe in that pain.

Acknowledge that place which knows that all your children, all your friends will die some day.

The place that knows you might die and leave so

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much undone.

All the things you didn't say, all the love you didn't give, all the pain you have held on to right there pushing back.

Breathe through it, push into that pain.

Let it in.  Let it into your heart.

Don't hold on.

Let it in.

The ten thousand children starving to death at this very moment.

The pain of mothers with empty breasts trying to feed starving children.

The pain.

All those feelings of having been misunderstood, of having been unloved right there in the midst of these sensations.

And how hard it is for us to love, how
incredibly hard it is to keep the heart open.

So frightened, so doubtful, so scared.

Let the armoring melt into the center of your
heart without force, without punishing yourself.
Draw the pain in, draw it in with each breath.

With each breath let your heart be filled with
yourself.   So much has gone unexpressed.   Layer upon
layer covering the heart.

Let the pain in.

Make room for the pain.   Breathe it in.   Breathe
it in.

Let the pain come and let the pain go.

Have mercy.

Have mercy on yourself.

Let the pain out.

Breathe it in and breathe it out.

So much held for so long.

Let it go.  Breathe it out.  Let yourself into
your heart. Make room in your heart for yourself.

Have mercy on you.

Let it come and let it go.

Let the thumb push into the armoring that guards
the feelings of loss and grief there.  Focus the
attention like a single point of light in the center
of the pain.

Go deeper.

Don't try to protect the heart.

Maintaining a steady gentle pressure at the
center of the chest, feel the suffering held there.
All the loss held, all the fears, the insecurity, the
self-doubt.

Surrender into the feelings.  Let it all come
through.

Allow the pain into your heart.  Allow the pain
out of your heart.  Each breath breathing awareness
into the heart, each exhalation releasing the pain of
a lifetime.

Let yourself experience it all.  Nothing to add
to it. Nothing to push away.  Just see what is there,
what we have carried for so long.  Feel the
inevitable loss of everyone you love.  The impotent
anger of being tossed into a universe of such
incredible suffering.

The fear of the unknown.  The ache of the loss
of love.  The isolation.

Let to into the pain.  Breathe into it.  Allow
the long-held grief to melt.

Bring it into a soft awareness that dissolves
the holding with each breath.  Let yourself be fully
born even in the midst of the pain of it all.

Let your heart open into this moment.

Allow awareness to penetrate into the very center of your being. Use the sensations and the grief point as though they were a conduit, a tunnel into the center of your heart, into a universe of warmth and caring.

Feel the heart expanding into space. The pain just floating there. Fear and loss suspended in compassionate mercy. Breathe into the center of the heart.

Let go of it. Let the heart open past its longing and grief.

Now take your hand away and fold it in your lap.

Feel the sensitivity remaining, throbbing at the center of your chest as though it were a vent into your heart.

Draw each breath into that warmth and love.

Breathing in and out of the heart.

Breathing gently into your heart.


The above meditation was something I read often
in order to more fully tune into the widower's
experience—and also tune into my own mortality.


I became concerned particularly, about filtering
my own agenda of "academia" and more fully connecting
with each gentleman.  I recall several interviews
where I was so involved in hearing the gentleman's
story, that I often lost sense of time or other
reality.  A source of reading which I personally find
very powerful and very much related to my
interactional experiences with widowed men, is the
writing of Martin Buber.  The next portion of this
paper will describe some of Buber's writing as it
relates to the human interaction.

## 4:8  THE "THERAPEUTIC" RELATIONSHIP


As an undergraduate social work student, I was often reminded by my teachers that I would be "working" with "clients."  This relationship, for me, has increasingly become viewed as filled with disparity.  Language alone, infers an "above"/"under" kind of relationship--that is, "helper" and "helpee." In my interaction with widowed gentlemen, I feel as if I have gained much learning by being fully involved in their world, without giving clinical language to the interaction.  Martin Buber (1967) suggests that genuine listening does not know ahead of time what it will hear; the genuine listener listens to the speech of the other person without filtering what he hears through the screen of his own prejudgments.  During one of my journal entries, I remembered a social work class taught by Shirley Grosser.  I recall her introduction to the theme of symbolic interactionism.  I recall an assignment I did where I referred to Martin Buber and his use of the terms: "I-It" and I-Thou."  Buber has much to say about our interaction with others.  I will summarize the essence of his argument below.

Buber suggested that there is a difference
relating to an object (thing) and to a person.    He
further suggested that sometimes we relate to people
as objects.    In Buber's terms, a person as well as an
inanimate thing can be viewed as an object or in
Buber's term, an "It."   When we take an "objective"
attitude toward a person, when we view him/her as
part of the world caught in the causal chain, when we
are involved in an "I-It" relationship, then we are
merely forming impressions of the other without
really knowing the other. When I interact in such a
manner, I am judging and observing, and the external
world is relevant only to the extent that it enters
my being.

Buber suggests that the "I-Thou" relationship is
different.   The "Thou" is no longer one thing among
other things of the universe; the entire universe is
seen in the light of the "Thou."   In this "I-Thou"
relationship, our whole being must be involved.   The
"I-Thou" relationship carries with it much greater
risk than the "I-It" relationship.   In the "I-Thou"
relationship, there is no withholding of the self
possible, as in the "I-It."

In the "I-Thou" relationship, we are fully tuned

into the other.  We are prepared for any and every

response to our address, the expected as well as the

unexpected--it is this essential characteristic that

constitutes genuine listening. It is my belief that

the "I-Thou" relationship is the foundation on which

the helping community should be built.


This kind of listening is not merely looking at

someone with appropriate eye contact, or moving one's

head with "correct" gesticulations. This is the kind

of listening which allows the speaker to quickly

trust the person he/she is addressing. Several

gentlemen related information to me which they

clearly told me was mentioned for the first time to

anyone.  I will summarize some of this material in

the following segment.  The nature of the material

indicates the importance of each gentleman having

established trust with myself.  I contend that they

trusted me, because I fully tuned into their

"message."


One gentleman told me that one particular

evening he felt very restless, and had an

overwhelming sense that he was going out of his mind.

He began pacing in the long corridor of his home and begged God to help him with his suffering. He told me with tears in his eyes, that at the point of breaking, the telephone rang. The phone had rang many times before, with various individuals offering support, but this time the ringing of the phone took on significant meaning. The person phoning had reached a wrong number. Rather then quickly apologizing and hanging up, the other person (a woman) inquired of the gentleman's name. My "friend" stated that the conversation probably lasted approximately two minutes, but in that time he had received verbal encouragement from the caller. She had "even" invited him to phone her should he feel like talking.

This gentleman has spoken with me several times following this phone call. He strongly feels that "the hand of God" interceded on his behalf, and he continues to discuss the event with me. Should I spend hours attempting to analyze or diagnose the event from a rational stance? Should I challenge the authenticity of the event itself--believing, that he had some kind of hallucinatory experience?

Certainly, not. Rather, I listened to how this event provided comfort during his profound restlessness, and apparently how the event continues to provide comfort. This gentleman has related the following theme several times since he first told me the "story": "Robert, I can't talk to my children about this...they would either not believe me or feel uncomfortable about my explanation." During my last visit with this gentleman, he spoke about his thoughts of sharing this event with other widowed gentlemen. In exploring this further with him, he commented, "I would like to share this event with other gentlemen...I am uncertain as to whether or not it would be of any usefulness...I would like to convey the power of supernatural forces...that so often what people try to convey in terms of support is well intended, but not profitable." If I believe in the tenets of Buber's philosophy, then I will continue listening to this gentleman repeat the story, until he is able to integrate it fully. I have no intention of contradicting him, challenging him, or formulating my own impressions of what happened that particular stressful evening. In any case, I rather like this gentleman's most recent explanation of the event, "If I pray to God for a new

car, and my current car works just fine, why would he even consider giving me another vehicle...but I was desperate the other evening...God understood fully what I needed, and he provided."

Buber contends that no man can reduce God to the status of a thing who no longer addresses him and who becomes one object among others in the world for him. Buber further argues that much of traditional theology errs in dealing with God as if he could be turned into an "It." The gentleman I just described turned from merely thinking about God to addressing him for help. Buber argues that even "he" who abhors the name "God," and believes himself to be godless; when he gives his whole being to addressing the "Thou of his life as a Thou" that cannot be limited by another, he addresses God.

Buber also argued that the therapist should not hide behind the teachings of his school. The therapist should remember that psychotherapy is above all dialogue in which therapist and patient/client speak to each other. In this light, the therapist encounters the patient/client for the individual he/she is and is ready for the unexpected. It is

highly possible, that these unexpected events, cannot

be explained by the theoretical categories of the

therapist's discipline.


In the same vein, several gentlemen have related

dreams which seem so real, that they wonder about

their reality. Other gentlemen have related illusions

often of fragrance or physical form in their homes,

when no other "human" beings were present.  Again, I

listened intently, and usually only inquired about

whether or not these experiences provided comfort.

Without exception, these gentlemen felt comforted by

the experience--however, they all felt inhibited

about relating their experience to another audience.

Again, even though I had not experienced conjugal

loss, these gentlemen expressed comfort by relating

these "mysterious" events.  I conclude that they did

so, because I presented as a receptive audience.  I

further contend that my relationship with these

gentlemen is an "I-Thou" relationship.


## 4:9  WHAT OF DREAMS AND VISIONS?


When hearing about these men's dreams and

"visions", I turned to the literature for validation

of these occurrences. I have included a poem written
by John Milton. This is Milton's last sonnet, the
blind poet's dream of his deceased wife. With acute
psychological realism, this poem presents one aspect
of a mourner's suffering, the bereaved person's
dream.

Methought I saw my Late espoused saint

    Brought to me like Alcestis from the grave,

    Whom Jove's great son to her glad husband
        gave,

    Rescued from Death by force, though pale
        and faint.

Mine, as whom washed from spot of childbed
        taint

    Purification in the Old Law did save,

    And such as yet once more I trust to have

    Full sight of her in Heaven without re-

straint,

Came vested all in white, pure as her mind.

    Her face was veiled; yet to my fancied

    sight

    Love, sweetness, goodness, in her person

    shined

So clear as in no face with more delight.

    But, oh! as to embrace me she inclined,

I waked, she fled, and day brought back

my night.       (p. 331, from <u>British Poetry</u>
                  <u>and Prose</u>, 1951)

Elizabeth Hill (1986) comments that the mourner's dream may well take on an intensity not manifested in life.  She states that Freud called this, "the intensity of a whole train of thought." (p. 190).

Milton's final line shows both an awareness of

his loss and an expression of great sorrow: his "night," far more than his blindness, is his realization that his "saint" has truly fled.  Milton offers us his grief and sorrow, and permits us to participate in it with him.  This powerful poem is about the loss of a flesh-and-blood wife, about genuine human bereavement.

Elizabeth Hill suggests that attempts at contact with the dream figure are seldom successful.  I recall one gentleman having a dream about his wife approaching him, and he had a strong desire to embrace her--as he was about to reach her, she faded out of view.  He was left with ambivalent feelings-- delighted that he could see her--disappointed that he could not fulfill his desire to embrace her.

Another gentleman told me (one month after his wife's death), "Robert, I was certain that I saw my wife in the laundry room the other evening."  He went on to say, "I thought at first that this could not have happened...then I told myself, that it is a common occurrence after death for the survivor."  He then asked me, "What do you think?"  I replied, "A number of gentlemen have related similar experiences

after the death of their wives." I further

commented, "Mr. G., I have read that these are common

events following the death of one's spouse." Mr. G.

concluded with, "Yes, I think you are right Robert."

This gentleman had no apparent sense of fear or

thoughts of his emotional stability; he rather

quickly accepted the event as normal to his current

life status.


## CHAPTER 5

## CONCERNS ABOUT EVALUATING THIS PRACTICUM


The definition of "research" is found right in

the word itself--research--"search." My practicum

evolved into "participatory research." The use of

participation in research is not new.


Patricia Maguire (1987) states that,


"Participants are themselves the researchers,
rather than "clients;" they are to "own" the
research question and process. The inquiry
should itself be educational and empowering
for participants; outcomes should include
action on attitudes and structures that
inhibit self-worth, social justice or
liberation." ( viii, from FORWARD )


This kind of research is more concerned with

empowerment and understanding, then with increased efficiency or generalizable knowledge. I found this practicum to be a profound challenge--I wanted to be sensitive to the grief of widowed men and yet I was always aware of the university criteria for the Master's program.

My practicum was always an attempt to try to find a balance between my reading of the literature and working in the field. Occasionally, my anxiety mounted as I realized that I was not doing "pure" research--academia had always prescribed scientific models of research. (Note: I am appreciative to Professor Joseph Kuypers for helping me expand my practicum paradigm; I also wish to thank Professor Miriam Hutton for recommending Patricia Maguire's book). Still, I always had an internalized pressure to do and to prove. The dominant research paradigm suggests that, "if you can't measure it, don't study it." Bloom and Fischer (1982) suggest, "if a problem is worth working on, it can and must be measured." (p. 34). However, I do not consider grief a generic "problem." I wanted to ask widowed men how they were coping. I wanted to see if I could get some of these same men to talk together in a group. On both

goals, I was successful. I believe that men were
willing to give me much information, because they knew
that I was not placing them under personal and public
scrutiny. I agree with Maguire that if we become
obsessed (my word) with the finding of quantitative
data, we certainly are able to come up with measurable
variables, but we certainly, too, may reduce social
phenomena to nearly meaningless,
"statisticalized" component parts.

My practicum is a study in partnership. Both
the widowed gentlemen and myself have some knowledge
about grief. I agree firmly with Maguire,

> "We both know some things; neither of us knows
> everything. Working together we will both know
> more, and we will both learn more about how to
> know." (p.p. 37-38).

Therefore, participatory research proposes that
ordinary persons (with extraordinary challenges)
participate in knowledge creation and benefit from
the results of participation and the power to utilize
knowledge. This kind of research has a deep and
abiding belief in people's capacity to grow, change,

and create. Participatory research assumes that
returning the power of knowledge to ordinary people
will contribute to the creation of a more accurate
and critical reflection of social reality.

I discovered that in my practicum, I could not
sit and wait for the ideal research situation.
Maguire suggests that we err on the side of action
rather than inaction.

I began my practicum with individual interviews.
I believed that individual interviews would give me
an opportunity to get to know widowed gentlemen
better as well as give them a chance to "check me
out." I also believed that initial individual
interviews might be less threatening then immediate
group involvement. Individual interviews would give
men a chance to begin (or continue with someone else)
reflecting on their daily realities in a more
structured way. Talking with another adult about
their challenges after their wife's death, might
demonstrate to them the usefulness of breaking
through their sense of loneliness and transient
despair.

Typically, men did not contact me. I became

comfortable in phoning them, and asking if I could
visit them.  I was never refused.  During my
conversations with the gentlemen, I always thought a
great deal of what the interviews meant for me.  I
was always amazed at all the information these men
shared with me, even though most of the men had not
heard of me prior to our contact--some of them had
read some of my articles I had written for the
community newspaper.  These interviews stirred deep
thoughts and feelings for me.  I began to reflect on
my relationship with my wife Debbie.  I sincerely
believe that my relationship has become even more
focused.  I more intensely realized our mutual
mortality.

In reflecting about my contact with men in both
kinds of groups: the discussion group in November and
the small group, I did not formulate a problem
statement or design a formal investigation.  Instead,
widowed gentlemen identified their own current
concerns and they readily explored ways to solve
those concerns (challenges).  During small group
meetings, gentlemen identified and discussed both
individual and common concerns and possibilities for
overcoming them.  During these interactions between

gentlemen, I took care in not taking the control away from their "work." Possibly, I could have been more explicit about the "contract" for group attendance. I had several constraints: 1. some of the men were traveling south for the winter, 2. men had other events and could not attend every meeting, 3. one gentleman became ill, 4. I was returning to full-time employment in February of 1990, and could not provide a further commitment to this project.

I had occasional difficulty juggling the demands of the participatory researcher roles of researcher, educator, and organizer. At times, these roles seemed to be in conflict. For example, in the organizer role, I made phone calls to invite people to meetings. By inviting (motivating) men, was I trying to make the practicum a success? As the researcher, I felt the need to step back and see what would happen when I did not play the motivator role. I had to become comfortable with accepting the number of men who attended the small group meetings.

At times, I struggled with how assertive I

should be.  I did not want to be pushy, overbearing, intimidating, or culturally inappropriate.  During my last small group meeting, the gentlemen were interested in knowing my views about remarriage.  I had to go to my office (in my home) and search the computer for the information.  I was uncomfortable with burdening the gentlemen with the technology of finding my written information, when their concern was pragmatic and immediate.  I struggled with the educator role.  I wanted to introduce information in order to stimulate conversation. But I did not want to provide summaries of all that I had read that particular week.  I found the video tapes of Clayton Barbeau helpful.  He presented as a legitimate educator because he is older, and because his wife has died.

I also feel that the questionnaire during the last small group meeting was helpful in stimulating discussion and keeping the conversation fairly much focused on the gentlemen's current experience.

At least 20 people talked with me after running the discussion groups in November.  Some of their comments are included here:

*  from one of the gentlemen who attended the small
groups, but was unable to attend in November, "I've
heard that those meetings in November went very
well...when you have them again, please tell me...I
would like very much to attend."

*  from another gentlemen who attended the November
group and who also attended 2 of the small groups, "I
was helped very much by those discussion groups in
November...I felt that there was a real openness
during all the evenings."

*  from a widowed gentleman (married in Jan. 1990)
who attended one time in November, "I had a good time
last night at those meetings...I think alot of people
benefitted from them."

*  from a divorced woman, "Robert, you are so
comfortable with people, and it shows...thankyou very
much for these evenings."

*  from my aunt, whose husband (My father's brother)
died in March of 1989, "Robert, I liked what you said
about guilt...sometimes there is reason to feel

guilty, and it's alright...what is past, is past—it can't be changed."

* from a relative of a widowed gentleman who had attended the November meetings, "P. has only good things to say about you...those meetings must be powerful." The gentleman making this comment is a minister in one of the large mennonite congregations in Winkler.

* from a widow, who had attended all three evenings, "I wish these evenings could continue longer."

* from a widow, who had attended all three evenings, "I particularly enjoyed the evenings when we focused more on widows and widowers."

* from a widowed gentleman who attended one of the November evenings, "Alot was said that evening. I appreciate your willingness to talk about the painful subject of loss and death...I'm still trying to make sense of it all."

* from a widowed gentleman who attended one evening, "Robert, I would like very much to continue

discussion with you on an individual basis."

*  from my father's sister (aunt) who was divorced
approximately two years ago, (squeezing my arm),
"Thankyou very much Robert for your leadership."

*  these words from a woman who had attended two of
the November meetings alone, and one evening together
with her husband (their teenage son was killed in an
auto accident in the fall of 1989); these words came
via a Christmas card and were directed to both Debbie
and myself,

"It's terrific to see people risking reaching out to
 hurting people!  Thanks so much for your time and
 energies given for our finding community in this
 `season of loss and grieving!'  When and as we can, we
 want to lend a supporting hand to others, too."

*  from a woman who attends our church, in
conversation with Debbie, having heard about these
discussions evenings, "How are those evenings going?"
Debbie's response, "Almost 50 people are coming each
evening."  The other woman commented, "So there
really is an interest and need for this kind of
thing in our community!" (made as a point of
exclamation, rather then a question).

*   from a gentleman riding home from one of the
evenings--one of the other occupants in the car is a
nurse with Debbie--she related the comment to Debbie,
"Why is Robert even interested in this topic?"

*   from a woman who came up to me during the coffee
break during one of the evenings, "I have at least
two friends who should be here tonite...how can I
motivate them to come?"   My comment to her was, "Not
everyone is as comfortable with this subject as you
are...possibly, the other persons are not ready for
this evening."

*   Note: three to four individuals who are currently
seeking psychiatric treatment at Eden Mental Health
Centre as out patients attended one evening; the
following day at Eden, one of these individuals met
me in the hallway, and asked, "When are you going to
be speaking to our outpatient group?"   I replied,
"Whenever you ask me."

*   from several individuals in the community who had
not heard of the meetings in time, "Robert, how was
this event advertised?"   I replied, "I posted
bulletins in stores from Crystal City to Altona."   I

further replied, "Not all of these

businesses give priority to this kind of

announcement...the auction sales are usually more

important." (not meant as a put down--a reality).   I

further commented, "I would rather rely on word of

mouth, then give this theme commercial overkill."


*   from several persons attending the evenings, "I

very much enjoyed the video presentations--Barbeau."


*   from a married gentleman whose father died two

months prior to these meetings, "Robert, I would like

very much to talk somemore with you about adding

creativity to our funeral program...I continue to

have some discomfort about some of the things that

happened at my father's funeral and the things that

continue to happen at most funerals."


Note: . The above comments were not intentionally

embellished.   They reflect, as closely as I can

remember, comments made by various persons regarding

the evening discussion groups held in November.   I am

very frankly humbled by the very positive reponse.   I

am certain that individuals had negative experiences

with the evenings.   I am also certain that some did

not return because the subject matter was too painful, or too removed from their current reality.

This practicum has taught me, through the interaction of others, what conjugal bereavement may be about--afterall, I have not experienced my own conjugal bereavement, and now more then ever, do not desire to discover it first hand. Bereaved spouses are overwhelmed by the sheer intensity of their emotions and imaginings during bereavement. Reassurance that they are not going "crazy", that such feelings are perfectly natural, and that crying does not mean a "nervous breakdown" can be given explicitly. It is especially helpful for the social worker to have an attitude that demonstrates that she/he is not alarmed, frightened, or even surprised by symptoms described by the bereaved. This does not imply an individual who is devoid of human compassion, but an individual who understands fully the human element of cognition and affective feeling tone.

It is my belief that an essential quality of the social worker who chooses to listen to the bereaved, is to have a good knowledge of what is deemed

"normal." Bereaved persons are so surprised by the
unaccustomed feelings of grief that they often ask,
"Am I going crazy?", or "Is it normal to experience
this?" Such fears are particularly felt when intense
feelings of anger or bitterness erupt or they may
also arise in relation to disturbances of perception.
Hallucinations are well known as a sign of mental
illness that it can be most alarming when the
bereaved person experiences an hallucination of a
dead spouse.

Difficulty in concentrating and a slight sense
of unreality are other typical reactions to
bereavement which may worry the bereaved. A calm,
reassuring social worker can convince the bereaved
individual that there is no reason to regard any of
these as signs of mental illness. However, the
social worker must believe this for her/himself.

Beverley Raphael (1983) states that the bereaved
is helped most effectively by the role models offered
by others who have passed through these processes,
such as members of self-help groups. Raphael
suggests that community education groups have been
effective in making the general public more attuned

to the support that others need.  Raphael further

suggests that it is difficult to evaluate the

effectiveness of these broad-based programs.


However, Raphael suggests that more specific

programs (directed to widow and widowers) have been

shown to have demonstrable effectiveness in lessening

postbereavement morbidity.

# CHAPTER 6

## RECOMMENDATIONS

### 6:1  FUTURE IMPLICATIONS OF THIS PRACTICUM

Bea Decker (1973) expresses keen awareness that
society is often more to blame than the individual
"griever" about how to offer support.  I agree with
Decker that our couple-geared society often closes
its ranks securely to the reentry of those who were
unfortunate to slip from its tightly guarded circle.
While society gives lip service of sympathy to the
widowed, its busy "tongue" scorns, often inhibit any
attempt of the widowed to find happiness as part of a
couple again.

Decker suggests that society says in deed, if
not in word, "We are sorry for you, but you'd better
know your place." (p. 147).

Decker further suggests that the widowed be
honest with themselves and society.  She encourages
the widowed to stop apologizing to society about
wanting that which is perfectly normal, natural, and

right for many.

It is my view that widowed persons are best
"equipped" to educate society to their need(s).
Decker cites a Hindu proverb which epitomizes self-
help, "Help thy brother's boat across, and lo! thine
own has reached the shore." (p. 176).

Widowed persons have an understanding which no
professional training can capture.  A number of the
men which I have had the priviledge of spending time
with, have expressed a definite need and interest for
a spiritually enriched educational program.  As
stated earlier in this report, one gentleman
encouraged me to read Bea Decker's book entitled,
"After the Flowers Have Gone."  Theos ( They Helped
Each Other Spiritually ) is geared to the needs of
the newly widowed--however, this work can only be
effective through the help of the adjusted widowed.
An ever-changing mixture of the adjusted widowed and
the newly bereaved widowed provides a healthy climate
for renewal.

Decker suggests that a good THEOS program
involves having the aims and objectives clearly

defined.   The main objective is to help men and women
make the transition into widowhood by helping them
rebuild their lives with Christ as a foundation.

## 6:2   TOPICS FOR "GRIEF" RETREATS

Decker recommends the following program subjects
of interest:   (I believe that these could be
presented in varied settings)

*   Reorganizing your life

*   Working Through the Grief Pattern

*   Handling Finances

*   Dealing With the Fifth-Wheel Feeling

*   Overcoming Loneliness

*   The Role of the Single Parent

*   Interpersonal Relationships

*   Dating

*    In-Laws


*    Re-Marriage


*    The Role of the Widowed


     I believe that the concept of THEOS may have
some possible application in South-Central Manitoba.
I have sensed interest from both women and men to
explore more formal avenues of educative/support
group events.  The theme of discussing the "meaning
of suffering" is often an important, missing
dimension when confronting the dynamics of grief.
Even though my geographical region consists of people
who adopt primarily a Protestant-Christian Religion,
I would be interested in stretching the views of
Spiritual Truth.

     The Chinese poet and sage Chuang-tzu suggests
that we relate to the world from an openhearted
emptiness that flows with what is.  He suggests that
we let go of control of the world and come fully into
being.  Stephen Levine (1982) suggests that control
is our attempt to make the world fit our personal

desires. He further suggests that in order to let go of control, the individual must go beyond the personal and merge with the universal--I contend, the transcendent.

I agree with Levine that control creates bondage. Control opposes the openness of the heart. Control inhibits our ability to let go in grief. I further contend that prayer and meditation could be a part of the self-help concept of THEOS.

Although the THEOS Program was created for the widowed within the church, I believe that it could be amended for use with all grieving persons. I believe that the THEOS concept provides an opportunity to use the greatest blessing known--love shared with another--and dedicate it to yield, not despair or bitterness, but a radiant influence for the healing of the heart of the bereaved.

Because of clearly expressed interest in this concept, I have made contact with the THEOS foundation in Pittsburgh, Pennsylvania and asked for written information. They also told me that they would give me the name of a contact person in Canada.

I anticipate discussing the concept of THEOS
with church leaders and other community groups.
Particularly, I plan to continue discussing this
program with widowed gentlemen.

# CHAPTER 7 "FINISHING"

## 7:1 CONFRONTING MY OWN "LOSS"

As a child, I was strongly encouraged by my
parents to keep looking and keep discovering, because
there are things "out there" which I had never seen.
They told me about the beauty and wonder--and they
were often good teachers in stimulating new knowledge
and interest.

As an adult, my interest in life has continued--
but my interest in death has also become evoked.  In
pursuing this practicum I have become somewhat
intimately tuned into the grief of widowed men.  I
had hoped to learn from them--I believe that I have.
However, with each new inquiry, comes a sense of
further searching and asking.  The more that I read,
the more I realized I need to read.

Charles Swindoll (1988) suggests that, "People
continue to be hungry for basic answers and simple
solutions--not simplistic, you understand; but
simple, easy to comprehend, free of mumbo-jumbo." (p.
147).

My literature search is a university requirement
and I feel that I profited from the reading.
However, my most abundant learning happened in the
privacy of men's homes, where conversation was both
simple and therefore, also often profound.

In trying to make sense of their "new" world,
widowed men told me about their current hell, at
times, and their attempt at trying to find a new
"heaven."  They told me about their attempts at
reclaiming the gift of enjoying life, the gift of
fulfillment, and the gift of contentment in the
heart.

Swindoll describes a bright student who became a
popular teacher of philosophy and then, following a
few years of teaching, became disenchanted with his
life. On the phone to Swindoll, he comments, "...you
won't find wisdom in the halls of intellectualism!"
(p. 200).

Part of my motivation for working towards my
Master's Degree, was simply to <u>have</u> my **Master's
Degree**.  Partly, I had pursued another degree because
I had questions about my interest in widowed men.

Partly, I wanted to increase my ability to be mobile in the professional "arena." Partly, I wanted to be "smarter."

Now, as I approach a measure of closure with this project, I feel my own sense of loss. I have placed considerable energy and myopic vision into this project. A good deal of both my physical and mental energy has gone into balancing this "participatory research." Even as I sit here and write, my phone has just rang, and one of "my" gentlemen has invited me out for coffee...

However, I am returning to full time employment after having been on part-time education leave since April of 1989. I am beginning to look at the transition of returning full-time to Eden Mental Health Centre. And yet, it is with considerable regret, that I leave the "formal student role" and enter the "professional" role. Note: I have always believed that my working life has been that of student--this view will never change.

With continued respect for the social work profession, I became very convinced that I was able

to "connect" with these widowed gentlemen, because I
"discarded" my PROFESSIONAL IDENTITY as social
worker.   I was first a "Mensch" (person) to these
gentlemen--a Mensch who demonstrated a keen interest
in their status as single, widowed men.

I hope that if I pursue another degree, the
motivation is based on the wish to gain insight which
will benefit someone else.   I am concerned however,
that I will become discontent when some of my deepest
questions about life and death will not be answered
by having another degree.   Each time a new dimension
opens up to me, I have more questions--these
questions are not answered because relentless, new,
dimensions continue to unfold.   About one month ago,
I became almost overwhelmed by walking into the Dafoe
Library and realizing that inspite of how much I
thought I had read, there was so much more that I had
not read.

I continue to hope that I will pursue the
questions with optimistic vigor.   When questions fail
to be answered because another dimension opens up to
me, I hope that I do not become jaded in
sophistication (semantics) or disillusioned in

futility.

When or if this pursuit of knowledge becomes maddening, I hope that I will not too heavily lean to the philosophical, where people sometimes talk about "stuff" they don't understand, and make it sound like it's everyone else's fault.

## 7:2 THE "THINGS" I HAVE GLEANED FROM THIS PRACTICUM

The experience of grief and bereavement is an individual, uniquely personal phenomenon. Certainly, grief is an observable fact. The grief related to conjugal bereavement is also a rare event because it may only happen once in a forty year marriage.

Widowed men often describe the theme of losing their best friend when their wife dies. Many of the men that I met with, were very active business men or successful farmers. Much of their time was devoted to work outside of their homes. They could work hard, partly (and very importantly) because they knew that their wives were taking care of the "homefront."

These men knew that their wives were taking care

of the children and were organizing meaningful social events after a day's work.

These men also knew that they could go to their wives for nurture and warmth. They could share their concerns with her--in a way that they could not with their own children.

These men are all very independent men--they were "given" this trait by their fathers. Their fathers expected their sons to work diligently, to be strong, to talk little while working, to "mind" their manners, to be optimistic.

These same independent men are the embodiment of self-reliance; they are "self-made" men. They did not require assistance from someone else in their business lives. They made decisions based on personal judgement. They worked with an ever present air of confidence.

When their wife died, they expressed a feeling of being lost. One gentleman compared this feeling to a boat without a rudder. He expressed uncertainty as to the future direction his life would take.

Without exception, all gentlemen were comfortable with talking to me in their own homes. They were, however, uncomfortable meeting in a restaurant--they often commented, "I think I might become emotional and don't want to meet in a restaurant." Within the security of their own homes, they were often comfortable sharing their pain--even if pain was expressed with tears.

Most men expressed the sentiment that, "Men probably grieve in a similar way to women"..."Men are expected to be tough and not to cry"..."Crying provides a necessary release during this time of bereavement"..."I usually cry when I am alone"..."I try not to cry in front of my children."

Most men suggested that women have the "advantage" of having a greater number of closer friends. Men suggested that women are more comfortable confiding in each other about their pain and anguish.

Most men suggested that it is easier for them to talk to a woman about their grief, then to talk with another gentleman. However, about half of the

gentlemen desired to talk with other widowed
gentlemen about their grief, and to ask how the
"other" was coping.

Widowed men enjoyed coming to a mixed (men and
women) group to talk about loss and grief. Widowed
men were less comfortable coming to a small group
(only men) to talk about their loss and grief.

Men acknowledged that society has many myths and
misconceptions of their status:

*   Not all men wish to remarry quickly after the
death of their spouse--widowed men suggest that re-
marriage is a possibility but should be explored
carefully and for the "right" reasons--i.e. not
merely for feelings of loneliness or for a desire to
have sexual intercourse.

*   Widowed men state that they are as "emotional" as
women, but are not permitted (by society) to overtly
express this emotion with tears--however, a number of
men also stated that the trend is changing and there
is a "push" for more sensitive men, who recognize
emotion as an acceptable norm. These men also

recognize that men do have the ability to utilize

both left and right hemishperes of their brain; i.e.

the left side of the brain which deals with logic,

language, reasoning, number, linearity, and

analysis--and the right side of the brain which deals

with rhythm, music, images and imagination, color,

day-dreaming, face recognition, and pattern or map

recognition.


*   Men's independence does not necessarily carry

over into the grief "life" of men--men describe their

feelings of being lost without their spouse--during

these times, they are receptive to guidance from

others who have experienced conjugal bereavement;

they are receptive to meeting in a group.


"Bibliotherapy" was described as important to

many of the men that I met with.  In fact, several of

these men asked me if I had read various books--in

one case, I went out and purchased a particular book

which proved to be an important step in strengthening

my relationship with this gentleman.


Several of the men that I met with--

particularly, those whose wives had died within the

past three months of our meeting--experienced
lingering symptoms of a virus. In all cases, they
related their virus to diminished immunity to illness
as a result of their loss and grief. A common
statement during my interviews was, "I just can't
seem to shake this thing." In my population of men,
I did not observe or hear of any other major health
concerns. Symptoms of the virus included: fatigue,
sinus aggravation, cough, fever, lack of appetite,
and poor sleep. I suspect that some of these
symptoms may also be a result of deep sadness related
to their loss--possibly, a depression.

These gentlemen expressed a discomfort about
talking about their grief with their children. They
described profound pain when their children were
present because their children represented the
personification of the deceased. They also expressed
uncertainty as to how much they should share with
their children--they felt inclined to "protect" their
children and therefore reluctant to talk about their
spouse. As important, they expressed an awkwardness
in knowing how to grieve together with their
children. They expressed to me their ease with being
able to talk with "someone outside of the family."

Most of these men had a desire to travel during the winter. About one-half of these gentlemen did not feel comfortable with traveling alone; they would rather take a bus tour. One gentleman made plans to travel alone to Phoenix--he viewed this as, "something I have to do." He further commented, "I may have to stop several times on the way"..."it could be a very painful trip"..."but I have decided to go." Another gentleman stated, "I have traveled alone before"..."At least this way, I won't get into any arguments with my wife about which highway to take." Interestingly enough, one week prior to his planned trip, he again, came down with a "virus." I suspect, that he may find the notion of traveling alone more painful then he first expected (my supposition).

A couple of the men expressed an interest in helping to formulate a local support/self-help group for widowed persons--a group for both women and men. These same men also supported the idea of having a retreat (weekend) for the bereaved. In all cases, they suggested that I give some direction to these endeavors.

Widowed men want to talk about their grief.
Several men expressed the following view, "I would
rather have people ask me how I am doing, then avoid
me when they see me in a public place." Another
gentleman commented, "I have a need to talk about my
wife"..."I wish more people were interested in
listening to me."

These men did not want to criticize the clergy.
They did however, state that some clergy are too
quick in trying to "take the grief away." These men
went on to say that, "When I am hurting real bad, I
do not want someone, necessarily to be preaching at
me, or reading scripture to me." Another gentleman
commented, "There is a place for religion"..."but, I
think that religion does not always provide the easy
answer"..."in fact, there have been times when I have
questioned God regarding his intent."

Stephen Levine (1982) states that, "There is no
other preparation for death except opening to the
present." (p. 33). I have become very aware that
life is this moment and that I have only this moment
to live. Therefore, I want to live this moment with
full passion.

Along the way of living moments, I will want to acknowledge the loss that will continually confront me and the "other" with whom I interact. I will want to understand that all losses, even "minor" ones, give rise to grief. I will want to model the concept that grief is a normal emotional response to significant loss. I believe that this "thing" called grief is universal and inescapable even when its existence is denied. I further believe that grieving is the intentional work that grief-stricken persons engage in.

I also believe that most persons who grieve are enabled to return eventually to full, satisfying lives.

**APPENDIX**

APPENDIX  A

LETTERS TO PHYSICIANS

September 6, 1989


Dr. Harold Booy, M. D.
Chief of the Medical Staff
Winkler Clinic
500 Main Street
Winkler, Manitoba
ROG 2XO


Dear Dr. Booy:

Please find enclosed a special request from Robert
Schulz.  Please take a moment to read this letter.

I am currently completing my final requirements for my
Master's Degree in Social Work at the University of
Manitoba.  My area of specialization involves the
study of GRIEF.  I am particularly interested in the
mortality  and morbidity of widowed gentlemen during
the first year following the death of their wife.

My request of the physicians is the following:

(1)   to send me referrals of 45 to 70 year old men
      whose wives have died within the past one year;

(2)   to tell these men that I am most willing to meet
      with them in their homes or at their place of em-
      ployment; I am also willing to see them in the
      evening;

(3)   Note: My main premise initially, is to informally
      ask them how they are coping with the loss of
      their spouse.  Depending on my degree of contact
      with these men, I am very interested in offering
      a Grief Recovery Group for this population;

(4)   I am able to see these men immediately!  My plan
      is to do a 3 month clinical intervention and
      then to finish the written summary of the inter-
      vention in January, 1990.


I look forward to hearing from you and your
colleagues.

Sincerely,


Robert Schulz
Social Worker, Eden Mental Health Centre




NOTE:   I sent a similar letter to a number of the

Medical Clinics in the South Central Manitoba.

**APPENDIX  B**


**CHURCH  BULLETIN  ANNOUNCEMENT**

Robert Schulz, a Social Worker at Eden Mental
Health Centre, is currently studying the subject of
GRIEF & LOSS, in pursuit of his Master's Degree in
Social Work.  He is particularly interested in
learning more about the grief experienced by men whose
wives have died within this past year.  Any gentleman
who is willing to share some of his grief experience
with Robert, and who is within the age of 45-70 years,
please call Robert at ____ ı: _____ ⌐ at Robert's
home: _____ ı.   (Mailing address, if more convenient,
is _____ .

APPENDIX   C


COMMUNITY NOTICE OF DISCUSSION GROUP MEETINGS

# LOSS & GRIEF

## DISCUSSION GROUP

**LOCATION:**  Emmanuel Mennonite Church
960 Pembina Ave.
Winkler, Manitoba

**TIME:**                7:30 p.m.

**DATES:**      November 7    "All Our Losses, All Our Grief"

November 14   "Anger & Guilt"

November 21   "Moving On"

**FACILITATOR:**  Robert Schulz,  Social Worker

This series of evenings is open to the general public, to
health care professionals, and particularly to men/women
who have lost their spouse in death.

Coffee will be served.  Come, and bring a friend!

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**APPENDIX   D**


**THREE ARTICLES WRITTEN FOR COMMUNITY NEWSPAPER**


(NOTE: All three articles were featured under a

section entitled: <u>LIVING WITH LOSS</u>)

**ARTICLE #1  (COMMUNITY NEWSPAPER)**

Baseball is perhaps my all time favourite sport.
There was a time, when probably one could say I was
obsessed with the game.  You can understand then, how
excited I became a few years ago at the opportunity
to watch ball in the Metrodome (Minneapolis).  One
evening after a game, my brother suggested we travel
to Bloomington to see the old ball park: "The Met."
What was once an historic place, with smells of hot
dogs and cigar smoke and a large parking lot filled
with people enjoying tail gate barbecues, was now a
large dark hole.  My brother and I commented on the
waste and the loss.  In fact, we both felt somewhat
saddened by the major change in appearance of "our"
ball park.  We had travelled here as children with
our parents; we still remember important games,
pitchers, and hitters: Oliva, Carew, and Killebrew.

Feelings of loss, grief, and mourning are normal
responses to life events which occur to us everyday.
These are responses to the loss of a spouse.  These
are also the responses to the youngest child leaving
home, having had a pet dog run over by a car, or
having a grandmother move into a nursing home.  I

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wish to suggest that experiencing loss has much to do
with attachment to persons and things.  We
particularly grieve the losses which are most
important to us, whether they be of human kind or
material kind.  I recall owning a small pocket knife
as a child.  This knife went everywhere with me. One
day I lost the knife.  I began to look for the knife.
In fact, a great deal of energy went into trying to
find the knife.  Nothing else mattered right then,
except finding the knife. I became frustrated when I
could not immediately locate its whereabouts.
Fortunately, my diligent mother assisted in the
search, and she was able to locate the misplaced
object.  Some of you are probably saying, "Robert, it
is just a knife." Possibly, you have said to your son
or daughter when their pet dog got run over by a car,
"Don't worry, it's just a dog"..."We can get you
another one."  I am not casting blame on the loving
parent--I am suggesting, however, that we grieve all
kinds of losses, and that we need to realize that we
grieve objects as well as persons when they are taken
away from us.  The threat, or the actual occurrence
of loss at any time in our life, evokes panic,
anxiety, sorrow, and anger depending on the intensity
of the attachment. Because attachment is lifelong, so

is grief.  I am suggesting that the experience of loss is inescapable even when often, its reality is denied.  We would rather look away from, then face the reality of the particular loss--at least initially.  Again, grief is normal! Possibly, too often we treat grief as it were leprosy--not to be touched; to be avoided at all costs.

How do we get in touch with deep pain, that place of loss that creates a fear of life itself?  We may have doubts in ourselves about our ability to deeply experience the world because we so fear loss and change.  It is my belief that in grief there is no hiding. There is no choice or control and we are forced to look at our sadness.  The grief forces us into the pain we would never examine voluntarily.  As we begin to slowly examine our own sense of pain, we become increasingly aware, with full impact the feelings associated with grief itself:

(1)  contemplation of the loss, and

(2)  contemplation of a future without the lost object or person.

The intensification of these feelings may in turn produce shock and shame at the emergence of powerful feelings we did not know we had, or feelings that we had attempted to suppress. Some individuals dare not involve themselves intimately with others, because they cannot bear the thought of the pain of separating from them or eventually losing them. Others will build relationships in which they hope to prevent loss. I am discovering in my life that we are people for whom letting go, holding on, and letting go, are intrinsic to our existence. I believe that all losses even "minor" ones, give rise to grief. Grief is a composite of powerful emotions and thoughts assailing us whenever we lose someone or something we value. It is my further belief that grieving must be an intentional form of work which grief-stricken persons engage in. This may involve talking with a friend or close relative or a minister about the loss. It may also involve becoming concerned about structuring the day's events in a more organized fashion, in order to continue finding purpose in life. With the passing of time, most individuals return eventually to full, satisfying lives. Note: Grief work can be avoided, though

usually at a very high cost to the one who refuses it

( both physically and emotionally).

ARTICLE #2 (COMMUNITY NEWSPAPER)

In April 1956, C. S. Lewis, a confirmed bachelor,
married Joy Davidman, an American poet with two small
children.  After four brief years, Lewis found himself
alone and inconsolable.  Following Joy's death, Lewis
wrote a journal which became a small, powerful book
entitled, "A Grief Observed."  In this journal, Lewis
freely confesses his doubts, his rage, and his
awareness of human frailty.  Through his writing,
Lewis finds again the way back to life.

Right at the outset of his journal, Lewis hits
grief head-on.  He states, "No one ever told me that
grief felt so like fear.  I am not afraid, but the
sensation is like being afraid.  The same fluttering
in the stomach, the same restlessness, the yawning.
I keep on swallowing."  C. S. Lewis is willing to say
that he is totally preoccupied with his sense of
grief, "I not only live each endless day in grief,
but live each day thinking about living each day in
grief."  He acknowledges as well, the challenge to
"balance" his many feelings with his many thoughts.
In fact, he tries to employ his thoughts as a way of
possibly protecting himself from the flood of

feelings:  "Feelings, and feelings, and feelings. Let me try thinking instead."

The loss of Joy plunged Lewis into the very depths of despair.  A meaningless universe seemed to open up at his feet.  However, Lewis did not run away from the pain.  He kept on pursuing the knowledge of grief itself.  He referred to grief as a life long process of discovering "new scenery."  He commented that, "Grief is like a long valley, a winding valley where any bend may reveal a totally new landscape." He suggested too that with grief you are presented with exactly the same sort of country you thought you had left behind miles ago. That is when you wonder whether the valley is not rather a circular trench. He suggests it is not.  It is rather a series of partial recurrences, with the sequence not repeating. I suggest that Lewis is talking about moving through special dates, anniversaries, special places remembered or traveled to.  All of these memories carry with them some sense of pain as he reflects back on his life with Joy.  Grieving then becomes an intentional form of work which grief-stricken persons engage in. Lewis refers to this very thing in his writing:

"Did you ever know, dear, how much you took
away with you when you left?  You have
stripped me even of my past, even of the
things we never shared.  I was wrong to say
the stump was recovering from the pain of the
amputation.  I was deceived because it has
so many ways to hurt me that I discover them
only one by one."


Over the past five years, I have observed many
families experience separation as a result of death.
More recently, I have read that the death of a spouse
is ranked at the top of the list of major life
stressors for survivors.  I have become particularly
interested in knowing more about the grief of the
gentleman whose wife has died.  In Winkler alone,
approximately six men, ranging somewhere in the age
of 45-70 years, have been separated from their wife
as a result of her death--just in the past two years.
These are some of the questions I would like to ask
you gentlemen:

(1)  Do you have a good social support network?

(2)  What is your biggest challenge at this time?

(3)  Does religion play any role in your grief?

(4)  Are you left with any feelings of regret?

(5)  Do you think that your feelings and thoughts of
grief are much different from what other men may be

experiencing?

(6)　What do you feel a bereaved person most needs from others?

(7)　Do you give any time to structuring your next day?

(8)　What are some of the more comforting things people have said to you?　OR done for you?

(9)　What are you missing most about your wife's absence?

(10) Have you given any thought about your future?


Some of you who are reading this article may think that I am making too much of grief--that people have lived with grief ever since creation itself, and they will continue to do so.　I agree.　However, I also believe that loss of a loved person is one of the most intensely painful experiences any human being can suffer.　I further believe that nothing but the return of the "lost" person can bring true comfort.　There is a tendency to underestimate how intensely distressing and disabling loss usually is. There is also a tendency to underestimate for how long the distress should last.　It is my view that rather then truly enter in with the dying of the "other" or grieve with the survivor, we express profound relief that we are not dying.　In fact, we

may become temporarily preoccupied with our own death, without giving necessary support to the dying person.  When Piotr Ivanovich hears that his friend Ivan Ilyich has died, he reflects, "...it is he who is dead, and not I." (Tolstoy, "The Death of Ivan Ilyich", p. 102).

It is my belief that one has to begin somewhere to become comfortable with her/his own death.  This from a headstone in Ashby, Massachusetts:

> "Remember, friends, as you pass by
> as you are now, so once was I.
> As I am now, so you must be.
> Prepare yourself to follow me."

I understand that not all persons are comfortable with talking about the subject of death.  However, I believe that we may want to begin to develop some comfort level with "it" as we consider reaching out to support others who are grieving.  I encourage gentlemen to share their sorrow.  For the widower, tears and need are seen as unmanly in most Western societies ( although, I believe that this is slowly changing).  Still, the widower's grief is often more hidden and constrained.  He may feel this

need to maintain a "stiff upper lip." He may have grown up hearing the parental comment, "don't cry." Other parental comments may have been: "Get up, your not hurt", "You're tough", "There's nothing to worry about", "Don't be so silly", or "There's no reason to cry." I use these expressions with my own children. I think though, we should not necessarily, suppress our natural emotion which is an important balm in time of profound turmoil. As Ecclesiastes states so well, "To every thing there is a season, and a time to every purpose under the heaven: A time to weep, and a time to laugh; a time to mourn, and a time to dance." (Chapter 3, V. 4).

According to William Worden, various tasks of mourning must be accomplished before psychological healing or equilibrium can be restored. My next article will address these various tasks.

My wife is alive and well.   You who grieve the
current loss of your spouse are therefore possibly
suggesting, "You cannot possibly understand my
loss?" I agree that I am limited in being able to
understand your loss. Certainly, I want to try to
understand.   I also want to learn to become more
sensitive to giving support to you when you grieve.
In order for myself and others to better understand
your loss, I continue to encourage you to share your
experience with myself or someone close to you.   It
may take considerable time for you to do that.   You
may never choose to do it. Not everything we feel and
think needs to be shared--I agree. However, I believe
(along with other writers) that those who grieve need
to let go of what has been lost in order to get ready
to live again. Some people come to psychiatric
centres "stuck" in their grief process (that is, they
feel they can't get through it).   It seems that grief
is below the surface of much physical and mental
aberration (that is, persons seek help for these
problems without being aware of underlying grief
issues).   The above comments reflect an increasing

need for awareness and sensitivity on the part of all of us to be open to comforting the individual who is grieving--that individual is you and I.

Is mourning necessary?  YES!  I suggest in this article that TASKS of mourning must be accomplished before psychological healing or equilibrium can be restored.  These tasks are not necessarily completed in a chronological order, but need to be seen in sequence and all of them need to be completed for full healing.  The next portion of this article is adapted from  J. W. Worden's book entitled, Grief Counseling and Grief Therapy. A Handbook for the Mental Health Practitioner.

## Task I  ACCEPT THE REALITY OF THE LOSS

When someone dies (particularly an unexpected death) the survivors are in a state of SHOCK and oscilate between PANIC and DENIAL.  Worden suggests that denial is an emotional "Not Me" shock absorber which allows time to muster inner forces.  Partial or prolonged denial may indicate an inability to deal with the problem.  The specific task of the survivor is to accept the belief that re-union is impossible. It is normal for the surviving spouse to participate

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in "searching behavior": call out for the lost
person, or even "see" the deceased. Eventually, with
repeated disappointment, the spouse accepts the
death.  As a caregiver to this individual grieving, I
suggest that you are very patient and allow your
loved one to be her or himself.  In fact, some of her
behavior may appear odd to you.  You may think your
loved one is "going crazy" when really what is
happening is that she is working through the shock.
As support giver, simply sit nearby.  You may wish to
hold her hand or place your arm around her shoulder.
You may want to be careful as to how much you say.
You will want to be very careful that you do not cast
judgment on her behavior.  If your loved one found
strength in God before her husband's death, she may
now be very angry at God for His actions.  Be
careful, again, to not quickly condemn your loved
one.  Believe, that she will "find her way back to
God."

## Task II  TO EXPERIENCE THE PAIN OF GRIEF

Worden suggests that the person grieving may
work at "not feeling."  She/he may avoid all painful
thoughts, may avoid reminders of the death, may think
exaggerated "pleasant" thoughts of the deceased or

may use religious belief as a "balm" for pseudo-euphoria in the possibility that the deceased is still alive. Note: I am not suggesting that trust in God is not healthy. Rather, I am suggesting that religion may "cover up" the truth.

When you are supporting this person, offer permission to express feelings and encourage her/him to act those feelings out in constructive ways. Note: your loved one may have to go over her/his grief countless times. Your identification with your loved ones' feelings is essential, provided that you have examined and understand your own feelings. I am not suggesting that you spend time in extended introspection; rather, as I have suggested before, you should try to come to some understanding of your own attitudes about death and dying.

## Task III  TO ADJUST TO AN ENVIRONMENT WHERE THE DECEASED IS MISSING

From my observation with seeing people grieve, this adjustment varies in each situation depending on the relationship to the deceased (wife, child) and the roles played by the deceased; eg. particularly

that of a widow where she now lives alone, or raising

children alone, and learning to manage finances.  eg.

the widower who now wonders how he will handle

domestic duties or arrange meaningful social contacts

(his wife usually took care of all of that).  It is

seldom fully clear, initially, what is lost.  A loss

of husband, for instance, may or may not mean the

loss of sexual partner, companion, accountant,

gardener, baby minder, audience, bed warmer and so

on, depending on the particular roles normally

performed by the husband.

The one providing support and encouragement will

need to be perceptive in observing the survivor's

potential withdrawal from society.  The individual

who is grieving may "seek" to promote her/his own

sense of helplessness.  She/he may refuse to learn

new skills. She/he may resent having to learn the

skills earlier performed by her/his spouse.  Worden

suggests that this person oscilates between realistic

hope and despair. This is a very important time to be

part of a warm relationship/friendship, a hopeful

support group, or a confidante experiencing the same

kind of grief.  The person grieving wants the

assurance that she/he will not be alone or rejected

(now or in the future).  Questions of ultimate

meaning often emerge here.  Why him/her?  Why now?

What does this mean?  What is the meaning in life? As

support giver, you can be instrumental in reinforcing

a new relevant life perspective and an internalized

trust in life's goodness.  However, when "the sun is

not shining in your loved one's life", I encourage

you not to be too hasty in saying, "come on David,

it's a bright, beautiful day out there--brighten up."

Certainly, there is a time to give optimistic cheer.

There is likewise a time to recognize another

person's despair and during this time of despair,

your loved one may not "hear" talk about the bright

sunshine.  We have all been "guilty" of pushing

people when they have not been ready to absorb the

push.  My intention here is to encourage a very

sensitive style of caring, in order to more readily

empathize with the person grieving.

## Task IV  TO WITHDRAW EMOTIONAL ENERGY AND REINVEST IT IN THE LIVING--FOR SOME THIS MAY MEAN ANOTHER RELATIONSHIP

The person grieving may think that she/he will

dishonor her/his spouse if there is a move towards

the future without the deceased in mind.  The

survivor who considers a new relationship may fear
that "reinvesting" in this new relationship may also
end in "death." There may be fear conflicts with
children regarding future relationships. There is
also a sense of respect for the idea that one is
"Married for life to the same partner."

## WHEN IS MOURNING FINISHED?

Worden suggests that mourning is completed when
the four tasks are completed and when one to two
years of time have elapsed. I do not believe that
one should necessarily place a time frame on
grieving. I continue to believe that grieving is a
life long experience. There are signs of completion
that we can look for: (a.) To be able to think of
the deceased person without pain or without having
the profound tightness in the chest; (b.) The
sadness, though there, lacks the wrenching,
debilitating earlier quality; (c.) The individual
grieving begins to re-invest her or his emotions back
into life; (d.) For some persons, grief tasks are not
fully accomplished; rather, grief/mourning erupts
less frequently; (e.) As Sigmund Freud stated, "No
matter what will fill the gap, even if it it be
filled completely, it nevertheless remains something
else."

APPENDIX   E


QUESTIONNAIRE

Please answer each question with a check mark or with a few comments in those questions which have space for comments.

1.  I am comfortable talking
    about my loss and grief           Yes_____          No_____

2.  I experience loneliness           Yes_____ No_____

3.  I feel that men and women
    grieve in similar ways            Yes_____          No_____

4.  I think about my spouse
    every day                         Yes_____          No_____

5.  I sometimes sense my
    wife's presence                   Yes_____          No_____

6.  I continue to have
    physical distress                 Yes_____          No_____

7.  I know what I
    need most right now               Yes_____          No_____

8.  I find a sense of

hope in God                    Yes_____    No_____

9.  I have been angry
    at God                     Yes_____        No_____

10. I feel as if God
    has punished me             Yes_____         No_____

11. I am angry at God          Yes_____  No_____

12. I cannot talk with my
                               Agree_____ Disagree_____
    children about my loss

13. My children are supportive
                               Agree_____ Disagreee_____
    in practical ways

14. Most of my friends do not
    really understand my       Agree_____Disagree_____
    situation

15. My friends make contact
    with me after the funeral   Yes_____        No_____

16. I make my own meals         Yes_____  No_____

17. I usually eat out          Yes_____   No_____

    in  restaurant           Yes_____   No_____

    with family              Yes_____   NO_____

    with friends               Yes_____   No_____


18. I am convinced that the

    death of my wife is the most
                              Agree_____  Disagree_____
    painful thing I will ever

    experience in my life


19. I sometimes feel like dying   Yes_____     No_____


20. I have had thoughts of dying  Yes_____     No_____


21. I continue to find meaning

    in life                  Yes_____     No_____


22. I believe that men marry

    too soon after the death    Agree__Disagree__

    of their wife


23. I believe that men remarry

    because they are lonely    Agree__Disagree__




24. I believe that men remarry

because they wish companionship Agree__Disagree__


25. I believe that men remarry

because they have a desire         Agree____      Disagree_____

for sexual relationships


26. I feel comfortable with crying    Yes____No__


27. I continue to cry every week      Yes___No____


28. I continue to cry every day       Yes____  No____


29. I believe that men are as

    emotional as women               Agree__Disagree__


30. I believe that women cope

    better then men                  Agree__ Disagree____


31. I believe that more public

    discussion should occur      Agree____ Disagree__

    regarding death and dying


32. I was not prepared for my

    wife's death                 Agree__ Disagree__

33. I expected my wife's death         Yes_____ No_____

34. I believe that a man who
    expects his wife's death has
    an "easier" time following
    her death                  Agree__ Disagree__

35. Because death is final, I
believe there is no difference
in one's grief with expected
or unexpected            Agree_____ Disagree_____

36. I think about the future     Yes_____ No_____

37. I would like to travel        Yes_____ No_____

38. I am comfortable traveling
    alone                    Yes_____ No_____

39. Sometimes, I feel like
I could scream            Yes_____ No_____

40. Sometimes, I feel like
I am going "crazy"       Yes_____ No_____

41. I will continue to live in

my house as long as I

am able                          Yes_____ No_____


42. I miss my wife for some of the following reasons:

_____

_____


43. I have some of the following regrets:

_____

_____


44. If I could speak with my wife just one more time,

these are some of the things that I would tell her:

_____

_____


45. My relationship with my wife has been meaningful

in the

following ways:

_____

_____

46. I believe that I will see my wife again  Yes_____

No_____

47. I have found support in talking with

Robert about my loss                    Yes_____ No_____

48. I have felt support from Robert, because:

_____

_____

49. The best that Robert can do in supporting others

who grieve is to:

_____

_____

50. I believe that we need support

groups for widows and widowers     Yes____ No____


51. I would be willing to give

direction to such a support group   Yes____ No____


52. I have a few other suggestions for how the

community could more sensitively offer support to

grieving persons:

_____

_____

_____


53. Robert's strengths and weaknesses are:

_____

_____

_____

Thankyou gentlemen, I wish you
well.  I continue to look forward
to chatting with you in the
future.

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# REFERENCES

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