



GRIEF

RECOVERY



L a r r y Y e a g l e y

AdventSource

Grief Recovery

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Prologue

Thousands of volumes in Yale Divinity School's library lured me to the dark stacks. If only I had enough books at my fingertips, I could produce life-enriching sermons. Weeks with the books soon proved my youthful dream to be an illusion. The hurting people in my parish called me to their places of pain. There I found my laboratory of practical theology.

As my ministry to grieving people intensified, I went to the consultants and scholars, but only a fraction of their advice remained in my mental memory bank. Theories are seldom retained.

Men, women, and children engulfed in the paralyzing emptiness of grief were my living textbooks. As I entered their pain, they opened their lives to me. We hurt together. We learned together. We found restoration together. This was the laboratory of brokenness.

We spent little time on theory. The raw realities of disconnectedness spoke to us. The non-essentials and the superficialities of the social and religious worlds were discarded. Pain and loneliness drove us to the heart of life's priorities. Focusing on those priorities brought the resurrection of hope.

I walked through human loss with people of many backgrounds. Their stories are written indelibly upon my mind. My character has been intricately fashioned by their tragedy and transformation. Erasing their imprints on my life is impossible. They are vivid in my dreams and daily reflections, not in a morbid sense, but in relation to my thoughts of human triumph.

Graduates from the school of human brokenness speak to you in this volume. Behind the author's name are hundreds of authorities on grief who must remain anonymous. Their anonymity does not diminish the force of their message.





Grief Hurts

Martha was hospitalized for eight days with acute abdominal pain. Her physician concluded that there must be a stressful situation causing the pain. I was asked to visit Martha.

She couldn't put her finger on any major changes in her life over the last year. By careful questioning I encouraged her to reflect on her past experiences. As she moved back year by year, her body language portrayed more and more stress. Finally she told me about her eleven-year-old daughter who died eight years earlier. She was upset about her death, but she swallowed and choked back the tears.

"It must have been a very sad time in your home when Kim died," I commented.

"Yes, it was, Chaplain, but I never cried, not even at the funeral."

"I don't understand how you could refrain from crying," I answered.

"It wasn't easy at first. You see, my family scolded me every time I began to cry. If they saw my chin quiver they'd tell me to stop it." She was noticeably ready to cry as she spoke to me.

I was very interested in the details of Kim's death, so I encouraged Martha to tell me how it happened.

The story poured out freely. I had the feeling that she hadn't discussed it with anyone for years.

"Martha," I said quietly, "I am not your family. I am giving you permission to weep. Please don't hold the tears any longer. It won't make me uncomfortable to see you cry."

At this invitation, Martha began to weep for the first time in eight years. The dam finally burst and let the pain of all those years come flowing out. We spent an hour together. Then she wiped her eyes one more time and said with a sigh, "Oh, I feel so relieved. You'll never know what a heavy load this has been to carry all this time. I really thank you for listening and putting up with my bawling."

"Martha, it has been a rewarding experience for me," I responded.

"Now, please promise me that when you get home from the hospital you'll go up to your attic and open that old trunk. I want you to pull out all those baby clothes, toys, and paper dolls. Kiss them as you think about all the good times you and Kim had playing together. And if you can't cry, pray for God to give you tears."

"How did you know I had a trunk in the attic?" she asked with a surprised look on her face.

"I didn't, it was just a hunch," I assured her.

The trunk in the attic was a hunch, but the cause of her pain wasn't. I suspected all along that beneath her acute pain was unresolved grief.

The pain of grief is due to a major assault on the entire system. Our life script does not call for a child to die in her sleep. It does not include an unexpected announcement of divorce intentions. The script does not have a cancer diagnosis in it. We don't program highway fatalities into our life story. When life and the script suddenly collide there is onset of acute pain that cannot be prevented.

My parents lost six children, but I didn't appreciate their pain until my son was killed suddenly in a highway accident. I had been conducting bereavement support groups for four years when the tragedy struck, but the pain was a totally new experience for me. I was not prepared for that pain. There wasn't another human being who could bear that pain for me. It was my pain. It was unique. At times it frightened me.

My pain colored everything I did for many months. I remember sitting in a psychiatric care committee when the phone rang. A friend answered the phone and said it was for me. My face turned pale. The chief of psychiatry came to the phone to make sure I was alright. He relaxed when I told him it was not another emergency. I felt sudden pain when I knew the call was for me. It took a long time for the pain to subside.

Emotional pain is so powerful during acute grief that fear, anger, and tears can manifest themselves instantly. People have told me about crying as they pushed the cart through the grocery store and becoming angry at people for minor annoyances. A very dear friend of mine trembled deep inside for many weeks after her child died.

Grief hurts us physically. While we can't link specific disorders and bereavement through controlled studies, it is widely accepted

that bereavement may exacerbate existing illnesses and precipitate behaviors that leave people open to infectious diseases. This was the concluding opinion of the editors of a report published by National Academy Press (*Bereavement-Reactions, Consequences, and Care*, Marion Osterweis, Fredric Solomon, and Morris Green, Editors. National Academy Press, Washington, D. C. 1984).

I am not into research, but many of the people who attended support groups with me have reported increased illnesses of a minor nature and the worsening of preexisting conditions.

The words bereave and rob are derived from the same root. When we lose an important relationship it feels like robbery, like someone has been ripped away from us.

Back in the 1950's I had surgery. The incision was covered with a bandage secured to my abdomen with strips of adhesive tape. Those were the days when you stayed in the hospital until you were well enough to go home and the tape stayed on until the hair began to grow out. The doctor assured me that ripping the tape off quickly was less painful than doing it bit by bit. I still question his theory, but I will never question the idea that having a loved one ripped away causes instant, excruciating pain.

Grief brings pain to families. The whole family system is out of balance. Confusion over roles and trying to fill the empty space left by the loss are just two of the sources of pain.

For months after a loss you sit across the table from family members who hurt just as you do. You find yourself confused with feelings of wanting someone to help you and wanting to help the people sitting across from you.

I distinctly remember walking out in the backyard a couple of weeks after my son died. My youngest son was raking the leaves. I saw the pain on his face and wanted to take it all away, but at the same time I wanted someone to take my pain away. As I looked at my wife and my sons my pain increased. I wanted to heal them, but I was powerless.

The first Christmas after the death was a disaster in our family. My wife and I went to the store to do some last minute shopping while the three boys put up the tree. When we came home the tree was all decorated, but the boys were in their rooms instead of lying on the floor looking at the lights as they usually did.

Jeff traditionally put the lights on the tree, but he wasn't there to do it. Filling that role was painful for the boys. Disagreements arose, but the trimmings were installed as best they could. At one point one of the boys tripped over the cord and the tree toppled, making it necessary to rearrange many of the ornaments. I still fight tears when I think of that painful evening.

I spent fourteen years as a chaplain in medical centers. I worked with patients in alcohol and drug rehabilitation programs, in medical-surgical units, in eating disorders programs, in psychiatric wards, in critical care units and in oncology units. During that time I noticed that unresolved grief inhibited the healing process.

Erich Lindemann's study of the victims of the Coconut Grove fire in Boston revealed the same conclusion. Those who were burned and lost a loved one in the fire healed measurably slower than those who were burned but had not lost a loved one.

One day I visited a woman who had just had brain surgery. When she learned that I was a chaplain she asked me to pray for her because she had just buried her daughter eight weeks ago.

“She died of cancer. She was so young. Oh, I lost my girl,” the woman cried. She wept openly as I held her hand and spoke to her in an assuring voice.

I was concerned about how crying would affect her so soon after surgery, but I also noticed that as she wept she became more relaxed. There was a definite release of tension.

A young physician entered the room and told her not to cry, but when I told him that her girl died of cancer eight weeks ago, he left the room. Later he apologized for intruding. He said he was not aware of her recent loss. He felt that grieving freely was appropriate.

I have since been with dozens of post-surgery patients and permitted them to weep. Usually they express gratitude in a fashion similar to the woman who had brain surgery – “Thank you so much for talking to me. It helps.” In my reading I have discovered that the head nurse, the young physician and I were on the right track. The resolution of grief enhances the healing process.

I’ve heard it said that acute grief is like the common cold, ignore it and it will go away. I don’t believe that’s true. We now know that the common cold can lead to serious complications if proper care is not given. While grief is common to all people and is the normal process of bringing life back into focus after a great loss, it can lead to serious disorders without proper supportive care.

Helpful Exercises

1. Write a chronological list of losses you have experienced.
2. On a separate sheet of paper describe the pain you experienced during your most recent loss.
3. Select what you consider to be the most serious loss. Document how the pain of that loss affected your family and your personal health.
4. Mark the losses to which you are still adjusting. List them according to the amount of pain they are causing you now.

