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Bereavement Overview
Basic Grief Information:

Grief is defined as a multi-faceted response to loss, particularly to the loss of someone or something to which a bond was formed. Although conventionally focused on the emotional response to loss, it also has physical, cognitive, behavioral, social, and philosophical dimensions. Common to human experience is the death of a loved one, whether it be a friend, family, or other companion. While the terms are often used interchangeably, bereavement often refers to the state of loss, and grief to the reaction to loss. (From Wikipedia, the free encyclopedia)

Grief is a healthy normal human response to a loss. Every person grieves differently.

Examples of a loss that may cause grief:

- Death of a loved one
- Separation or divorce
- Miscarriages
- Injury or disability
- Loss of a job, property, or pet
- Moving to a new place
- A child leaving home

The greatest loss which we experience is the death of a loved one. Grieving is a natural normal way which helps us to accept our loss.

What can we do to help heal from a loss:

**Emotionally**

- Express your feelings aloud
- Ask for help
- Accept help
- Be kind and patient to yourself

**Physically**

- Get plenty of rest
- Exercise and eat a healthy diet
- Be alert to persistent problems (weight loss, headaches, difficulty sleeping, lack of energy)
- See your physician if needed

**Psychologically**

- Set short term goals
• Try new activities
• Try to regain a positive outlook
• Evaluate your goals

Sources of help

• Counseling
• Support groups
• Social service organizations
• To find more information check with local hospice, hospitals, faith community

Myths and Facts About Grief

MYTH: The pain will go away faster if you ignore it.

Fact: Trying to ignore your pain or keep it from surfacing will only make it worse in the long run. For real healing it is necessary to face your grief and actively deal with it.

MYTH: It’s important to be “be strong” in the face of loss.

Fact: Feeling sad, frightened or lonely is a normal reaction to loss. Crying doesn’t mean you are weak. You don’t need to “protect” your family or friends by putting on a brave front. Showing your true feelings can help them and you.

MYTH: If you don’t cry, it means you aren’t sorry about the loss.

Fact: Crying is a normal response to sadness, but it’s not the only one. Those who don’t cry may feel the pain just as deeply as others. They may simply have other ways of showing it.

MYTH: Grief should last about a year.

Fact: There is no right or wrong time frame for grieving. How long it takes can differ from person to person.

MYTH: Moving on with your life means you’re forgetting the one you lost.

Fact: Moving on means you’ve accepted your loved one’s death. That is not the same as forgetting. You can create a new life and still keep your loved one’s memory a part of you.

MYTH: Friends can help by not bringing up the subject.

Fact: People who are grieving usually want and need to talk about their loss. Bringing up the subject can make it easier to talk about.
Types of Grief

**Anticipatory Grief:**
Experiencing anticipatory grief may provide time for the preparation of loss, acceptance of loss, the ability to finish unfinished business, life review and resolve conflicts.

**Normal Grief:**
Normal feelings, reactions and behaviors to a loss; grief reactions can be physical, psychological, cognitive, behavioral.

**Complicated Grief:**

- **Chronic Grief:**
  Normal grief reactions that do not subside and continue over very long periods of time.

- **Delayed Grief:**
  Normal grief reactions that are suppressed or postponed. The survivor consciously or unconsciously avoids the pain of the loss.

- **Exaggerated Grief:**
  Survivor resorts to self-destructive behaviors such as suicide.

- **Masked Grief:**
  Survivor is not aware that behaviors that interfere with normal functioning are a result of the loss.

**Disenfranchised Grief:**
The grief encountered when a loss is experienced and cannot be openly acknowledged, socially sanctioned or publicly shared.
Are There Stages of Grief?

In 1969, psychiatrist Elisabeth Kübler-Ross introduced what became known as the “five stages of grief.” These stages of grief were based on her studies of the feelings of patients facing terminal illness, but many people have generalized them to other types of negative life changes and losses, such as the death of a loved one or a break-up.

The five stages of grief:

- **Denial:** “This can’t be happening to me.”
- **Anger:** “Why is this happening? Who is to blame?”
- **Bargaining:** “Make this not happen, and in return I will ____.”
- **Depression:** “I’m too sad to do anything.”
- **Acceptance:** “I’m at peace with what happened.”

If you are experiencing any of these emotions following a loss, it may help to know that your reaction is natural and that you’ll heal in time. However, not everyone who is grieving goes through all of these stages – and that’s okay. Contrary to popular belief, you do not have to go through each stage in order to heal. In fact, some people resolve their grief without going through any of these stages. And if you do go through these stages of grief, you probably won’t experience them in a neat, sequential order, so don’t worry about what you “should” be feeling or which stage you’re supposed to be in.

Kübler-Ross herself never intended for these stages to be a rigid framework that applies to everyone who mourns. In her last book before her death in 2004, she said of the five stages of grief, “They were never meant to help tuck messy emotions into neat packages. They are responses to loss that many people have, but there is not a typical response to loss, as there is no typical loss. Our grieving is as individual as our lives.”

Grief is a roller coaster, not a series of stages

It is best not to think of grief as a series of stages. Rather, we might think of the grieving process as a roller coaster, full of ups and downs, highs and lows. Like many roller coasters, the ride tends to be rougher in the beginning; the lows may be deeper and longer. The difficult periods should become less intense and shorter as time goes by, but it takes time to work through a loss. Even years after a loss, especially at special events such as a family wedding or the birth of a child, we may still experience a strong sense of grief.
Timetables for Grief

One of the most frequently asked question is: “How long will it last?” Everyone grieves differently and so the time table is different for everyone. This is a general description.

Month one:
In the first month, grieving persons may be so busy with funeral arrangements, visitors, paperwork and other immediate tasks that they have little time to begin the grieving process. They may also be numb and feel that the loss is unreal. This may last beyond the first month if the death was sudden, violent or particularly untimely.

Month Three:
This may be a particularly challenging time for many grieving persons. Visitors have gone home, cards and calls have pretty much stopped and most of the numbness has worn off. Many who do not understand the grief process may pressure the grieving person to get back to normal. The grieving person is just beginning the very painful task of understanding what this loss really means.

Months four through twelve:
The grieving person continues to work through the many tasks of learning to live with the loss. There begins to be a more good days than bad days. Difficult periods will crop up sometimes with no obvious trigger, even late into the last half of the first year. It is important that the grieving person understand these difficult periods are normal, not a sign of weakness. They are not a set back or a sign of a lack of progress.

Significant anniversaries:
During the first year, personal and public holidays present additional challenges. Birthdays (of the deceased and other family members), weddings anniversaries and family and school reunions can be difficult. Medical anniversaries, such as the day of diagnosis, the day someone is hospitalized or came home from the hospital can also bring up memories. The grieving person may not be aware of these dates but they may still affect them.

The one-year anniversary of the death:
Reactions to the anniversary may begin days or weeks before the actual date. Many people describe reliving those last difficult days. Even individuals who have been doing well may be surprised at how intensely the one year anniversary affects them. People generally welcome additional acknowledgment or support during anniversaries.

The second year:
Most grieving people agree that it takes at least two years to start feeling as if they have established workable new routines and a new identity without the deceased person. Many of the tasks of the second year have to do with re-assessing goals, discovering a new identity and creating a different life style.
Why does the grieving process last so long?

It is often difficult for the family, friends and colleagues of a loved one to understand why the grieving process lasts so long. They want to see us happy again and getting on with our life. It is important to be aware of the many kinds and levels of loss that can accompany the death of a loved one. This awareness may help us and others who care about us to be more patient and gentle to us and to others during the grieving process.

We will often experience a secondary loss that may not be as obvious as the overwhelming loss of a loved one.

**Loss of a large part of ourselves:** There is always a part of us that was given to our loved one.

**Loss of Identity:** Part of who we are is what we did with and for the other person.

**Loss of Self Confidence:** The feeling of inadequacy, not being able to do anything right, is often a strong feeling after a loss.

**Loss of a chosen lifestyle:** Death forces us to change, to begin a new lifestyle weather we want to or not.

**Loss of security:** When a love one dies we lose the most basic sense of security. We often don’t know what will happen next or how to respond to situations.
Common Symptoms of Grief

While loss affects people in different ways, many people experience the following symptoms when they’re grieving. Just remember that almost anything that you experience in the early stages of grief is normal – including feeling like you’re going crazy, feeling like you’re in a bad dream, or questioning your religious beliefs.

- **Shock and disbelief** – Right after a loss, it can be hard to accept what happened. You may feel numb, have trouble believing that the loss really happened, or even deny the truth. If someone you love has died, you may keep expecting them to show up, even though you know they’re gone.
- **Sadness** – Profound sadness is probably the most universally experienced symptom of grief. You may have feelings of emptiness, despair, yearning, or deep loneliness. You may also cry a lot or feel emotionally unstable.
- **Guilt** – You may regret or feel guilty about things you did or didn’t say or do. You may also feel guilty about certain feelings (e.g. feeling relieved when the person died after a long, difficult illness). After a death, you may even feel guilty for not doing something to prevent the death, even if there was nothing more you could have done.
- **Anger** – Even if the loss was nobody’s fault, you may feel angry and resentful. If you lost a loved one, you may be angry at yourself, God, the doctors, or even the person who died for abandoning you. You may feel the need to blame someone for the injustice that was done to you.
- **Fear** – A significant loss can trigger a host of worries and fears. You may feel anxious, helpless, or insecure. You may even have panic attacks. The death of a loved one can trigger fears about your own mortality, of facing life without that person, or the responsibilities you now face alone.
- **Physical symptoms** – We often think of grief as a strictly emotional process, but grief often involves physical problems, including fatigue, nausea, lowered immunity, weight loss or weight gain, aches and pains, and insomnia.
Coping with Grief and Loss: Get Support

The single most important factor in healing from loss is having the support of other people. Even if you aren’t comfortable talking about your feelings under normal circumstances, it’s important to express them when you’re grieving. Sharing your loss makes the burden of grief easier to carry. Wherever the support comes from, accept it and do not grieve alone. Connecting to others will help you heal.

Finding support after a loss

- **Turn to friends and family members** – Now is the time to lean on the people who care about you, even if you take pride in being strong and self-sufficient. Draw loved ones close, rather than avoiding them, and accept the assistance that’s offered. Oftentimes, people want to help but don’t know how, so tell them what you need – whether it’s a shoulder to cry on or help with funeral arrangements.

- **Draw comfort from your faith** – If you follow a religious tradition, embrace the comfort its mourning rituals can provide. Spiritual activities that are meaningful to you – such as praying, meditating, or going to church – can offer solace. If you’re questioning your faith in the wake of the loss, talk to a clergy member or others in your religious community.

- **Join a support group** – Grief can feel very lonely, even when you have loved ones around. Sharing your sorrow with others who have experienced similar losses can help. To find a bereavement support group in your area, contact local hospitals, hospices, funeral homes, and counseling centers.

- **Talk to a therapist or grief counselor** – If your grief feels like too much to bear, call a mental health professional with experience in grief counseling. An experienced therapist can help you work through intense emotions and overcome obstacles to your grieving.
Coping with grief and loss: Take care of yourself

When you’re grieving, it’s more important than ever to take care of yourself. The stress of a major loss can quickly deplete your energy and emotional reserves. Looking after your physical and emotional needs will help you get through this difficult time.

- **Face your feelings.** You can try to suppress your grief, but you can’t avoid it forever. In order to heal, you have to acknowledge the pain. Trying to avoid feelings of sadness and loss only prolongs the grieving process. Unresolved grief can also lead to complications such as depression, anxiety, substance abuse, and health problems.

- **Express your feelings in a tangible or creative way.** Write about your loss in a journal. If you’ve lost a loved one, write a letter saying the things you never got to say; make a scrapbook or photo album celebrating the person’s life; or get involved in a cause or organization that was important to him or her.

- **Look after your physical health.** The mind and body are connected. When you feel good physically, you’ll also feel better emotionally. Combat stress and fatigue by getting enough sleep, eating right, and exercising. Don’t use alcohol or drugs to numb the pain of grief or lift your mood artificially.

- **Don’t let anyone tell you how to feel, and don’t tell yourself how to feel either.** Your grief is your own, and no one else can tell you when it’s time to “move on” or “get over it.” Let yourself feel whatever you feel without embarrassment or judgment. It’s okay to be angry, to yell at the heavens, to cry or not to cry. It’s also okay to laugh, to find moments of joy, and to let go when you’re ready.

- **Plan ahead for grief “triggers”.** Anniversaries, holidays, and milestones can reawaken memories and feelings. Be prepared for an emotional wallop, and know that it’s completely normal. If you’re sharing a holiday or lifecycle event with other relatives, talk to them ahead of time about their expectations and agree on strategies to honor the person you loved.
When Grief Doesn’t Go Away

It’s normal to feel sad, numb, or angry following a loss. But as time passes, these emotions should become less intense as you accept the loss and start to move forward. If you aren’t feeling better over time, or your grief is getting worse, it may be a sign that your grief has developed into a more serious problem, such as complicated grief or major depression.

Complicated grief

The sadness of losing someone you love never goes away completely, but it shouldn’t remain center stage. If the pain of the loss is so constant and severe that it keeps you from resuming your life, you may be suffering from a condition known as complicated grief. Complicated grief is like being stuck in an intense state of mourning. You may have trouble accepting the death long after it has occurred or be so preoccupied with the person who died that it disrupts your daily routine and undermines your other relationships.

Symptoms of complicated grief include:

- Intense longing and yearning for the deceased
- Intrusive thoughts or images of your loved one
- Denial of the death or sense of disbelief
- Imagining that your loved one is alive
- Searching for the person in familiar places
- Avoiding things that remind you of your loved one
- Extreme anger or bitterness over the loss
- Feeling that life is empty or meaningless

The difference between grief and depression

Distinguishing between grief and clinical depression isn’t always easy, since they share many symptoms. However, there are ways to tell the difference. Remember, grief is a roller coaster. It involves a wide variety of emotions and a mix of good and bad days. Even when you’re in the middle of the grieving process, you will have moments of pleasure or happiness. With depression, on the other hand, the feelings of emptiness and despair are constant.

Other symptoms that suggest depression, not just grief:

- Intense, pervasive sense of guilt.
- Thoughts of suicide or a preoccupation with dying.
- Feelings of hopelessness or worthlessness.
- Slow speech and body movements
- Inability to function at work, home, and/or school.
- Seeing or hearing things that aren’t there.
Can antidepressants help grief?

As a general rule, normal grief does not warrant the use of antidepressants. While medication may relieve some of the symptoms of grief, it cannot treat the cause, which is the loss itself. Furthermore, by numbing the pain that must be worked through eventually, antidepressants delay the mourning process.

When to seek professional help for grief

If you recognize any of the above symptoms of complicated grief or clinical depression, talk to a mental health professional right away. Left untreated, complicated grief and depression can lead to significant emotional damage, life-threatening health problems, and even suicide. But treatment can help you get better.

Contact a grief counselor or professional therapist if you:

- Feel like life isn’t worth living
- Wish you had died with your loved one
- Blame yourself for the loss or for failing to prevent it
- Feel numb and disconnected from others for more than a few weeks
- Are having difficulty trusting others since your loss
- Are unable to perform your normal daily activities
Helping Others Through Grief, Loss, and Bereavement

It can be tough to know what to say or do when someone you care about is grieving. It’s common to feel helpless, awkward, or unsure. You may be afraid of intruding, saying the wrong thing, or making the person feel even worse. Or maybe you feel there’s little you can do to make things better.

While you can’t take away the pain of the loss, you can provide much-needed comfort and support. There are many ways to help a grieving friend or family member, starting with letting the person know you care.

What you need to know about bereavement and grief

The death of a loved one is one of life’s most difficult experiences. The bereaved struggle with many intense and frightening emotions, including depression, anger, and guilt. Often, they feel isolated and alone in their grief. Having someone to lean on can help them through the grieving process.

Don’t let discomfort prevent you from reaching out to someone who is grieving. Now, more than ever, your support is needed. You might not know exactly what to say or what to do, but that’s okay. You don’t need to have answers or give advice. The most important thing you can do for a grieving person is to simply be there. Your support and caring presence will help them cope with the pain and begin to heal.

Understanding the bereavement process

The better your understanding of grief and how it is healed, the better equipped you’ll be to help a bereaved friend or family member:

- **There is no right or wrong way to grieve.** Grief does not unfold in orderly, predictable stages. It is an emotional rollercoaster, with unpredictable highs, lows, and setbacks. Everyone grieves differently, so avoid telling the bereaved what they “should” be feeling or doing.
- **Grief may involve extreme emotions and behaviors.** Feelings of guilt, anger, despair, and fear are common. A grieving person may yell to the heavens, obsess about the death, lash out at loved ones, or cry for hours on end. The bereaved need reassurance that what they’re feeling is normal. Don’t judge them or take their grief reactions personally.
- **There is no set timetable for grieving.** For many people, recovery after bereavement takes 18 to 24 months, but for others, the grieving process may be longer or shorter. Don’t pressure the bereaved to move on or make them feel like they’ve been grieving too long. This can actually slow their healing.
What to say to someone who has lost a loved one

It is common to feel awkward when trying to comfort someone who is grieving. Many people do not know what to say or do. The following are suggestions to use as a guide.

- Acknowledge the situation. Example: "I heard that your_____ died." Use the word "died" That will show that you are more open to talk about how the person really feels.
- Express your concern. Example: "I'm sorry to hear that this happened to you."
- Be genuine in your communication and don't hide your feelings. Example: "I’m not sure what to say, but I want you to know I care."
- Offer your support. Example: "Tell me what I can do for you."
- Ask how he or she feels, and don't assume you know how the bereaved person feels on any given day.

Helping a grieving person: Listen with compassion

Almost everyone worries about what to say to people who are grieving. But knowing how to listen is much more important. Oftentimes, well-meaning people avoid talking about the death or mentioning the deceased person. However, the bereaved need to feel that their loss is acknowledged, it’s not too terrible to talk about, and their loved one won’t be forgotten.

While you should never try to force someone to open up, it’s important to let the bereaved know they have permission to talk about the loss. Talk candidly about the person who died and don’t steer away from the subject if the deceased’s name comes up. When it seems appropriate, ask sensitive questions – without being nosy – and then invite the grieving person to openly express his or her feelings. Try simply asking, “Do you feel like talking?”

- **Accept and acknowledge all feelings.** Let the grieving person know that it’s okay to cry in front of you, to get angry, or to break down. Don’t try to reason with them over how they should or shouldn’t feel. The bereaved should feel free to express their feelings, without fear of judgment, argument, or criticism.
- **Be willing to sit in silence.** Don’t press if the grieving person doesn’t feel like talking. You can offer comfort and support with your silent presence. If you can’t think of something to say, just offer eye contact, a squeeze of the hand, or a reassuring hug.
- **Let the bereaved talk about how their loved one died.** People who are grieving may need to tell the story over and over again, sometimes in minute detail. Be patient. Repeating the story is a way of processing and accepting the death. With each retelling, the pain lessens.
- **Offer comfort and reassurance without minimizing the loss.** Tell the bereaved that what they’re feeling is okay. If you’ve gone through a similar loss, share your own experience if you think it would help. However, don’t give unsolicited advice, claim to “know” what the person is feeling, or compare your grief to theirs.
Comments to Avoid When Comforting the Bereaved

- "I know how you feel." One can never know how another may feel. You could, instead, ask your friend to tell you how he or she feels.

- "It's part of God's plan." This phrase can make people angry and they often respond with, "What plan? Nobody told me about any plan."

- "Look at what you have to be thankful for." They know they have things to be thankful for, but right now they are not important.

- "He's in a better place now." The bereaved may or may not believe this. Keep your beliefs to yourself unless asked.

- "This is behind you now; it's time to get on with your life." Sometimes the bereaved are resistant to getting on with because they feel this means "forgetting" their loved one. In addition, moving on is easier said than done. Grief has a mind of its own and works at its own pace.

- Statements that begin with "You should" or "You will." These statements are too directive. Instead you could begin your comments with: "Have you thought about. . ." or "You might. . ."
Helping a Grieving Person: Offer Practical Assistance

It is difficult for many grieving people to ask for help. They might feel guilty about receiving so much attention, fear being a burden, or be too depressed to reach out. You can make it easier for them by making specific suggestions – such as, “I’m going to the market this afternoon. What can I bring you from there?” or “I’ve made beef stew for dinner. When can I come by and bring you some?”

Consistency is very helpful, if you can manage it – being there for as long as it takes. This helps the grieving person look forward to your attentiveness without having to make the additional effort of asking again and again. You can also convey an open invitation by saying, “Let me know what I can do,” which may make a grieving person feel more comfortable about asking for help. But keep in mind that the bereaved may not have the energy or motivation to call you when they need something, so it’s better if you take the initiative to check in.

Be the one who takes the initiative

There are many practical ways you can help a grieving person. You can offer to:

- Shop for groceries or run errands
- Drop off a casserole or other type of food
- Help with funeral arrangements
- Stay in their home to take phone calls and receive guests
- Help with insurance forms or bills
- Take care of housework, such as cleaning or laundry
- Watch their children or pick them up from school
- Drive them wherever they need to go
- Look after their pets
- Go with them to a support group meeting
- Accompany them on a walk
- Take them to lunch or a movie
- Share an enjoyable activity (game, puzzle, art project)
Helping a Grieving Person: Provide Ongoing Support

Grieving continues long after the funeral is over and the cards and flowers have stopped. The length of the grieving process varies from person to person. But in general, grief lasts much longer than most people expect. Your bereaved friend or family member may need your support for months or even years.

- **Continue your support over the long haul.** Stay in touch with the grieving person, periodically checking in, dropping by, or sending letters or cards. Your support is more valuable than ever once the funeral is over, the other mourners are gone, and the initial shock of the loss has worn off.

- **Don’t make assumptions based on outward appearances.** The bereaved person may look fine on the outside, while inside he or she is suffering. Avoid saying things like “You are so strong” or “You look so well.” This puts pressure on the person to keep up appearances and to hide his or her true feelings.

- **The pain of bereavement may never fully heal.** Be sensitive to the fact that life may never feel the same. You don’t “get over” the death of a loved one. The bereaved person may learn to accept the loss. The pain may lessen in intensity over time. But the sadness may never completely go away.

- **Offer extra support on special days.** Certain times and days of the year will be particularly hard for your grieving friend or family member. Holidays, family milestones, birthdays, and anniversaries often reawaken grief. Be sensitive on these occasions. Let the bereaved person know that you’re there for whatever he or she needs.
Helping a Grieving Person: Watch for Warning Signs

It’s common for a grieving person to feel depressed, confused, disconnected from others, or like they’re going crazy. But if the bereaved person’s symptoms don’t gradually start to fade – or they get worse with time – this may be a sign that normal grief has evolved into a more serious problem, such as clinical depression.

Encourage the grieving person to seek professional help if you observe any of the following warning signs after the initial grieving period – especially if it’s been over two months since the death.

- Difficulty functioning in daily life
- Extreme focus on the death
- Excessive bitterness, anger, or guilt
- Neglecting personal hygiene
- Alcohol or drug abuse
- Inability to enjoy life
- Hallucinations
- Withdrawing from others
- Constant feelings of hopelessness
- Talking about dying or suicide

It can be tricky to bring up your concerns to the bereaved person. You don’t want to perceived as invasive. Instead of telling the person what to do, try stating your own feelings: “I am troubled by the fact that you aren’t sleeping – perhaps you should look into getting help.”

Take talk of suicide very seriously

If a grieving friend or family member talks about suicide, get professional help right away. IN A LIFE-THREATENING EMERGENCY, CALL 911.
Supporting a Child Through Grief and Bereavement

Even very young children feel the pain of bereavement, but they learn how to express their grief by watching the adults around them. After a loss – particularly of a sibling or parent – children need support, stability, and honesty. They may also need extra reassurance that they will be cared for and kept safe. As an adult, you can support children through the grieving process by demonstrating that it’s okay to be sad and helping them make sense of the loss.

Answer any questions the child may have as truthfully as you can. Use very simple, honest, and concrete terms when explaining death to a child. Children, especially young children, may blame themselves for what happened and the truth helps them see they are not at fault.

Open communication will smooth the way for a child to express distressing feelings. Because children often express themselves through stories, games and artwork, encourage this self-expression, and look for clues in those activities about how they are coping.

How to help a grieving child:

- Allow your child, however young, to attend the funeral if he or she wants to.
- Convey your spiritual values about life and death, or pray with your child.
- Meet regularly as a family to find out how everyone is coping.
- Help children find ways to symbolize and memorialize the deceased person.
- Keep your child’s daily routine as normal as possible.
- Pay attention to the way a child plays; this can be one of a child’s primary ways of communicating.

What not to do:

- Don’t force a child to publicly mourn if he or she doesn’t want to.
- Don’t give false or confusing messages, like “Grandma is sleeping now.”
- Don’t tell a child to stop crying because others might get upset.
- Don’t try to shield a child from the loss. Children pick up on much more than adults realize. Including them in the grieving process will help them adapt and heal.
- Don’t stifle your tears; By crying in front of your child, you send the message that it’s okay for him or her to express feelings, too.
- Don’t turn your child into your personal confidante. Rely on another adult or a support group instead.
A suicidal person may not ask for help, but that doesn't mean that help isn't wanted. Most people who commit suicide don't want to die—they just want to stop hurting. Suicide prevention starts with recognizing the warning signs and taking them seriously.

If you think a friend or family member is considering suicide, you might be afraid to bring up the subject. But talking openly about suicidal thoughts and feelings can save a life. Speak up if you're concerned and seek professional help immediately! Through understanding, reassurance, and support, you can help your loved one overcome thoughts of suicide.

**Understanding and Preventing Suicide**

The World Health Organization estimates that approximately 1 million people die each year from suicide. What drives so many individuals to take their own lives? To those not in the grips of suicidal depression and despair, it's difficult to understand. But a suicidal person is in so much pain that he or she can see no other option.

Suicide is a desperate attempt to escape suffering that has become unbearable. Blinded by feelings of self-loathing, hopelessness, and isolation, a suicidal person can't see any way of finding relief except through death. But despite their desire for the pain to stop, most suicidal people are deeply conflicted about ending their own lives. They wish there was an alternative to committing suicide, but they just can't see one.

Because of their ambivalence about dying, suicidal individuals usually give warning signs or signals of their intentions. The best way to prevent suicide is to know and watch for these warning signs and to get involved if you spot them. If you believe that a friend or family member is suicidal, you can play a role in suicide prevention by pointing out the alternatives, showing that you care, and getting a doctor or psychologist involved.
Common Misconceptions About Suicide

FALSE: People who talk about suicide won't really do it.
Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," — no matter how casually or jokingly said may indicate serious suicidal feelings.

FALSE: Anyone who tries to kill him/herself must be crazy.
Most suicidal people are not psychotic or insane. They must be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

FALSE: If a person is determined to kill him/herself, nothing is going to stop him/her.
Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

FALSE: People who commit suicide are people who were unwilling to seek help.
Studies of suicide victims have shown that more then half had sought medical help within six month before their deaths.

FALSE: Talking about suicide may give someone the idea.
You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true — bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.
Warning Signs of Suicide

Suicide prevention begins with an awareness of the warning signs of suicidal thoughts and feelings. Major warning signs for suicide include talking about killing or harming oneself, talking or writing a lot about death or dying, and seeking out things that could be used in a suicide attempt, such as weapons and drugs.

Take any suicidal talk or behavior seriously. It's not just a warning sign that the person is thinking about suicide — it's a cry for help.

A more subtle but equally dangerous warning sign of suicide is hopelessness. Studies have found that hopelessness is a strong predictor of suicide. People who feel hopeless may talk about "unbearable" feelings, predict a bleak future, and state that they have nothing to look forward to.

Other warning signs that point to a suicidal mind frame include dramatic mood swings or sudden personality changes, such as going from outgoing to withdrawn or well-behaved to rebellious. A suicidal person may also lose interest in day-to-day activities, neglect his or her appearance, and show big changes in eating or sleeping habits.

Suicide Warning Signs:

Talking about suicide:
Any talk about suicide, dying, or self-harm. Includes statements such as "I wish I hadn't been born," "If I see you again...," "I want out," and "I'd be better off dead."

Seeking out lethal means:
Looking for ways to commit suicide. Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.

Preoccupation with death:
Unusual focus on death, dying, or violence. Writing poems or stories about death.

No hope for the future:
Feelings of helplessness, hopelessness, and being trapped ("There's no way out"). Belief that things will never get better or change.

Self-loathing, self-hatred:
Feelings of worthlessness, guilt, shame, and self-hatred. Feeling like a burden ("Everyone would be better off without me").

Getting affairs in order:
Making out a will. Giving away prized possessions. Making arrangements for family members.

Saying goodbye:
Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't be seen again.
**Withdrawing from others:**
Withdrawing from friends and family. Increasing social isolation. Desire to be left alone.

**Self-destructive behavior:**
Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a "death wish".

**Sudden sense of calm:**
A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to commit suicide.

**Suicide Prevention: Speak Up if You’re Worried**
If you spot the warning signs of suicide in someone you care about, you may wonder if it’s a good idea to say anything. What if you’re wrong? What if the person gets angry? Even worse, what if you plant the idea in your friend or family member’s head? In such situations, it's natural to feel uncomfortable or afraid. But anyone who talks about suicide or shows other warning signs needs immediate help—the sooner the better.

**Talking to a Person About Suicide**
If you're unsure whether someone is suicidal, the best way to find out is to ask. You can't make a person suicidal by showing that you care. In fact, giving the individual the opportunity to express his or her feelings may prevent a suicide attempt. The person may even be relieved that you brought up the issue.

Here are some questions you can ask:

- Have you ever thought that you'd be better off dead or that if you died, it wouldn't matter?
- Have you thought about harming yourself?
- Are you thinking about suicide?

**Suicide Hotlines to Call for Help:**

*National Suicide Prevention Lifeline* at **1-800-273-TALK (8255)**

*National Hopeline Network* at **1-800-SUICIDE (1-800-784-2433)**.

These toll-free crisis hotlines offer 24-hour suicide prevention and support. Your call is free and confidential.
Suicide Prevention: Respond Quickly in a Crisis

If a friend or family member tells you that he or she is thinking about death or suicide, it's important to evaluate the immediate danger the person is in. Those at the highest risk for committing suicide in the near future have a specific suicide plan, the means to carry out the plan, a time schedule for doing it, and an intention to do it.

Level of Suicide Risk

**Low:** Some suicidal thoughts. No suicide plan. Says he or she won't commit suicide.

**Moderate:** Suicidal thoughts. Vague plan that isn't very lethal. Says he or she won't commit suicide.

**High:** Suicidal thoughts. Specific plan that is highly lethal. Says he or she won't commit suicide.

**Severe:** Suicidal thoughts. Specific plan that is highly lethal. Says he or she will commit suicide.

The following questions can help you assess the immediate risk for suicide:

- Do you have a suicide plan?
- Do you have what you need to carry out your plan (pills, gun, etc.)?
- Do you know when you would do it?
- Do you intend to commit suicide?

If a suicide attempt seems imminent, call a local crisis center, dial 911, or take the person to an emergency room. **Do not, under any circumstances, leave a suicidal person alone.**

It's also wise to remove guns, drugs, knives, and other potentially lethal objects from the vicinity. In some cases, involuntary hospitalization may be necessary to keep the person safe and prevent a suicide attempt.
Suicide Prevention: Offer Help and Support

If a friend or family member is suicidal, the best way to help is by offering an empathetic, listening ear. Let your loved one know that he or she is not alone and that you care. Don't take responsibility, however, for making your loved one well. You can offer support, but you can't get better for a suicidal person. He or she has to make a personal commitment to recovery.

As you're helping a suicidal person, don't forget to take care of yourself. Find someone that you trust—a friend, family member, clergyman, or counselor—to talk to about your feelings and get support of your own.

Helping a suicidal person:

- **Listen without judgment.** Let a suicidal person express his or her feelings and accept those feelings without judging or discounting them. Don't act shocked, lecture on the value of life, or say that suicide is wrong.

- **Offer hope.** Reassure the person that help is available and that the suicidal feelings are temporary. Don't dismiss the pain he or she feels, but talk about the alternatives to suicide and let the person know that his or her life is important to you.

- **Don't promise confidentiality.** Refuse to be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep the suicidal person safe. If you promise to keep your discussions secret, you may have to break your word.

- **Get professional help.** Do everything in your power to get a suicidal person the help he or she needs. Call a crisis line for advice and referrals. Encourage the person to see a mental health professional, help locate a treatment facility, or take them to a doctor's appointment.

- **Make a plan for life.** Help the person develop a "Plan for Life," a set of steps he or she promises to follow during a suicidal crisis. It should include contact numbers for the person's doctor or therapist, as well as friends and family members who will help in an emergency.
Risk Factors for Suicide

According to the U.S. Department of Health and Human Services, at least 90 percent of all people who commit suicide suffer from depression, alcoholism, or a combination of mental disorders. Depression in particular plays a large role in suicide. The difficulty suicidal people have imagining a solution to their suffering is due in part to the distorted thinking caused by depression.

Both teenagers and older adults are at a higher risk of suicide.

Suicide in Teens

Teenage suicide is a serious and growing problem. The teenage years can be emotionally turbulent and stressful. Teenagers face pressures to succeed and fit in. They may struggle with self-esteem issues, self-doubt, and feelings of alienation. For some, this leads to suicide. Depression is also a major risk factor for teen suicide.

Other risk factors for teenage suicide include:

- Childhood abuse
- Recent traumatic event
- Lack of a support network
- Availability of a gun
- Hostile social or school environment
- Exposure to other teen suicides

Suicide in the Elderly

The highest suicide rates of any age group occur among persons aged 65 years and older. One contributing factor is depression in the elderly that is undiagnosed and untreated.

Other risk factors for suicide in the elderly include:

- Recent death of a loved one
- Physical illness, disability, or pain
- Isolation and loneliness
- Major life changes, such as retirement
- Loss of independence
- Loss of sense of purpose

Suicide Hotlines and Crisis Support

**National Suicide Prevention Lifeline** – Suicide prevention telephone hotline funded by the U.S. government. Provides free, 24-hour assistance. 1-800-273-TALK (8255).

**National Hopeline Network** – Toll-free telephone number offering 24-hour suicide crisis support. 1-800-SUICIDE (784-2433)
Part 2
Setting up a Bereavement Ministry Team
Why a Bereavement Ministry?

If one member suffers, All suffer together, If one member is honored, All rejoice together.  
1 Corinthians

Planning or Reorganizing a Parish Bereavement Ministry

“Members of the community are called to consol the mourners with words of faith and support and with acts of kindness, for example, assisting them with some of the routine tasks of daily living.”  Order of Christian Funerals

“Jesus saw Mary weeping, and he saw how the people with her were weeping also; his heart was touched and he was deeply moved.”  John 11:23

“How blessed are the sorrowful, they shall find consolation.”  Mt 5:4

The Order of Christian Funerals calls all in the Christian community to minister to the bereaved. All in the parish can be encouraged to participate in at least one aspect of the bereavement ministry program.  A successful bereavement ministry is based on organization, skill and sensitivity to the needs of the grieving.  Trained volunteers extend the church beyond the rite and ritual.

A parish’s bereavement ministry exists to support parishioners and friends who have lost loved ones through death by providing comfort, consolation and support.  Support starts with the immediate tasks of planning the wake, funeral and burial and extends outward to offer support following the loss.  Each loss is different and each person deals with loss differently so it is critical that bereavement ministers be trained in the grief process and ministering to those in need.

Many families do not know they can have a part in the planning the loved one’s funeral.  Education is important and families are encouraged to be part of the funeral service.  We can help them choose the scripture readings and music.  We can assist them with who may place the white pall on the casket, serving as pall bearers, readings, if they are able and presenting the gift of bread and wine.  A member of the family or friend of the family may speak in remembrance of the deceased before the end of the funeral service, if there are more than one who would like to speak the vigil/wake is the appropriate time.  (See Diocesan guidelines)

Working effectively with the grieving is limited only by your ability and creativity.  An organized educated group is a powerful source of comfort and on – going support to the people who need you care,
The pastor needs to approve all members of the bereavement team. All members of the bereavement team approved by the pastor need to be cori’d every year.

- **With the pastor determine the need of your parish/collaborative.**
  - Number of families in the parish, Note whether families tend to be younger, with children or older with many being of retirement age
  - The average number of deaths per year (average over the past 5 years) note if the number is increasing, decreasing or staying the same
  - Check out what is already established in your immediate area, how it works and the possibility of collaboration.

- **Inform the following of your plans to establish a bereavement ministry and invite them to attend initial meeting.**
  - Pastoral staff (if not already involved)
  - Church musicians
  - Funeral directors in your area most often engaged by your parishioners

- **Determine the ‘face’ of your parish bereavement ministry: implement one or all of the following depending on the size of you parish, number of deaths, size of committee, etc.**
  - “Pastoral” involvement and support before and immediately after death:
    - Support for the dying person and their family:
      - Communicating prayerful remembrance to the family
      - Bringing Eucharist
      - Sending cards and letters
      - Visiting, and/or phoning
      - Providing food, babysitting services, transportation, errands
    - Immediately upon hearing of the death:
      - Visit the bereaved family within a short time after hearing of the death
      - Pray with the family (helps actualize the loss)
      - Extend your – and parish’s – sympathy as well as offers of help that is available
- Help in planning the funeral services
  - Help family to prepare the funeral liturgy and/or wake service
  - Be aware of children, encourage the family to include them as appropriate, they are often the forgotten mourners
  - Provide a Mass booklet of scripture readings and liturgical songs and help family choose appropriate scripture readings and music for the wake and funeral liturgy
  - Help prepare a worship aid containing the readings, music and names of those participating in the Mass. It serves as a guide to the liturgy, and it can include an invitation to the interment or reception after the Mass.
  - Visit the family at the wake (if possible)
  - Participate in the funeral liturgy (or attend the funeral)
  - Help setting up of funeral luncheon, in parish space (if available)

- Vigil, Funeral, Liturgy and burial services.
  - Prepare lay presides for the wake service and committal
  - Train adult servers to assist at the funeral and to serve as lectors (if family members or friends prefer not to read) and Eucharist ministers, if necessary
  - Encourage all parishioners to attend the liturgies as representatives of the faith community
  - Have greeter (to meet the family at the curbside) for the funeral
  - Form “resurrection” choir to sing at funerals

- Oversee reception following the funeral liturgy
  - If parish space allows if not elsewhere in the community
  - Parishioners can bake or family can provide their own food

- Have contact with the family
  - Be available to the family to help with odds an ends
• **Practical support at the time of the death**
  - Caring cooks to provide a meal or two
  - Provide child care or eldercare
  - Arrange for out of towners; transportation, housing etc.
  - Occupy the house during calling hours or services

• **Morale support and pastoral outreach**
  - Send a card or letter of sympathy from the parish to the bereaved – perhaps including a book or article about grief.
  - Visit the bereaved family periodically after the funeral, at holiday/anniversary times.
  - Provide invitations to accompany grievers to Sunday liturgy and coffee after words. (attending mass alone can be most painful for a newly widowed person)
  - Information and transportation (if needed) to support groups; if you have a support group, ‘meet’ the person I the car. (often difficult to come o a group)
  - Establish a list of “telephone friends” whose loss parallels that of the newly bereaved. i.e. parent who lost a child as support for parents who’ve just lost a child, spouse who lost a spouse, etc.
  - Establish and maintain a parish resource library of helpful book/videos on grief
  - Establish resource list of support agencies, counselors, bereavement support groups.
  - Have periodic speakers or show videos/films on bereavement with discussion opportunities
  - Plan liturgies of remembrance (perhaps on all souls day, during lent, or the week between Christmas & New Year)
  - Deliver periodic homilies on grief, i.e. needs of bereaved, understanding grief
  - Bereavement support group
• **What’s most important in dealing with the bereaved?**
  - “The first duty of love is to listen.” Paul Tillich
    - Be Compassionate: the origin of compassion “to Suffer with” is key; the bereaved must first know that a minister can understand and is willing to suffer with, before sharing
    - The minister must listen; LISTEN with ears and eyes to the message (spoken and unspoken) of the bereaved. A nod, looking the person in the eye, a manner of interest (sitting forward in the chair, not looking at your watch) indicate care.
    - Gently draw the bereaved into quiet. No-threatening outside activity
    - Be aware of the loneliness of the bereaved (the world is going on oblivious that their world will never again be the same)
    - Always, offer friendship, help and hope

• **What to avoid**
  - A bereavement minister must never assume they know EXACTLY how the other feels. While it’s ok to mention how you might have felt in a similar situation, it’s never safe to assume that you’ve “been there” in exactly the same way.
  - This is not an opportunity for the minister to re-hash their old battle scars, stay focused on the bereaved.
  - It is important that members of the team have enough space since their own loss and the time to work through some of those initial feelings of “raw” grief. (one year is recommended)
  - Bereavement ministers are not advice givers: People come to their own understanding if they have the opportunity to “tell and re-tell their story” to discuss how they feel with someone who is interested, and NOT to get advice (good or bad) upon them. That only adds to the bereaved sense of frustration and helplessness. It is by hearing ourselves talk and think things through out loud that we often come to good conclusions and decisions.
  - Never “SHOULD” on any one.
  - Honor and listen to people’s “if only’s”… They must own, walk through, and work through their own feelings. While it is painful and frustrating to the bereavement minister, we cannot take that right away from the bereaved.
  - ALWAYS respect confidentiality.
• **Getting and Training the volunteer:**
  - All volunteers **must be approved by the pastor**
  - Basic qualities for the bereavement minister include but not limited to:
    - Have learned to accommodate their own grief and adjust to their new life
    - Are faith filled, faithful examples of Christian witness
    - A good listener
    - A sense of compassion and patience
    - Are not already involved in a number of parish activities
    - Have a sense of humor
    - Are available
    - Are people persons
    - Are able to keep confidences
  - Use a personal invitation
  - Try and get a cross section of your parish
  - Screen volunteers
    - Immediate family grief not necessary but can be helpful.
    - People who have had a recent loss may be focused on their own grief and not be able to help other. (1 year post loss)
  - Require training and ongoing support for your volunteers

• **Training:**
  - Archdiocesan training
  - Hospice
  - Local colleges
    - Mt Ida collage:
      - **National Center for Death Education**
  - National Catholic Ministry to the Bereaved
  - Local Funeral homes