

"Griefwork" and Social Group Work With Senior Adults In a Jewish Community Center*

Alan Singer

Director of Activities and Programming for Youth and Young Adults and Camp Director,
Baron Hirsch Synagogue, Memphis, Tennessee

Today, society, in its denial of death, has set limits to mourning and states that grief must be controlled and very private . . . (being) most noxious to the mourner.

Understanding Loss

I find, I lost¹

Whatever we have in life, we lose at some point. Loss spans every area of our life. A loss might be as mundane as losing a wallet or as tragic as losing a child. Loss seems to have only negative connotations, but this is not true. In nature, loss is an essential element of creation: the rose blossoms, the bud is lost; the day begins, the night is lost.² Loss actually sets the stage for creation. We could not look back at our "losses" without seeing a gain attached. When our baby teeth are lost, they are quickly replaced by the creation known as permanent teeth.

"Loss is a predominant theme in characterizing the emotional experience of elderly people," according to Robert Butler and Myrna Lewis.³ The elderly must expend a tremendous amount of emotional energy in: grieving and resolving grief, adapting to various changes that result from loss, and recovering from the stresses inherent in the process.⁴ Investigations have pointed out associations between bereavement and increased medical and psychiatric morbidity.⁵

* Presented at the Annual Meeting of the Conference of Jewish Communal Service, Grosinger, New York, May 31, 1978.

¹ Melba Colgrove, Harold H. Bloomfield, and Peter McWilliams, *How to Survive the Loss of a Love* (New York: Bantam, 1976), p. 1.

² *Ibid.*, p. 2.

³ Robert N. Butler and Myrna I. Lewis, *Aging and Mental Health* (Saint Louis: C.V. Mosby, 1977), p. 34.

⁴ *Ibid.*

⁵ *Ibid.*

The Stages of Dying and Recovery

We construe Kubler-Ross's stages of death as stages of loss. Kubler-Ross's first stage, *denial*, is apparent when the person simply refuses to believe the fact of death. *Anger* is directed at the injustices and unfairness of life having to end. Making a deal with God, and promising to be a better person is the *bargaining*, stage. The futility of the situation causes a *depression*. In reaching the stage of acceptance, there is a quiet and private understanding of death.⁶

These stages do not always occur in that order, but do occur both before and after the death⁷ for family members. It is usually beneficial for the client to move through the phases in the sequence of: denial, anger, bargaining, depression, and acceptance, rather than juxtaposed. At times a person may experience two or more stages simultaneously.⁸

Colgrove, et al takes a slightly different approach. The "phases" they describe are: Shock/denial, anger/depression, and understanding/acceptance.⁹ According to the authors, "The body goes through these same three stages of recovery no matter how tragic or seemingly trivial a loss might be." Even with a "lost" telephone call, all three phases can be experienced in ten seconds, as follows:¹⁰

⁶ *Ibid.*, p. 41.

⁷ Elizabeth Kubler-Ross, *Questions and Answers on Death and Dying* (New York: Macmillan, 1974), p. 96.

⁸ *Ibid.*, p. 25.

⁹ Colgrove et al., *op. cit.*, p. 10.

¹⁰ *Ibid.*, p. 16.

We run to the ringing phone and just as we pick it up, the caller hangs up. Our first thought might be, "Oh, no, I couldn't have missed it!" (shock/denial) Our next thought, "Why don't they hold on a little longer?" or "Why didn't I get here sooner?" (anger, which can be expressed at the other person, ourselves or both) Then, "Gee, I really wanted to talk to someone," (depression). And finally, "Oh well, if it was important, they'll call back." (understanding/acceptance)

It may have only taken a few seconds, but the process of loss and recovery has occurred in its entirety. The body has healed and we are ready to continue with life.

Jewish Rituals and Mourning

According to Dr. Norman Linzer, "The general attitude of Judaism to death helps the bereaved person to face the reality of death and to prevent its denial.¹¹ The mourners have two tasks: to bury the deceased according to Jewish ritual and tradition and to "work through" the mourning that accompanies the loss of a loved one. Various rituals of the *shiva* period (seven days of intense mourning) and *shloshim* (the thirty days) helps the family to give vent to their feelings of guilt and grief. This catharsis helps avoid excessive grief, self-pity and guilt by channeling the emotions through ritualized activities based on profound values.

This cathartic experience is planned specifically to provide for a gradual decrease in the intensity of the ventilation. From *shiva*, the mourning decreases to the less ritualized *shloshim*, and finally to the "year of the death" (which has several rituals). This provides for maximal catharsis in the early stages of grief where internalizing or "toning down" the feelings would do great harm.

Also within Jewish tradition, but oppositely for example, is the observance of the national Jewish day of mourning, Tisha B'av. We

¹¹ Norman Linzer, *The Jewish Family* (New York: Commission on Synagogue Relations, Federation of Jewish Philanthropies of New York, 1972), p. 164.

arrive at this, our saddest day of the year, only after a gradual ascent in mourning-related rituals.

The Fast of Tammuz begins the three weeks of mourning rituals which increase as we enter the nine days and the week of Tisha B'av. The weeks of ritual-imposed sadness climax with Tisha B'av itself, a day observed in total mourning.

The logic is clear. For the observance of a day in history which occurs annually, one must begin with preparatory grief and remember the tragic significance of the day one step at a time. Conversely, with a devastating personal tragedy, such as a loss of a family member, one must release his emotions fully at the start and slowly recuperate. Basic "griefwork" concepts are derived from the rituals observed in these traditions.

Grief and "Griefwork"

Acute grief may last a month or two by which time the grief begins to decrease. On the average, general grief lasts six to twelve months.¹² When there is more loss or stress in a person's life, the grief can be reactivated.

Chronic grief is slightly different. Chronic grief is a prolongation of normal grief; drawing out the grief.¹³ When a person is severely distressed by any reminder of the dead or is preoccupied with memories of the dead person years later, the bereaved person is having a chronic grief reaction.¹⁴

A sense of helplessness, fear, guilt, loss of concentration, insomnia, fatigue, slow speech, and so forth are experienced by the grieving person.¹⁵ It is imperative that an older person find a secure confidant either in his family or in his circle of friends with whom to share the grief. Friendship is the key, for "Friendship divides the grief and doubles the joy."

¹² Butler, *op. cit.*, p. 42.

¹³ *Ibid.*

¹⁴ Colin Murray Parkes, *Bereavement* (New York: International University Press, 1972), p. 108.

¹⁵ Colgrove et al., *op. cit.*, p. 17.

As the professional in a "griefwork" group to be discussed here, my task was to explore the nature of the grief, uncover anger, help the group members develop new relationships, and increase the amount of activity in their lives. Bereavement, as a loss, is considered the most important factor in predicting decline and breakdown of functioning on a physical or emotional level. Immediate help is needed.

Summary of the Ten Criteria Affecting "Griefwork"

Observation and research fortify my belief that these ten factors may affect the rate of healing, and success of the "griefwork:"

- 1) The amount of time since the loss.
- 2) Living family and friends to share the grief with the griever.
- 3) The amount of personal activity, before and after the loss.
- 4) The strength of the attachment to the deceased.
- 5) The sex of the griever.
- 6) How the griever had dealt with life's "little deaths."
- 7) How the griever was able to ventilate and release pain.
- 8) How psychologically stable the griever was before the loss.
- 9) Whether the grieving was done in stages, and whether the stages were in the correct sequence.
- 10) Whether the mourner has a goal or flag: does the bereaved person have something to live for?

It is the worker's task to be aware of these ten factors in order best to help the client in this "griefwork."

Death of a Child

Death of a child happens so seldom in today's society that parents are totally unprepared.¹⁶ This is a death that goes against the process of nature and is therefore unexplainable.¹⁷ As people live longer and longer, more parents will outlive their

¹⁶ Colin Murray Parkes, *op. cit.*, p. 108.

¹⁷ Geoffrey Gorer, *Death, Grief and Mourning* (New York: Arno, 1977), p. 121.

children.¹⁸ No matter at what age a child dies, the recovery for intimate family takes many years.

I feel that at the death of a child, the normal time frameworks for the period of active grief and mourning are greater. When there is a normal grief reaction and good "framework," the process will take about three years to be completed. By that time, much improvement should be apparent and the majority of the healing will have taken place. The recovery is never one hundred percent complete and will continue throughout the parent's life.

Overview of the Group

The practical information found in this section of the paper, revolves around a "grief group" at the Jewish Community Centers of South Florida. Its title in the agency was: Griefwork Regarding Loss of Middle-Aged Children. The five women who participated were all in their seventies or eighties. The group met weekly from October 1977 until January 1978, and then monthly from January 1978 to May 1978.

Mamie, a member of the group, had lost her daughter six months before the group began. Ida had lost her daughter two years before the start of the group. Anna had lost her son three years before, and Betty, her son nine years previous to the start of the group. Shirley, the fifth member, had lost her son fifteen years before the commencing of the group.

Beginnings Are Tearful

It was soon clear to all members in the group that anyone could release, discuss, talk, cry, or feel comfortable in doing what comes naturally. The members understood the benefits of a cathartic experience, especially Ida and Betty who said that it was "nice" to have a place to share what one felt.

As each member told of her tragedy, much anger emerged. It was a combined anger-depression with many of the somatic indicators of a grief reaction. We talked together and

were able to share our pain regarding the subject.

The members overcame beginning anxieties and trusted the group more. As they relaxed, expressions of pain came pouring out. The sharing of tears helped the group members to form a closer bond and aided me in gaining insight in their feelings.

The client and worker have different tasks in a group which Schwartz considers parallel.¹⁹ According to Schwartz, "The worker has his tasks and the client has his; these processes are inter-dependent but different, and any violation of this division of labor renders the work dysfunctional and the encounter itself manipulative, sentimental, and generally frustrating for both parties."²⁰ The most constructive thing that a worker can do in "griefwork," is to let the client share his feelings. It is quite beneficial for the griever to: scream, cry, talk, etc. Today, society, in its denial of death, has set limits to mourning and states that grief must be controlled and very private.²¹ That approach is most noxious to the mourner.

There were times in group sessions when I could not hold back my own tears. At first, I wondered whether or not it was professionally proper to cry in the group. I decided that I would do what came naturally to me. I also needed to ventilate! When holding back my tears, I felt cold and separate from the group. Most importantly, I did not feel like me!! I felt the sadness of the members' stories and I needed a release, so I cried! At the same time, I realized the importance of maintaining the "different but parallel" processes.

The "Work"

After the initial ventilation period, I felt that our task was to work on grief and to study it. There were times when I discouraged crying in

order to accomplish the day's "work." Even though everything that is aired in the group is helpful ventilation, it is wrong to allow the ventilation to continue uncontrollably. At some point, input from the worker may be imperative.²²

I guided the group to discuss family members, activity, and other factors which affect the extent of grief. I encouraged discussion on topics such as the Jewish laws concerning death and mourning, dreams, and psychological experience. My role was to listen, to empathize and to move the members past the ventilation to action. I helped the members through emotional periods just as with very practical matters such as the time and place for the group meeting.

A common group conversation involved reminiscing about the old days, which proved to be a good way for the group to recognize that grief causes a decrease in activity. At the beginning of the "griefwork," it is important to move slowly with each individual's grieving.

The group reminisced about the old days: how Ida served coffee and doughnuts to wounded soldiers, Betty helped in Arthur Godfrey's Blood Drive, and Shirley was involved with the League of Jewish Women. "Why not get involved again like that now?," I asked. The discussion became quite "here and now" oriented as the work continued. If there is sufficient activity, the mourner has a chance to tuck away her thoughts of the deceased and be involved in something productive. Aging, of course, causes a significant decrease in the amount of activity which an elderly person is involved in. Aging, however, does not cause a person to withdraw and close out the world. (Acute grief often does.) Increased activity helps grievers to a more productive and happier life.

Time is a major factor in "griefwork." The intensity of emotion is proportionate to the amount of time since the loss. A mite of conversation from the record illustrates the

¹⁸ Butler, *op. cit.*, p. 298.

¹⁹ William Schwartz and Serapio Zalba, *The Practice of Group Work* (New York: Columbia University Press, 1971), p. 11.

²⁰ *Ibid.*, p. 10.

²¹ Ken Woodward, "Living with Dying," *Newsweek*, May 1, 1978, p. 54.

²² Otto S. Margolis, et. al., *Grief and the Meaning of the Funeral* (New York: MSS Information Corp., 1975), p. 40.

importance of time as a factor in griefwork:

Mamie asked Betty, "How long ago was it that your son passed on?" Betty responded, "Nine years." "Well, then it's a little easier," replied Mamie. Betty said, "It always hurts." I commented "maybe the hurt is always there, but some of the initial pain subsides." Betty said, "You're right, but it hurts."

Betty stated the facts: "it hurts." The group at times compared a loss to a physical wound which heals with a scab. As the healing period proceeds, the scab becomes stronger.

The Group as a Problem Solver

The group meeting became a place to share happy and sad times. The members could talk, listen, and at time ask for advice. For example, Betty once shared a problem with the group:

It is Thanksgiving, and that's also the anniversary of my son's death. When my daughter-in-law invited me over for dinner, I didn't remind her about the death. I just thanked her graciously. Also, I never tell them that I am going to the cemetery, I pay a cab driver and go. I don't want to remind them. Did I do the right thing?

After much discussion in the group, there was a consensus that Betty was right. "It is best not to upset others by bringing it up," Ida said. I interjected, "Considering that you are the mother of their late father, every encounter with the grandchildren is a reminder and I think you did the correct thing, Betty."

The group had given Betty support and encouragement regarding her difficult decision. It was quite pleasing to me that there was an atmosphere of trust among the group members. Individuals were even willing to bring sensitive issues to the group for discussion. I encouraged the members to feel free to raise issues and topics of their choice. As they gave of themselves, they built a mutually helpful growing relationship.

Limits of the Group

After two months of regular meetings, Anna joined the group. Anna displayed all the signs of experiencing chronic grief. It had been three years since the death of her son, and she was

still grieving intensely. The group explored how it could help her and Betty said, "Well, Anna, time is a great healer." Ida added, "I lost my child, and it's only a matter of time."

Anna did not accept these warm suggestions from the others. In fact, all of the affect she demonstrated indicated to me that she was engulfed by abnormal grief reaction. Understanding personality theory is very important in the "griefwork" group. As already stated, one of the criteria for recovery from loss is the psychological makeup of the mourner.

When Anna explained that she had three children, twenty grandchildren, and six great grandchildren living up North, the conversation was as follows:

Ida said, "You should be thankful for three living daughters!" (crying) Betty commented, "*Kenina Hora* that you have twenty grandchildren and six great grandchildren." Ida added (strong voiced), "You have to make the best of it." Anna (sobbing) said, "I know, I can't." Ida commented, "My grandchildren take the place of my daughter."

The group members were amazed at how Anna could be so grieved after so long a time, and with so many living relatives. The group was supportive of Anna, but recognized her problems and that she refused consolation and advice. "She wallowed in her grief," according to Betty, and as Shirley said, "She must like the grief!"

Although there were no obvious breakthroughs for Anna in the group, there was friendship, warmth, and caring for her. It was a satisfying fact that this group had correctly evaluated Anna's grief as abnormal. Many comments such as Betty's, "I can't take the way she holds her chest and moans," revealed that the group members had gained some understanding of the difference between normal and abnormal grief. I helped the group to realize their limits, and my need to refer Anna for special counseling elsewhere.

Using Anna as an example we further understood another factor in "griefwork," that of "extent of attachment." The depth of

attachment between the mourner and the deceased before the death is a factor importantly affecting the "griefwork." Anna had an abnormal attachment to her son. She referred to him as my "star." "What can I say? They killed my star!!" Anna sighed.

Anna's intense affect points to the following: There was an abnormally strong attachment between mother and son. At family *simchas* (celebrations such as Bar-Mitzvah, etc.), Anna would cry continuously which would usually upset others. "I look around and my star should be there and he's not, so I can't take it," Anna said. Abnormal attachment leads to abnormal grief. After three years, one like Anna should be well advanced in the stages of grief.

Betty, on the other hand, had a weaker attachment to her son. She had a smooth healing and good adjustment, and she accepted the death of her son. She openly admitted, "My son was much closer to my husband than I was." The lesser the intensity of the attachment, the smoother and quicker the "griefwork."

Regarding sex as a factor, I inquired, "Do women do their "griefwork" at the same speed as men?" All of the members except Betty felt that women grieve longer than men, and more intensely. (Betty's husband, however, grieved more as mentioned above because he was closer to their son. Betty once said, "My son's death hastened my husband's death.")

As a whole, this author feels that mothers are slower to heal because of the strong physical attachment between mother and child. Mamie said, "It breaks my heart that my husband plays shuffleboard and sometimes I even hear him laugh." Betty retorted, "That's very wrong, Mamie! Let him play and laugh because it's the best thing for him." Ida added, "You don't know what's going on in his heart." I encouraged Mamie to understand that people heal at different rates. It was necessary for her to understand and respect the fact that her husband was healing at a "different" speed.

A Griever's Flag—A Goal in Life

This author believes that a grieving person who pulls through has a "flag"; an idea that he lives for which gives him life. Just as the flag of Israel is a symbol which represents strength for all Jews, so too a griever gains strength from his flag. Four of the women in this grief group had their own flags which have put meaning in their lives and helped the healing process. For Ida, her grandchildren were her whole life. She felt that she was being kept alive only to take care of them. Betty was positive-natured and often said, "We have to think of the living." Shirley's flag was her solid religious convictions. Mamie's flag is not clearly defined, for her loss was still fresh in her mind. She is attached to both religion and to her grandchildren and learned from the others in the group about their "flags." It was as if they lived to fly that flag. The flag which a person is flying is only recognizable in the final stages of acceptance. When the loss is recent, it is too early to fly one's flag. At first, immediately after the loss, a bereaved person's head is too cloudy to find direction and a goal. Then, as the wound heals, a person clearly sees and works toward his goal. A grief group can be of great help at that time, giving guidance and suggestions.

Lack of a goal may even cause death. Viktor Frankl's works on logotherapy (the search for meaning) sufficiently demonstrate this point.²³ Another fact which demonstrates the need of a goal is: most people die within the six months after their birthday. One explanation is that a birthday is a milestone and a goal to look forward to. The letdown after a birthday causes depression and even death due to weakened resistance.²⁴

²³ Viktor Emil Frankl, *Man's Search for Meaning* (Boston: Beacon Press, 1963).

²⁴ "Time to Die?", *Newsweek*, March 6, 1978, p. 52.

Summary

Just as in other groups, each member of the grief group had her individual set of needs. Just as in other groups, a grief group has the establishing of the contract, the "work," and termination. All types of group work involve sincerity on the part of the worker and commitment on the part of the group. The common goal in our "griefgroup" was to ease the pain of grief. The task was to heal the wound caused by the sharpest of knives—losing one's own child. This made the group unique. A worker in a "griefgroup" must carefully understand the similarities and differences between his group and others.

The group members were able to release their pain and to ventilate. This is a fundamental factor in "griefwork." They are able to discuss deep personal questions, such

as death and their own mortality. Members encouraged each other to get back to work, and enjoy life by breaking out of the griever's "rut." Members gave each other numerous suggestions of things to do, concerts to hear, plays to attend, and television shows to watch.

I helped by suggesting and guiding discussions, and I explained both normalities and abnormalities of the grieving process. In addition, I served as a resource person for questions on Judaica, psychological verities, and other areas. With conscious use of self, I was able to evolve my own thoughts and express personal recommendations.

No one can ever be prepared for such a shock as death which we all experience at some time. As professionals, we can skillfully aid others by sharing their pain and helping to guide their "recovery" process.