

## Forum News

### National Fellowship in Palliative Medicine

Nine students successfully completed the Fellowship Programme held at the Institute of Palliative Medicine, Calicut, in July 2007. The students who completed are:

Dr Raghunath R  
Dr K Ravindran  
Dr P V Ajayan  
Dr Anzar S  
Dr Rajesh T Eapan  
Dr Subhathini Senthilmohan  
Dr T J Pauly  
Dr Ashoojit Kaur Anand  
Dr Santosh Lionel Thomas

The Course Coordination Committee also met during this time to discuss various matters of the fellowship programme. They discussed issues like expansion of training centres, fellowship programme in palliative nursing and revision of training module.

Nine students have joined the next batch of Fellowship Programme for 2008–2009. The first contact programme was held at the Institute of Palliative Medicine in Calicut. All students attended the programme.

### Alumni Meeting in Delhi

A meeting for alumni of National Fellowship in Palliative Medicine is planned on February 16, 2009, after the International Conference of Indian Association of Palliative Care, in New Delhi. The meeting will discuss different initiatives in palliative care and the challenges faced. There will be cross learning and networking of palliative care providers in the country. The details of the meeting will be announced shortly. For more details contact: Dr Ronald Lalthanmawia, Programme Coordinator, CMAI.

### Workshop on 'End-of-Life Issues for Parish Pastors'

One day workshop on 'End-of-Life' Issues for Parish Pastors was organized by CMAI and St Stephen's Hospital on October 29, 2008 at Conference Hall, St Stephen's Hospital, Tiz Hazari, Delhi. The workshop was attended by around 21 pastors from CNI and others churches in Delhi.

The workshop was conducted with an aim to sensitize the pastors and go back to their congregation and ministry with some helpful information and a guide for assisting those members in stressful and difficult situations. This intervention can be life changing - it can bring healing - maybe not of body, but of mind and soul.

Rev John Lunn, a Lutheran Minister and a trained Palliative Nurse from the US who is now at CMC Vellore was the main resource person for the sessions along with Dr Sarah Walters of St Stephen's Hospital.

### Handbook on Palliative Care

CMAI has re-published, The International Association for Hospice & Palliative Care's (IAHPC) "Hospice & Palliative Care Manual", edited by Rev John Lunn, Palliative Care Consultant, adapted for use in India. The manual is a practical and clinical guidebook for palliative caregivers and is available at CMAI at a cost of Rs. 80/- (postage & packing extra).

To order a copy, send your request to: The Programme Coordinator, Palliative Care, CMAI, New Delhi. Email : ronald.l@cm.ai.org



If you are interested or involved in palliative care and wish to receive a copy of this newsletter, contact Dr Ronald Lalthanmawia, CMAI, Delhi at [ronald.l@cm.ai.org](mailto:ronald.l@cm.ai.org)

### Care Beyond Cure

A CMAI publication on issues related to Palliative Care



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#### Published by

The General Secretary  
CMAI, Plot no. 2, A-3 Local Shopping  
Centre, Janakpuri, New Delhi-110 058  
Phone: (011) 2559 9991/2/3  
Fax: (011) 2559 8150  
E-mail: [cm.ai@cm.ai.org](mailto:cm.ai@cm.ai.org),  
[cm.aidel@vsnl.com](mailto:cm.aidel@vsnl.com)

Website: [www.cm.ai.org](http://www.cm.ai.org)

#### CMAI Bangalore Office

HVS Court, 3rd Floor  
21 Cunningham Road  
Bangalore - 560 052  
Phone: (080) 2220 5464  
Fax: (080) 2220 5826  
E-mail: [cm.aidel@vsnl.com](mailto:cm.aidel@vsnl.com)

#### Editor

Dr Stanley Macaden

#### Editorial Coordinator

Ms Suba Priya Rabindran

#### Editorial Committee

Dr Stanley Macaden  
Dr Graham Marlin  
Dr Vijay Aruldas  
Dr Joe Varghese  
Dr Ronald Lalthanmawia  
Dr Sunita Abraham  
Mr John Churchill

#### Design & Production

Ms Lata Anthony

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## Bereavement Support



### Dear Friends,

As Care Beyond Cure moves into another year of addressing issues related to Palliative Care, I have been given the opportunity to edit the newsletter. This double issue looks into an important aspect which is not commonly addressed - Bereavement Support.

Bereavement support is an important component of palliative care which continues after the death of the person as bereavement support for the family. Bereavement is the situation of anyone who has lost a person to whom they are attached. It is a state of having suffered a loss, of being robbed.

Grief is psychological and emotional reaction to bereavement. It is the process of experiencing loss

Mourning is the social face of grief. It refers to conscious or unconscious actions (tasks), which allow the person to adapt to the loss, to let go and live healthily without the lost person.

Indeed grief is 'medicine.' When a person dies, those left behind, experience grief. This is a major life experience and it is important that people work through their grief and come out of it properly. As a result of this great life experience, they become resources in the community to help others. However if they do not come out of their grief they themselves become liabilities for the community and require help.

'Jesus wept' (John 11:35) shows a most appropriate initial response when meeting the bereaved. Words are not necessary and often can be inappropriate. It is more important to 'be' with the bereaved and acknowledge their pain.

Bereavement support is a very good area of care for a Church community to be involved. It mainly requires our

involvement and some basic listening skills. It requires 'befriending' and thus can facilitate grief to progress smoothly. It can thus prevent grief becoming abnormal and requiring grief counselling. It is therefore worth equipping and encouraging the church community with the simple skills of befriending so that it serves as a healing community.

This issue of Care Beyond Cure looks at bereavement and its components. There is also an experience of Bangalore Baptist Hospital Bereavement Support and also the importance of 'Beliefs in Bereavement'.



Dr Stanley Macaden  
Editor

### Palliative Pearl

Life is eternal, and love is immortal,  
and death is only a horizon;  
and a horizon is nothing save the limit of our sight.

-Rossiter Worthington Raymond

# Bereavement

**B**ereavement is a situation of any one who has lost a person to whom they are attached to. It is a state of having suffered a loss. The word 'bereavement' is derived from same root as 'ROB'. Grief is the psychological and emotional reaction to bereavement. It is the process of experiencing the loss. Mourning on the other hand is the social face of grief. It refers to conscious or unconscious actions (tasks) which allow the person to adapt to the loss and live healthily without the lost person. It is also a process to 'Let go'. Anticipatory grief is the psychological and emotional reactions to anticipation of bereavement

## Common Reactions To Grief

- Physical reactions
- Emotional reactions
- Behavioral reactions

### Physical reactions

This includes various expressions, signs and symptoms like sighing, weakness and fatigue, tachycardia, increased blood pressure and muscular tension. They can also have sleep disturbances, decreased resistance to illness, weight and appetite change, self-neglect and increased sensory awareness.

### Emotional reactions

The person can have numbness, sadness, helplessness, hopelessness, guilt, anger, bitterness and vengefulness. They are in despair and feeling of being lost, confusion, yearning, relief, euphoria, peacefulness and spiritual connectedness.

### Behavioral reactions

Searching, decreased activity/apathetic disorientation, detachment from surroundings and poor concentration also indicates grief. They are usually withdrawn from friends and activities, and tend to blame others. Seeking solitude, crying, being pre-occupied, forgetfulness or increased activity are also other forms of grieving.

All these reactions are common reactions of grief and it is important to re-assure the person that 'you are not going crazy'

## Phases Of Grief

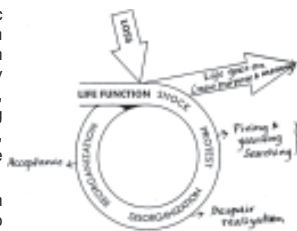
1. Shock, numbness and disbelief (reality of death has not yet fully penetrated awareness)
2. Pining and yearning (searching for behavior and intense feelings)
3. Disorganization and despair (with realization that the lost person will not return). Poor concentration, anger, guilt, irritability, anxiety, restlessness and extreme sadness are common
4. Acceptance – reorganization and recovery (Great variations exist between people and that they can move back and forth between phases. Everyone's experience is unique and produces different feelings)

## Tasks Of Mourning

1. To accept the reality of the loss
2. To experience the pain of grief
3. To adjust to an environment in which the deceased is missing
4. To withdraw emotional energy and reinvest it in other activity

In course of time the pain of yearning may be diminished to the point where it is outweighed by the pleasure of remembering the good times that are past. Pain of yearning – replaced by joy of remembering!

## GRIEF CYCLE



## When is mourning finished?

There is no clear cut period when mourning is finished. Generally full resolution is unlikely under a year. For many two years is not too long. A person needs to be able to think about the deceased without pain, (though there will always be a sense of sadness) or reinvest their emotions back into life and in the living and adapt to new roles. There is a sense in which mourning is never finished - loss will always be a permanent part of one's life and the pain of loss returns e.g. anniversaries, festivals, and holiday. There is no end point to grief (as one can never forget a loved one)

## Abnormal (complicated) grief

It is not very easy to define what a normal or abnormal grief is. Even though it is easy to spot extreme examples, but there is a large overlap between normal and abnormal grief.

## Two useful ways of assessing difficulties in grieving

1. In terms of the grief process
2. In terms of the tasks of grieving (This helps decide how best to intervene)

## Abnormal grief in terms of the grief process

- Absent grief (no signs)
- Delayed grief (putting off embarking on grief wheel)
- Inhibited grief (some signs, less than expected)
- Unbalanced grief (one particular emotion expressed)
- Chronic grief (stuck for a long time in one particular phase or part of grief wheel)

## Abnormal grief in terms of the tasks of mourning

- Task 1 - Not tackled (not acknowledged the reality of the loss)
- Task 2 - Not tackled (not allowed themselves to experience the pain of grief)
- Task 3 - Not tackled (unable to adjust to living without the person)

The first is to personalize and individualize such rituals. Rituals that are individualized are both preferred by the bereaved and much more likely to facilitate grief adjustment. Funeral eulogies or homilies can review the life of the deceased. Prayers, readings, or music can be selected for their special relevance to the deceased. Opportunities can be developed that will allow mourners to express remembrance or affection. For example, in a child's funeral, mourners were invited to place items in the child's casket that represented aspects of that child's life. Montages of photographs, displays of awards, 'creations,' or trophies can all be ways of a personalized funeral rituals.

Along with personalization, participation has also been identified as a factor in rituals that facilitates grief adjustment. Participation allows symbolic mastery, often so important in the chaos that loss brings. Participation in planning is encouraged when rituals are personalized. But other types of participation can also be encouraged. Participants in rituals may choose to read, speak, play music, or sing. They may serve as casket bearers or in other roles. Even children can participate. One widow shared that the most significant part of her husband's funeral was when she saw her great-grandson handing out flowers at graveside. This act gave her a comforting sense of continuity.

Participation and personalization not only can enhance funeral rituals but other death rituals as well. Post-funeral rituals have largely disappeared from many religious traditions. This is problematic for a number of reasons. First, they can be critical in educating both the bereaved and others that grief is a long, time-

## Enhancing the Power of Rituals

- \*Personalize and individualize each ritual.
- \*Allow participation

consuming process. In the Orthodox Jewish tradition there are a series of rituals, occurring over a year, that symbolically mark phases in mourning. Underlying such rituals is an expectation that healing is a slow process and that communal support is essential. In other traditions though, the absence of rituals beyond the funeral may suggest to the bereaved and their community that they should quietly resume their lives and resolve loss quickly.

Secondly, post-death rituals allow the bereaved continued public opportunity to express grief. The problem with funeral rituals is that they offer no opportunity beyond the initial time after the death to publicly express emotion, receive support, and act out therapeutically. Post-death rituals provide such opportunity.

Finally, the little research available suggests that post-death rituals can have a significant role in facilitating grief adjustments. Yoder, for example,

## The Value of Post-Death Rituals

- \*Reminds the bereaved that healing is a slow process and communal support is essential
- \*Allows the bereaved continued public opportunity to express grief
- \*Facilitates grief adjustments

emphasized the significance of the funeral meal. Bolton and Camp found that post-funeral rituals such as sending acknowledgments, disposing of personal effects, and visits to the grave site had even more effect on grief adjustment than funeral rites. Most religious traditions have opportunities to structure such rituals. Masses of remembrance, services on Memorial Day or All Saints Day can provide the bereaved with special times to commemorate the deceased.

Spiritual counselors will want to utilize the religious traditions and rituals in designing therapeutic rituals. Therapeutic rituals are individually designed interventions that seek to assist the bereaved in resolving grief. Often religious ceremonies and acts can be well utilized in designing such interventions.

In summary then, rituals can be therapeutic interventions in resolving grief. But that role can be enhanced when they are participatory, personalized, and allow the bereaved continued opportunity to mark phases in their own grief journeys.

*(The following is an excerpt from - A guide for clergy to provide support to families at the end of life. Sponsored by Florida Department of Elder Affairs & Hospice Foundation of America in collaboration with Health Council of South Florida, Inc)*

## A Fifth Task of Grief

To rebuild faith and philosophical systems that are challenged by loss

preserving both the memory and ideals of her late husband, would be another example of creative retention. Often in this response, religious and spiritual beliefs may play a large role. The very act of creative retention has a transcendental and sacrificial quality that the bereaved need both to explore and understand.

One may also speak of a fifth task in bereavement. This would be to *rebuild faith and philosophical systems that are challenged by loss*. Often significant losses bring on a crisis of faith. All one's beliefs about the nature and fairness of the universe, the existence of a higher power, or even the very nature of God, may be challenged by that loss. C S Lewis, in **A Grief Observed** captures this spiritual crisis well: "Meanwhile, where is God? But go to Him when your need for help is desperate, when all other help is vain, and what do you find? A door slammed in your face...Not that I am (I think) in much danger of ceasing to believe in God. The real danger is of coming to believe such dreadful things about Him."

Thus, bereaved persons may simultaneously struggle with two losses – the loss of the deceased and the loss of their own beliefs. In resolving grief both will have to be addressed.

These struggles of faith can be problematic on a number of levels. Not only can they remove a potentially significant source of comfort, these struggles can also displace energy from

the resolution of grief. They may separate the bereaved from both rituals and community of faith that can possibly provide solace and support.

In taking a history of a bereaved person, the spiritual counselor will want to ascertain any changes in religious beliefs and behaviors since the illness and death, and explore any faith struggles. Works such as C S Lewis's 'A Grief Observed', or Kushner's 'When Bad Things Happen to Good People', can be valuable resources.

### Helpful spiritual practices

Spirituality encompasses everyday practices that may be of particular help to the bereaved survivor. Prayer, for example, can allow a person to express feelings and process thoughts, offering a sense of efficacy and perhaps a feeling of connection. Prayer also permits intimate reflection without the patient feeling exposed or vulnerable. By asking persons to relate faith stories that they believe speak to their situations, one can assess significant issues and themes in the individual's spiritual journey. Reframing of these faith stories can offer additional support.

For example, many individuals in the Judeo-Christian tradition interpret Job as fatalistically responding to loss. Another way to view that story though, is as the long intense struggle of Job, as he experiences loss. The latter is often more helpful to people in struggle, and is quite faithful to text.

### Rituals throughout the grieving process

Rituals may be defined as "prescribed symbolic acts that must be performed in a certain way and in a certain order, and may, or may not, be accompanied by verbal formulas." Often rituals are rooted in a belief system. This is particularly true of rituals that mark significant life events such as birth, puberty, marriage, and death. Here historically religious rituals are the commonly adopted "rite of passage" even to those who only nominally adhere to the underlying religious beliefs. Even when those religious beliefs are decisively rejected, persons may still adhere to the rituals or seek alternate rituals more compatible to their own belief system. Rituals, then, can be a powerful tool for facilitating

bereavement. Clinicians and theorists such as Irion, Rando, and Hart have all emphasized the psychological, social, and spiritual benefits of the funeral ritual. The funeral can provide an opportunity to reintegrate and reaffirm the group, allow the expression and expiation of emotion, affirm the value of the deceased's life, stimulate remembrance, provide support and structure, offer hope and comfort, and perhaps even theologially justify loss. This value has also been supported by research that has emphasized the role of the funeral in facilitating grief adjustment.

Yet there is also evidence that funeral rituals may have dysfunctional elements as well.

Anecdotal and newspaper accounts have described funeral rituals that would seem highly troubling to survivors. For example, a priest in a New York City funeral for a young boy mauled by a caged bear suggested in his funeral homily that this early and awful death might be God's way of preserving this child's soul from the peril of future deviance. Similarly it has been reported that some clergy have used funerals of persons who have died from AIDS as a forum to condemn homosexuality or drug abuse. Research has indicated that those who experience complicated bereavement often report troubling funerals.

While sometimes destructively used, funeral rituals remain a powerful tool for resolving grief, there are ways that the power of ritual can be enhanced.

**Rituals**  
Prescribed symbolic acts that must be performed in a certain way and in a certain order, and may, or may not be accompanied by verbal formulas.

Task 4 - Not tackled (unable to let go, unable to go forward and rebuild life)

### Abnormal grief factors which alert us to possible difficulties

Not necessary that complicated grief will result, but it is good to be alert and identify difficult or abnormal grief in order to help the person as easily as possible. Various factors lead to abnormal grieving. It would be due to the nature of death, the nature of relationship with deceased or the nature & circumstance of bereaved

### Nature of death

- Uncertainty about death
- Unnatural, violent death
- Sudden death
- Untimely death
- Unrecognized death
- Unmentionable death
- Preventable death
- Multiple deaths
- Deaths accompanied by other losses

### Nature of relationship with the deceased

- An extremely close relationship
- An ambivalent relationship
- Great dependence

### Nature and circumstances of the bereaved person

- Their psychological strength
- How they coped with previous losses
- Presence of other stresses
- Social support
- Presence of a confidant
- Cultural background
- Idiosyncratic needs
- Health

### Pointers to look for when grief becomes complicated

- The person describes the loss as though it were yesterday, yet it happened a long time ago
- The emotions expressed seem out of proportion to the nature of the loss
- The person refuses to talk about the loss
- The deceased person is never mentioned in conversation

- The person adopts a radically different life-style
- The person may develop similar symptoms to that of the deceased but medical investigations prove negative
- All the belongings of the deceased person remain in the house as though he or she were still alive
- The person does not involve others in sharing the grief experience
- Episodic experiences of sadness and depression may have their source in unresolved grief
- The person may have on going relationship difficulties
- Alcohol and abuse of psychotropic drugs may commence with unresolved grief

### Anticipatory grief

- **May spend time with the person who is dying**
  - remembering the good times
  - assuring your support for the family
  - assuring accomplishment of wishes/desires
- **Allow loved ones to have maximum time with the person**
  - take care of the routine chores
  - provide food
  - provide transport
  - facilitate friends and other family members to visit
- **Provide spiritual support**
  - Affirm God's love and care and control

### How to communicate at the time of death?

It is important 'to be' than 'to do'. Words may not be necessary. Actions like touch (if appropriate), presenting flowers/ sympathy card, acknowledge loss and pain are comforting. *One should avoid platitudes like he/she is at peace at last, had a long life, time will heal etc.* Such expressions are rarely comforting. One should also avoid repression of grief, generalizing approach and respond to individual needs.

### Offer Help

- **Funeral arrangements** – include

children (Funeral belongs to the dead as much as the living)

### • Practical things

- food
- care of visitors
- transport
- telephone calls
- presence with the bereaved family
- night vigil (singing hymns, prayers, Bible readings)

- **Avoid undue use of medication (may use to allay severe anxiety or insomnia)**

### How to help?

- Be available and understand
- Be a good listener – allow time and space to grieve
- Be reassuring when grief response is normal and facilitate this further
- Facilitate the tasks of mourning
- Facilitate befriending and mutual / group support as appropriate
- Offer help (counseling and grief therapy) when grief response is abnormal.

Grief is medicine. Bereavement is a healing process in which those affected make adjustments to come to terms with it. It results in maturity and growth of the individual. As a healing community, we must be involved by supporting those who grieve and make their grief process proceed smoothly. This will avoid abnormal grief and psychiatric sequel.

### Time Management

- Time for God
- Time to plan your day
- Time for family
- Time for family of God
- Time for neighbour
- Time for your self
- Time for the task God has called you to!

**Dr Stanley C Macaden**  
Palliative Care Programme  
Bangalore Baptist Hospital  
Bangalore

## Components of Bereavement Support

For all bereaved people, the provision of all information about the experience of bereavement and how to access other forms of support is an important step. Some people may require a more formal opportunity to review and reflect on their experience of loss - not necessarily involving professionals. Volunteer bereavement support workers will provide much of the support at this level. A minority of people will require specialist interventions. This may involve mental health services, psychosocial support services, specialist counseling or psychotherapy, specialist palliative care services and general bereavement services. And will include provision for meeting the special needs of children and young people.

### Supportive Care In Bereavement

This includes provision of appropriate information about bereavement and about services available. Information on assessment process and referral system is also required. It is important to acknowledge the individuality of each bereavement experience. The therapeutic interventions need to be flexible and creative for each experience. Social support including practical and financial advice and help should be given and also specialist's help when appropriate.

## Bangalore Baptist Hospital (BBH) Bereavement Support Programme

### First visit

This is usually at the time of death or during the special occasion for the departed to pay our respects to the departed. We offer flowers and sympathy card and 'be' with the family during their grief and loss. We also interact with the relatives to know if death was peaceful.

There are also some practical things to be done like removal of catheter, S/C needle etc. We also help with preparation of body and the funeral arrangements. We collect unused medication especially Morphine. We also provide death certificate as needed. We say a few words of appreciation for the family and give health education (if asked for) on Cancer prevention/ Behavior change (HIV). We also pray with their permission.

### Second visit

The second visit is usually around 6 – 8 wks when spouse/family is lonely or during an anniversary. We visit to know how they are coping and to assess for abnormal grief/facilitate grief counseling as

needed. We reassure them of our continued support and identify social/rehab needs & help by networking and also give health education. This could even be a phone call.

### Third visit (Memorial service)

This takes place at Bangalore Baptist Hospital (BBH) Chapel. Families bereaved during the year are invited. Gospel message is shared. The service is appreciated by families. They light candles in memory of their loved ones and placed in a tray of sand (sands of time!) This is to facilitate 'closure'. It is a very good opportunity to convey our further support, if needed.

Refreshments are served and there are opportunities to meet other bereaved people to support one another. They discuss possibilities of forming 'self support' groups. We made an invitation to become volunteers (after a year or so) and to support our palliative care programme to create awareness about palliative care which is well accepted.



## Beliefs and Bereavement

Spiritual and religious beliefs may also have significant influence on the course of bereavement.

The process of bereavement involves completion of four basic tasks :

1. To accept the reality of death
  2. To experience the pain of grief
  3. To adjust to an environment in which the deceased is missing
  4. To emotionally relocate the deceased and move on with life
- Rituals, of course, can facilitate the completion of these tasks. Rituals often provide opportunity both to encounter the reality of death and express and expiate emotion.

Spiritual belief systems may also influence the resolution of these tasks. This is particularly true of the second and fourth tasks. "Experiencing the pain of grief", means that survivors need to express and work through varied emotions that accompany grief. Often these may have spiritual overtones and/or perhaps spiritual solutions.

One common emotion that survivors often experience is guilt. Guilt may have a religious or spiritual component. Miles and Demi speak of moral guilt as one manifestation of guilt experience in bereavement. In moral guilt, survivors often feel morally responsible for the death. Some bereaved parents, for instance, may believe that they are morally responsible for their child's death, that their child's death is a result of their own inadequacies or sins.

While such spiritual themes may be a factor in varied emotional responses to loss, spiritual beliefs may also provide effective ways to resolve such emotions. Survivors may often feel guilty over aspects of their relationship with the deceased. Every religious or philosophical tradition deals with themes of forgiveness. Spiritual counselors then can draw upon these beliefs and acts in assisting the person in working through his or her guilt.

There may also be cases in which the bereaved person's religious and spiritual views may impede emotional expression. Here bereaved persons may feel constrained by their beliefs in expressing certain emotions, or in expressing emotion at all. In the former case, the bereaved may feel that certain emotions are unacceptable. In one example, a bereaved mother felt considerable relief over the loss of her child after a long terminal illness. She had a difficult time acknowledging such an emotion since she felt guilty over the feeling and fearful that its expression might result in further divine retribution. In the latter case, the experience of grief itself may be denied. In such cases the bereaved may feel that the very expression of grief itself may be denied. In such cases the bereaved may feel that the very expression of grief denies the validity of their faith. The bereaved may believe that any expression of sadness betrays the promises of their beliefs,

such as the belief in an after-life. In both situations, counselors must be careful not to challenge that faith but to assist the bereaved in exploring ways that they can express feelings within the context of their own religious tradition.

Religious and spiritual themes may also intertwine with the fourth task - "emotionally relocating the deceased and moving on with life." This task involves a series of complex acts, for it entails both that the bereaved determine how they wish to remember the deceased as well as how they will resume their own lives. The bereaved survivors have to struggle with the issues of finding meaning in life and finding hope beyond the grave. They may need to interpret the death, validate the deceased's life and their role in that life, and maintain a perspective that allows them a sense of the continuance of the deceased, perhaps in an after-life, alternate mode of existence, memory, or in the life of the community.

Here, too, spiritual beliefs and rituals may have a role in resolving this task. Rituals, particularly post-death rituals, can provide excellent vehicles for both saying goodbye and sustaining memories. Belief systems may also provide interpretations of the deceased's presence. For example, beliefs about an after-life can offer reassurance to survivors that the deceased is cared for, allowing survivors a sense of freedom to continue their own lives. However, fears related to an after-life may inhibit a survivor's ability to withdraw emotional energy from the deceased.

Here again, concerns about the ultimate fate of the deceased may inhibit the resolution of grief. Other belief systems may provide different, perhaps equally reassuring and problematic interpretations. For example, beliefs that a person may live on in memory may be very reassuring to some. Others, however, may view this as very fragile. Thus, although one father started a scholarship fund for his late son, he often expressed the fear that in the future his son would simply be "a meaningless name on some award."

"Relocating the deceased", may mean that survivors find ways to creatively retain a relationship with the deceased. It is neither unusual nor problematic and one way of resolving loss can be a form of creative retention. In creative retention, the bereaved decides to keep the memory of the deceased alive, and to organize at least part of his or her life in such a way to retain that memory and relationship. This need not be unhealthy, provided it recognizes the reality of the loss, allows for continued individual growth, and does not inhibit the development of new relationships. Examples of creative retention may be found in bereaved parents who spend significant time in organizations such as the Compassionate Friends. In these cases, these parents often dedicate themselves in assisting other newly bereaved parents resolve loss. Coretta King (wife of American civil rights leader Rev. Dr Martin Luther King, Jr), who dedicated her life to