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The Grief Support of Bereaved Family Members in Evangelical Churches in Peninsular Malaysia

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**The Grief Support
of Bereaved Family Members
in Evangelical Churches
in Peninsular Malaysia**

By

Ng Heng Cheong Edmund

*A thesis submitted in partial fulfilment of the requirements of the
University of Bangor, Wales, UK, for the degree of Doctor of Ministry in
the College of Arts and Humanities.*

Surely men of low degree are vanity,
and men of high degree are a lie:
to be laid in the balance,
they are altogether lighter than vanity.

- *Psalm 62:9 (KJV)*

The more the words,
the less the meaning,
and how does that profit anyone?

- *Eccl 6:11 (NIV)*

TABLE OF CONTENTS

CHAPTER ONE: INTRODUCTION.....	13
1.1 <i>Rationale</i>	13
1.2 <i>Aims of this Study</i>	15
1.3 <i>Significance of Such Work</i>	16
CHAPTER TWO: SCOPE OF STUDY.....	18
2.1 <i>The Extent of Grief Support</i>	18
2.2 <i>The Duration of our Commitment</i>	20
2.3 <i>The Social Necessity of Grief Support</i>	26
2.4 <i>Literature Review</i>	30
2.5 <i>Dissertation Structure</i>	35
CHAPTER THREE: METHODOLOGY.....	37
3.1 <i>The Nature of the Research Focus</i>	37
3.2 <i>Qualitative Research Methodologies</i>	39
3.3 <i>The Generic Qualitative Approach</i>	42
3.4 <i>Ethical Code Observed</i>	45
3.5 <i>Limitations of the Approach</i>	45
CHAPTER FOUR: THE RESEARCH CONTEXT.....	48
4.1 <i>Evangelical Churches in Malaysia</i>	48
4.2 <i>Traditional Chinese Bereavement Practices</i>	51
4.3 <i>Evangelical Bereavement Rites</i>	55
CHAPTER FIVE: FIELD WORK ON BEREAVEMENT SERVICES.....	58
5.1 <i>Location, Size and Age of Churches Interviewed</i>	58
5.2 <i>Denominations and Categories of the Bereaved</i>	61
5.3 <i>Bereavement Services</i>	63

5.4 <i>Bereaved's Satisfaction with Bereavement Services</i>	66
CHAPTER SIX: HOME VISITATIONS OF BEREAVED FAMILY MEMBERS	70
6.1 <i>Perspective of Pastors and the Bereaved</i>	70
6.2 <i>Actual Occurrences of Bereavement Home Visitations</i>	73
6.3 <i>Monitoring of Home Visitations</i>	76
CHAPTER SEVEN: THE GAP IN GRIEF SUPPORT	80
7.1 <i>Perceptions of Overall Adequacy and Effectiveness</i>	80
7.2 <i>Mismatch Presented as a Gap</i>	82
7.3 <i>Who the Bereaved Turn to?</i>	87
CHAPTER EIGHT: THEOLOGICAL REFLECTION.....	93
8.1 <i>Biblical Perspective of the Old Testament on Grief Support</i>	93
8.2 <i>Biblical Perspective of the New Testament on Grief Support</i>	97
8.3 <i>Situational Reflection</i>	100
CHAPTER NINE: ANALYSIS AND RECOMMENDATIONS: TRANSFORMING THE PASTORS' ATTITUDES	104
9.1 <i>The Need for Change</i>	104
9.2 <i>Written Guidelines on Grief Support</i>	108
9.3 <i>A More Balanced Focus</i>	110
9.4 <i>What Pastors Can Do</i>	112
CHAPTER TEN: ANALYSIS AND RECOMMENDATIONS: IMPROVING ON ADEQUACY	115
10.1 <i>The Inadequacy of the Home Visitations</i>	115
10.2 <i>Adequacy from the Psychological Perspective</i>	118
10.3 <i>Adequacy from the Pastoral Perspective</i>	121
CHAPTER ELEVEN: ANALYSIS AND RECOMMENDATIONS: IMPROVING ON EFFECTIVENESS	124
11.1 <i>The Ineffectiveness of the Home Visitations</i>	124

11.2 <i>The Need for Training in Grief Counselling</i>	127
11.3 <i>What Should be Done in Home Visitations?</i>	129
CHAPTER TWELVE: ANALYSIS AND RECOMMENDATIONS: IMPROVING ON THE OTHER ASPECTS	134
12.1 <i>What Other Aspects of Grief Support is there?</i>	134
12.2 <i>What to Improve On?</i>	137
12.3 <i>Attending to the Children</i>	140
CHAPTER THIRTEEN: EXTENDING TO THE COMMUNITY	143
13.1 <i>Grief Support Groups</i>	143
13.2 <i>Grief Counselling as Mission for Christ</i>	145
13.3 <i>The Place of Laypersons in Grief Support</i>	149
CHAPTER FOURTEEN: CONCLUSION	151
14.1 <i>Summary and Proposed Model for Grief Support in Churches</i>	151
14.2 <i>Potential Pitfalls</i>	155
14.3 <i>Further Research</i>	156
Bibliography.....	159
APPENDIX A: Questionnaire for Pastors.....	160
APPENDIX B: Questionnaire for Bereaved Family Members	172
APPENDIX C: Participant Information Sheet	174
APPENDIX D: Participant Consent Form.....	176
APPENDIX E: The Cape Town Declaration on Care and Counsel as Mission	179

LIST OF TABLES

Table 1: Geographical Location and Size/Age of Churches Interviewed	59
Table 2: Denominational Breakdown and Categories of Bereaved Interviewed	62
Table 3: Pastor’s Involvement in Bereavement Services and the Bereaved’s Experience	64
Table 4: Importance of Grief Support and Home Visitations	71
Table 5: Involvement of Pastors and Leaders in Home Visitations	74
Table 6: Information from Pastors and the Bereaved on Home Visitations	75
Table 7: Monitoring of Leaders’ Home Visitations by the Pastors	77
Table 8: Information from Pastors and the Bereaved as to the Overall Adequacy and Effectiveness of Grief Support from their Church	81
Table 9: Attitude of Pastors and the Bereaved towards the Adequacy and Effectiveness of Grief Support from their Church	83
Table 10: Gap between Pastors’ Perception and Bereaved’s Experience	85
Table 11: Who the Bereaved Turn To for Help and Support and their Perception of its Effectiveness	89
Table 12: Pastors’ Attitudes and Behaviours towards Grief Support in Meaning Units (MUs)	107
Table 13: Time Frame of Home Visitations by Pastor or Leader and Bereaved’s Expectations	116
Table 14: Duration in Which Bereaved is still Struggling with Grief	117
Table 15: Bereaved’s Experience on Effectiveness of Home Visitations by Pastor or Leader	124
Table 16: Pastor’s Perceptions, Attitudes and Behaviours Concerning Home Visitations in Meaning Units (MUs) and their Training	126

Table 17: The Churches' Other Aspects of Care and Support for the Bereaved	136
Table 18: Most Desired Items of the Pastors and the Bereaved in Meaning Units (MUs).....	138

ABBREVIATIONS/ACRONYMS

AACC: American Association of Christian Counsellors

ADEC: Association for Death Education and Counselling

B.C. : Before Christ

CCM : Council of Churches Malaysia

NECF: National Evangelical Christian Fellowship

NIV : New International Version

NKJ : New King James

SIB : Sidang Injil Borneo

UK : United Kingdom

US : United States

Note: Bible verses quoted in this study are taken from the New International Version unless otherwise stated.

ABSTRACT

Churches are expected to care and support their bereaved family members as their seasons of grief are often a difficult time in their lives with significant spiritual implications. This dissertation seeks to establish if there is a gap in the bereaved's expectations and experiences of the pastoral care they received and the actual care and support their churches extended to them, by interviewing both the pastors and the bereaved from evangelical churches in Peninsular Malaysia. All the Pastors interviewed believe that their church has a pastoral responsibility towards their bereaved. On the bereaved's side, 95% of them believe that the church should care and support them in their time of bereavement. However, the findings revealed that while the churches are adequate and effective in performing the bereavement services, the same cannot be said with regards to the longer term care and support of the bereaved. In particular, while most pastors do visit the bereaved once or twice in the first month of the deaths, many churches rely on their cell group structure as the first line of care and support for the bereaved and seldom monitor its adequacy and effectiveness unless something is brought up to their attention. However, it is also found that most of the bereaved do not freely open up to their cell groups and at the same time, they do not voice their concerns and dissatisfactions to the church leadership. This resulted in a gap that is risking neglect in the churches' pastoral responsibility towards the bereaved. One significant consequence is that more than 50% of the bereaved Christians turn to non-Christian family members, relatives and friends for comfort and support. Unfortunately, only 33% of the Pastors interviewed see the need to improve on the adequacy and effectiveness of their grief support services. Bridging this gap will involve transforming the pastors' attitudes, committing to longer term home visitations, improving on the effectiveness of grief counselling encounters with the bereaved and structuring the other aspects of grief support. To lighten the burden of the pastors and leaders, suitable church volunteers can be mobilised and trained for grief support as a faithful practice within the body of Christ. Meanwhile, the same services can be extended to the community as a witness for God and hence participate in His mission in this world.

DECLARATION

This work has not been previously accepted in substance for any degree and is not concurrently being submitted in candidature for any other degree.

Signed: *Ng Heng Cheong Edmund* (Candidate)

Date : 30 March 2012

This thesis is the result of my own investigations, except where otherwise state. Other resources are acknowledged by footnotes, giving explicit reference and a bibliography is also appended.

Signed: *Ng Heng Cheong Edmund* (Candidate)

Date : 30 March 2012

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

Signed: *Ng Heng Cheong Edmund* (Candidate)

Date : 30 March 2012

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My family members have been a constant source of encouragement to me in this project. My wife Pauline and our three children, Colin, Pearly and Yong Shen, not only prayed for me consistently but also cheered me on. They have often left me alone so that I can concentrate on my dissertation work. Friends said that with the graduation of my youngest son, my financial burden on the cost of children's education is over. I told them not yet because the children's father is still studying.

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Edmund Ng

MAP OF MALAYSIA



CHAPTER ONE: INTRODUCTION

1.1 Rationale

When we experience the loss of a loved one, we are often devastated and a crisis of faith can set in. As Christian spirituality is broadly understood as the search for meaning, purpose, hope, love, peace, trust in God and other aspects of Christlikeness, then the season of grief following a death, with its accompanying pain, loneliness, hopelessness, senselessness, doubts about God and other adverse reactions to the death, has significant spiritual dimensions where appropriate pastoral care and support can play an effective role to help us come to terms with our loss.¹

However, Dr William Worden of the Harvard Medical School, a well-known psychologist in grief therapy for the bereaved, once stated that the “reality is that people seek us out for help with their grieving ... Earlier, people would have looked to religious leaders and religious institutions for help with their grief”.² Similarly, Konigsberg, writing on ‘New Ways to Think About Grief’ in the *TIME Magazine*, said, “Our modern, atomized society had been stripped of religious faith and ritual and no longer provided adequate support for the bereaved.”³ Such statements indicate that the churches of our days may have neglected or underperformed their pastoral responsibility to comfort and support the bereaved in our midst.

¹ John Swinton and Harriet Mowat used a similar argument on the relationship between spirituality, personal crisis and the role of the religious community in researching pastoral issues concerning suicides. See J. Swinton and H. Mowat, *Practical Theology and Qualitative Research* (London: SCM Press, 2006), p. 196.

² J. W. Worden, *Grief Counselling and Grief Therapy* (New York: Brunner-Routledge, 2003), p. 4.

³ R.D. Konigsberg, ‘New Ways to Think about Grief’, *TIME Magazine* dated 29/01/2011, <<http://www.time.com/time/magazine/article/0,9171,2042372,00.html#ixzz1FRMWL04Q>> [accessed on 03/03/2011].

This research project aims to find out whether the evangelical churches in Peninsular Malaysia are indeed neglecting the grief support of bereaved family members in their churches by seeking to establish if there is a gap in the bereaved's expectations and experiences of the pastoral care they receive and the actual care and support their churches extended to them.

The research project will further seek to understand the church leadership's attitudes and perspectives as to how they can care and support the bereaved family members in their churches more adequately and effectively. At the same time, we also want to understand more of what the bereaved thinks as to where their church can be of greater help to them with regards to their bereavement needs and struggles.⁴

In this study, "grief support" refers to the consistent, comprehensive and competent care and help extended to bereaved individuals to come to terms and cope with their physical, behavioural, psychological, social or spiritual struggles in grief following their loss. The main focus of grief support is on the overall well-being of the bereaved in the weeks and months after the death of their loved ones whereas bereavement care is wider in scope in that the latter includes matters related to the funeral and burial. Furthermore, the scope of grief support in our context is viewed from the Christian perspective so that all the practices are biblically sound or acceptable in the Christian tradition. Pastoral care and support refers to the grief support services given to a bereaved member of the church by the Senior Pastor or his pastoral/ministry leaders, collectively termed as the Leaders, or his trained caregivers specialising in grief support.

⁴ The topic fits well with the many reasons on why we study local churches. For a comprehensive list on why we study local churches, see H. Cameron, P. Richter, D. Davies and F. Ward, (eds.), *Studying Local Churches, A Handbook* (London: SCM Press, 2005), p. 4.

1.2 Aims of this Study

The fundamental question asked in this study is whether the evangelical churches in Peninsular Malaysia are indeed neglecting the grief support of bereaved family members in their churches and what the Christian community can do to care and support these bereaved family members more adequately and effectively. Thus, this dissertation aims to:

- a. Research and produce an academic presentation to establish if there is indeed a gap in the expectations and experiences of the pastoral care the bereaved family members receive and the actual care and support their churches extended to them;
- b. Regardless of whether such a gap exists, the research exercise will in the process help Christians to understand better, on one hand, the church leadership's attitudes and perspectives as to how they can care and support the bereaved family members in their churches more adequately and effectively, and on the other hand, what the bereaved thinks as to where their church can be of greater help to them with regards to their needs and struggles. Such understanding will better equip Christians in formulating transformative actions that are comprehensive, consistent and biblically-based to ensure and enable faithful practice⁵ in this ministry of compassion to those who are hurting in this way;
- c. Propose a way forward for improvement and further research so that Christians can move beyond performing their faith true to God's Word in this area of compassion ministry to grieving bereaved people in the

⁵ According to John Swinton and Harriet Mowat, the primary task of Practical Theology is to ensure and enable faithful practices. Swinton, *Practical Theology*, p. 9.

churches, towards participating faithfully in God's continuing mission to the world through such ministry and outreach in our communities.

Overall, these aims encompass the essence of practical theology⁶ in the study of grief support in evangelical churches in Peninsular Malaysia. They are consistent with the often-cited focus and tasks of practical theory, more particularly, in the quest for truth and the development and maintenance of faithful and transformative practice in the world.⁷

1.3 Significance of Such Work

In Malaysia, there has been no major academic research work carried out on the Christian response towards bereaved family members in the churches. The situation in the United Kingdom is not likely to be much different.⁸

In America, there are a number of doctoral dissertations written on the church's role in grief support. For instance, the Theological Research Exchange Network alone displays more than 20 dissertation titles on grief support at the DMin level.⁹ However, most of these studies are focused on the

⁶ See for example, S. Pattison and G. Lynch, 'Pastoral and Practical Theology' in D. Ford, *The Modern Theologians* (3rd edn.) (Oxford: Blackwell, 2005), pp. 408-26; M. Cartledge, *Practical Theology, Charismatic and Empirical Perspectives* (London: Paternoster, 2003), pp. 11-39 and Swinton, *Practical Theology*, pp. 3-27.

⁷ See Swinton, *Practical Theology*, p. 25.

⁸ As an indication, a survey of the 50-odd doctoral thesis titles on the subject of grief at the Ethos-Beta Electronic Thesis Online Service <<http://ethos.bl.uk/>> [accessed 01/02/2011] revealed that none of the studies focused specifically on the adequacy and effectiveness of grief support services extended by churches towards the bereaved.

⁹ Theological Research Exchange Network, <<https://www.tren.com>> [accessed 01/02/2011].

formation and equipping of grief ministry teams in their respective churches.¹⁰ These dissertations were written from as early as 1987 to as recently as 2011. The fact that such a subject continues to attract the attention of many doctoral candidates underscores what they see as a real and urgent need for grief support in view of the persistent neglect of churches in providing such support.

This study, however, focuses on an area of research not likely to have been attempted before, and definitely not pursued in Malaysia. If there is pastoral neglect towards the bereaved, we want to understand the nature of such neglect and the reasons for it, and then seek to know what can be done about it. If there is no such neglect, the academic exercise can still help us to engage our study with imaginative ways of researching, analysing and theorizing as to how Christians can care and support the bereaved in our midst more adequately and effectively.¹¹

¹⁰ A typical example is a DMin dissertation written by Kenneth Chapman in 2005 entitled "Developing and Equipping a Grief Ministry Team from South Liberty Baptist Church to Encourage, Support and Witness to Those Who Have Lost a Loved One". Another example is a DMin dissertation written by Robert Speights in 2009 entitled "Equipping the Deacons of First Baptist Church, Benton, Tennessee, in Grief Management Skills". Theological Research, <<https://www.tren.com>> [accessed 01/02/2011].

¹¹ Jennifer Mason and Angela Dale believe that imaginative research, analysing and theorizing are one of the best ways to produce research results or knowledge. See J. Mason and A. Dale, *Understanding Social Research, Thinking Creatively about Method*, (London: SAGE Publications Ltd, 2010) pp. 18-23.

CHAPTER TWO: SCOPE OF STUDY

2.1 The Extent of Grief Support

Losses can take many forms of deprivation, depletion or privation, and many of these losses do not involve death. Broad categories of losses include developmental losses (for example, a child leaving home to enter school as part of growing up), tangible losses (losing something physical such as a car stolen or a limb amputated), intangible losses (psychosocial in nature, as in the relational losses of a divorce, functional losses in losing one's memory, intrapsychic losses upon discovering one's spouse is homosexual or role losses in losing the custody of a child) and secondary losses (such as a widow's loss of financial security and shared dreams following the primary loss of her husband).¹

Grief is the bereaved's reaction to the loss of a loved one and not to experience grief after a significant loss would suggest that there was no real attachment prior to the loss, that the relationship was complicated in ways that set us apart from the ordinary, or that one is suppressing or hiding one's reactions to the loss.² It is often said that grief is the price we pay for loving someone.³ On the other hand, mourning is a social or cultural state or condition expressing the grief because of the bereavement. It is a process the bereaved is often ill-prepared for. There are no quick fixes for grief and the journey of grief can have positive and negative consequences. The bereaved can return either completely to their pre-loss level of health and well-being, only accomplish partial recovery, emerge with improved confidence and growth

¹ See Ng, *The TIME Approach to Grief Support, An Easy Technique for Every Christian*, (Enumclaw: WinePress Publishing, 2011), pp. 27-28.

² L.A. DeSpelder and A.L. Strickland, *The Last Dance, Encountering Death and Dying* (New York: McGraw-Hill, 8th edn, 2009), p. 213.

³ See H. Schut and M. Stroebe, 'Challenges in Evaluating Adult Bereavement Services' in *Bereavement Care*, 30:1 (2011), p. 6.

in maturity or persist in permanent damage and progressive decline, even unto death. In addition, Corr and Corr stated as follows:

“mourning” is the term used by some to designate all of the intrapsychic and interpsychic process of coping or learning to live with loss and grief; by others it is restricted to social, public or ritualised responses to loss ... outcomes of mourning have been described in many ways, such as regaining equilibrium or the ability to function in healthy ways in life, relearning the world, developing “new normal,” or reconstructing meaning in life.⁴

However, the objectives of grief support from the Christian perspective should extend beyond the abovementioned positive outcomes of mourning. For the Christian bereaved, we want to see that they emerge from their mourning closer to God and trusting Him more, or at least no less than their pre-loss levels of intimacy with Him. For the non-Christians in the community, we want to express to them the love and compassion of God in the hope that they will come into His saving knowledge, so that the caregiver is in fact participating faithfully in God’s continuing mission to the world. But it must be emphasised that the main role of Christian grief support of bereaved unbelievers is to help them progress positively in their journey of grief and not just to convert them. Even if they are not open to the spiritual truths of God and the Gospel, the caring Christians must be committed to them in no less ways.

Neither are we to impose Christian values and manner on the way the bereaved should grieve. This is because for the individual, his or her grief is shaped by the social context in which it is experienced and expressed.⁵ DeSpelder and Strickland stated that:

People who live in modern societies generally have greater flexibility in determining for themselves what behaviour is appropriate in different

⁴ Corr, “Perspectives on Loss, Grief and Mourning”, pp. 131, 132.

⁵ P.C. Rosenblatt, ‘Grief: The Social Context of Private Feelings’ *Journal of Social Issues* 44, no. 3 (1988): pp. 67-78.

social contexts. Even so, the cultural environment is an important factor in shaping a person's grief and mourning.⁶

As such, Christians must become aware of the diversity of worldviews of the people they reach out to and be sensitive to their cultural and religious beliefs and practices of mourning. This is because we will not fully understand the nature of their struggles until we come to know such context which conditions them. Hence we need to suspend our assumptions on any correct grieving styles in our own cultures and religions and engage the bereaved in dialogue about their cultural and spiritual beliefs and values to avoid stereotyping them.

2.2 The Duration of our Commitment

Historically, the journey and duration of grief has been described as a set of stages or phases, suggesting a linear progression. However, the different stages or phases of grief “may overlap, may be of varying and unpredictable duration, occur in any order, may be present simultaneously and may disappear or reappear at random.”⁷ These days, contemporary scholars have questioned the basic assumptions and adequacy of such models of grief.⁸ Thus, it is now suggested that we see the responses to grief as something more personal and unique to each individual. Further, the widely accepted notion nowadays is that the duration of grief has no absolute end point or timetable.⁹

⁶ DeSpelder, *Last Dance*, pp. 332, 333.

⁷ S.L. Bertman, H.K. Sumpter, and H.L. Green, ‘Bereavement and Grief’ in H.L. Green (ed.), *Introduction to Clinical Medicine* (Philadelphia: B.C.Decker, 1991), p. 682.

⁸ C.A. Corr, C.M. Nabe and D.M. Corr, *Death & Dying, Life & Living* (Belmont: Wadsworth, 6th edn, 2009), p. 222.

⁹ DeSpelder, *Last Dance*, p. 326.

Nevertheless, there are some general patterns or typical characteristics when people grieve. In the initial period following a death, lasting from days to perhaps two months, grief is usually manifested in confusion and disbelief with an accompanying feeling of numbness. Denial is especially common after sudden and untimely deaths. Overwhelmed by the shock of the loss, the bereaved generally feels vulnerable and may seek protection by withdrawing. However, the need to attend to decisions and activities in disposing of the deceased's body and sorting out administrative, legal, financial and family affairs helps to reintegrate the disorientation of the bereaved. Involvement in the funeral ceremonies in the midst of relatives and friends who have gathered to offer support also facilitates acceptance of the loss.

However, it is the weeks and months following the death that the full reality and impact of the loss begin to set in, making this middle duration of the grieving process most painful and intense. The bereaved begins to accept the unwelcome fact that the loss is real and cannot be changed. Grief is increasingly felt and expressed in the form of deep despair of separation and yearning for the departed person. During this time, they oscillate between times of charged feelings and relative calm. From time to time, they are ambushed by a mixed emotional entanglement of anxiety, agitation, resentment, anger, blame, guilt, fatigue or depressed moods to name a few. Many "what if" and "if-only" statements occupy their thoughts as they unceasingly re-experience and review the details of their interactions in their relationship with the deceased. Other cognitive manifestations can include a loss of purpose, hope and self-worth in life, often setting in an identity crisis. Behaviourally, they may experience sleep disturbances, social withdrawal, loss of appetite and absentmindedness. Some of the common physical manifestations include breathing difficulties, headaches, rapid heart rate and over-sensitivity to noise. Spiritually, they may be angry towards God or sense a kind of meaninglessness in life. They may question God about His love, care and sovereignty while doubting the reality of His existence. This is also a time when the most devastated ones may be inclined towards suicidal ideation.

As the difficult period of mourning tails off, there comes a sense of resolution, reintegration and adjustment of being able to live without the deceased and move on with a life that is changed but still worth living. The “bite” of grief recedes although the sadness may linger on. This marks the ending period of active mourning.¹⁰

As the bereaved emerges out of their mourning, they are able to think of the deceased without being overwhelmed by intense emotions, regain an interest in life and reinvest themselves in others. They feel more hopeful in life and can somewhat adapt to their new identity and new roles. Their focus now is more on the present than the past. However, there can still be bad days many years down the road. Particularly, birthdays, wedding and death anniversaries, festivities like Christmas, Mother’s or Father’s Day, can trigger a flood of memories to stimulate active grieving over short durations. New losses can also set off some re-grieving over an earlier loss. Ultimately, recovery from grief is not forgetting or minimising the significance of the lost relationship but being able to come to terms and live with the loss.

It is important to note that different individuals grieve differently and they exhibit different manifestations to varying degrees. Worden described as follows:

For some, grief is a very intense experience whereas for others it is rather mild. For some, grief begins at the time they hear of the loss, while for

¹⁰ For a deeper understanding of the grieving process, see, amongst others, G.R. Collins, *Christian Counseling, A Comprehensive Guide* (Nashville: Thomas Nelson, 3rd edn, 2007), pp. 472-476; DeSpelder, *Last Dance*, pp. 324-327; Corr, *Death & Dying*, pp. 218-236; Worden, *Grief Counselling*, pp. 7-47; H.N. Wright, *Recovering from Losses in Life* (Grand Rapids: Fleming H. Revell, 2006), pp. 41-63. The common manifestations of grief are different between children and adults. For an understanding of the differences, see K. A. Oltjenburns, ‘Lifespan Issues and Loss, Grief and Mourning, Part 1: The Importance of a Development Context: Childhood and Adolescence as an Example’ in Balk, *Handbook of Thanatology*, pp. 143-149, and Balk, D., ‘Life Span Issues and Loss, Grief and Mourning, Part 2: Adulthood’ in the same book, pp. 151-163.

others it is a delayed experience. In some cases grief goes on for a relatively brief period of time, while in others it seems to go on forever.¹¹

The different manifestations are influenced by what he called “mediator” factors. He listed seven such factors, namely, who the person was, the nature of the attachment, the mode of death, historical antecedents, personality variables, social variables and concurrent stresses.¹² Putting it in another way, Edgar Jackson believes that a survivor’s response to loss is conditioned by his or her model of the world and four factors are particularly important: personality, social roles, perception of the deceased’s importance, and values.¹³ In other words, there is no such thing as a one-size- fits-all kind of intervention or approach in grief support.

But whatever the grief manifestations, the bereaved is in need of care and support in their season of bereavement. According to tradition or social or even church expectations, relatives and friends will usually gather around to offer care and support during the time of the public disposal of the deceased’s body and the related ceremonies. To us as Christians, it is quite common for the pastor or a church leader to visit the bereaved family once or twice after the funeral and from there onwards, they are left very much on their own. Relatives and friends will also stop coming as they return to their normal life routines. That is why compassionate Christians must be committed to care and support the bereaved during their season of mourning, especially during the middle period of their journey of grief as this is often the most trying time. Concerning the duration of our commitment, the researcher previously wrote:

Playing a hit and run game will stumble others and comforting those who mourn requires a fairly long-term commitment from us. So it is advisable that Christian caregivers first pray to seek God and count the cost before making the first move.¹⁴

¹¹ Worden, *Grief Counselling*, p. 38.

¹² Worden, *Grief Counselling*, pp. 38-45.

¹³ E.N. Jackson, *Understanding Grief: Its Roots, Dynamics and Treatment* (Nashville: Abingdon Press, 1957), p.27.

¹⁴ Ng, *TIME Approach*, p. 31.

This form of lay commitment to grief support of the bereaved is called the facilitation of normal or uncomplicated grief. Even if the bereaved opts for the professional services of qualified grief counsellors, the grief support of relatives and friends remains an important supplement to such services. However, a small proportion of the bereaved can fail to grieve properly due to relational, circumstantial, historical, personality and social factors.¹⁵ When this happens, what results can be complicated, abnormal or pathological grief which has been described as “the intensification of grief to the level where the person is overwhelmed, resorts to maladaptive behaviour, or remains interminably in the state of grief without progression of the mourning process towards completion.”¹⁶ According to Colin Parkes, the prominent British psychiatrist best known for the setting up of the first hospice-based bereavement service in the United Kingdom, numerous clinical studies have supported the existence of complicated grief, which is usually seen as taking two forms: an inhibited or delayed form and a chronic or persistent form.¹⁷ Worden listed 12 clues, of which each should be taken seriously should they persist, especially two years after the loss:

1. Not able to speak of the deceased without intense and fresh grief;
2. A relatively minor event will trigger off intense grief;
3. Themes of the loss keep coming up in conversations;
4. Unwilling to remove personal belongings of the deceased or immediately disposing off everything;
5. Physical symptoms like those of the deceased before death;
6. Making radical changes in their lifestyles;

¹⁵ For a detail account of why people fail to grieve properly due to these five factors, see Worden, *Grief Counselling*, pp. 83-88.

¹⁶ M.J. Horowitz, Wilner, N., Marmar, C. & Krupnick, J., ‘Pathological Grief and the Activation of Latent Self-images’ in *American Journal of Psychiatry*, 137, (1980) p. 1157.

¹⁷ C.M. Parkes, ‘Part 1. Introduction to a Symposium’ in *Omega, The Journey of Death and Dying*, 52 (2006b), p. 2. The mental health community, as represented by the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM IV-R) does not formally recognise any pattern of grief as pathological. Bereavement is seen as a life problem that may need clinical help but it is in itself not a mental disorder. Notwithstanding, there is a movement in the last 15 years to create a new diagnostic category in the DSM called Complicated Grief.

7. Long history of depression or false euphoria after the death;
8. Compulsion to imitate the dead person;
9. Self-destructive impulses;
10. Unaccountable sadness;
11. Phobia about the same illness or about death;
12. Constantly visiting the gravesite or complete avoidance of it.¹⁸

When the red flags are showing, the bereaved must be referred to formal and professional help in grief therapy. When the bereaved is under professional grief therapy, the Christian's commitment to grief support will then take the form of only occasional follow-up visits mainly for fellowship and encouragement purposes over the duration of their bereavement.

The good news is that the proportion of the bereaved sinking into complicated grief is small. Thanatologists John Jordon and Robert Neimeyer, writing on the contemporary perspectives on assessment and intervention of bereavement grief, noted:

A fundamental conclusion of the research on bereavement outcome over the last 25 years is that most mourners probably do not need formal or professional intervention after the death of a loved one. Human resilience in the face of loss has been the subject of literature and the arts for many years. It appears now that social science is confirming that such resilience may be more the norm than the exception for most people after most losses.¹⁹

This means that every Christian, with some basic knowledge and skills on grief counselling, is in a position to play a major role in the grief support of the bereaved. Such a role is not the sole domain of the clergy or the pastoral team. Even the most conscientious ministers and pastors will be unable to meet the ongoing needs of the bereaved for comfort and support.²⁰ If Christians have

¹⁸ Worden, *Grief Counselling*, pp. 96-98. See also DeSpelder, *Last Dance*, pp. 328-330.

¹⁹ J.R. Jordon & Neimeyer R.A., 'Historical and Contemporary Perspectives on Assessment and Intervention' in Balk, *Handbook of Thanatology*, p. 224.

²⁰ Ng, *TIME Approach*, p. xix.

the compassion, conviction and commitment to carry each other's burdens and reach out with God's agape love, then all Christians should be involved in the grief support of the bereaved.

2.3 The Social Necessity of Grief Support

In 1997, a Gallup Poll covering 1,200 adults was commissioned by the Nathan Cummings and Fetzer Foundations in America to examine concerns in the end of life. It was reported thus:

Survey findings highlighted the importance of human contact as a source of both spiritual and emotional support at the time of death. Respondents reported looking to family (81%) and close friends (61%) to offer this support. Only 36% of people believe clergy could provide effective spiritual support and comfort.²¹

Although a similar poll has not been conducted with respect to the concerns of bereaved persons, there is justification to assume a similar pattern as both the dying and the bereaved are confronted with the same issue of death.

Now, another study by Benoliel and Degner had concluded that in an increasingly mobile and secularized society with an aging population, adults face more and more the prospects of dealing with deaths less supported by loved ones than other generations have experience.²² When family members or close friends are not at hand or they are unwilling or unprepared to care and support the bereaved, ordinary Christians with the compassion and love of God are best positioned to fill this gap for human contact.

²¹ M. Lattanzi-Licht, 'Religion, Spirituality and Dying' in Balk, *Handbook of Thanatology*, p. 12.

²² J.Q. Benoliel & L. F. Degner, 'Institutional Dying: A Convergence of Cultural Values, Technology and Social Organisation' in H. Wass & R.A. Neimeyer (Eds.), *Dying: Facing the Facts* (Philadelphia: Taylor & Francis, 1995), pp. 117-141.

According to DeSpelder, “Social support is critical during the later course of grief, just as it is during the first days and weeks after a loss. Bereaved people should be able to rely on receiving support from those they trust.”²³ Earlier in the same book, the authors commented, “Conversely, when social support is lacking, mourners may experience an added burden in dealing with a loss.”²⁴ Indeed, Vanderwerker and Prigerson stated in the *Journal of Loss & Trauma* that overall social support is protective against major depression, post traumatic stress disorder and complicated grief as well as being essential for a better quality of life.²⁵ The healing benefit is that talking about the loss gives the bereaved the avenue to process and clarify what they are going through and vent their emotions. Among the many other benefits that have been identified, the putting of their thoughts and memories verbally into words will reduce the compulsion to continue replaying the loss in their imaginations. In addition, “the narrations will switch their mindset from being a passive ‘victim’ to the active mode of a ‘survivor’ to process and cope with the loss.”²⁶

New research and studies on the nature of grief and the grieving process is helping us to understand better the more intricate issues that are involved. Jordon and Neimeyer, in writing on the recent challenges to the traditional grief work model which involves *decathexis* or the withdrawal of emotional energy from the deceased, stated that the new approaches “focus on the transactional nature of mourning”.²⁷ In the past, the failure to grieve well has been understood as a problem attributed to variables contained within the grieving person. Now, the new approaches suggest that “the meaning of the loss for an individual cannot be separated from the family, community and societal meanings ascribed to death and loss and the resulting social

²³ DeSpelder, *Last Dance*, p. 344.

²⁴ DeSpelder, *Last Dance*, p. 341.

²⁵ L.C. Vanderwerker & H. G. Prigerson, ‘Social Support and Technological Connectedness as Protective Factors in Bereavement’ in *Journal of Loss & Trauma*, 9, 2004, pp. 45-57.

²⁶ For a fuller list of the benefits of talking about a loss, see Ng, *TIME Approach*, p. 34.

²⁷ Jordon & Neimeyer, ‘Perspectives on Assessment’, p.216.

responses to the mourner.”²⁸ In other words, mourning is now seen now not just a matter of how well the bereaved adjust to the new normal where the deceased is no longer present, but also how well they can cope with the post-loss interpersonal relationships with the people around them. These people can provide approval and support for the bereaved or they may withdraw from them if they disapprove of their style of coping with the losses. This will bring about a shift in the bereaved’s immediate social networks. Again, it is best that the Christians will be there for the bereaved as part of their new social network.

Furthermore, the 20th century has brought about significant changes on how people view death. Eminent historian Philippe Aries in his landmark work after two decades of study in tracing mankind’s perceptions of life in relation to death from the Graeco-Roman times till now, concedes in *The Hour of Our Death*, that in the past, people relate to death with a sense of acceptance but now, we live longer, became more mobile and are more easily distanced from our contacts with death, resulting in the subject of death becoming more denied and forbidden.²⁹ Noppe stated in similar terms:

A culturally toxic topic, death was not formally discussed until individuals were directly confronted with the death of their loved ones or the impending death of themselves. Uneducated, fearful, and poorly socialised into the multifaceted aspects of issues such as dying, grieving and legal aspects of death, stress from dying and death was compounded by cultural ignorance.³⁰

The people of the world can continue to see death as a taboo subject but for Christians, this should not be so. In the Bible, Eccl 3:2 simply states that there is “a time to be born and a time to die”. So death is just a normal part of life. Between life and death, the apostle Paul, put it plainly that “to live is Christ and to die is gain” (Phil 1:21). Due to the redemptive work of Jesus on the cross and the Christians’ position in Christ, death for Christians is in fact just a

²⁸ Jordon & Neimeyer, ‘Perspectives on Assessment’, p.216.

²⁹ P. Aries, *The Hour of Our Death* (trans. H. Weaver) (New York: Knopf, 1981).

³⁰ I.C. Noppe, ‘Historical and Contemporary Perspectives on Death Education’ in Balk, *Handbook of Thanatology*, p. 330.

change of address from earth to heaven. Hence, the Bible says, “Where, O death, is your victory? Where, O death, is your sting?” (1 Cor 15:55). If Christians truly believe in the Word of God, then they should be at ease talking about the subject of death without any fear or superstition. This then puts them in an advantage to reach out to the bereaved to talk about their losses.

Due to the gradually developing evolutionary stages in our perceptions of life in relation to death to what it is now, the world’s commitment to the bereaved also changes. Historically, care for the dying and the bereaved has been the responsibility of family members and the larger community.³¹ Subsequently, organised professional care services have emerged in the 20th century as an outshoot of psychotherapy to intervene with problematic grief cases, including those that lack social support. But as pointed out above, family members are increasingly becoming more mobile and unavailable in times of bereavement. At the same time, most bereaved people only experience normal and not complicated grief and hence they are not in need of grief therapy. Therefore, organised bereavement care systems are at most only an adjunct to informal community support. Again, this shows that Christians have a major role to play here.

Concerning informal community support from the Christian viewpoint, Doka, a Professor of Gerontology, stated in his paper, ‘Religion, Spirituality, and Assessment and Intervention’:

Many individuals may benefit from the social support available through the ministries of a chaplain, clergy, spiritual advisor, ministry team, or even within the larger faith community. The sense that one is not alone – others are caring visiting, and praying – seems to provide benefit.³²

Similarly, Cook of Colorado State University claims that “Religion and spirituality play a major role in the lives of many families, and churches can

³¹ Jordon & Neimeyer, ‘Perspectives on Assessment’, p.213.

³² K.J. Doka, ‘Religion, Spirituality, and Assessment and Intervention’ in Balk, *Handbook of Thanatology*, p. 205.

often mobilise quickly after a death to offer assistance.”³³ The point is that while churches do mobilise quickly the manpower to conduct the bereavement services and burial, the same cannot be said with respect to their long term commitment to the grief support of the bereaved. For this reason, the adequacy and effectiveness of grief support in the evangelical churches in Peninsular Malaysia will be further explored in this study.

2.4 Literature Review

At the university level, the study of grief support as a subject is mostly found within the disciplines of psychology, counselling, psychiatry or sociology. At the international level, there is a professional body which specialises in Thanatology or the study of death, dying and bereavement which incorporates grief support. The Association for Death Education and Counselling (ADEC), which is based in the USA, is the only professional body in the world which certifies Thanatologists. For its qualifying examinations, ADEC publishes the *Handbook of Thanatology*³⁴ with David Balk as editor-in-chief. This handbook is the basic text that contains the essential body of knowledge for the study of death, dying and bereavement. Besides this handbook, candidates also have to master two other major books unmatched by others in the field in terms of their comprehensiveness. They are *The Last Dance: Encountering Death and Dying*³⁵ by Lynne Ann DeSpelder and Albert Lee Strickland, currently into its

³³ A.S. Cook, 'The Family, Larger Systems, and Loss, Grief, and Mourning' in Balk, *Handbook of Thanatology*, p. 169.

³⁴ D. Balk (ed.), *Handbook of Thanatology: The essential body of knowledge for the study of death, dying and bereavement* (New York: Routledge, 2007).

³⁵ L.A. DeSpelder, and A.L. Strickland, *The Last Dance: Encountering Death and Dying* (New York: McGraw-Hill, 9th edn, 2010).

ninth edition, and *Death & Dying , Life & Living*³⁶ by Charles Corr, Clyde Nabe and Donna Corr, now in its sixth edition. Researchers and writers like William Worden, John Jordon, Theresa Rando, Colin Parkes, Robert Neimeyer, Kenneth Doka, Pauline Boss, Henk Schut, John McIntosh and Gordon Thorton are some of the other recognised authorities in this field at present times. In particular, Worden's book *Grief Counselling and Grief Therapy*³⁷ is a commonly used textbook for the study of Loss and Grief in counselling courses worldwide. From the Asian cultural perspective, Cecilia Chan and her co-writers wrote extensively on Chinese bereavement and grief in the Hong Kong context.³⁸

Professional journals serve to bridge the gap between research and practice. *Omega: Journal of Death and Dying*, an ADEC-affiliated journal published by US-based Baywood Publishing, is one of the most advanced and internationally recognised forums on the subject of death and dying.³⁹ Another significant US-based journal, *Death Studies* published by Routledge, provides peer refereed papers on significant research, scholarship, and practical approaches in bereavement and loss, grief therapy, death attitudes, suicide, and death education.⁴⁰ The Australian Centre for Grief and Bereavement publishes the *Grief Matters* journal which focuses on both the academic and applied aspects of grief and bereavement.⁴¹ The *Bereavement Care* journal is published by Cruse Bereavement Care, UK's largest bereavement charity.

³⁶ C.A. Corr, C.M. Nabe and D.M. Corr, *Death & Dying, Life & Living* (Belmont: Wadsworth, 6th edn, 2009).

³⁷ J.W. Worden, *Grief Counselling and Grief Therapy, A Handbook for the Mental Health Practitioner* (New York: Brunner-Routledge, 3rd edn, 2003).

³⁸ See, for example, C.L.W. Chan and A.Y.M. Chow, *Death, Dying and Bereavement, A Hong Kong Chinese Experience* (Hong Kong: Hong Kong University Press, 2006).

³⁹ Omega, <<http://www.baywood.com/journals/PreviewJournals.asp?Id=0030-2228>> [accessed on 22/12/2011].

⁴⁰ Death Studies, <<http://www.tandf.co.uk/journals/titles/07481187.asp>> [accessed on 22/12/2011].

⁴¹ Australian Centre for Grief and Bereavement, <http://www.grief.org.au/resources/grief_matters> [accessed on 22/12/2011].

Available three times a year, it contains evidence-based research, first person accounts, reports on best practice, reviews and commentary on all aspects of bereavement care.⁴² The *Living with Loss* magazine is termed a “support group in print” for bereaved individuals. Grief professionals and individuals experiencing grief contribute articles, poetry and stories to the magazine.⁴³ Other community-based bereavement outreach organisations also provide educational resources on loss, grief and mourning. Among the best known is The Compassionate Friends which has 600 support groups across the United States with the mission of helping bereaved families following the death of a child.⁴⁴ Another well-known American organisation is the Widowed Persons Service, a national organisation that offers information and resources on the grief process, coping with grief and grief support organisations to the widowed.⁴⁵

There is a fundamental distinction between professional and Christian counselling literature. In the past four decades, there is a growing dissatisfaction with secular counselling and psychotherapy.⁴⁶ In the year 1970, Jay Adams wrote about *nouthetic* counselling as the unique biblical approach to people-helping.⁴⁷ He emphasised on directive counselling, the need to confront the issue of sin and using the Bible as the counselling manual. Gary Collins, described by the *Psychotherapy Networker* magazine as “the father of Christian Counselling”, helped to train Christians as lay Christian counsellors using the Bible as the ultimate authority.⁴⁸ Lawrence Crabb advocated an integration of psychology and Christianity with the Scriptures as the final

⁴² Cruse Bereavement Care <<http://www.crusebereavementcare.org.uk/>> [accessed on 22/12/2011].

⁴³ Living with Loss, < <http://www.bereavementmag.com/>> [accessed on 22/12/2011].

⁴⁴ The Compassionate Friends, <www.compassionatefriends.org> [accessed on 22/12/2011].

⁴⁵ Widowed Persons Service, <www.aarp.org> [accessed on 22/12/2011].

⁴⁶ See for example, J.E. Adams, *Competent to Counsel* (Grand Rapids: Baker, 1970) and M. Bobgan and D. Bobgan, *The Psychological Way/The Spiritual Way* (Minneapolis: Bethany House, 1979).

⁴⁷ See J.E. Adams, *Ready to Restore: The Layman's Guide to Christian Counselling* (Grand Rapids: Baker, 1981) and Adams, *Competent to Counsel*.

⁴⁸ See G.R. Collins, *How to be a People Helper* (California: Vision House, 1976).

authority.⁴⁹ The counselling approach of the researcher is based on the foundation of integration as laid down by Crabb in that only those concepts and techniques from secular psychology that are consistent with Scripture are advocated.

Two of the most comprehensive manuals in Christian counselling are Collins' *Christian Counselling*⁵⁰ now in its third edition and *Competent Christian Counselling*,⁵¹ jointly edited by George Ohlschlager and Tim Clinton, the President of the American Association of Christian Counsellors (AACC). Christian books on the subject of grief support are mostly of the devotional type although of late, authors like Norman Wright has written books that are more instructive in content.⁵² The AACC also publishes the *Christian Counselling Today* journal which contains articles that are intellectually stimulating, academically sound, psychologically accurate, and biblically solid.⁵³ Two other well-known journals are the *Journal of Psychology and Christianity* published by the US-based Christian Association for Psychological Studies⁵⁴ and the *Journal of Psychology and Theology* published by the Biola University.⁵⁵ There are also many ministry outreach agencies which offer educational and support resources from the Christian perspective for bereaved people. Among those that are UK-based are Ministry Today⁵⁶ and Rutherford House.⁵⁷

⁴⁹ See L.J. Crabb, *Basic Principles of Biblical Counselling* (Grand Rapids: Zondervan, 1975) and *Effective Biblical Counselling* (Grand Rapids: Zondervan, 1977).

⁵⁰ G.R. Collins, *Christian Counseling, A Comprehensive Guide*, 3rd edn., (Nashville: Thomas Nelson, 2007).

⁵¹ T. Clinton, and G. Ohlschlager, *Competent Christian Counselling* (Colorado Springs: WaterBrook, 2005).

⁵² See for example, H.N. Wright, *Helping Those in Grief: what to Say and What Not to Say, A guide to Help You Care for Others* (Ventura: Regal, 2011).

⁵³ American Association of Christian Counsellors, <<http://www.aacc.net/resources/publications/>> [assessed on 22/12/2011].

⁵⁴ Christian Association for Psychological Studies, <<http://caps.net/membership/publications/jpc>> [assessed on 22/12/2011].

⁵⁵ Biola University, *Journal of Psychology and Theology*, <<http://journals.biola.edu/jpt>> [assessed on 22/12/2011].

⁵⁶ Ministry Today, < <http://www.ministrytoday.org.uk/>> [accessed on 21/12/2011].

⁵⁷ Rutherford House, < netcommunity.rutherfordhouse.org.uk/> [assessed on 21/12/2011].

Bereavement and grief are key concepts in the area of grief support. In their book *Crisis Intervention Strategies*, the authors R.K. James and B.E. Gilliland precisely defined bereavement as the objective situation of individuals experiencing death-related losses.⁵⁸ C.A. Corr and D.M. Corr, writing on the 'Historical and Contemporary Perspectives on Loss, Grief and Mourning' described the nature of grief as the bereaved's physical, behavioural, psychological (i.e. cognitive or affective), social or spiritual reactions to the loss.⁵⁹ Further, Colin Parkes, writing in *Death and Bereavement Across Cultures*, argued that all societies have their own customs and beliefs surrounding deaths and offering appropriate grief support to the bereaved from other cultures is complicated.⁶⁰ As we may not fully understand the cultural beliefs which condition their grief, there is, firstly, no ideal type of a one-size-fits-all assessment method for grief due to the cultural differences. So grief measurement scales like the Texas Revised Inventory of Grief (TRIG)⁶¹ and the Core Bereavement Items (CBI)⁶² are at best "Western" qualitative assessment techniques on grief and they may not apply directly to the cultural and religious dimensions of the grief experiences of Asians, for instance. Objectively measuring the adequacy and effectiveness of grief support is even more difficult. Indeed, bereavement researchers Schut and Stroebe stated that measuring such improvements is no easy task and no single assessment method for adequate grief support or bereavement expectations has been well-

⁵⁸ See R.K. James & B.E. Gilliland, *Crisis Intervention Strategies* (Belmont: Thomson, 5th edn., 2005), p. 325.

⁵⁹ See C.A. Corr and D.M. Corr, 'Historical and Contemporary Perspectives on Loss, Grief and Mourning' in D. Balk (ed.), *Handbook of Thanatology, The Essential Body of Knowledge for the Study of Death, Dying and Bereavement* (New York: Routledge, 2007), p. 131.

⁶⁰ C. Parkes, B. Young & P. Laungani, *Death and Bereavement Across Cultures* (New York: Routledge, 1997).

⁶¹ See T. Faschingbauer, S. Zisook and R. DeVaul, 'The Texas revised inventory of grief' in S. Zisook (ed.), *Biopsychosocial Aspects of Bereavement* (Washington D.C.: American Psychiatric Press, 1987), pp. 111-124. The TRIG uses a rating scale for qualitative Indicators such as "I was angry that the person who died left me" and "I still get upset when I think about the person who died". In some Eastern cultures like those of the traditional Chinese, the bereaved do not get angry or upset with the deceased out of respect for the dead.

⁶² See G. Byrne and B. Raphael, 'The psychological symptoms of conjugal bereavement in elderly men over the first 13 months' in *International Journal of Geriatric Psychiatry, Special Issue* (Sydney: Geriatric Psychiatry Australia, 1997), pp. 241-251. The CBI uses a rating scale for qualitative questions such as "Do I find myself looking for X in familiar places?" In some Eastern cultures like those of the traditional Chinese, the bereaved believe that the departed lives with them in spirit and so such questions do not apply.

accepted in academic circles.⁶³ Since no such theoretical “ideal” method exist for the purpose of this study on Christian grief support in Peninsular Malaysia, a qualitative measurement of client satisfaction or dissatisfaction in the relative scale of most, quite or somewhat adequate/effective and somewhat, quite and most inadequate/ineffective is adopted. After all, the objective of this study is not even measuring the degree of improvement from grief but merely establishing the gap in the adequacy and effectiveness of grief support in such a context.

2.5 Dissertation Structure

The first four chapters of this dissertation set the basis and direction of the study. In Chapter One, the rationale, aims and significance for undertaking such a study are stated. Chapter Two lays out the dimensions and dynamics of grief support as a framework from which we can structure the Christian response and commitment to the bereaved. A literature review is included here. Chapter Three states the nature of the research focus and the methodology adopted for the study within the research context and ethical code that is observed. The limitations of the adopted approach are also discussed here. Chapter Four takes us through the research context, focusing on the evangelical churches in Malaysia and the traditional Chinese and evangelical bereavement practices existing in the country.

The next three chapters present the findings of the field work conducted through the interviews. Chapter Five gives the particulars of the churches and the people who are interviewed and presents the bereaved's' perception of the bereavement services experienced by them. Chapter Six examines various aspects of the bereavement home visitation from the perspective of both the

⁶³ See H. Schut and M. Stroebe, 'Challenges in Evaluating Adult Bereavement Services' in *Bereavement Care*, 30:1 (2011), p. 6.

pastors and the bereaved. Chapter Seven looks into the bereaved's' assessment of overall adequacy and effectiveness of grief support in their churches and presents the mismatch between the pastors' perceptions and their experiences as a gap that results in them turning to others outside their churches for care and support.

Upon our understanding of the grief support situation in our churches from the social and psychological perspective, the phenomenon is reflected upon theologically in Chapter Eight. The biblical emphases and practices on grief support in the Old and New Testaments are first examined, followed by a situational reflection on what is presently practiced in the evangelical churches in Peninsular Malaysia.

The following four chapters analyses the findings from a combined social, psychological and theological basis to make improvements in the care and support of the bereaved in the churches. Chapter Nine emphasises on transforming the pastors' attitudes towards grief support. The focus of Chapter Ten is on improving the adequacy of bereavement home visitations through a longer term commitment on the part of the caregivers. Chapter Eleven explores ways to improve on the effectiveness of bereavement home visitations. Chapter Twelve looks into the other aspects of grief support apart from home visitations and examines these other areas for improvement.

The last two chapters round up the study by looking into some further implications and wider applications of what has been done. Chapter Thirteen examines Grief Support Groups as an added dimension of grief support both to bereaved church members and those in the community in the form of an outreach as mission for Christ, mobilising lay persons for this purpose. Chapter Fourteen concludes by proposing a model for grief support in churches and examines the potential pitfalls and areas for further research.

CHAPTER THREE: METHODOLOGY

3.1 The Nature of the Research Focus

The approach to this study follows a multidisciplinary, action-reflection process of practical theology in that a situational problem is identified, then the situation is explored by means of sociological and psychological analysis, after which there is a process of theological reflection on the findings before a response is offered.¹ However, before laying out the methodology and the adopted method for this study, it is necessary to identify the specific nature of the research focus. We start by looking at what the field of Thanatology can offer. Thanatology is pursued and advanced by professionals from diverse backgrounds.² These professionals range from psychologists, psychiatrists, counsellors and medical doctors to educationists, hospice caregivers, social workers and hospital chaplains. Bereavement and grief management form a major part of the body of knowledge in Thanatology. Grief management serves as the contemporary theoretical framework to assess the adequacy and effectiveness of the grief support services offered by professional grief counsellors in times of bereavement. Such a framework has been briefly laid out in Chapter One.

This is not to suggest that Christian caregivers should possess the professional competencies of Thanatologists or grief therapists. After all, grief support of the bereaved is traditionally provided by family members and close friends who help and support them according to what they think is best for grieving people. It is earlier pointed out that caring Christians can play a major

¹ See E. Larty, 'Practical Theology as a theological Forum' in D. Willows and J. Swinton (eds), *Spiritual Dimensions of Pastoral Care: Practical Theology in a Multidisciplinary Context* (London: Jessica Kingsley, 2000), pp. 72-77, and Cartledge, *Practical Theology*, pp. 20-24.

² Balk, *Handbook of Thanatology*, p. vii.

role in the informal social support of the bereaved, especially when family members and close friends are becoming less available in our modern, mobile societies. We have also seen that such informal social support is vital for the healthy recovery of the bereaved. Nevertheless, the basic psychological knowledge in Thanatology can still form the contemporary theoretical yardstick against which good “layman” practices in grief support offered by the churches can be assessed and formulated in the Christian context.

However, our interest in this study is not so much on the depth of technical competency in Thanatology that churches can provide to care and support the bereaved in our midst but how much social capital there is in the churches with respect to grief support and how this can be further developed in order that the Christian community can be involved in grief support more adequately and effectively. Social capital is described in *Studying Local Churches, A Handbook*, as follows:

Social capital refers to the networks of reciprocity and trustworthiness that exist between people and help them make their way in the world ... People in churches with a high degree of social capital are prepared to help one another without looking for immediate reward (apart, perhaps, from the knowledge that they are doing God’s will).³

So in contrast with the psychological approach of Thanatology, the methodology in our study of the social capital in grief support in churches then becomes more sociological in nature as we are interested to know more about the social aspects of our research situation. Philip Richer sees this from the social action theorist’s viewpoint in that the researcher will seek to find out:

how the individuals interact with each other and society, how their identities are socially formed, sustained and modified, and how the meanings attached to the situations and people are negotiated in the course of social interaction.⁴

³ Cameron, *Studying Local Churches*, pp. 155, 156.

⁴ Cameron, *Studying Local Churches* p. 15.

Hence, in approaching the study of local churches this way, sociology can enable us to locate the local church and the beliefs and activities of members on a broader map, understanding the church as a social, as well as a theological, body.”⁵

3.2 Qualitative Research Methodologies

Now that we are clear about the specific nature of the research focus, we are ready to look at the relevant methodology to carry out the work. In recent years, qualitative research has become increasingly influential within social science and practical theology. Qualitative research is an attempt to capture the wholeness of the researcher’s immersion in some aspect of social life in the church and convey this understanding to others.⁶ Hence, the primary aim of qualitative research is to develop our understanding of how the world around us is constructed. According to John McLeod,

Social reality can be seen as multiply constructed. We construct the world through talk (stories, conversations), through action, through systems of meaning, through memory, through the rituals and institutions that have been created, through the ways in which the world is physically and materially shaped.⁷

Since this research focuses on the social reality of grief support in churches, it seeks to describe, analyse and interpret the worldview, experiences and language of a sample of people who represent that category, in our case, those who are offering or supposed to be offering grief support in our churches on the one side, and on the other side, the grieving people who are bereaved. In view of this, the research is more of a qualitative nature than a quantitative

⁵ Cameron, *Studying Local Churches*.

⁶ For a general introduction to the field of qualitative research since the 1990s, the following book is consulted: N.K. Denzin and Y.S. Lincoln (eds.), *Handbook of Qualitative Research* (Thousand Oaks, CA: Sage, 1994a).

⁷ J. McLeod, *Qualitative Research in Counselling and Psychotherapy* (London: Sage, 2001), p. 2.

one. However, this is not to suggest that quantitative techniques are not utilised. In fact, a portion of the empirical data collected will be analysed quantitatively. In our context, quantitative analysis is the computation and investigation of the social phenomena through a process of mathematical or statistical measurement to provide the fundamental connection between empirical observation and expression of quantitative relationships.

As for qualitative research, there are a number of methodological approaches that have been developed. The ones more appropriate for this study include the phenomenological approach, grounded theory and conversation analysis.⁸ Although these qualitative approaches in sociology seek to understand how the world is constructed, they each focus on a different facet of the task. Phenomenology and grounded theory deal mainly with the meanings through which people construct their realities while conversation analysis attempts to make sense of how reality is constructed through talk and language usage. As these methodologies develop over the years, Denzin and Lincoln pointed out that contemporary social science has seen a blurring of genres, so that the “qualitative researcher-as-*bricoleur* uses the tools of his or her methodological trade, deploying whatever strategies, methods or empirical materials as are at hand”.⁹ This is to say that qualitative researchers have of late found it necessary to transcend the limitations of any specific methodology to improvise their own techniques for their studies. Wolcott echoed the same view in that qualitative researchers should work out

⁸ The phenomenological approach is one of the basic tools of qualitative research. A phenomenologist does not accept an account of a phenomenon at face value but considers it from all perspectives to separate away those aspects of the phenomenon that are contingent on certain circumstances and those which are constant. The aim of phenomenology is to produce an exhaustive description of the phenomena of everyday experience of the participants to arrive at the essential structures of the phenomenon itself. On the other hand, grounded theory is widely recognised as the current market leader in such studies. The approach seeks to discover new ways of making sense of the social world by generating a theory that is grounded in the data rather than being imposed on it. Conversation analysis explores the ways in which people employ language to make things happen. The approach works with transcripts of sessions with informants and relies on the interpretative analyses of the researcher that are structured around passages quoted from the transcripts. For a discussion and comparison of these approaches, see McLeod, *Qualitative Research*, pp. 35-53, 70-89, 90-99.

⁹ Denzin, *Handbook*, p. 2.

their own strategic postures to get the job done.¹⁰ So, since these qualitative approaches are variations on what is basically a single way of knowing, McLeod advocates a generic approach to doing qualitative research. Among the advantages of a generic qualitative approach as listed by him, “researchers are more able to be flexible in relation to the challenges arising from their engagement with a topic.” Furthermore, since it will not be possible to claim validity and rigour merely through following a pre-determined package of procedures provided by the various “branded” approaches, “researchers are forced to think about, and justify, everything they do.”¹¹ The generic qualitative approach is the preferred methodological approach of the researcher and is adopted in this study as it offers flexibility and tailor-fitting towards the research process. However, despite its obvious advantages, it nevertheless has its own limitations, as discussed in Section 3.5 below.

As if in parallel, the generic qualitative approach forms the framework in the *praxis* model of doing practical theology. The latter is often simply stated as the “see, judge and act” approach in practical theology. Frances Ward in *Studying Local Churches* described this model in four stages, that is, *experience*: identifying the research question, *exploration*: gathering the data for comparison and analysis, *reflection*: drawing on theological and biblical resources, and *action*: putting into practice the outcome of the study.¹² It is obvious that the generic qualitative approach operates in the same way throughout the *praxis* process. “The process begins and ends in practice, and hopefully leads to better practice and more just outcomes.”¹³ So at the end, there is significant “overlap and interplay” between sociology, psychology and practical theology in the approach to this study. As the editors of *Studying*

¹⁰ See H.F. Wolcott, ‘Posturing in qualitative inquiry’, in M.D. LeCompte, W.L. Millroy and J. Preissle (eds.), *The Handbook of Qualitative Research in Education* (New York: Academic Press, 1992).

¹¹ McLeod, *Qualitative Research*, pp. 130-131.

¹² Cameron, *Studying Local Churches*, pp. 23,24

¹³ Cameron, *Studying Local Churches* pp 23-24

Local Churches have rightly concluded, “no one discipline gives the full picture when studying local churches”.¹⁴

3.3 The Generic Qualitative Approach

The elements of the generic qualitative method adopted for this study follow the set of procedures put forward by McLeod.¹⁵ At the start of this research project, the area of inquiry as described in Chapter One has been selected. The intended audience of this research project includes the researcher, the academics, the church leaders and colleagues in the field of grief support, grief counselling and grief therapy. Firstly, the present research is done to serve a sense of vocation in this area of ministry towards those who need grief support. This forms the basis of his specific motivation and interest in the selected topic of study. Secondly, this study is done in an academic environment under the supervision of academicians. Lastly, the findings of this research will assist the church leaders and colleagues in this area of ministry to reflect and discuss on how the churches can serve the bereaved more adequately and effectively, thus relating theory and practice, as well as bringing some realism and new insights to an often neglected ministry of the church. According to McLeod, having a clear idea of the eventual audience will help fit the final product for its intended purpose.¹⁶

For two years prior to formulating the research question, this researcher has been developing a greater awareness of the topic through an initial phase of informal, personal research, reading and consultation to sensitise him to the contours of the phenomenon and the available possibilities for access to appropriate informants or sources of information. The research question is

¹⁴ Cameron, *Studying Local Churches*, p. 243.

¹⁵ McLeod, *Qualitative Research*, pp. 132-137.

¹⁶ McLeod *Qualitative Research*, p. 133.

then formulated to seek to describe, analyse and interpret the construction of aspects of the social phenomenon concerning the grief support of the bereaved in churches.

Meanwhile, this researcher maintains a personal research journal to record some of his intuitive dimensions in the process of meaning-making to facilitate a questioning attitude that challenges assumptions and explores other perspectives. As a certified Thanatologist who attends to the bereaved almost on a daily basis, either in one-to-one sessions or collectively in grief support groups, this researcher has presuppositions and expectations before the beginning of any fieldwork on data collection. These presuppositions and expectations are also mentioned in the journal. Keeping a journal is a good form of reflective practice. According to the editors of *Studying Local Churches*, “Reflective practice can foster creative interaction between experience and learning, enhance professional practice and problem-solving skills, and develop self-awareness and creativity.”¹⁷ In reflecting, this researcher draws not only from the experiences of his professional practice but also from his personal grief journey as a widower whose first wife died suddenly of brain aneurysm at the age of 49.

Data collection is by way of tape-recorded semi-structured interviews with the informants.¹⁸ The participant sample comprises the senior pastor/minister of 8 to 20 evangelical churches. According to McLeod, fewer than eight informants results in an approach which is essentially case-study based while more than 20 informants tends to produce too much data to be analysed fully, resulting in the collection of unnecessarily repetitive data.¹⁹ One to three bereaved persons from each of the same churches will also be interviewed. For our purpose, bereaved family members refer specifically to those who have lost a loved one at least one year ago in the last five years.

¹⁷ Cameron, *Studying Local Churches*, p. 33.

¹⁸ For an account on how interviews are conducted, see Swinton, *Practical Theology*, pp. 62-66, and Cameron, *Studying Local Churches*, pp. 30,31.

¹⁹ McLeod, *Qualitative Research*, p. 72.

They can be of either gender and are above 18 years old. Each pastor/minister will be asked to give an invitation letter to all members of the congregation who fall within the research profile to decide for themselves if they are willing to be interviewed for the research project. A separate set of semi-structured questionnaire will be used during the interviews with the pastors/ministers and with the bereaved persons. Both questionnaires are attached separately in Appendices A and B. The questionnaires consisted of 16 and 9 questions respectively. The questions are mostly open-ended ones with the exception of one or at most two closed question as warm-up. This research method was approved by the Ethics Committee of Bangor University.

Data collection is said to come to a point of saturation when no new categorical information is obtained through more interviews. Following the process of data collection is the stage of comprehensive and exhaustive analysis of the research transcripts to seek out an in-depth understanding of the phenomenon and generate new insights. At the offset, the research text is condensed. McLeod refers to this condensing as “constructing a descriptive summary of what has been ‘found’ in the text to provide an initial overall sense of what seems to be ‘there’.”²⁰ Furthermore, ideas and hypotheses generated during the course of the study, and recorded in memos or in the learning journal, provide one of the sources of analytic categories at this point.²¹ The primary task is to describe the phenomenon or social process involved in the study, and then to highlight the other significant factors associated with it. This is achieved by attributing ‘meaning units’ to segments of text. The meanings of short statements, whether as words, phrases, sentences, paragraphs or short sequences of conversation, are then examined. Finally, the study is written up, giving an interpretive discussion of the theoretical implications of the research.

²⁰ McLeod, *Qualitative Research*, p. 135.

²¹ McLeod, *Qualitative Research* p.135.

3.4 Ethical Code Observed

The research approach was approved by the Ethics Committee of the University of Bangor prior to the start of the field work. Involvement of the participants is entirely voluntary and they are free to withdraw at any time. Before the start of any interview, each participant is briefed to his/her satisfaction on the said purpose for which the data will be used. For the same purpose, a copy of the Participant Information Sheet is given to each participant. The content of the Participant Information Sheet is shown in Appendix C. In addition, participants are asked to sign the Participant Consent Form as attached in Appendix D. This form bears a clause that says the participant agrees to having the interview/discussion tape recorded and he or she can turn off the recorder at any time.

Participants were at liberty to answer any or all of the questions and discuss the issues involved only if they want to. The participants will remain anonymous while no research data will be presented in a manner that could potentially identify any particular individual or church. Their privacy, dignity and value will be respected at all times. The data collected is stored in my home. Files and documents are placed in the locked cupboard of the researcher's study room while e-data are stored in his personal desktop computer with a personal coded access. The data will be used for the purpose of the researcher's DMin dissertation only and they will not be accessible to others. All collected data will be destroyed completely after one year following the award of the degree.

3.5 Limitations of the Approach

In general, the qualitative approach, in focusing on the meanings attached to human behaviour, elicits how individuals interpret their own behaviour, values and beliefs, and these interpretations are in turn understood

by others. Hence, the methodology is more intuitive since the informants' thought processes and behaviour are not measured directly or quantitatively.²² Moreover, reality is described in words and not in numbers as in the quantitative approach. Words can be ambiguous and they are culturally and historically structured compared with other forms of fixed external reality. Above all, what is said in a qualitative interview is influenced by the presence and skill of the researcher. In other words, the experience and identity of the researchers will influence the findings as they will bring to the study project their own presumptions and prejudices that will mould the way the research is conducted. This being so, the researcher must have a capacity to be aware of his or her own prejudices and expectations. Such prejudices and expectations must be set aside or suspended during the entire research process as the accuracy of the findings and analysis will depend much on the objectivity and interpretative skills of the researcher. This is particularly crucial when constructing meaning units from what has been expressed by the informants. But ultimately, the findings are only partial as they are open to reinterpretation by others. Hence, there is no such thing as an objective social world.

In terms of practicality of the adopted approach, the more fundamental limitation is with the interview method of data collection. This is because the interviewees are aware that they are being studied, and therefore they may present themselves differently, sometimes seeking to please, or even mislead, the researcher.²³ No doubt, the senior pastors who are interviewed are assured of their anonymity from the beginning. However, they are also aware that what they say is being tape recorded and it is basic human nature for anyone to be cautious under such circumstances. It is also natural for the senior pastors to project a good image of themselves and their church. Hence, there is a tendency for them to be defensive on any shortcomings or play up on "successes" which they may have only heard from others in the church without getting the facts first-hand. This can end up in them talking more on what they want to and less on what they wish to avoid. On the other hand, the

²² See Cameron, *Studying Local Churches*, p. 21.

²³ Cameron, *Studying Local Churches*, p. 21.

bereaved family members may be overwhelmed by emotions when talking about their losses and may refuse to elaborate on issues which need further clarifications. They may also have certain past, unresolved experiences with a certain pastor or leaders which cause them to be bias against them, although the incident may have nothing to do with their bereavement. Here again, the researcher needs to be discerning and discard what is clearly not objective or irrelevant to the research question.

In addition, it is noted that although each interview can be generally extensive and flexible enough to allow for a more in-depth understanding of the situation under study, the number of interviews is modest compared to the large sample size of surveys in quantitative research. The limited number of interviews yields findings which are at best representative of the social phenomenon at a particular location in a particular time. Hence, the findings are largely situational and it may be difficult to generalise them and apply them elsewhere unless there are similar significant indicators in those other situations.

CHAPTER FOUR: THE RESEARCH CONTEXT

4.1 Evangelical Churches in Malaysia

Sampling for the collection of our research data is taken from the evangelical churches in Malaysia. At the offset, it is pertinent to lay out the demographics of Malaysia and the Malaysian Church in general to give an overall picture.

Malaysia is situated in South-East Asia. The country has 13 states with Sabah and Sarawak making up East Malaysia at the northern portion of the Borneo island across the South China Sea (see map on page viii). Malaysia's capital is Kuala Lumpur, some 100 kilometres north of the historical strategic trading port of Melaka which lies on the western coast of Peninsular Malaysia and separated from Sumatra of Indonesia by the Straits of Malacca. The nation achieved her independence from British rule in 1957. The latest statistics show that the population of Malaysia is 28.25 million in 2010.¹ Of these, 22.5 million live in Peninsular Malaysia and 5.7 million live in East Malaysia. Malays and other *Bumiputra* groups make up 65% of the population, Chinese 26%, Indians 7% and other unlisted groups 2%. The latest statistics in the Population and Housing Census 2000 show that approximately 60.4 percent of the population practised Islam, 19.2 percent Buddhism, 9.1 percent Christianity, 6.3 percent Hinduism and the remainder in other faiths or have no religion.² Hence, Malaysia is a multi-religious nation and the Malaysian Constitution guarantees

¹ Department of Statistics, Malaysia, 'Population' (updated 02/07/2010), <http://www.statistics.gov.my/portal/index.php?option=com_content&view=article&id=54%3Apopulation-updated-31072009&catid=35%3Akey-statistics%Itemid=53&lang=en> [accessed on 24/02/2011].

² Department of Statistics, Malaysia, *General Report on the Population and Housing Census 2000*, (Putrajaya: Government of Malaysia, 2005), pp. 60-64.

religious freedom.³ However, religious tension is fairly widespread in the country. Malaysian church historian, John Roxborough, aptly described such tension this way: “While neighbourly relationships across social and religious divides are affirmed, the culture also sustains those barriers.”⁴

According to Roxborough, early Christian presence in Peninsular Malaya may be traced to the Nestorians and to the traders in Melaka even prior to its Portuguese conquest in 1511.⁵ The Portuguese brought with them Catholic leadership. After the British acquired Penang in 1786, Anglicanism came to Malaya following the establishment of a British East India Company settlement there.⁶ The first Lutheran, Brethren and Methodist churches were established in 1815, 1860 and 1885 respectively while Presbyterianism grew through Chinese churches around the same period. Mar Thoma and Syrian Orthodox Churches were established in the 1930s following migration from the Kerala Coast of India. Pentecostalism became a large influence through the Charismatic Movement of the 1970s. In East Malaysia, the rule of Rajah Brooke supported an Anglican ministry from 1847, while in 1928, the Australian Evangelical Mission sent three missionaries to Sabah and this had led to the founding of the largest indigenous church in Malaysia today, the *Sidang Injil Borneo* (SIB).

Concerning current church leadership in Malaysia, Roxborough states:

In the 1970s, churches developed structures independent of Singapore as well as overseas support. Recent growth in independent churches is

³ Article 3(1) of the Malaysian Constitution states that Islam is the religion of the Federation but other religions may be practiced in peace and harmony in any part of the Federation. However, persecution of other religions often comes in the form of discriminatory practices by those in authority.

⁴ W.J. Roxborough, ‘A brief overview of Malaysian Christianity’, <<http://roxborough.com/malaysia/>> [accessed 23/02/2011].

⁵ W.J. Roxborough, ‘An outline history of Christianity in Malaysia’, <<http://roxborough.com/malaysia/>> [accessed 23/02/2011].

⁶ Anglican Diocese of West Malaysia, ‘A Brief History of the Diocese of West Malaysia’, <http://www.anglicanwestmalaysia.org.my/sub_page.aspx?catID=1&ddID=36> [accessed on 23/02/2011].

another sign of a desire to establish a Malaysian Christian identity ... Although there are many challenges through changing political and economic circumstances, like Malaysia itself, the churches are beginning to see that they have a contribution to make on a larger stage.⁷

Indeed, the National Evangelical Christian Fellowship of Malaysia (NECF Malaysia) was established in 1983 to provide a “platform for fellowship and partnership” among evangelical congregations in Malaysia.⁸ Similarly, the Council of Churches of Malaysia (CCM) (formerly called the Malayan Christian Council) provided the ecumenical focus for the traditional Anglican, Basel, Lutheran, Mar Thoma, Methodist, Presbyterian and Orthodox Syrian churches.⁹ The Christian Federation of Malaysia was founded in 1986 as an umbrella body over the NECF, CCM and the Roman Catholics.¹⁰ According to the records of the World Council of Churches, the number of Catholics and Protestants in Malaysia are roughly equal.¹¹

This research study is focused on the churches registered under NECF Malaysia to minimise variations in doctrinal beliefs and church traditions and provide for more homogeneity in our contextual background. Further considerations for the sampling of churches are as follows:

1. Due to limitations in costs for extensive travelling, selection of churches is more confined to the Klang Valley which covers the main urban areas

⁷ Anglican Diocese of West Malaysia, ‘A Brief History...’

⁸ National Evangelical Christian Fellowship Malaysia, ‘Aims & Objectives’, <<http://www.necf.org.my/index.cfm?&menuid=5>> [accessed on 24/02/2011]. Its other aims and objectives are to assist in spurring renewal and revival in Malaysia, provide a medium for the safeguard and spread of the Christian faith and to represent the Christian community on issues and matters affecting the Church and society at large, in consultation and joint action with other Christian and religious bodies in the country.

⁹ Council of Churches of Malaysia, ‘Members’, <<http://www.ccmalaysia.org/about/members.htm>>, [accessed on 24/02/2011].

¹⁰ W.J. Roxborough, ‘An outline history of Christianity in Malaysia’, <<http://roxborough.com/malaysia/>> [accessed 23/02/2011].

¹¹ World Council of Churches, ‘Malaysia’ <<http://www.oikoumene.org/en/member-churches/regions/asia/malaysia.html>> [accessed on 24/02/2011]. The website shows that the number of Catholics in Malaysia is 1,142,208 while the number of Protestants and Independents totals 1,132,590.

of Kuala Lumpur, Petaling Jaya, Subang Jaya, Klang, Port Klang, Cheras and Ampang. It covers an area of approximately 40 miles by 20 miles. The Klang Valley in fact houses the most number of churches compared to any other locations in Peninsular Malaysia. However, sampling checks are made with churches outside the Klang Valley in selected parts of Peninsular Malaysia as a comparison to examine if there are any material differences from the data collected in the Klang Valley.

2. Due to language barriers, only English-speaking congregations were approached for interviews. In fact, the majority of the evangelical churches in the Klang Valley comprise English-speaking and predominantly-Chinese congregations.¹²
3. Selection of churches will also be purposive to ensure a fair distribution of large and small congregations. As an arbitrary divide, churches with a congregational size of 500 and above are taken to be large while those below 500 are considered to be small.

4.2 Traditional Chinese Bereavement Practices

The focus of this study is on the grief support of bereaved family members of evangelical churches in Malaysia with English-speaking predominantly-Chinese congregations. These Christians live among and relate with significant others who hold fast to their traditions, superstitions and belief systems in life and death. For many, these people include elderly parents, relatives and close friends who are not believers. We have earlier seen that the experience and expression of grief in bereavement is shaped by the social

¹² In addition to the English-speaking predominantly-Chinese congregations, there are also Chinese churches of various dialects, Tamil as well as Bahasa (Malay) churches.

context. Hence, in a general sense, even Christians do not mourn totally free from the influence of traditional bereavement beliefs and practices of their parents and fore parents due to their family background and the social expectations put upon them. More importantly, a basic understanding of the traditional Chinese bereavement beliefs and practices will help Christians to be more sensitive to their cultural inclinations when we reach out to care the support Chinese Christians after their losses. A brief outline is provided here to capture the essence of the subject matter but it is far from being comprehensive in coverage.

Yick & Gupta who researched on Chinese Americans and Chinese immigrants to the USA concerning their attitudes and practices about death and dying, reported in 2002 that:

Many Chinese attitudes and practices about death and dying are rooted in Asian cultural values such as filial piety, centrality of the family, and emphasis of hierarchy. In addition, strains of Confucianism, Buddhism, Taoism, and local folklore are embedded in these death attitudes and practices.¹³

Filial piety, centrality of the family and emphasis of hierarchy are the fundamental values of Confucianism, an ancient philosophy for peace and order. According to Zhang, ancestor worship was already popular since the time of the Shang Dynasty from 1700 to 1100 B.C. but it was after this period that these Confucian values were connected to ancestor worship, venerating both living parents and grandparents and the deceased ones.¹⁴ Moreover, in Buddhism, life is viewed as a cycle with each state tied to the other and so the practice of burning paper money and possessions acts as a form of social security for the deceased in the other life. In addition, Taoism emphasises on finding harmony with the natural order of things, and through rituals, the

¹³ A.G. Yick & R. Gupta, 'Chinese cultural dimensions of death, dying, and bereavement: focus group findings', *Journal of Cultural Diversity*, Summer (2002).

¹⁴ Z. Zhang, 'A brief account of traditional Chinese festival customs' in *Journal of Popular Culture*, 27(2), (1993), p. 1325.

individual can achieve union and peace with the cosmic forces of nature.¹⁵ So the traditional Chinese adhere to the worship rituals for the deceased as they fear that the hungry ghosts will disturb them when there is any disharmony with nature for not performing those rituals.

These Chinese attitudes and practices about death and dying have significant implications on their bereavement processes, making them distinctively different from the Western way of mourning. In Western culture, death and mourning are relatively private affairs. For the Chinese, the funeral can be a public event. In fact, the degree of its elaborateness and community involvement reflects the family's social status and their respect for the deceased. For example, a local school band will often lead in the funeral procession of important persons. What was once seven years in Ancient China, current mourning rituals will normally last for 49 days. During this period, male family members will publicly wear black bands of cloth on their sleeves while women will wear a woollen flower on their heads.

While the mourning rituals are a kind of grief work for the bereaved, these rituals are deemed to take care of everything for the management of grief after the loss. In contrast with Western practices which encourage open expression of grief with people who come to care and support the bereaved, the Chinese beliefs and traditions virtually isolate and shut them up from confronting with their grief. There are three reasons why this is so. Firstly, death is associated with bad luck. It is even forbidden to look into the open coffin for fear of catching any bad elements from the corpse. Candy is given to people who come to mourn for them to eat and discard away the wrapper before reaching home so as to ward off the bad luck.¹⁶ In addition, the house in which a person dies is seen as a place that radiates bad energy. Fearing

¹⁵ P.C. Lee, 'Understanding death, dying and religion: A Chinese perspective' in J.K. Parry and A.S. Ryan (eds.), *A Cross-cultural Look at Death, Dying and Religion* (Chicago: Nelson-Halls, 1995), pp. 172-182.

¹⁶ D. Klass and R.E. Gross, 'Asian ways of grief' in K.J. Doka and J.D. Davidson (eds.), *Living With Grief: Who we are, how we grieve* (Washington: Taylor and Francis, 1998), pp. 13-26.

bad luck, outsiders will not visit or even go near the house for three months. Likewise, the bereaved will not visit the homes of others during their period of mourning so as not to bring bad luck to others. It is also common for Chinese widows to be blamed for bringing bad luck to the family by causing the death of her husband through her bad fate in life. Secondly, the Chinese believe that although the dead are no longer resident on earth, they are still living with them in spirit and so mentioning the loss is like talking about the deceased person behind the back and showing disrespect to him or her. Thirdly, filial piety and centrality of the family mean that discussing family matters including the disclosure of grief to outsiders can be seen as disloyalty or betrayal to the honour of the family.

In fact, Chow and Chan who wrote on bereavement care in Hong Kong, stated that there are no Chinese terms to describe grief or bereavement. They continued as follows:

The absence of a Chinese concept of bereavement as well as the infrequent mention of the concept in daily conversation deters or even inhibits the development of bereavement care in Chinese communities.¹⁷

The statement may not totally apply to those Chinese who are also English educated but the end result of the traditional Chinese attitudes and practices about death and dying makes adjustment to bereavement difficult and frustrating for the bereaved family members who are conservative and tradition-minded. These traditions are still practised to varying degrees by modern Chinese living in Malaysia, including the Chinese Christians who do so albeit to a much lesser extent, sometimes, not even conscious about it.

¹⁷ C.L.W. Chan and A.Y.M. Chow, *Death, Dying and Bereavement, A Hong Kong Chinese Experience* (Hong Kong: Hong Kong University Press, 2006), pp. 253, 254.

4.3 Evangelical Bereavement Rites

Grief support of family members in a church starts when someone is known to be critically or terminally ill. The church leadership and concerned members will normally rally around the family to offer prayer, care and support for both the dying and the loved ones. When death occurs, the church will be involved with the funeral and burial rites. The commitment to attend to anticipatory grief before the death varies from church to church but the focus of this study is on the grief support of bereaved family members following the death of their loved one. However, for the purpose of giving a fuller picture on what bereavement entails, this section will touch on the beliefs and practices in the funeral rites offered by the evangelical churches in Malaysia. For the purpose of this study, these churches refer to those which are members of NECF Malaysia. They include the Pentecostals like the Assembly of God, Evangelicals like the Brethren, Baptist and Evangelical Free Churches, Independents like the Full Gospel Assembly, and SIB, as well as churches from the mainline denominations like the charismatic Methodist churches.¹⁸

The way people carry out their funeral rites are also closely linked with their beliefs about life and death. So the type of funeral rites will show not only the degree of respect they have for the dead but also what “ceremonies they believe are necessary to ensure that the deceased go to whatever their next life will be.”¹⁹ In general, Protestant funeral rites are less elaborate than Roman Catholic or Orthodox ones and there are also slight variations between denominations. Pentecostal bereavement services tend to be more celebratory in nature as their emphasis is on the resurrection of the dead at the second coming of Jesus. Evangelical bereavement services are occasions for thanksgiving for the life of the deceased, for they believe that the person who died trusting in Jesus as his or her Saviour is now in heaven for eternity. So

¹⁸ National Evangelical Christian Fellowship Malaysia, 'Membership' website, <<http://www.necf.org.my/index.cfm?&menuid=7>> [accessed on 04/03/2011].

¹⁹ British Broadcasting Corporation, 'Christianity: death rites', <<http://www.bbc.co.uk/schools/gcsebitesize/rs/death/chdeathritesrev1.shtml>> [accessed 04/03/2011].

these services aim to be meaningful and comforting for those who come, giving them the assurance that the souls of the redeemed are now in joyful fellowship with their Lord. Independent churches and the other charismatic congregations of mainline denominations conduct their bereavement services premised on the belief that the death and resurrection of Jesus Christ gives Christians hope in the face of death. Hence they are more inclined towards evangelising the unbelievers who attend these gatherings. More uniquely, the Salvation Army uses the term “promotion to Glory” for the death of a Salvationist. Their funeral colour is white and the flags that accompany their brass band leading the cortege are draped with white ribbons.²⁰

For most denominations, there will be one or more visitation or wake services at night time prior to the funeral service on the day of burial or cremation. Usually, the family members will take the first row seats with the open coffin in front of them. The order of service will typically commence with two or three appropriate congregational songs or hymns, followed by the reading of Scripture and prayer. Then, there will be a time of eulogy for relatives and friends to offer publicly their condolences and share reminiscences and good memories of the deceased. Sometimes, a video tribute to the character and life accomplishments of the person who died is given by a member of the family or close friend. Then the minister, pastor or church leader will give his or her sermon and end with the Lord’s Prayer or Benediction. Those present will then be invited to pay their last respects by walking past the open coffin. A similar but shorter funeral service will then take place. After the people have paid their last respects, the coffin is closed and brought to the hearse, with family members, relatives and friends following behind. At the cemetery or crematorium, there will be another brief committal service before the coffin is lowered for burial or conveyed into the fire furnace for cremation. An optional joyful reception may be held for relatives and friends following the burial or cremation. In some cases, the bereaved family may

²⁰ The comparison of bereavement services between denominations are mainly adapted from the My Last Song website, <<http://www.mylastsong.com/advice/113/107/funerals/christian-funerals/>> [accessed on 05/03/2011].

organise a separate memorial service for a wider community several weeks later or at the first death anniversary to commemorate the life of their loved one. Obviously, there are slight variations in structure and formality of these services according to denominational practices and the personalised preferences of the bereaved family.

As alluded to in Section 4.2, the Christian bereavement services are not totally free from the influence of traditional bereavement beliefs and practices. In many instances, the bereaved Christian family members also give out candy or sweets to people who come to the bereavement services, although this may be done to meet the social expectations of non-Christians who come to mourn with them. It is also common for the Christian family members of the bereaved to wear white shirts and black trousers or skirts as a traditional expression of mourning and respect for the older folks. As a broad comparison, the traditional Chinese bereavement services are extremely elaborate and lasting over three days to a week while the Western funeral services are typically simple one-day events. The Christian bereavement services are more aligned to the Western one but with inklings of traditional practices and they last over two or three days.

CHAPTER FIVE: FIELD WORK ON BEREAVEMENT SERVICES

5.1 Location, Size and Age of Churches Interviewed

A total of 12 churches were carefully selected and interviews were conducted in these churches over eight months between March and October 2011. Eight of the churches are sited in various districts within the Klang Valley (referred to as KV) while the remaining four churches are sited outside the Klang Valley (referred to as OS) in three different states within Peninsular Malaysia as shown in Table 1. The three states are Penang, Melaka and Negri Sembilan. The churches are coded as KV1 to KV8 and OS1 to OS4 according to their locations within and outside the Klang Valley respectively. The churches selected for this study are members of NECF Malaysia with English-speaking, predominantly Chinese congregations. There are more of such churches in the Klang Valley than anywhere else in Peninsular Malaysia.¹ Hence, the churches interviewed within the Klang Valley are twice the number of those interviewed outside the Klang Valley. All 12 churches are sited within urban settings.

In terms of size, the churches interviewed have congregations ranging from 250 to 3,000 attendants, whether in one or multiple English-speaking weekend services. Those with congregations of less than 500 are classified as small churches while those with 500 and more are referred to as big churches. The number 500 is arbitrary and it only serves as a convenient divide in the size of the churches. Under each location in Table 1, the churches are grouped as small and big ones under their respective codes for ease of reference and

¹ The unpublished Directory of Churches and Christian Organisations compiled by NECF Malaysia in 2008, shows that there are 605 churches and Christian organisations in the Klang Valley (pp. 113-128) compared with 140 in Penang, the next largest urban area in Malaysia (pp. 35-44).

their order does not reflect the same sequence of dates in which these churches are interviewed.

Table 1: Geographical Location and Size/Age of Churches Interviewed

Code	Location of Church	Percentage	Size of Church		Age of Church in 2011	
			Big	Small	Yr Est.	Age (Yr)
	Klang Valley:	67%				
KV1	Cheras		x		1971	40
KV2	Sect 14, Petaling Jaya		x		1965	46
KV3	Kelang Lama		x		1979	32
KV4	Damansara		x		1999	12
KV5	Kayu Ara			x	1975	36
KV6	Segambut			x	1999	12
KV7	SS2, Petaling Jaya			x	1974	37
KV8	Kota Damansara			x	2003	8
	Outside Klang Valley:	33%				
OS1	Penang		x		1983	28
OS2	Air Keroh, Melaka		x		1984	27
OS3	Bacang, Melaka			x	1984	27
OS4	Seremban, Negri Sembilan			x	1975	36
	Total		6	6		

In terms of sample size, interviewing 8 to 20 informants is considered normal for a qualitative research project (see Section 3.3). The difficulty in this study is that not many pastors are open to be interviewed on a seemingly unpleasant topic (see Section 2.3) amidst their busy schedules. On top of this, they are required to connect to the interviewer one to three bereaved family members in their church who are willing to be interviewed as well. Nevertheless, 12 churches across different denominations, in separate

locations and of varying church congregation sizes were interviewed. This involved 12 pastors and 19 bereaved persons. Hence, the total number of informants is 31.² In qualitative research, however, the size of the sample is less important than the nature of it as those who are interviewed must offer something that represents a general view of the subject matter as well as the opportunities for generalisation.³ Furthermore, the sampling process is purposive, meaning that all the interviewees are chosen at the same time with specific criteria in terms of their ability to answer the research questions to give a fair representation of the subject matter. Hence, in selecting the churches which are open for interviews, careful consideration is given to ensure that there is a proper balance between their location within and outside the Klang Valley (eight within and four outside, see Section 4.1), a fair representation of both big and small churches (four big churches and four small churches within the Klang Valley, two big churches and two small churches outside the Klang Valley), and a good spread of different denominations in both locations (see Section 5.2 below). Above all, the 31 interviews were considered sufficient when no significant new insights are gained from further interviews (see Section 3.3).

The age of the churches varies widely from 8 to 46 years. It is noted that the size of churches has nothing to do with their ages. In fact, the study involves a big church which is established only 12 years ago while three other churches remain small although they are established more than 35 years ago. So the size of the churches in relation to their age, or even their location, is not the subject of this study but we want to know in our subsequent analysis if the size, age or location of a church has any bearing on the extent and quality of care and support given to their bereaved family members. For example, can we presume that the larger churches are more organised and hence they

² As a comparison of the sample size, Swinton and Mowat described a research study on a separate but similar pastoral issue of the church's response to rising suicide rates, 20 interviews with ministers were targeted but they ended up with 16 plus some discussions with a focus group of concerned churchgoers who had heard about the project. See Swinton, *Practical Theology*, pp. 192-226.

³ Swinton, *Practical Theology* pp. 204-205.

would have something in place within the church structure for the care and support of the bereaved? Or can we expect that the church leadership of longer established churches will be more experienced and hence more effective in the pastoral care of their bereaved members? Or is it true that the pastors and leaders of churches in less urbanised towns outside the Klang Valley and sited away from the busyness of city life, can be more committed and caring towards the bereaved than their counterparts in the churches sited within the Klang Valley?

5.2 Denominations and Categories of the Bereaved

As shown in Table 2, they are from eight different denominations or church groupings, representing most of the major church components of NECF Malaysia. Three Assembly of God churches are interviewed compared with one or two from the other denominations or church groupings. This higher number corresponds approximately to the ratio of Assembly of God churches to the other categories of churches in Peninsular Malaysia, particularly for those within the Klang Valley.⁴

Of the 12 churches, ten interviews were conducted with the Senior Pastors of their respective churches. One church is run by a team of Elders with no full-time pastors and its Chairman Elder was interviewed. In another church, her Senior Pastor was overseas for some time and he assigned his deputy to be interviewed instead. For this study, the Senior Pastor or Chairman Elder of the church is referred to as the “Pastor” and designated by the letter “P”. The other pastors and pastoral staff as well as the elders, deacons or even

⁴ The unpublished Directory of Churches and Christian Organisations compiled by NECF Malaysia in 2008 (pp. 113-128), shows that there are 40 Assembly of God churches out of a total of 192 churches in Kuala Lumpur alone. Kuala Lumpur is the main district of the Klang Valley. This works out to 21% of the churches.

the cell group zone leaders in some of the largest churches are referred to as “Leaders” of the church. The Pastors’ ages range from 35 to 65 years old. Their mean age is 52.5 years. The interviews lasted from 15 to 47 minutes at their church offices. Each interview is preceded by an explanation of its purpose, followed by assurance of anonymity and confidentiality. Informed consent is obtained in writing. All interviews are audio recorded and subsequently transcribed and analysed for this study.

Table 2: Denominational Breakdown and Categories of Bereaved Interviewed

Denomination	No. of Churches	Widow	Widower	Grieving Parent
Assembly of God	3	3		2
Brethren Assembly	1	2		
Baptist	1	1		
Evangelical Free Church	1	2		
Full Gospel Assembly	2	3	1	
Charismatic Methodist	1	1		
<i>Sidang Injil Borneo</i>	1	1		1
Independent	2	2		
Total	12	15	1	3

A total of 19 bereaved church members were interviewed. Of these, 15 are widows, three are grieving parents and one is a widower. The objective is to interview one to three bereaved persons from each of the selected churches. Each of the Pastors interviewed was asked to give an invitation letter to all members of the congregation who were known to them as

bereaved and fell within the research profile (see Section 3.3) to decide for themselves if they were willing to be interviewed for the research project. The number of respondents and the category of bereavement are beyond the control of the researcher. Nevertheless, of the big churches within the Klang Valley, there were three respondents from KV1 and two each from KV2 to KV4. Of the small churches within the Klang Valley, there was one from each of KV5 to KV6. For the churches outside the Klang Valley, the big churches OS1 and OS2 have two and one respondent respectively while the small churches OS3 and OS4 has one and two respondents respectively.

Of the widows interviewed, the youngest widow is 35 years old while the oldest is 66 years. The mean age for the widows is 53 years. The sole widower interviewed is 52 years old. The three grieving parents are of ages 38, 52 and 56 years with 48.7 years as the mean.

5.3 Bereavement Services

The field work revealed that the Pastors of big churches both within and outside the Klang Valley generally attend to the bereavement services of their church members only on a case-to-case basis (see Table 3). This means that a portion of the bereavement services are conducted to by the Leaders of the church. The only exception is that of a big church outside the Klang Valley, where the Pastor says,

I do not attend to (any) bereavement services now as I have one pastor who oversees all these services and we also have zone pastors to do them. (OS1/P)

Table 3: Pastor's Involvement in Bereavement Services and the Bereaved's Experience

Church & the Berea'd	Pastor's Involvement			Bereaved's Exp'ce	
	Yes to All Cases	Case to Case	No to All Cases	Adequate/ Effective	Inadequate / Ineffective
KV1/B1		x		x	
KV1/B2		x		x	
KV1/B3		x		x	
KV2/B1		x		x	
KV2/B2		x		x	
KV3/B1		x		x	
KV3/B2		x		x	
KV4/B1		x		x	
KV4/B2		x		x	
KV5/B1	x			x	
KV6/B1	x			x	
KV7/B1		x			
KV8/B1	x				
OS1/B1			x	x	
OS1/B2			x	x	
OS2/B1		x			
OS3/B1		x		x	
OS4/B1	x			x	
OS4/B2	x			x	
Total	5	12	2	16	0

The Pastors attend to a bereavement service depending on whether the deceased or the bereaved family members are leaders of the church, the relationship they have with the Pastor and how traumatic is the death. The following statements were made by some of the Pastors:

I give priority to leaders. (KV4/P)

More on relationship than administrative procedure (KV3/P)

Can't possibly go to everyone, I would say, I would evaluate more on the degree rather than who is important or not. Everybody is important. It is only the degree of the trauma that they are going through. (KV1/P)

For the small churches both within and outside the Klang Valley, generally the Pastors attend to almost all the bereavement services. One Pastor remarked:

I try to get involved as much as possible in all the bereavement services.

Members are members. If the pastor is not there, it is not counted. (KV8/P)

KV7 and OS3 (see Table 3) are two exceptions where the Pastors of these two small churches attend to bereavement services on a case-to-case basis. The reason is because they have zone pastors to handle these services.

Typically, when a death occurs, the church office will be informed. Usually, an assigned staff will contact the funeral undertaker who will make arrangements with the bereaved family members to purchase the coffin and the burial plot as well as prepare the dead body for the burial. The undertaker will also report the death to the relevant authorities and obtain the permit for burial. Meanwhile, the church office will organise the order of service and do up the service pamphlet that includes the hymns and songs to be sung. There will usually be one to three visitation or wake services in the evenings plus the funeral service on the last day just before the burial. The services are held either in the homes of the deceased or in rented funeral parlours. Some churches allow funeral services in their premises.

The main involvement of the Pastor or Leader is in the preaching of the message in the wake and funeral services and carrying out the burial rites. Concerning bereavement services, two Pastors said:

In times like this, it is best time to share the Gospel and reach out to the unbelievers. (KV10/P)

For me, I place top priority for funerals and memorial services because this is where the highest number of non-Christians goes. This is where we demonstrate love, that they are drawn to it. They live in a hard world and the church must demonstrate the love to them. (KV3/P)

Indeed, a funeral training resource publication of the Rutherford House in Scotland stated:

In a society where it is becoming increasingly difficult to forge new relationships in the community, bereavement care is one of the few remaining situations open to us.⁵

Hence, many of the bereavement services are somewhat evangelistic in nature and incidents of conversions to Christianity in these services are not uncommon. However, it is beyond the scope of this study to discuss whether or not such services are ethically the right platform for evangelism.

5.4 Bereaved's' Satisfaction with Bereavement Services

Professor David Meagher has the following apt remarks concerning the role of funeral rites:

Funerals provide an important rite of passage. Similar to rituals that mark other transitions in life, funerals provide a time for family and friends to celebrate the life of the loved one and share their feelings concerning the

⁵ N. Barge and P. Malloch, *Funeral Training, Visiting the Bereaved, Organising and Conducting a Funeral* (Edinburgh: Rutherford House, 2010), Preface.

loss of this person in their lives. Coming together like this provides a satisfactory environment for mourning and expressing grief.⁶

Beyond what is stated, the funeral rituals function to dispose of the body of the deceased in appropriate ways and bring the reality of the loss to the bereaved family members, relatives and friends. Besides giving them the opportunity to mourn collectively and show care and support to one another through the loss, they also affirm their community's basic beliefs about life and death, thus helping to reintegrate meaningfully the ongoing lives of the bereaved in the absence of the loved one.

As the bereavement services play a meaningful role in the grieving process of the bereaved family members, it is important to know how they feel about these services, particularly with respect to the involvement of their churches. As shown in Table 3, the 19 bereaved family members interviewed generally expressed that they are satisfied with the care and support extended to them by their churches during the bereavement services. Three bereaved persons did not indicate their experience. They are B1 of KV7, B1 of KV8 and B1 of OS2. B1 refers to the first bereaved person to be interviewed in a particular church. For B1 of KV7 and B1 of KV8, their deceased spouses are non-Christians. They had Hindu and traditional Chinese funeral rites respectively and so their churches were not involved. The entire family of B1 of OS2 was involved in a tragic accident which took the lives of her husband and three children. She was not conscious when the bereavement services were held for her deceased family members.

As a whole, the informants rated their church's care and support during the time of the bereavement services as adequate and effective. For the big churches, this is irrespective of whether the Pastor is involved or not, and there is no difference whether the church is sited within or outside the Klang Valley. In fact, for OS1, the Pastor is not involved in the bereavement services at all

⁶ D.K. Meagher, 'Ethical and Legal Issues and Loss, Grief and Mourning' in Balk, *Handbook of Thanatology*, p. 180.

and yet the two informants are satisfied with the bereavement services rendered. As KV1/P has rightly pointed out above, the Pastor of big churches cannot attend to every case and so there are Leaders in charge of specific groups of members. The church members generally accept this reality and since the bereaved family members may have closer relationship with their Leader than with their Pastor, to most people, it does not matter if their Pastor or Leader conducts the bereavement services. For the small churches, their Pastors are involved in almost all of the bereavement services but this is not an absolute necessity. Contrary to what KV8/P has said above, there is in fact a case of a small church (OS3) where the Pastor is not involved but the bereaved equally gave the adequate/effective rating. This rating is also not dependent on whether the church is more recently established or has been in existence for many years.

Out of the 12 churches, ten have indicated that they have written operation procedures on bereavement services for the Pastor and his Leaders while two do not have any written guidelines or checklists at all. The satisfactory rating on bereavement services across the board shows that having written procedures or not having those makes no material difference, so long as those involved know what to do. The reasons why almost all the bereaved find the care and support of their churches as adequate and effective may be as follows:

1. The procedures involved in the bereavement services are quite standardised and with some previous experience, it would not be difficult for the Pastor or Leader to meet up to the expectations of the bereaved family members.
2. The bereaved family members in their first few days after the loss of their loved one may be still in a state of disorientation and grief, and so they are not likely to be fussy about many things.
3. The intention of all who are present is to participate in the smooth performance and completion of the funeral rites in sending off the deceased for burial.

4. The funeral undertakers are professionals and they are there to do most of the coordination arrangements.
5. Relatives and church members rally around the bereaved family members during the bereavement services and so they feel a high sense of care and support.

In summary, the findings so far show that the evangelical churches in Peninsular Malaysia are generally felt to be good in handling the bereavement services to the expectations of the bereaved family members. Differences in the location, size and age of the church, whether the Pastor is personally involved and whether or not a church has a written procedure for such services, are not material as almost all the informants rated as adequate and effective over the care and support of their churches across the board. However, can the same be said concerning the care and support of the bereaved family members in the weeks and months following their losses as we look into the long term aspects of grief support in the following chapters?

CHAPTER SIX: HOME VISITATIONS OF BEREAVED FAMILY MEMBERS

6.1 Perspective of Pastors and the Bereaved

The interview of the 12 Pastors revealed that all of them believe the church has a pastoral responsibility towards their bereaved family members (see Table 4). On the bereaved's side, 18 of them or 95% of those interviewed believe that the church should care and support them during their season of bereavement. One widow in fact mentioned that "the original intention for having deacons was to care for widows" (KV3/B2). According to Acts 6:1-4, she was right. Only one widow did not expect the church to care and support her. The reason given by her was that when she lost her husband, she was then a recently converted Christian and new to the church. Being new, she said she cannot expect too much, but as a whole, the belief and spiritual conviction of both sides are in line with the Old and New Testament perspectives on grief support (see Chapter Eight).

How is this belief and spiritual conviction manifested in practice? We begin by looking at bereavement visitations at the homes of bereaved family members. First of all, let us discuss whether home visitations ought to be a major avenue for grief support by the church. The findings indicated that 67% of the Pastors thought that home visitations are important (Table 4). Two pertinent remarks made by them are as follows:

Home visitation is an important part of our pastoral responsibility. (OS4/P)

Home visitations are crucial and it is not a waste of time. Sheep can only give birth to sheep. Shepherd cannot give birth to sheep. When we have healthy sheep, then we have healthy lambs. When sheep are not healthy, they cannot multiply. (KV3/P)

Table 4: Importance of Grief Support and Home Visitations

Item	Meaning Units	Percentage (%)
<u>Pastors</u>		<i>(n=12)</i>
1. Believes that church has pastoral responsibility towards the bereaved.	12	100
2. Does not believe the church has pastoral responsibility towards the bereaved.	0	0
3. Thinks that home visitations are important in the pastoral care of the bereaved.	8	67
4. Not sure if home visitations are important in the pastoral care of the bereaved.	1	8
<u>Bereaved</u>		<i>(n=19)</i>
1. Believes the church should care and support them.	18	95
2. Do not expect the church to care and support them.	1	5
3. Welcomes the Pastor or Leader to visit them.	14	74
4. Does not expect or want the Pastor or Leader to visit them.	2	11

Only one Pastor indicated that he is not sure if home visitations are important. He said,

Some people do not want intrusions in their private lives or in their emotions. (KV2/P)

However, such an argument does not negate the importance of home visitations as not all people indicate that they do not want intrusions. In any case, the Pastor or Leader will not know unless he or she attempts to visit

them. The other 25 % of the Pastors did not indicate whether they are for or against home visitations of the bereaved. Nevertheless, the majority of the Pastors are in favour of it.

From the bereaved's' point of view, it appears from our small research sample that the majority of them (74%) welcome their Pastor or Leader to visit them at home after their losses.

Go to their house ... Sit down and talk with us. (OS4/B2)

They did not come to visit me. This is very lacking in the church although there is concern and care. Of course, in church, there is the 'hi and bye' on Sundays but I am talking about personal touch. (OS1/B1)

Two widows preferred to be left alone for the initial period. They did not indicate if they are open to a home visit after the initial period is over. For the remaining three bereaved persons who did not indicate their preferences, it can said that if they want the church to care and support them (as they have indicated in item 1 of Table 4 under the "Bereaved" section), meeting at their homes would be more convenient and conducive to them than going to the Pastor's office or a restaurant, unless they have some other specific reasons to the contrary. Nevertheless, the majority of bereaved family members welcome their Pastor or Leader to visit them at home after they have lost a loved one.

In the medical profession, nurses that took care of patients who subsequently die are encouraged to make one visitation to the homes of the bereaved family members. This is because they are already well placed to give such supportive help through their established relationship with the family, especially the carers who took care of the deceased prior to the death. For instance, the *British Journal of Community Nursing*, 1997, highlighted the value of such a bereavement visit.¹ Likewise, the Pastor or Leader is also well

¹ B. Monroe and P. Smith, "The value of a single structured Bereavement Visit" in the *British Journal of Community Health Nursing*, Vol. 2, No. 5 (1997), pp. 225 -228.

placed to care and support the bereaved family members through home visitations as they are the “shepherds of the flock” with an established relationship with them.

6.2 Actual Occurrences of Bereavement Home Visitations

Having established the perceived importance and necessity of bereavement home visitations from the point of view of both the Pastors and the bereaved, the actual occurrences of these home visitations are now examined. Pastors were asked if they personally visit the bereaved family members in their homes. Only two Pastors said that they visit all the bereaved families who attend their church (see Table 5). Both are from small churches, one within the Klang Valley and the other outside. This is to be expected as pastors of smaller churches will have more time to build closer relationships with their members. Five Pastors visit on a case to case basis. They come from both big and small churches within and outside the Klang Valley. The criteria for selecting each case is the same as that for personal involvement in the bereavement services: whether the deceased or the bereaved family members are leaders of the church, the relationship with them and how traumatic is the death. The other five Pastors do not personally visit any homes but delegate them all to either their Leaders or the cell groups. All are from big churches both within and outside the Klang Valley except for one small church. All ten of the Pastors who visit on a case to case basis or delegated all to others either think that their Leaders visit the bereaved families for more than two times or they do not know how many times the visits are carried out.

Table 5: Involvement of Pastors and Leaders in Home Visitations

Church	Involvement of Pastor			No. of Home Visitations by Pastor or Leader			
	Ps. Visits All	Ps. Visits Case to Case	All Cases Delegated to Leaders or Cell Gp	Once	Twice	More than 2 times	Pastor Do Not Know How Many
KV1		x				x	
KV2			x				x
KV3			x				x
KV4			x				x
KV5		x					x
KV6			x				x
KV7		x				x	
KV8	x				x		
OS1			x			x	
OS2		x				x	
OS3	x			x			
OS4		x					x
Total	2	5	5	1	1	4	6

From Table 6, it is noted that all Pastors believed that their Leaders and cell group were also doing the bereavement home visitations, especially for those cases that they were not personally involved or have visited once or twice only. From information given by the bereaved, the Pastors' beliefs are only assumptions and in 11 cases, these assumptions are wrong. For 58% of

Table 6: Information from Pastors and the Bereaved on Home Visitations

Church	Pastor's Info	Bereaved's Information				
	Ps. Visits or believes his Leaders or Cell Groups Visit	No. of Home Visitations by Ps./Leader				Visited by Cell Group
		None	Once	Twice	More than 2 Times	
KV1	x		B1			x
	x			B2		x
	x			B3		
KV2	x	B1				
	x	B2				
KV3	x	B1				x
	x				B2	x
KV4	x	B1				x
	x				B2	
KV5	x				B1	
KV6	x	B1				
KV7	x	B1				
KV8	x				B1	
OS1	x	B1				x
	x	B2				
OS2	x	B1				
OS3	x				B1	
OS4	x	B1				
	x	B2				

the bereaved, no Leader visited them at all. In eight of these 11 cases, not even their cell groups visited them in their season of grief. In the case of KV1 where the Pastor believed his Leaders visited the bereaved more than two times, in fact all the three bereaved persons reported they were visited only once or at most twice only. Therefore in the majority of cases, although the Pastor thinks that the bereaved families are being visited, this is not so, either not at all or not as often as they think.

Within a church, the assumption of the Pastor that the Leaders or cell groups are visiting the bereaved is also wrong with respect to different families in the same church. For example, in the case of KV3, one family was visited more than two times while another family received no visitation (see Tables 5 and 6). Likewise for KV4, B1 received no visitations while B2 was visited for more than two times. In addition, B1 was visited by her cell group but B2 was not. For KV1 where the Pastor believed that his bereaved families are visited by his Leaders for more than two times, B1 was visited only once while B2 and B3 were visited only twice. In addition, B1 and B2 are visited by their cell group while B3 was not. This shows that for some churches, some bereaved families are visited either by their Pastor, Leaders or cell group while others in the same church are not visited at all. This happens even though the Pastor believes that all bereaved families in the church are being visited by his Leaders or cell group, resulting in a lack of consistency in the practice of bereavement home visitations in the churches.

6.3 Monitoring of Home Visitations

With regards to the monitoring of the home visitations carried out by the Leaders or cell groups, the following statements are made by some of the 12 Pastors who said that the church has a pastoral responsibility towards the

bereaved and among the same eight Pastors who say that home visitations are important in the pastoral care of the bereaved (as presented under Table 4). The remarks below as made by the Pastors of two big churches indicate that they do not monitor the home visitations carried out by their Leaders:

No way will the church know that home visits are carried out. No effective monitoring system. We just encourage it. We also don't know if the pastoral staff visits or not. (KV3/P)

I do not know how often he visits the bereaved except that he follows through. He (the pastor in charge of bereavements) has a heart for people and he visits them before and after. To me, not many churches have a full-time staff to do this. I don't need to know how often he visits them. I know who pass away. He will tell me and sometimes I will call or get involved. I don't monitor at all. I trust him to do it. (KV4/P)

In addition, the following statements were made by the Pastors of two small churches, indicating that they depended on the informal feedback by their Leaders on a need-to-know basis:

If my staff visits them, I leave it to them. If there are things they pick up and I need to know, they will tell me. (OS3/P)

I am quite sure the visits are being done by the members. We are a small church with half belonging to cell groups. We discuss among ourselves and if there is a need, there will be follow-up. (OS4/P)

Indeed, the findings revealed the overall situation as follows:

Table 7: Monitoring of Leaders' Home Visitations by the Pastors

Item	Number	Percentage (<i>n</i> = 12)
Believes home visitations are being monitored effectively	5	42%
Has a formal system of monitoring in place	1	8%
Thinks church does not have a monitoring system	7	58%

The majority of churches (58%) do not have a monitoring system for bereavement home visitations. The other five Pastors believe that their visitations are being monitored effectively. However, most of these Pastors relied on some form of informal feedback from their Leaders and ended up unaware that many of the bereaved family members are not even visited once. At least one Pastor realized that an effective system of monitoring is necessary. He said:

Some cases (have) more input, others touch and go. We don't have the system to gauge. Expectation is for everybody to rally around. We are aware when people pass away and as supervisor, I do ask the pastors. For visitations, we should have guidelines; these are in the back of our minds but we have not sat down to work those things through. (OS1/P)

Of the five Pastors who said that their visitations are being monitored effectively, only one church has a formal system of monitoring in place. The Pastor of this church stated as follows:

If they go and follow up on a person, so for each time they go, they will hand in a report what they have discovered. Then three weeks down the road, they make another visitation, then another report will come in, after each visit. (KV1/P)

As noted in Table 6, KV1 is the only church where all the three bereaved persons interviewed are visited by their Leaders while in most of the other churches, the bereaved are not visited even once or, within the same church, one is visited while the other is not.

Therefore, a formal system of monitoring is recommended for all churches, whether big or small, since the unsatisfactory consequences of not monitoring are evident in both categories of churches. As exemplified by KV1, a good formal system of monitoring is to require a short report to be submitted by the Leader or cell group after each visit. It is even better if there is a standard form listing down the minimum information required so that the Pastor knows what is going on.

However, the Pastor of a small church may say that they do not need a formal system of monitoring, as in the case of KV8:

For our small church setting, we don't need a system. But it is still "touch and go" although there is consistent feedback. (KV8/P)

If we just depend on human initiative, it will definitely be "touch and go". We may think we have consistent feedback but people do forget and they tell us what they want us to know without giving us the full picture. The Pastor of a big church may say the same thing, as in the case of KV2:

Already, people are complaining that we have too many procedures and we can be over-burdened by them. They are tired of all these things and bereavement is only one of the many other needs. (KV2/P)

If the same Pastors are saying "home visitation is an important part of their pastoral responsibility" and "home visitations are crucial and it is not a waste of time", and if they are genuine about such statements, then having a formal monitoring system is worth the extra procedure. If there is a standard form to make reporting simplified and easy, then Leaders and cell groups can just spend a few minutes to give the necessary feedback for the well-being of the bereaved family members of their church. Such a form is shown as a suggestion in Appendix E. All it takes is the right perspective, attitude and commitment towards the care and support of the hurting bereaved in our midst.

CHAPTER SEVEN: THE GAP IN GRIEF SUPPORT

7.1 Perceptions of Overall Adequacy and Effectiveness

This chapter examines the overall adequacy and effectiveness of the grief support services offered by the evangelical churches in Peninsular Malaysia as perceived by the Pastors and the bereaved. The interviews revealed that 92% of the Pastors believed that the grief support of their bereaved family members offered by their church was adequate and effective (see Table 8). Nine of the 11 Pastors stayed in the middle ground of “quite adequate/effective” as they believed that in any ministry, there is always room for improvement. Only one Pastor placed his church in the “most adequate/effective” category. He said:

The church has been most adequate in the care and support of the bereaved. Not many churches have a full time pastor doing this. I don't know how else we can improve. (KV4/P)

The Pastor of KV5 was more modest. He was the only one who placed his church in the inadequate and ineffective category. He said:

We are somewhat inadequate in caring for the bereaved. Ideally, there should be a whole counselling set-up who follows up on all counselling needs, including bereavement. (KV5/P)

On the other hand, 79% of the bereaved persons believed that the church's overall care and support for them had been inadequate and ineffective, with 47% of them rating it as “quite inadequate/ineffective” and 32% as “most inadequate and ineffective”.

Table 8: Information from Pastors and the Bereaved as to the Overall Adequacy and Effectiveness of Grief Support from their Church

Category	Pastor's Perception	Percentage (n=12)	Bereaved's Experience	Percentage (n=19)
Most adequate/ effective	1	8	0	0
Quite adequate/ effective	9	76	4	21
Somewhat adequate/ effective	1	8	0	0
Somewhat inadequate/ ineffective	1	8	0	0
Quite inadequate/ ineffective	0	0	9	47
Most inadequate/ ineffective	0	0	6	32
Total	12	100	19	100

Two remarks in the most adverse category are as follows:

They were most ineffective in helping me. After even one year, I am still grieving but they don't understand me. When I cried in church, they tried to shut me up. (KV6/B1)

I rate the care and support extended from the church as most inadequate. After one year and six months, I am still struggling with making decisions because there is no one to talk to, trust and discuss. And also (with regards to) my identity, I used to be somebody's wife and now they don't even know me. (OS4/B1)

The remaining 21% put themselves in the “quite adequate/effective” category, but overall, there is an obvious mismatch in the perceptions from both sides.

7.2 Mismatch Presented as a Gap

The mismatch situation can be explained quite adequately. As shown in Table 9, three quarters of the Pastors interviewed said that they had not received any complaints from any bereaved person that he or she was not adequately or effectively cared for. Their general position is that if there are no complaints, then all is well. A typical remark is as follows:

We leave it to the structures that are already in place with the hope that it is sufficient to meet the needs of the bereaved family, meaning the cell groups as the first step. If they cannot meet the need, then the pastoral team will step in. (KV2/P)

Three Pastors said that they have received at least one complaint from the bereaved that they are not adequately and effectively care for. However, they felt that the complaints do not justify taking action to improve their care and support of the bereaved. The first Pastor said the complaint he received was not valid, another said the complaint was about the previous pastor and the third said the comments he received were unrealistic:

I had one case of complaint. His father died in Johor ... He was so angry that I could not go to Johor. I did not react. It was just not possible for me to go. (KV4/P)

From church members, I do receive complaints like how come nobody visits them or no one cares. (KV7/P)

I do hear one or two comments but we say to them in reality we do more than required. (KV8/P)

Table 9: Attitude of Pastors and the Bereaved towards the Adequacy and Effectiveness of Grief Support from their Church

Item	Meaning Units	Percentage
<u>Pastors</u>		(n=12)
1. Has not received any complaints that any of the bereaved is not adequately/effectively cared for.	9	75
2. Received at least one complaint from the bereaved they are not adequately/effectively cared for.	3	25
<u>Bereaved</u>		(n=19)
i) Thinks their church has no system for the grief support of the bereaved.	14	74
ii) Do not want to impose on or tax the Pastor or Leaders too much.	13	68

On the other hand, it is noted from Table 8 that 79% of the bereaved family members are not happy with the adequacy and effectiveness of the care and support extended to them by their churches. In fact, Table 9 shows that 74% of them think that their churches do not have any system or structure to care and support them in a consistent and comprehensive manner. However, 13 of the bereaved who are interviewed (68%) said that they would not bring up to the church any dissatisfaction over the care and support extended to them as they do not want to impose on or tax the Pastor or Leaders too much. They justify such behavior by saying that the Pastor or Leaders are busy people and they are not that important in the church to merit such attention. Below are some remarks that will show the length and breadth of their apprehensions:

I don't want to tax the leadership but it will be good if they visit me ... I will not want to call them to come. In my grief, it is difficult for me to pick up the phone. (KV2/B2)

When I go to a pastor, I almost feel I am imposing on her. Not sure if I am taking up their time or whether it is appropriate to talk to them. (KV3/B2)

Everybody is busy. I don't want to impose on them. (OS1/B2)

As a widow, I feel like I am an outcast. I would not want to ask anything but they should take the initiative. They all have their families and I don't want to go to them. They should come forward to give, like spend time with me, help me through ... (KV5/B1)

I don't think it is right to keep asking for help every time. They should know my situation. (KV7/B1)

Sometimes I feel embarrassed, why always want to '*kachao*' (disturb) people ... They always say don't go to share your problems with people. Silently you glorify God. (OS4/B1)

The Asian culture, with its "face" factor, is that we should not be a burden to others (see Section 4.2). So, with regards to the grief support extended to the bereaved family members of their churches, most Pastors think that all is well with their church's existing provision and practice because there are no complaints from the bereaved, while the bereaved seldom voice their dissatisfactions because they do not want to impose on their pastors or Leaders. In fact, one Pastor did have insight of this when he incidentally commented, "They don't really voice out" (OS3/P). At the same time, most churches do not have an effective monitoring system of what is actually taking place as noted in Section 6.3. As a result, there is a mismatch between the Pastors' perceptions of the adequacy and effectiveness of the grief support of their bereaved family members and the actual experience of the bereaved. This mismatch can be presented in a table showing the gap between the Pastors' perception and the bereaved's' experience (see Table 10). A spatial representation of each case will give a clearer overall picture of such a gap.

Table 10: Gap between Pastors' Perception and Bereaved's' Experience

Church	Pastor-Bereaved	A	B	C	D	E	F
KV1	P-B1		P----	-----	-----	----B	
	P-B2		P----	-----	-----	----B	
	P-B3		P----B				
KV2	P-B1		P----	-----	-----	-----	----B
	P-B2		P----	-----	-----	----B	
KV3	P-B1		P----B				
	P-B2		P----	-----	-----	----B	
KV4	P-B1	P----	-----	-----	-----	-----	----B
	P-B2	P----	----B				
KV5	P-B1				P----	----B	
KV6	P-B1		P----	-----	-----	-----	----B
KV7	P-B1			P----	-----	----B	
KV8	P-B1		P----	-----	-----	----B	
OS1	P-B1		P----	-----	-----	----B	
	P-B2		P----	-----	-----	----B	
OS2	P-B1		P----	-----	-----	-----	----B
OS3	P-B1		P----B				
OS4	P-B1		P----	-----	-----	-----	----B
	P-B2		P----	-----	-----	-----	----B

Key: P = Pastor B = Bereaved

A = Most adequate/effective

D = Somewhat inadequate/ineffective

B = Quite adequate/effective

E = Quite inadequate/ineffective

C = Somewhat adequate/effective

F = Most inadequate/ineffective

The gaps are found in 84% of the interviews. In other words, there are only three exceptions (16%). The gaps exist in both the big and small churches, both within and outside the Klang Valley and irrespective of whether the church is long established or fairly new. The gaps are also not evenly distributed, even within the same church. Nevertheless, the picture is clear that the majority of the bereaved in the churches are not pleased with the degree of care and support extended to them by their church during their seasons of bereavement.

The contrast between some remarks made by the pastors and the bereaved will further highlight the reality of this gap. The following remarks from two of the pastors are quoted as an overall reflection of the pastors' perceptions on the one hand:

I don't feel it is a waste of time as taking care of the sheep is of paramount importance. The time of grief is the time of greatest need. (KV5/P)

If we just emphasize on church growth without taking care of the health aspect of the sheep, we will have stunted growth like we are flogging a very tired horse. Church growth must be looked from a wholistic sense. If a bereaved person is hurting and we want them to reach out, he will say how can I reach out when I am still very down? (KV3/P)

On the other hand, the following remarks made by three widows who are interviewed epitomise some of the saddest situations in these churches:

No pastor visited me in the house. No pastoral staff came. The people whom I met did not talk about the subject of my loss. I miss him a lot when I am alone. There is no one to talk with about the loss. (KV3/B1)

During the funeral, every body is there for you. After the funeral, you are left alone ... If there is no support; it is very serious, especially if they don't know how to go about it. For me, it is a process. The church has to do the follow-ups. I don't blame them, because everybody is very busy, but it is not the end of the matter after the funeral. A lot of people need help to walk them through the journey. (OS1/B2)

No church leader sat down with me or educated me on what grieving is like. Not a single one. In church, everybody is avoiding me because they see me cry so much. When they see me, they run away because they don't know how to show care to me. Some asked me how I am coping but stayed at the superficial level. (OS4/B2)

The overall situation is indeed not a faithful practice of the body of Christ of whom the Pastors and their congregation believe that the Church has a pastoral responsibility to care and support the bereaved. Gary Collins, described by the *Psychotherapy Networker* magazine as “the father of Christian Counselling”, made the following statement:

It is well known that care for the dying and their families, preparation for a death, help with grieving, and the prevention of complicated grief among survivors very often comes within the context of (a) caring church.¹

Such a statement is at best only partially valid. All churches are meant to be caring, yet while the first two categories of care may be generally true, the same cannot be said for the latter two categories for the churches in the light of what is presented in this section of the study. The findings established that what is well known among the Christian community that churches care and support their members in their times of bereavement is indeed presumptuous as the experiences of the bereaved tell us otherwise.

7.3 Who the Bereaved Turn to?

If the Pastors and Leaders of the churches are not caring and supporting their bereaved family members adequately and effectively, who do they turn to for help? The field work revealed an important finding. More than half of the Christian bereaved (52%) turns to non-Christian family members,

¹ Collins, *Christian Counselling*, p. 484.

relatives or friends for comfort and support (see Table 11). This is not right as Christians have core values in life which are distinctively different from those of non-Christians. In particular, the Christian faith believes that true meaning and purpose in life cannot be found outside of God, and talking over our life struggles with a non-Christian who does not share such a conviction can be highly incongruent with regards to the core values involved.

It is not surprising then to note from Table 11 that nine out of ten of the Christian bereaved who turned to non-Christian family members, relatives and friends find them ineffective in helping them while only one said they are somewhat effective. More than half of the bereaved in our midst would have turned to non-Christians for care and support because they have no other better choices in their Christian circles.

The remainder of the bereaved turn to various categories of Christians. Needless to say, one person may turn to more than one category of Christians or even seek counsel from a non-Christian at the same time. The largest group of Christians whom the bereaved turned to are friends of their own church other than cell group members. The church is a community of believers and biblical teachings exhort Christians to care for one another. As churches grow in size and the number of members becomes too many to relate to one another closely, the churches will usually have cell groups to facilitate better management and foster close relationships. However, the bereaved that turn to their own cell group members (3) are significantly less than those who turn to friends of their own church other than cell group members (9). Two of the bereaved said,

Table 11: Who the Bereaved Turn To for Help and Support and their Perception of its Effectiveness

Category	Number	Percentage (n=19)	Effectiveness		
			Yes	Somewhat	No
Pastor or Leader	1	5			1
Cell Group Members	3	16		2	1
Friends of own church other than cell group members	9	47		1	8
Christian friends outside own church	6	32		1	5
Christian family members or relatives	6	32	1	1	4
Non-Christian family members or relatives	5	26		1	4
Non-Christian friends	5	26			5
Fee-based professional help	0	0			
No one whom I can turn to	1	5			
		Total	1	6	28

After the loss, I turned to my own personal girlfriends who are Christians. Some are from the church but not from my cell group. Some are from other churches. (KV2/B2)

I distanced (myself) from my cell group for one month and neither did they come to visit me, because I told them I need the time to be myself. So nobody actually talked to me. (KV4/B1)

Exactly why the bereaved do not turn to their cell group for help and support may be deduced from the following remarks:

They came to show concern. They cannot handle grief. There is a gap in terms of handling the situation. Superficial! No proper instructive guidance as they are not trained. (KV1/B1)

If I turn to my cell group, they will help me. I know it. They are willing to help me but I didn't respond. I grew up with them and I feel so shameful to let them know my difficulties. I am one of the top students of my school and I cannot solve my financial issues. There is a loss of pride if I need help. Everyone else is ok. (KV7/B1)

They did call me, just short calls from my church cell group leader, few times during the first one or two months. Casual talk like how are you coping. (OS1/B2)

So the likely reasons why the bereaved are reluctant to turn to their cell groups for help and support may involve the following factors:

- i) As seen in the case of KV1/B1, the bereaved may perceive that the cell group members, including the cell group leader, as not competent enough to handle the "deep" issues that are involved.
- ii) As seen in the case of KV7/B1, there is the "face-saving" factor typical of Asians as cell group members generally know each other well and relate to one and other frequently. In other words, they want to avoid any possible embarrassment as they often have to face each other once a week.
- iii) The cell members including the cell leader may not be committed sufficiently in their available time to go all out to care and support their bereaved cell member but may do so just to fulfil their obligations of what is expected of them. After all, most cell members are already hard pressed with their regular jobs or businesses and have problems of their own. The bereaved can usually sense this instinctively.

- iv) By implication, there is possibly fear of the lack of confidentiality and gossips since information considered private by the bereaved may be carelessly revealed through group sharing and prayers. Typically, any body can join a particular cell group and so there will likely be people of different characters and spiritual maturity in their midst.

It seems that most of the bereaved are open to the cell group members coming to the house to offer some practical help, like bringing food and having a meal with them, and just being there. However, not many of the bereaved would turn to the cell group members for care and support but rather to those Christians in their own church with whom they have a closer relationship and have more confidence to open up to them.

The remaining categories of people that the bereaved turn to are in line with normal expectations and they do not offer any significant implications in this study. Six of the bereaved turn to Christian family members and relatives while another six turn to Christian friends outside the church. This probably arises due to the bereaved's established relationship with them. Only one of the bereaved turned to her Pastor or Leader, probably also due to her established relationship with them. However, the typical sentiment of the bereaved is reflected in the following remark:

Pastors are busy and so most people will not think much of (going to) them. (KV4/B1)

One bereaved person said she has no one to turn to and this is indeed a sad situation. No one went for fee-based help as paying for professional counselling services, particularly in the area of grief and loss counselling, is not a common practice in Malaysia.

In overall reflection of this section, the source of some significant problems with regards to grief support in the churches can be identified, as highlighted by the following two remarks:

The cell group is supportive and sometimes they chose to come to the house. Maybe they (the church leadership) expected the cell group to support us. They showed concern for two or three months but not in counselling. (KV1/B1)

The pastor never approached me. She did not visit me. The cell group members are not equipped. (So) I turned to non-Christian friends. (KV6/B1)

It appears that many churches expect the cell groups to care and support their bereaved family members adequately and efficiently. The leadership often relies on such established church structure as the first level of care and support for the bereaved. The problem is they seldom monitor its adequacy and effectiveness unless something is brought up to their attention. However, most of the bereaved do not freely open up to their cell groups and at the same time, as we have seen in preceding Section, they do not voice their concerns and dissatisfactions to the church leadership. This resulted in a gap between the Pastors' perception of the adequacy and effectiveness of the care and support of their bereaved family members and the bereaved's' experience of it, thus representing a neglect in the churches' pastoral responsibility to reach out to the bereaved in their midst.

CHAPTER EIGHT: THEOLOGICAL REFLECTION

8.1 Biblical Perspective of the Old Testament on Grief Support

This chapter aims to further highlight the necessity of grief support through some examples of compassion in action to grieving people as described in the Bible. As such, the reflective nature of the Biblical perspective is emphasised rather than the scholarly critique of the passages. Perhaps the earliest Biblical record of grief support of the bereaved is the story of Job although Gerald Wilson, Professor of Old Testament at Azusa Pacific University who wrote the *New International Biblical Commentary on Job*, stated that the dating of the book of Job is a complex issue about which there is little scholarly consensus.¹ Nevertheless, Job was a real person, not an imaginary character and therefore Job's episode did actually take place.²

The candidate needs to specify the aim and motivation behind this chapter looking at Biblical perspective. He must explain what this chapter adds to the thesis, which may entail emphasising the reflective nature of the Biblical perspective rather than engaging in a scholarly critique.

Job 2:11 says that when Job's three friends from afar heard about his devastating losses, they "go and sympathise with him to and comfort him". David McKenna, writing in *The Preacher's Commentary on Job*, stated:

In any case, they are loyal friends who came with good intentions to comfort a brother in need ... Job's friends conclude that the compassion of mourning is the greatest comfort they can give. To their credit, they do not turn away from their repulsive friend as others have done.³

¹ See G.H. Wilson, *New International Biblical Commentary* (Massachusetts: Hendrickson, 2007), p.1.

² W.W. Wiersbe, *Be Patient, Waiting on God in Difficult Times* (Colorado Springs: David Cook, 1991), p. 13.

³ D. L. McKenna, *The Preacher's Commentary: Job* (Nashville: Thomas Nelson, 1986), pp. 46, 47.

When Job's friends met him, they offered traditional gestures of grief. They "wept aloud, and they tore their robes and sprinkled dust on their heads" (Job 2:12b). Verse 13 further says that "they sat down on the ground with him for seven days and seven nights". Sitting on the ground is a common stance for mourning the dead (see also, for example, Lam 2:10, Isa 3:26). According to Wilson, "the friends sit down with him as a sign of their identification with his sufferings".⁴ Indeed, "When they commiserated with him, they didn't sit in a comfortable home or hospital room: they sat with him on the ash heap, surrounded by refuse."⁵ For seven days and nights, they sat silently with him, no one speaking a word. Concerning this, David Atkinson said, "Here is genuine friendship. Here is deep ministry ... The compassion of a silent presence is what we here see in Job's friends."⁶

Of course, as the story unfolds, we know that the three friends did a bad "job" on Job. They were insensitive to him, and as Atkinson expounded, "they tried to force Job to fit in to their theories, becoming increasingly hardened in their attitudes as he refused to be moulded to their shape."⁷ "They argued with his words instead of ministering to his feelings."⁸ Thus Job called his three friends "miserable comforters" (Job 16:2).

Yet the important thing to note here is that although for the most part of the story, Job's three friends got things wrong, they did it right at the beginning. The method of their approach was faulty but they displayed genuine compassion and commitment to care and support a friend in grief following his great losses. What most people miss is that the story of Job is also about three individuals with a deep concern for a fellow human being who is hurting, went at length to travel long distances and endure much hardship just to be with a friend to mourn with him and comfort him. Surely this is a quality and behaviour

⁴ Wilson, *New International*, p. 34.

⁵ Wiersbe, *Be Patient*, p. 21.

⁶ D. Atkinson, *The Message of Job* (Nottingham: Inter Varsity Press, 2007), p. 30.

⁷ Atkinson, *Message of Job*, p. 160.

⁸ Wiersbe, *Be Patient*, p. 22.

that God wants His people to emulate because of His own compassionate nature.

There are several other incidents of bereavement described in the Old Testament and the offer of grief support to the bereaved. When the brothers of Joseph told Jacob that their little brother had been killed by wild animals, he went into mourning and the Bible says, “all his sons and daughters came to comfort him” (Gen 37:35). When the sons of Ephraim, Ezer and Elead, were killed by the men of Gath, he mourned for them for many days, and 1 Chron 7:22b says “his relatives came to comfort him.” In 2 Samuel, we are told that the king of the Ammonites, Nahash, had died and because the deceased had earlier shown kindness to King David, he wanted to comfort his bereaved son, Hanun. The Bible says, “So David sent a delegation to express his sympathy to Harun concerning his father.” (2 Sam 10:2b) So we noted that the people who came to comfort the bereaved included friends, sons and daughters, relatives and servants. In other words, everyone should be involved in the grief support of people who are hurting following the loss of their loved ones.

Not much is said in the Bible about the duration of mourning in Old Testament times but it is noted in Gen 50:3 that the Egyptians mourned for Jacob for 70 days when he died. After the two separate deaths of Aaron and Moses, Nu 20:29 and Deut 34:8 respectively said that the Israelites mourned for 30 days for each of them. Present-day Jewish mourning period lasts from seven days to a year with varying degrees of intensity. Thereafter, there are death anniversaries and memorial services on specific festive days to remember the loved ones who died. The Shiva candle is lit upon the mourners' return from the cemetery. It officially marks the beginning of seven days of intense mourning for the bereaved family members. Shiva, meaning seven, is a time to remember the deceased and share stories of his or her life with relatives and friends. This is intended to facilitate the mourners in doing their grief work. The Kaddish or “holy” prayer is recited during these seven days and for the next 11 months. It is a prayer to affirm life and faith in God. According to

Jewish legend, a soul has one year to earn points through the mourners' recitation of the Kaddish prayer to enter into Paradise and no soul is so bad as to require more than one year to acquire these points. This prayer is also recited at the memorial services during the death anniversaries and specific festive days. The seven Shiva days are followed by the Sheloshim or the "thirty" days period. During the next 23 days, the mourners return to their normal routines and activities but attending celebrations where there is music and dancing is prohibited. Those mourning for a parent do not attend celebrations for a year. This is referred to as the Avelut or "mourning" period.

The first anniversary signifies the end of the mourning period for all mourners and it is helpful in bringing closure to the family. It is called Yahrzeit, meaning "a year's time" and it is observed as a solemn day of remembrance. On this day, the giving of "charity" in memory of the deceased is appropriate. Memorial services called Yizkor or "remember" are also held during Yom Kippur, at the end of Sukkot, the Passover and the Shavuot which are major festival days for the Israelites. On these days, communal and individual prayers are read in remembrance of the dead. The sermons will speak of the attributes, faith, character and piety of the deceased as a model for the survivors.⁹

It is noted that the Jewish mourning practices provide ready avenues for relatives and friends to come together to comfort and care for the bereaved either on an individual or communal basis. This reflects the compassionate heart of the God whom the Christians believe in. In the Bible, He proclaimed Himself as "a father to the fatherless, a defender of widows" (Psa 68:5). Indeed, the call of this God to His people is "Comfort, comfort my people" (Isa 40:1). A prophet called Isaiah prophesied that the Messiah will come "to

⁹ Description of the traditional Jewish mourning practices are extracted from the Rabbi Scheinerman website, 'Jewish Customs of Mourning', <<http://www.scheinerman.net/judaism/Mourning/index.html>> [accessed on 08/03/2011].

comfort all who mourn” (Isa 61:2b). Although the specific context of these verses refers to comforting God’s people over the national consequences of their sinfulness, it nevertheless tells Christians that the wider application of God’s intention is for His people to comfort those who are hurting. The intrinsic nature of God’s economy is for the strong or well-off to help those who are in need, whether materially or emotionally. His special concern for widows and the fatherless are echoed in many passages of Scripture including Deut 10:18, Deut 14:29, Isa 1:17 and Jer 49:11. Widows and the fatherless are singled out probably because they are the ones who are most in need among all categories of the bereaved.

8.2 Biblical Perspective of the New Testament on Grief Support

There are also examples of compassion in action to grieving people in the New Testament of the Bible for our reflection. The Old Testament tradition of comforting those who mourn over the loss of a loved one was evidently practiced by the Jews who lived in Israel during the time of Jesus. In the New Testament, we see in John 11 that Jesus went to Bethany because he was told that his friend, Lazarus, the brother of Martha and Mary, was very ill. After hearing the news, Jesus took two more days before starting his journey. When He arrived at their house in Bethany, Lazarus was already dead, and since it was the Jewish custom to bury the dead within the same day,¹⁰ he had been buried for four days. Verse 19 says, “and many Jews had come to Martha and Mary to comfort them in the loss of their brother.” As noted above, Shiva is the seven days of intense mourning from the day of burial. As in the case of Martha and Mary, relatives and friends would gather around the bereaved

¹⁰ Lisa Alcalay Klug, writing on Jewish Funeral Customs, stated, “Only if immediate relatives cannot arrive in time from abroad, or there is not enough time for burial before Shabbat or a holiday, are burials postponed for a day.” For more details, see the website of Jewish Federations, <<http://www.jewishfederations.org/page.aspx?id=937>> [accessed on 10/03/2011].

even to this day to remember the deceased and share stories of his or her life. Rabbi Tom Louchheim stated that “it is customary during Shiva, in order to focus complete attention on one’s grief, to sit low as a symbol of being brought low in grief.”¹¹ So when Martha told Mary that Jesus was asking for her, verse 29 says, “When Mary heard this, she got up quickly and went to him.” The above scene depicted a number of Jews sitting perhaps on the floor around the bereaved family members in their home to mourn with and comfort them. As we have seen, such social support is vital for the bereaved to grieve properly.

Another scene in the New Testament is more telling that the God of the Christians wants us to render grief support to those who are grieving. It happened on the day Jesus was resurrected, the first Easter Sunday. Two of His followers were going back to Emmaus from Jerusalem which was seven miles apart. They had just lost their Lord and Master in a cruel crucifixion and were in deep grief. Luke 24:17 says that they were “downcast”. Their emotional state was typical of bereaved persons. As they walked and talked about what had happened, “Jesus himself came up and walked along with them” (Luke 24:15). Jesus asked them what were they talking about and then went on to tell them from the Scriptures why He had to be crucified. He walked and talked with them until they arrived at Emmaus in the evening. After Jesus was gone, verse 32 says, “They asked each other, ‘Were not our hearts burning within us while he talked with us on the road and opened the Scriptures to us?’” Jesus Himself shows Christians by example to care and support others who are grieving.

Jesus was merely walking His talk. Earlier in the synagogue at Nazareth, Jesus had applied the Messianic passage in Isa 61 to Himself,

¹¹ Rabbi Scheinerman website, ‘Jewish Customs of Mourning’,
<<http://www.scheinerman.net/judaism/Mourning/index.html>> [accessed on 08/03/2011].

proclaiming among other things, “The Spirit of the Lord is upon Me ... He has sent Me to heal the broken-hearted” (Luke 4:18 as quoted from the NKJ, as the NIV omitted the second part of this phrase). Preaching His Sermon on the Mount, Jesus had also said, “Blessed are those who mourn, for they will be comforted.” (Matt 5:4) Those who mourn refer to the lowly ones who grieve over the sinfulness of the people as well as those who suffer losses, including the loss of a loved one. The apostle Paul alluded to this same compassionate nature of God’s character when he stated, “Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God.” (2 Cor 1:3,4). The researcher previously wrote in *The TIME Approach to Grief Support*:

The dynamics of how this works out in practice then becomes clear: because Jesus has come, blessed are those who mourn for they will be comforted, for after His death and resurrection, the body of Christ becomes the channel through which God will comfort those who are in need of comfort.¹²

So when Paul wrote in Rom 12:15, “mourn with those who mourn”, this command was issued to all Christians. The NKJ Version puts it more expressively as “weep with those who weep.” God wants all Christians to have so much compassion and empathy with people who are hurting that they will go to the extent of weeping with them in their sorrow, as Job’s three friends have done. In 1 Thessalonians, Paul repeated this clarion call from God to His people to comfort those in need of comfort when he stated, “Therefore comfort one another” (4:18) and “Therefore comfort each other and edify one another” (5:11). This almost resonates like God’s call in Isa 40:1, “Comfort, comfort my people.” The apostle James went further to say, “Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress ...” (James 1:27a). The NKJ Version puts this more specifically as “to visit orphans and widows in their trouble ...” Again the researcher has previously wrote, “To paraphrase this in reverse, if Christians are not committed to visiting and looking after grieving widows and the fatherless and

¹² Ng, *TIME Approach*, p. 4.

bring relief to them in their time of distress, then their faith is neither genuine nor sincere.”¹³

Among all categories of the bereaved, the widows and the fatherless continued to be the focus of attention of the Early Church just as in Old Testament times. In Acts 6:1-7, when the needs of the Grecian widows were overlooked, the Early Church had to reorganise themselves to take care of them in a better way. The restructuring pleased God and He blessed them with church growth. Acts 9:36-43 tells the story of Tabitha who cared for widows and the poor. When she became sick and died, the apostle Peter prayed for her and she was brought back to life. “For a simple woman to find her place in the Bible for reaching out to the needy and caring for widows must mean that God is specially touched by such concern.”¹⁴ So Christians ought to believe that when they reach out to care and support the bereaved that are grieving, it is not just their lives whom they are impacting but they are also touching the very heart of the God of compassion and comfort.

8.3 Situational Reflection

Now that we have reflected on the biblical perspective of grief support from both the Old and New Testaments, and having a basic understanding in current grief counselling knowledge of what works best from the professional perspective, we are ready to reflect situationally on the issue of the Christian’s grief support of bereaved family members in evangelical churches in Malaysia and how local Christians can do this more adequately and effectively. The faithful practice in the area of grief support of the bereaved is important because for many people, the season of grief over the loss of a loved one is a major spiritual turning point in their lives. Dennis Klass, a retired Religious

¹³ Ng, *TIME Approach*.

¹⁴ Ng, *TIME Approach*, p. 13.

Studies professor, in writing on Religion and Spirituality in Loss, Grief and Mourning, states:

Difficult bereavements bring us to the boundary of life and death, and so there the potential meaning of life and the potential meaningless of life becomes clear; the possibilities of both hope and despair are present ... For some people, their prior religious life proves adequate to the task ... On the other hand, for some people, their prior religious life is not adequate to their grief ... One woman said that after her child died, she lost her faith.¹⁵

His statement is profound as Christians have emerged from their bereavement either better or more mature in their faith, “transforming the loss into a gain”,¹⁶ or they can be bitter against God and backslide from the faith. This is where adequate and effective care and support of the bereaved can make the difference. In the darkest hours of their lives as they mourn and come to grips with the reality of their loss, they need the care and support of fellow Christians to understand what they are going through and journey alongside them to point them back to God as the ultimate source of comfort and hope.

With regards to non-Christians in our communities, this is an opportune time to bring to them the love, compassion and good news of God. The researcher has previously written in his book *The TIME Approach to Grief Support*:

People will listen to us when they are facing a major crisis in life. The newly-bereaved are often more open to spiritual truths as the reality of death brings to the forefront the meaning of life both now and in eternity. The intense pain, deep loneliness and isolation following a death in the

¹⁵ D. Klass, ‘Religion and Spirituality in Loss, Grief and Mourning’ in D. Balk (ed.), *Handbook of Thanatology, The Essential Body of Knowledge for the Study of Death, Dying and Bereavement* (New York: Routledge, 2007), p. 121.

¹⁶ R.S. Sullender, *Losses in Later Life* (New York: Paulist Press, 1989), p. 143. Sullender argued that when we inevitably lose some aspects of our health in old age, we need to tap into the strength of our courage to nurture our spiritual qualities and learn the art of suffering well, growing in and through our losses, thus transforming the loss into a gain.

family will also reveal to the bereaved who their true friends really are and who will care for them.¹⁷

Compared with most Christians, the people of the world would generally regard the subject of death as unpleasant. Many people are also afraid of not saying the right words and hence feel inadequate to talk with the bereaved. Others may even harbour a subconscious or superstitious fear as if the loss and grief can be contagious. Due to such uneasiness towards the subject of grief, many people will avoid interacting with the bereaved. Yet, these conditions are ideal for Christians to reach out to unbelievers, not only to care and support them, but also to talk to them about God.

Specifically, sudden and untimely deaths are more devastating than normal deaths in old age. Due to unhealthy modern lifestyles especially amongst many of our young people, we are seeing more and more people die from cancer, AIDS and other sicknesses. In addition, more and more people around the world are also dying from massive famines, natural disasters and epidemics that cause large scale deaths and miseries. Concerning this, the researcher again wrote:

While Government and international agencies may provide financial aid, disaster relief and crisis intervention services at the organizational level, there is limited post-event emotional support for individuals who mourn and grieve over such losses. Local churches are best placed to fill this role and be relevant to our society. Christians must also be equipped and ready to meet the opportunity and demand for such emotional and practical support services even on a large scale should the need arise.¹⁸

The important point to note from such situations is that seasons of bereavement, be it an individual loss or involving multiple deaths, are indeed windows of opportunity for Christians to impact lives and extend the kingdom of God by caring and supporting the bereaved as a faithful practice of Christians. Hopefully, this study will not only challenge Christians to undertake

¹⁷ Ng, *TIME Approach*, p. 9.

¹⁸ Ng, *TIME Approach*, p. xvii.

more critical theological reflection concerning their role in grief support of the bereaved but also provide them with some beneficial knowledge and suggestions for transformative actions to convict and commit Christians to be true to God's Word in their response towards bereavement.

CHAPTER NINE: ANALYSIS AND RECOMMENDATIONS: TRANSFORMING THE PASTORS' ATTITUDES

9.1 The Need for Change

So far, we have seen that all the Pastors who are interviewed believe that their church has a pastoral responsibility towards their bereaved family members. On the bereaved's side, 95% of them believe that the church should care and support them during their season of bereavement (see Section 6.1). We have also seen that the evangelical churches in Peninsular Malaysia have been generally adequate and effective with regards to the bereavement services which form an integral part of their grief support for the bereaved family members of their churches (see Section 5.4). Some 83% of the Pastors have a written policy for the bereavement services of their churches, particularly a checklist on what is to be done. In addition, some 67% of the Pastors think that home visitations are important in the grief support of the bereaved while 74% of the bereaved want such visits to their homes. Indeed, home visitations of the bereaved are encouraged in the medical profession as well as in the Scriptures (see Section 6.1, 8.1 and 8.2). However, there is a lack of consistency in the practice of home visitations as some of the bereaved are visited either by their Pastor, Leader or cell group, while others are not, even within the same church (see Section 6.2).

Meanwhile, some 42% of the Pastors believe that the home visitations in their churches are being monitored effectively. Yet more than half of the churches (58%) do not have in place a proper monitoring system (see Section 6.3). In fact, many churches expect their cell groups to care and support their bereaved family members adequately and efficiently. The leadership often relies on such established church structure as the first level of care and support for the bereaved. The problem is they seldom monitor its adequacy and effectiveness unless something is brought up to their attention. However, most of the bereaved do not freely open up to their cell groups and at the same time, they do not voice their concerns and dissatisfactions to the church

leadership (see Section 7.2). This resulted in a gap between the Pastors' perception of the adequacy and effectiveness of the care and support of their bereaved family members and the bereaved's' experience of it, thus risking neglect in the churches' pastoral responsibility to reach out to the bereaved in their midst. Under such circumstances, more than half of the Christian bereaved (52%) turns to non-Christian family members, relatives or friends for comfort and support (see Section 7.3).

This unsatisfactory situation in the pastoral care of the bereaved is an unfaithful practice of the Christian faith. This risk of neglect calls for proactive and urgent changes to bridge the gap between the Pastors' perception and the Bereaved's' experience in grief support. These changes must take place first at the level of the church leadership as they are the catalysts of change. What we think affects what we do. So Pastors must first change their attitudes towards the grief support of their bereaved family members. The following remarks made by two Pastors highlight such a need:

I don't probe or tell them anything about the grieving process. I just say my door is open. I don't try to help them cope with the grief. (KV2/P)

When I visit them, it is to find out how they are coping. I am not here to restore them. (KV4/P)

The US-based Christian Counselling & Educational Foundation seeks to restore Christ to counselling and restore counselling to the churches. Its Executive Director, Timothy Lane, in his book *How People Change* written jointly with Paul Tripp, stated in their concluding chapter that "the pastor and staff were so committed to providing leadership and direction that they sometimes forgot that they too needed to change".¹ Fortunately, there are other Pastors whose attitudes are different. Two of them said the following:

They are hurting and it is the whole process of helping them through life. (KV3/P)

Members must be cared for so that they can rise up. (KV8/P)

¹ T.S. Lane & P.D. Tripp, *How People Change* (Greensboro: New Growth Press, 2008), p. 219.

However, only 33% of the Pastors interviewed see the need to improve on the adequacy and effectiveness of their grief support services (see Table 12). One Pastor even said that there is no need for grief support services in her church as there are not many deaths taking place amongst the members. She remarked:

We don't have many bereavement cases. Need is not there yet to put in place any forms of support and care. (KV6/P)

However, the above Pastor's view (KV6/P) is incorrect. We never know when someone in our midst might die and we can be caught unprepared how best to reach out to those who grieve over the loss of a loved one. Countless people are dying suddenly from accidents and sicknesses while natural disasters can strike without warning. At the same time, church members are aging by each year. So the "no need yet" argument is lacking in prudence. Similarly, this incorrect attitude applies to the pastors whose position is reflected in what another Pastor has stated:

We expect if they have a need, they should bring it up ... No such policy and as the need arises, we rise to the need. (KV5/P)

Perhaps this study can be the first step to convince the churches in Malaysia that Pastors should not have the "respond as the need arises" kind of attitude but instead put something in place ahead of the need which will inevitably arise as a matter of time. The benefit of this is not just to ensure that all the bereaved family members of the church are adequately and effectively cared for and supported, but as one Pastor puts it, the members will also be pleased as they know that they have a caring church. He said:

If I am a church member and I know that there is a grief support group (or any other structured system of care and support in place), I know that there is someone who cares. (OS4/P)

Table 12: Pastors' Attitudes and Behaviours towards Grief Support in Meaning Units (MUs)

Item	MUs	% (n=12)
<u>Pastor's Attitudes</u>		
1. Thinks grief support in their church should be improved.	4	33
2. Thinks that it is important to have a written policy for grief support.	4	33
3. Thinks manpower is a constraint.	4	33
4. Thinks evangelism, missions and church growth are more important.	2	17
5. Thinks that it is important to have written guidelines on how to talk to bereaved family members.	1	8
6. Thinks there is no need for grief support services in the church.	1	8
<u>Pastor's Behaviours</u>		
1. Have preached at least one sermon on compassion and concern for the grieving in the last 12 months.	4	33
2. Have preached at least one sermon which indirectly touches on compassion and concern for the grieving in the last 12 months.	4	33
3. Have not preached at least one sermon on compassion and concern for the grieving in the last 12 months.	4	33

Indeed, a number of the bereaved bemoaned the fact that their church has nothing put in place to care and support them:

The church never sees the need of it in a structured way ... They should meet the family needs: financial, counselling, children's education – like having a check list They are genuine but unstructured. (KV1/B1)

If they do set up a committee to help widows and have a list of the help they can give, of course, that would be better. Especially for new widows, what kind of help they can offer, like fixing the house besides prayer? (KV1/B3)

The church did not provide what is needed. I don't think they know there is a deficiency ... There is no system in place. I would like to see some form of system. Good to know who to call. (KV3/B2)

9.2 Written Guidelines on Grief Support

The same four Pastors who see the need to improve on the adequacy and effectiveness of their grief support services (see Table 12) also think that it is important to have a written policy on grief support. They made the following remarks:

We also have some dos and don'ts on comforting the bereaved_... In future, we will look into a checklist, because in the past, hurting people don't say these things. (KV3/P)

If we have good model to refer, like for example, if you are talking about written guidelines ... we will be very open to look at the document. (KV1/P)

We should have guidelines; these are in the back of our minds but we have not sat down to work those things through. I personally have thought through that, the whole area of our visitations (and grief support). (OS1/P)

A checklist will be very useful ... In the past, as a small church, we are close to each other. Now there is an age gap in the composition of members and not all members are close to one another. We have the older group, younger group and the Chinese language group. Instead of relying on personal friendship and relationships, we need something more

systematic ... in the past, the support is always there. Now, even among ourselves as friends, we don't go to their homes very often. Now it is meeting in sports and other activities, shopping centres and so on, so the changes in behaviours will lead to something that is needed. (OS4/P)

One of these four Pastors thinks that it is important to go as far as having written guidelines on how to talk to grieving bereaved persons. He said:

We want to ensure that there is a proper system of caring, that is why we come out with a written guideline (some 21 points) of what to say and what not to say. When they know what to say, then they will not visit just administratively. They are more sensitive and the bereaved will know they care. (KV3/P)

In view of the foregoing, it is recommended that churches should work on a set of written guidelines for grief support for the following reasons:

- i) As a church grows, members are not as close to each other as before. Not only will there be more and newer people in different age groups and language segregations but also the socio-behavioural patterns are such that people are less relational. The net effect is that churches cannot rely on the spontaneous and informal support system to meet the needs of the bereaved family members when such needs arise.
- ii) In the process of writing the guidelines, the leadership has to think through what would be the best practice that is appropriate for their church, taking into account factors like their priorities, resources, manpower and constraints to determine their scope and involvement in this ministry to the bereaved.
- iii) These guidelines will motivate them to identify the right people, be they the Pastor, Leaders or volunteers, to be assigned the responsibilities and know what is expected of them. At the same time, they can be given the proper training to be competent and effective.

- iv) In doing so, the church is not caught unprepared when the need arises but instead, every bereaved family member is not deprived of the best possible care and support in a consistent and comprehensive manner.
- v) The formulation and implementation of such guidelines assure the church members that the church cares for them, even for eventualities such as bereavement. As we have seen above, many bereaved persons will not voice their concerns and dissatisfactions to the church leadership (see Section 7:2) but they will typically spread the word to others that the church does not care for them.
- vi) A set of written policy like grief support can set the direction and impetus for the church leadership to look into improving other areas of pastoral care of the church.

One Pastor was spot-on when he made the following remarks concerning pastoral care:

In the old days, the key thing for pastors is the pastoral responsibility for the lives of the people, the pastoral care and cure of the souls. When I read the books, I discover that we have swirled quite far away. (OS1/P)

Indeed, the focus of many pastors in our days is very different from being “shepherds of the flock taking care of the sheep”.

9.3 A More Balanced Focus

Two Pastors declared without any reservation that the main focus of both their churches is evangelism, missions and church growth (see Table 12). One pastor said that “evangelism and missions has priority over pastoral care” (KV3/P) while the other said “bereavement is only one of the many other needs” (KV2/P). Whilst different churches have different callings and different emphases in specific times of the church life span, grief support of the

bereaved should not be made so peripheral until it is threatened to the point of neglect as such a ministry is an integral part of pastoral care. Fortunately, many of the Pastors have a more balanced focus, seeing pastoral care on par with evangelism, missions and church growth and grief support as an integral part of pastoral care. The following statements from the majority of the Pastors address the issue aptly:

As Pentecostals, we are more interested in evangelism and church growth and so these things are incidentals only. If you look at pastoral care, the sacraments are important, bereavements are important because it is the holistic aspects of a person's life and family. This is one of the things I want to put in place, keeping it brewing. We are looking at the role of a pastor. We are developing core competencies in pastors. (OS1/P)

When I took over, I helped the pastors to develop their pastoral ministry, instead of just being pastoral-evangelist or pastoral-missionary only. (KV7/P)

Such care is most important, not peripheral. (OS4/P)

Grief support, grief therapy, is an absolute necessity. There is no two way about this in our conviction, and of course, by God's grace, our centre's gifting in all these years is welfare support and community service, which we see it as avenue for evangelism, missions and discipleship. When we talk about missions and evangelism, we are not just going out there to share the Gospel, when the poor and hurting person is having a felt need that is not been met. We look at it as everything is tied in and this is what we often term it as the wholistic Gospel in its presentation by word and deeds. So there is no hesitation in this area. (KV1/P)

When Pastors have a more balanced focus, then the best talents and most passionate and available volunteers of the church will naturally be distributed on all fronts of ministry, including grief support. In most churches, this is not the case. Very often, the one who is in charge of bereavements is a junior pastor of the pastoral team. Quite commonly, that junior pastor sees his most major involvement as making the arrangements for the bereavement and funeral services as this is the most urgent and visible aspects of the ministry.

The longer term follow up with the bereaved in grief support can be seen as something less urgent, even less important. Facing a crying bereaved person on a one-to-one basis and attending to the nitty-gritty of practical help for a widow can also be quite unpleasant and uninviting. So it is not surprising that some pastors (33%) will say that staffing in such a ministry is a constraint (see Table 12).

However, if the church leadership have a balanced focus and not pay less attention to pastoral care, including the grief support of the bereaved family members, then they would educate and motivate the church staff and members to be caring towards the needs of others, and this brings us to the next section as to what pastors can do to promote grief support of the bereaved in their churches.

9.4 What Pastors Can Do

Gary Collins wrote the following when he dealt with the subject of *Death and the Church*:

Help for the whole congregation can come though pastoral care and counselling when these are needed, the preaching of periodic messages on the subject of death and related topics, small groups of classes that give education about death and about heaven, encouraging church members to read a book or two about bereavement, and encouraging believers to pray and care for the for the spiritual, emotional, and practical needs of the grieving. Be alert to events to the community, or church body, such as a disaster or the passing of a respected leader, because these give opportunities to raise issues about death in a congregation.²

² Collins, *Christian Counselling*, p. 484.

The above passage will be examined in this section as to what pastors can do to promote grief support in their churches. In Section 9.2, the case of written guidelines on grief support is put forward. Section 9.3 calls for a more balanced focus on the part of the church leadership so that grief support is not seen as something peripheral. The stage for this final section is hence set. It is noted that the first part of Collins' statement is on pastoral care and counsel. This discussion of this topic will be deferred to Chapter Eleven. So we actually begin with the need to preach periodic messages on the subject of death and related topics.

As shown in Table 12, one third of the Pastors interviewed have preached at least one sermon on compassion and concern for the grieving in the last 12 twelve months. Another one third have preached at least one sermon which only indirectly touches on compassion and concern for the grieving in the last 12 months while the remaining one third have not done any of these in the same period. The emphasis has always been on the word "compassion" because without compassion, there will not be concern for others who are needy and/or hurting. Compassion is defined as "your pain in my heart".³ Karen Armstrong, who was awarded the Franklin D. Roosevelt Four Freedom Medal, said that to have compassion is "to endure with another person, to put ourselves in somebody else's shoes and enter generously into her point of view."⁴ To her, "compassion is the test of true spirituality."⁵ Indeed, the Bible constantly reminds Christians that their God is compassionate (Exo 22:27; Exo 34:6; 2 Chro 30:9; Neh 9:17; Psa 111:4; Psa 116:5; 2 Cor 1:3; Jam 5:11) and He commands them to be compassionate towards others (Zech 7:9; Eph 4:32; Col 3:12; 1 Peter 3:8). If compassion is truly the test of a Christian's spirituality and since there are abundant passages on compassion in the Bible, it is incomprehensible that only one third of the Pastors interviewed preached on compassion and concern for others at least once in

³ W.W. Wiersbe, *Be Compassion: Let the World Know that Jesus Cares* (Colorado Springs: David Cook, 1988), p.89.

⁴ K. Armstrong, *Twelve Steps to a Compassionate Life* (London: The Bodley Head, 2011), p. 6.

⁵ Armstrong, *Twelve Steps*, p. 49.

the last 12 months. Indeed, pastors should be preaching on the subject of compassion and concern for others quite regularly. This same subject offers direct opportunities for the pastor to talk about bereavement and encourage or educate the congregation on the various aspects of grief support as put forward by Collins. As he has said, the content can relate to events in the community or body of Christ such as a disaster or the death of a respected leader. As one Pastor said, in one of his sermons, he “got some of the grieving people to come to share and testify.” (KV3/P)

Collins’ suggestions of holding small groups of classes to give education about death and about heaven and encouraging church members to read a book or two about bereavement are excellent ideas. As discussed in Section 2.3, the subject of death and bereavement is culturally toxic in our times and having a greater understanding of it will put Christians at ease to talk about it without any fear or superstition. This then places the Christians in an advantageous position to reach out to the bereaved, including those who are unbelievers, to talk about their losses and God as their ultimate source of hope and comfort.

What is said by the Senior Pastor from the pulpit often carries more weight than anyone else in the church. Members can easily see through if what is promoted and preached by the church leadership is merely lip service or it comes out from the genuineness of the heart to care for them in the highest sense of pastoral responsibility. What one Pastor commented was quite correct: “Care must be caught and from the heart. The leaders must show the example.” (OS3/P) So the transformation of the attitudes of the Pastor and Leaders is a critical first step in any church to improve on the grief support of the bereaved.

CHAPTER TEN: ANALYSIS AND RECOMMENDATIONS: IMPROVING ON ADEQUACY

10.1 The Inadequacy of the Home Visitations

We have already seen in Chapter Six that most pastors think bereavement home visitations are important in the care and support of bereavement family members of their churches and at the same time, most bereaved persons welcome their pastors or leaders to visit them at home (Table 4 in Section 6.1). However, feedback from the bereaved tells us that the majority of them are not visited by their pastor or leaders at all while only 26% of them are visited more than two times (Table 6 in Section 6.2). It is not surprising then that many of the bereaved are disappointed over this and the following remarks are reflective of this sentiment:

The senior pastor did not come but he called two or three times within the first two weeks. (KV1/B1)

The Pastor called once one or two months after the burial. We see each other in church but did not sit down to talk over things. The Church is not aware we are struggling. They never asked. They did not offer any advice or talk about it. (KV1/B2)

I did expect it because my husband was in the leadership and they should do something. I was disappointed. (KV2/B2)

However, even for the fortunate few who were visited more than two times, it is noted that most of these visits took place in the initial period of the loss. The frequency and time frame of these visits will be examined in this chapter and if they are inadequate, appropriate recommendations will be made.

Table 13 below shows the Pastors' perception of the time frame of the home visits carried out by themselves and/or their Leaders as well as the Bereaved's experience and expectations of these visits. Overall, two-thirds of the Pastors either do not know the timeframe of the visits made by their

leaders, or they think that the visits take place within the first two months of the deaths. Only one-third of them say that their visitations extend beyond six months.

Table 13: Time Frame of Home Visitations by Pastor or Leader and Bereaved's' Expectations

Category	A) Pastor's Perception on Time Frame of Visits	B) Bereaved's Experience of Visits	C) Bereaved's Expectation on Duration of Visits
A) Don't know B) No home visits C) Bereaved do not expect visits	5	11	1
Home visits within first month only	2	2	1
Home visits for at least two months	1	2	1
Home visits for at least three months		2	
Home visits for at least six months	2	1	6
Home visits for one year or more	2	1	4
Total	12	19	13

On the bereaved's side, 11 or 58% of them did not have any visits. Out of those who have visits, six of the bereaved said that they took place within

the first three months while only two of them had visits for more than six months. On their expectations on how long the visits should span, six of the bereaved said they did not want to sound like they were imposing on the church but out of the 12 who responded, ten of them would like their Pastor or Leader to visit them for six months or longer. There are valid reasons for this (see Section 10.2 below).

The bereaved were asked during the interviews how long they thought they struggled with their grief. In Table 14, it is seen that, of the 12 who responded to this question, the majority or 83% of them replied that after six months, they were still struggling with their pain, loneliness and difficulties of adjusting to the absence of their loved ones. In fact, many as 67% of them were still struggling one year after their losses.

Table 14: Duration in Which Bereaved is still Struggling with Grief

Category	Bereaved's Experience	Percentage (n=19)
Coping well by six months	2	11
Still struggling after six months	2	11
Still struggling after one year	5	26
Still struggling after two years	3	16
Did not indicate	7	36
Total	19	100

Hence, comments like those stated below are quite typical:

I would say minimum for half a year they should follow up with me and that depends also on how I cope. (KV2/B2)

I would say personally the first year is very important for the church to reach out to me but it is unrealistic for the church to attend to me for a long period of time. (KV3/B2)

The pastor and his wife do come to visit me. They should care for me for at least 6 months. (KV5/B1)

The adequacy of the bereavement home visitations will be further examined from the psychological (and thanatological) point of view.

10.2 Adequacy from the Psychological Perspective

Many of the Pastors who were interviewed informed that typically, they would call or visit their bereaved family members one or two weeks after the death of their loved ones. *The British Journal of Community Health Nursing* recommended nurses “to arrange a visit to the bereaved person four to six weeks after the death has occurred.”¹ The reason given is that for anytime earlier than four to six weeks, it is likely there will be help around at this early stage from both family and friends. Besides this, there are other major reasons particularly on why a bereavement home visit should not be made earlier. First of all, the bereaved person has many urgent matters to attend to following the death. This includes sorting out the bank and investment accounts, filing in the submissions to insurance companies, providence funds, Governmental estate departments and so on. Typically, a widow will be left with little time to sit down with anyone due to her running around to attend to the administrative and legal matters in the first few weeks. More importantly, the full reality and practical implications of the loss have not sunk in yet. The grieving person may be having a certain sense of oblivion and disbelief as though the loss did not really take place. Denial is a natural psychological protection mechanism to shield a person from being overwhelmed by his or her emotions and this is a normal manifestation in the initial stage of the grieving process. So when the pastor or leader visits the bereaved in the first two weeks of the loss, the typical feedback is that they are able to cope with their losses and they are

¹ B. Monroe and P. Smith, “The value of a single structured Bereavement Visit” in the *British Journal of Community Health Nursing*, Vol. 2, No. 5 (1997), p. 226.

alright. The response is particularly common with bereaved men as they want to appear brave and strong.

For most people, the grief takes one to two months to peak and so that recommended time frame of four to six weeks for the nurse to arrange for a home visitation is quite right. However, its recommendation for a single visit would not be adequate. Perhaps, there are practical difficulties for more visits but this is not spelled out in the journal. To care and support the bereaved adequately, there must be periodic visits for at least six months. There are two major reasons why this is so:

- i) For most caregivers, it will take more than one visit to build up rapport with the bereaved and gain their confidence for the latter to open up freely to talk about their emotions and struggles. Helping them to resolve one of the least complicated issues might already up take several visits.
- ii) Unless the caregiver follows up with the bereaved for six months, he or she is not in a position to assess whether the bereaved are coping well with their grief and making progress in the grieving process. If a bereaved person is showing symptom disturbances for at least six months, only then that person should be referred for professional help. This requires a little further explanation.

In Section 2.2, we noted that only for a small portion of bereaved persons, their grief can turn acute or pathological due to a variety of reasons. Such a chronic form of grief is termed as Complicated Grief. Complicated Grief refers to the intensification of grief over time to the level where the bereaved person is overwhelmed by the grief or that person remains in the state of acute grief without showing any signs of progress in the mourning process.

Now, the mental health community uses the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM IV-R) for diagnosis of mental disorders. At present, the DSM does not formally recognize any pattern of grief as pathological. Nevertheless, there is a movement over the last 15 years to create a new diagnostic category called Complicated Grief.² If the Complicated Grief diagnosis is officially accepted as a psychiatric disorder, the next edition of the DSM will show the proposed criteria as follows:

Criteria for Complicated Grief Proposed for DSM-V

Criterion A: Chronic and disruptive yearning, pining, longing for the deceased.

Criteria B: The person must have four of the following eight remaining symptoms at least several times a day or to a degree intense enough to be distressing and disruptive:

1. Trouble accepting the death
2. Inability to trust others
3. Excessive bitterness or anger related to the death
4. Uneasiness about moving on (for example, making new friends, pursuing new interests)
5. Numbness/detachment (for example, feeling disconnected from others)
6. Feeling that life is empty or meaningless without the deceased
7. Feeling bleak about the future
8. Agitation (for example, jumpiness or edginess)

Criterion C: The above symptom disturbance causes marked and persistent dysfunction in social, occupational or other important domains.

Criterion D: The above symptom disturbance must last at least six months.

Adapted from: Prigerson & Maciejewski (2006)

² Jordon & Neimeyer, 'Perspectives on Assessment', p.217.

The criteria for the psychiatric diagnosis of Complicated Grief proposed for DSM-V tell us that unless certain symptom disturbances lasted for at least six months, then there is no cause for concern and the caregiver should continue to care and support the bereaved. The exception to the general rule would be when there is likelihood of physical harm to self or others such as a threatened suicide. Then the caregiver must also seek immediate professional help. In other words, from the psychological perspective, the pastor or leader should visit their bereaved family members for at least six months before they can say all is well with them.

10.3 Adequacy from the Pastoral Perspective

This study started off by stating that when a member of the church experiences the loss of a loved one, he or she can be devastated and a crisis of faith can set in for that person (see Section 1.1). The season of grief has significant spiritual dimensions where adequate and effective pastoral care can play a major role for the bereaved to come to terms with their losses. Take the case of a Christian who has just lost someone unexpectedly. The bereaved may be struggling with disappointment or even anger against God over what they perceive as a senseless death. They would need a Pastor or Leader from their church to help them resolve such a spiritual issue. In addition, when a death is untimely, the bereaved will search for meaning to make sense of the loss. New worldviews may be adopted or old foundations of our beliefs may be modified to reflect the fragility of life or the limits of our control over life and death. In another dimension, grief can be so painful that it has the capability to shake even the most spiritually matured Christian to the core and surfaces ugly and hidden aspects of their character and spirituality that even shock them. In their darkest weeks and months of their life when the bereaved struggle with the deepest issues of life and their spirituality, they

cannot be left isolated from the spiritual nurture and assurances of their church leadership. Indeed, any neglect of the church in caring and supporting the bereaved family members adequately and effectively in such times can have spiritually tragic consequences for the bereaved's trust in God and their Christian faith.

So what length of time should bereavement home visitations cover? There is no hard and fast rule as the needs differ from case to case. It all depends on well and fast the bereaved comes to terms with their losses and move on in life and there are so many variables involved. From the psychological perspective, it is best to follow up with the bereaved for at least six months (see preceding Section). From the bereaved's' point of view, 83% of those who responded were still struggling with their losses six months after their losses while 67% were still struggling after one year (see Table 14 of Section 8.1). As much as 77% of those who responded would expect their pastor or leader visit them at their home for at least six months while 31% expected the same for at least one year (see Table 13 of Section 8.1). These are the same folks who thought that their pastors and leaders are busy people and they do not want to impose or tax their time too much (see Table 9 in Section 6.2). Also note that they are having normal grief and they can function in life quite adequately by themselves but a pastoral follow up that extends beyond six months is both necessary and welcomed by many of them.

Concerning a general pattern on the length of the grieving process, William Worden made the following statement:

In the loss of a close relationship, I would be suspicious of any full resolution that takes under a year and for many, two years is not too long.³

So if Worden is asked for how long should a pastor or leader of a church visit the bereaved, perhaps he would say two years is not too long. Some of the

³ Worden, *Grief Counselling*, p. 46.

Pastors interviewed have something to say on this same matter although none of them gave a direct answer. The following remarks are relevant:

When we visit, we don't do it just because we have to visit as pastor but there must be a purpose, a goal. (OS1/P)

We should visit them until they are stabilised emotionally and spiritually. (OS2/P)

Then we want them to reintegrate back to the church. (KV8/P)

These three statements make much sense when taken collectively. In paraphrasing what were said, the pastors think that they should visit the bereaved not just administratively as a procedure or obligation but with a purpose or goal. That purpose or goal is to visit the bereaved until they are stabilised emotionally and spiritually and at the same time, see them integrated back to the church to be pastorally cared for and nurtured as a normal member of the church.

Taking into consideration all the above factors, it is best that the bereaved family members are visited at home for at least six months and up to one or two years depending on their needs and preference. Only then will the care and support extended to them through the home visitations be considered adequate. Typically, the visits can last for one to two hours. This is because a typical professional counselling session will also take one to two hours. It would be difficult to talk about any emotional or spiritual issue on a personal basis in depth in less than an hour. As to frequency of the visits, one can start on a fortnightly or monthly basis, increasing the intervals to two or three months as the bereaved make good progress in the grieving process. In this manner, the pastor or leader is in some way walking alongside the bereaved through their whole journey of grief and not caring and supporting them on a sporadic hit and run basis.

CHAPTER ELEVEN: ANALYSIS AND RECOMMENDATIONS: IMPROVING ON EFFECTIVENESS

11.1 The Ineffectiveness of the Home Visitations

Table 15 below shows that only 8 of the 19 bereaved persons (42%) interviewed are visited by either their pastor or leader. Out of these 8 persons, the majority of them (75%) rated that the home visitations by their pastor or leader were ineffective. Only one of them said the visits are somewhat effective while one did not indicate.

Table 15: Bereaved's Experience on Effectiveness of Home Visitations by Pastor or Leader

Category	Bereaved's Experience	Percentage (n=8)
Most effective	0	0
Quite effective	0	0
Somewhat effective	1	13
Somewhat ineffective	0	0
Quite ineffective	4	50
Most ineffective	2	25
Did not indicate	1	12
Total	8	100

To the bereaved, just being there and praying for them is not good enough. The following comments are pertinent:

The home visitations did not really make any difference because when we meet, we did not talk anything about the loss ... Those visits are ordinary, social visits. They are quite ineffective. (KV4/B2)

I am still in total despair. All the prayers, it is like a ritual. It did not touch me at all. (KV1/B3)

They did not bring up the loss; they tried to avoid the issue. (KV1/B1)

My pastor gave me a book. He said he don't know what to do. Others also indicated they want to support but they do not know how. (KV1/B1)

Not that they don't want to, they do look out but they were at a loss what to do. (KV5/B1)

If the pastor or leader avoids talking about the loss and does not go deep into their emotions to help them to express their losses, then the visit is not productive. To the bereaved, the bereavement home visitations are no more than ordinary social visits. Moreover, at a time when all the bereaved wanted is relief and comfort from their pain, and particularly when they are angry against God, no amount of prayer will mean much to them. Therefore, the common perception is that those who reach out to help them do not know what to do. Two of the bereaved even accused them as saying words that are insensitive:

They were not able to help me. They say the wrong things. (OS4/B1)

They are really insensitive and say insensitive words to me. (KV1/B2)

Indeed, two-thirds of the pastors who were interviewed admitted that when they visited the bereaved, they were there mostly "to give a listening ear" and so they ended up talking on general matters with them (see Table 16). Half of the pastors could not recall doing anything more than praying for them. Strangely, only 3 of the pastors (25%) said that they felt a sense of inadequacy or unease when visiting the bereaved. They may be the ones who said the insensitive words highlighted by OS4/B1 and KV1/B2 above.

Table 16: Pastor's Perceptions, Attitudes and Behaviours Concerning Home Visitations in Meaning Units (MUs) and their Training

Item	MUs	% (n=12)
<u>Conduct of Home Visitations</u>		
1) Listen to the bereaved and talk on general matters	8	67
2) Pray for the bereaved and just tell them to move on	6	50
<u>Level of Confidence</u>		
1) Feels confident when visiting the bereaved	6	50
2) Feels a sense of inadequacy or unease	3	25
<u>General Attitudes</u>		
1) Thinks that knowledge of grief counselling is important for home visitations	7	58
2) Thinks it is important to improve on the effectiveness of their home visitations	1	8
<u>Training</u>		
	Nos.	
1) Pastor has training on grief counselling	5	42
2) Pastor has no training on grief counselling	3	25
3) Pastors who did not indicate	4	33

Notwithstanding, half of the pastors said they have a good sense of confidence when reaching out to the bereaved. However, one can feel confident in undertaking a task without being effective in doing that task well. So the level of confidence of the pastor during the home visitation of the bereaved is not indicative of how well the latter is ministered to.

11.2 The Need for Training in Grief Counselling

One unexpected finding from the field work is that what many bereaved people want from their pastor or leader when they visit them is more than just prayer and a listening ear. They want guidance and instructions from them to help them get through their grieving process. The following statements are noteworthy:

They came to show concern. They cannot handle grief. There is a gap in terms of handling the situation. Superficial! No proper instructive guidance as they are not trained. (KV1/B1)

The pastor and his wife visited me 4 to 5 times over about 3 months. The visits were encouraging but did not help me to grieve. They did not really know about the grieving process. (KV5/B1)

My church leaders don't know about the grieving process. They should tell me about this. (KV7/B1)

The pastor visited me regularly ... He talked through things with me but for sharing deeply, I talked with friends. The pastor did not prepare me for the grieving process. I don't think he knows. He was just being there. (OS3/B1)

He was a good listener but he could not help me. It was quite inadequate. I wish that he was able to educate me on the grieving process as I do not know what to expect. (OS4/B1)

Pastors and leaders can only give guidance and instructions to help the bereaved get through their grieving process if they have some knowledge and skills in grief counselling. Unfortunately, we note from Table 16 that only seven out of the 12 pastors (58%) think that knowledge of grief counselling is important for bereavement home visitations. So the other five pastors should take seriously what one widow said:

I wish that all the pastors should be more aware of what grieving people go through. It is important that every church has somebody who is trained

(in grief counselling). If we cannot find our support in the church, where do you go? (KV3/B2)

However, since a slight majority of the pastors think that training in grief counselling is important, there is hope. Their positive perspective on their pastoral responsibility towards the care and support of the bereaved is encouraging, as the following comments indicate:

I think it is important we need to increase the quality in our visitations. We need to have training. We can learn from the experience of others to have more skills like in counselling. Pastors must have firm grasp of counselling, knowing what to say and not to say. A lot of pastors are not trained to handle all these matters - can create more chaos. (OS1/P)

I don't have any specific knowledge or training on how to comfort those who mourn and definitely it is important to know how to talk and what to do. (OS4/P)

It is good to learn on grief management. (OS2/P)

We must have the training process because not all pastors can tell the bereaved about the grieving process ... Training is crucial. It is important that the bereaved have guidance on what to expect. The Christian approach is always to give advice as to what to do, the fix-it approach. I have undergone basic counselling skills and that include grief counselling. It is very beneficial to me. (KV3/P)

Out of the seven pastors who think that knowledge of grief counselling is important for bereavement home visitations, only five of them have such training (Table 16). Three other Pastors had no such training while four did not indicate. To them, one can only say that they do not know what they do not know. Indeed, these are the words said by one of the Pastors:

The bible school does not teach us on grief counselling and we do not know what we do not know. (OS2/P)

More importantly, Table 16 tells us that only one Pastor thinks it is important to improve on the effectiveness of their home visitations. This runs contrary to many of the things what many of them have said concerning their pastoral responsibility towards the bereaved family members of their churches. So the

rest of the Pastors are either not too sincere with what they have said concerning their pastoral responsibility towards the bereaved or they are too embarrassed to admit that they may have been not too effective in their home visitations. In either case, the call to transform the pastors' attitudes towards grief support is both clear and urgent (see Chapter Seven). Once their attitudes are transformed, they will avail themselves for at least some basic training in grief counselling in order to be more effective in reaching out to help the bereaved.

11.3 What should be done in Home Visitations?

This section looks into what should be done by the pastor or leader during the bereavement home visits. However, this is seen only from the psychological perspective. How should a pastor or leader pray and minister to a hurting person in the spiritual realm is not within the scope of this study. Furthermore, the next chapter will talk about the other aspects of grief support such as financial, practical and legal/administrative help. All the psychological, spiritual and the other aspects of care and support are of equal importance and they can be offered concurrently according to the needs of the bereaved. However, as pointed out earlier, when all a bereaved person wants is relief from the pain and frustrations of grief, the emotions should be addressed first and when they are more manageable, then only comes the spiritual and other aspects.

There is very limited technical literature to teach a caregiver on what to do during a bereavement home visitation. However, the article "The Value of a Single Structured Bereavement Visit" in the *British Journal of Community Health* is particularly relevant and instructive although it is intended to guide

nurses on such job assignment.¹ The article listed down some tasks a nurse should do when visiting the bereaved. The visit is divided into three sections, namely, the Interview, the Risk Assessment and the Ending. A summary of the tasks within the Interview stage is as follows:

- i) Acknowledge the pain of the bereaved person. The bereaved needs to be heard and understood.
- ii) Give the bereaved person the permission to grieve. Unlock suppressed feelings and reassure them their grief reactions are normal.
- iii) Reassure the bereaved person that there is no set pattern to grief and that most people are not prepared for its depth, intensity and longevity.
- iv) Share a personal memory of the dead person and express your own sadness.
- v) Recognise the role of the family and carers and their achievements in the care of the person who has died. Bereaved people are helped by knowing that they did what they could to help the person during the illness.
- vi) Acknowledge past losses and their reawakened impact and power to hurt.
- vii) Emphasise that grief is different for everyone. It is expressed differently and has a time scale unique to the individual.
- viii) Help the bereaved person to consider the impact of the loss on other family members, particularly those who may be unrecognised mourners, such as children and those with learning difficulties.

The list is rather comprehensive and what is listed is intended to help a bereaved person deal with denial during the initial period of the loss as well as

¹ B. Monroe and P. Smith, "The value of a single structured Bereavement Visit" in *British Journal of Community Health Nursing*, Vol. 2, No. 5 (1997), pp. 225-228.

confront and experience the grief as a process. In this respect, Christian grief therapist Norman Wright in his latest book, *Helping Those in Grief*,² goes one step further by providing the reader with word-for-word questions and statements plus verbatim transcripts of actual counselling sessions as to what to say and what not to say. Although the context refers to grief counselling in general, the techniques can be adopted for bereavement home visitations.

So with the availability of books like this, a pastor or leader with some basic training in grief counselling can easily undertake the above listed tasks. When these tasks are not taken as a rigid checklist but as some guidelines that set the direction and tone of the conversations, then the pastor or leader should be able to relate and talk naturally to the bereaved after a couple of visits. What is important is that the pastor or leader is now not being superficial during the home visits but rather spending time with the bereaved to talk about the loss and their emotions.

In the Risk Assessment section, the authors suggested a series of questions which could be indicative of complicated grief. A summary of these questions is as follows:

- i) Are grief reactions prolonged, excessive and seemingly incapable of resolution?
- ii) Is the bereaved unable to talk about the dead person at all?
- iii) Is the bereaved actively suicidal?
- iv) Has the expression of the grief been postponed or denied?
- v) Has the grief been displaced or masked?
- vi) Was the death perceived to be untimely, unexpected or particularly disturbing?

² H. Norman Wright, *Helping Those In Grief: What to Say and What Not to Say, A Guide to Help You Care for Others* (Ventura: Regal, 2011).

A more systematic and accurate assessment of complicated grief is undoubtedly premised on the proposed diagnosis put forward by Prigerson and Maciejewski for the DSM-V in 2006 (see Section 8.2). However, it should be noted that, as in the case of a nurse, the pastor or leader visiting the home of his bereaved family members is not expected to play the role of a professional grief therapist. It is sufficient for him or her just to listen attentively to the bereaved and be alert to the possibility that that person may need more professional help. Under such circumstances, a referral should be made after getting the informed consent of the bereaved.

The ending section of the same article gives a list of what else ought to be done and the main points are summarised as below:

- i) Good to leave behind simple leaflets (or books) about grief.
- ii) Give information of local support that can be activated in the future.
- iii) Debrief to a colleague, especially in acknowledging the emotions evoked by the visit.
- iv) Write an account of the visit for reporting purpose or for future reference, particularly if there is going to be a referral for professional help.

An important point to note after reading the above tasks is that the list is too extensive to be accomplished in a single visit of a short one to two hours. One to two hours is the maximum duration an average grieving person will be prepared to cope. During this time, the bereaved person may at most only start to talk on some of their experiences at the emotional level, but when specific issues surface, it is impossible to help the bereaved resolve them in one sitting. This further reinforces the case set out in the preceding chapter that the pastor or leader must not visit their bereaved family members just once or twice but on a longer term basis.

Since the pastor or leader should also attend to the spiritual aspects of the issues involved, more visits are needed for this purpose. The book *The TIME Approach to Grief Support: An Easy Technique for Every Christian*,³ written by the researcher and quoted in the earlier chapters, gives a technique which attends to both the psychological and spiritual needs of the bereaved. To make it easier for any lay person to learn, remember and apply these techniques in order to help the bereaved take the time to mourn, talk about their losses, resolve issues, find meaning in their suffering and move on with hope and purpose, the author has used the acronym TIME to designate the following:

T: Talking about the Loss

I: Issues are to be resolved

M: Meaning is sought

E: Ending and Referral

Hence, the most important thing the pastor or leader or any lay caregiver can do for the bereaved during their home visitations is to offer care and support in such a manner that facilitates them to grieve healthily and completely so that they come to terms with their loss. In doing so, they will make rapid progress in their grieving process.

³ E. Ng, *The TIME Approach to Grief Support: An Easy Technique for Every Christian* (Enumclaw: WinePress Publications, 2011).

CHAPTER TWELVE: ANALYSIS AND RECOMMENDATIONS: IMPROVING ON THE OTHER ASPECTS

12.1 What Other Aspects of Grief Support is there?

So far, the focus of the analysis and recommendations has been on the home visitations of the pastors or leaders as a form of pastoral care and support in order to help the bereaved adequately and effectively. However, the loss of a loved one will bring about many matters which need to be attended by the bereaved family members almost immediately. This includes sorting out the bank accounts, payment schedules and investments, notifying the insurance companies, provident funds and other relevant Government authorities as well as engaging legal services to execute the will or estate. At the same time, the bereaved family members will face many other difficulties of living in the absence of the deceased. This include other financial matters such as the payment or collection of debts, getting the income to sustain the family if the deceased is the bread winner, restructuring the business and so on. In the case of a new widow who has been depending on her husband for all matters concerning finance, even learning to write a cheque can cause much anxiety. In the initial stage of grief, she can be confused, disorientated and immobilised and practical help in the form of bringing cooked food, running errands, offering transportation to fetch the children to school, assisting in household work like washing the dishes, gardening and repairs, obtaining urgent information or making difficult calls for them, can offer tremendous relief. The church leadership can play an essential role in ensuring that financial, practical and legal/administrative help is available to the bereaved family members when needed.

It is amazing how a few of the Pastors go to any great length to care and support the bereaved family members in financial, practical and legal/administrative help. Below are some excerpts for our encouragement:

We also have, what you would call, a written guideline on how to help widows who are particularly at a loss as to what to do when their husband suddenly passed away without a will, without any instructions to advise the widow, to check out the EPF (Employee Provident Fund), to check out whatever the SOCSO (Workmen's Compensation) claims and insurance claims. As a general idea, this is a guideline to all my pastoral staff as to what they should do, so that the widow can be helped to see how much income they have, and minus how much debt they are supposed to pay, then at least, their financial need is taken care off ... If there is a need for a temporary shelter, we have a guest house which we can put them in. Financially, if they are really caught in a situation where they can't even afford the funeral expenses themselves, we will come in, we will assist. And if they have young children where they need some help temporarily, we have our children's home which will be able to give temporary shelter to them. (KV1/P)

There is one widow, whenever it comes to the anniversary of the death, she goes to the grave site and gets hysterical, even after two, three years of our helping. I have to go there to get her back. (KV8/P)

Our pastors will always be with them, like collecting the bones and ashes, including dealing with the boatman to throw the ashes ... Each of them took turns to cook and teach the daughter to wash clothes. They could have done this over six months. (OS1/P)

Some of these help are offered from some organisational structure that is already in place while others are responses to the needs as and when they arise. Table 17 below gives the status of these aspects of help in the 12 churches during the time of the interviews. It is noted that only one church, KV1, has all the three aspects of help – financial, practical and legal/administrative – on a structured basis. Five other churches have financial assistance on a structured basis. They call them by different names: Samaritan Fund, Widow's Fund, Benevolent Fund, Welfare Fund, Food Bank Fund and Temporary Fund. Six other churches gave practical and legal/administrative help to the bereaved on an adhoc basis.

Table 17: The Churches' Other Aspects of Care and Support for the Bereaved

Church	Financial Assistance	Practical Help	Legal/Admin Assistance
KV1	Structured	Structured	Structured
KV2			
KV3	Structured		
KV4	Structured		Adhoc
KV5		Adhoc	Adhoc
KV6			
KV7	Structured		Adhoc
KV8	Structured		Adhoc
OS1		Adhoc	
OS2	Structured		
OS3			
OS4	Adhoc	Adhoc	Adhoc

It is important to emphasise that no single one of these other aspects of grief support is sufficient by itself and they must go hand in hand with the pastoral and psychological care and support of the church. A remark made by a very unhappy widow highlights this point:

My church gives me money on a monthly basis three months after the death ... Overall, my church has not supported me adequately. Money to a person who has lost someone is meaningless. It is more the care and the extra mile. They are not standing with me. (OS2/B1)

Indeed, grief over the loss of a loved one affects every dimension of the life of the bereaved and it is only by listening to them attentively, being sensitive to their needs, and responding to help them within our own limitations, that they can be adequately and effectively cared for.

12.2 What to Improve On?

So do the responses of the pastors and leaders correspond to what the bereaved most wanted? During the interviews, the Pastors were asked what they most desire to do to improve on the adequacy and effectiveness of the grief support offered by their church to the bereaved family members. Unfortunately, not all the Pastors indicated their preferences as they have not thought about it. Notwithstanding, four Pastors said they want more training in grief counselling while three Pastors said they want to place more emphasis on home visitations (see Table 19). One or two Pastors mentioned either directly or indirectly about empowering widows to earn more income, learning to help the bereaved children, forming a specialised team for grief support and starting a grief support group. At the same time, the bereaved are asked what they want most from their church in caring and supporting them in their season of grief. Here, some of the bereaved indicated more than one desired item. On top of the list with eight meaning units is their desire that their pastor or leader spend time with them without them having to ask for it. This is not surprising as 42% of the bereaved who were interviewed did not even have one home visit from either their pastor or leader (see Table 6 in Section 6.2). Furthermore, the majority of the bereaved (68%) do not want to impose on their pastor or leader (see Table 9 of Section 7.2). When the three Pastors said that they want to place more emphasis on home visitations, it is most likely they meant they will spend more time with the bereaved without them asking. This is a good sign. The hope is also that when more pastors are trained in grief counselling (read also Section 11.2), they will also be more motivated to spend more time with the bereaved by visiting them at their homes.

Table 18: Most Desired Items of the Pastors and the Bereaved in Meaning Units (MUs)

Category	MUs
<u>Pastor</u>	
1) Wants more training in grief counselling	4
2) Place more emphasis on home visitations	3
3) Empower widows to earn more income	2
4) Learn to help the bereaved children	2
5) Form a specialized team for grief support	1
6) Start a grief support group	1
<u>Bereaved</u>	
1) Wants Pastor or Leader to spend time with them without them asking	8
2) Set up a specialised team to care and support them	6
3) Have a list of persons whom they can turn to for help	5
4) Provide care and support for the children	4
5) Have a grief support group in their church	3
6) Financial assistance	2
7) Start a fund for their children's further studies	1
8) Contribution of groceries and gifts for the children	1
9) Able to contact a volunteer to do house repairs	1

The second and third most desired items in the list of the bereaved are setting up a specialised team to care and support them and having a list of persons whom they can turn to for help (six and five meaning units respectively). Both items can be seen as inter-related. When there is a specialised team in grief support in the church, it also means that the team

members are in the list of persons whom the bereaved can call in times of need, or whom they can rely on to make connections with the persons who can help them. So these two items taken together actually top the bereaved's' most desired list. Some of the bereaved persons commented as follows:

It would be good if the church has some form of contact point for new widows who do not have a good network of friends. (OS3/B1)

It will be good if there is some kind of contact point in the church so that the bereaved family knows who to turn. (OS4/B1)

If there is a group there, everybody knows where to turn to. This is good. This is a ministry. (OS4/B2)

This resonates with Section 9.2 on the need for churches to have written guidelines in grief support, including coming up with a checklist of what is to be done and having a list of contact persons whom the bereaved can call upon for help. This list of contact persons can include counsellors, handy persons who can give practical help, suitably qualified volunteers who can guide the bereaved on financial management and those who can advise on legal and administrative matters.

Next in line on the bereaved's' desires is providing care and support for the children. This will be dealt with in the next section. Following closely behind is the call for the setting up of a grief support group. As such a group can benefit those in the church as well as the bereaved people in the community, this topic will also be discussed in the next chapter of this study. Interestingly, Table 18 shows there are at least one or two Pastors who have thought about each of these two items to be what they desire to do most in the future concerning the grief support ministry of their church.

In summary, it can be said that all the three other aspects of grief support, namely financial help, practical help and legal/administrative assistance, should best be structured and not done on an adhoc basis so that one is not caught unprepared when the need arises. If these matters are not thought through in advance, then there will be inconsistency in what is offered

and this may give rise to comparisons and discontentment among the bereaved family members. Worse still, the help may not be forthcoming promptly as it may take some time for the church leadership to make their decisions. When things are put in place, naturally the bereaved can be informed as to who is in charge of what. The list of contact persons can be given to them or the bereaved can call one main person who will then refer them to the right people. As to what aspects of grief support services that should be given more priority when there are limitations in finance, manpower or other resources, it is necessary to find out what the bereaved family members in each church want the most. As quoted earlier, if the widow's most needful thing is not money, giving her financial aid will not be very helpful to her. Indeed, what she wanted most may be getting the pastor or leader to attend to her grieving children without her having to ask for it. This topic is dealt with in the following section.

12.3 Attending to the Children

When a bereaved parent learns about the grieving process, very often they become concerned that their children should also grieve properly, especially when the children are still young. So the following statements by three widows with children are to be expected:

I would like the church leaders to visit me. The church should also attend to my children. (KV2/B1)

I would like the church to talk to me and find out about my financial situation, how I am coping and how are my children doing. (KV2/B2)

I would like to see more support for the children. For them, the children look ok but they can't see their pain and grieving. They don't interact with any man in the church. They should talk to my children. (KV7/B1)

Bereaved children need to grieve and they need the help of adults to help them work out their grief. Often, the surviving parent is so consumed in her own pain that she could not attend to their grief herself. Hence, the above widows were crying out for their church leaders to take an active interest in their grieving children. Norman Wright, a certified trauma specialist and a licensed marriage and family therapist who founded the Christian Marriage Enrichment ministry, stated that inadequate grieving by bereaved children can cause depression in latter life and the inability to form close relationships with others as they are subconsciously fearful that another loss can trigger off the suppressed grief unresolved during their childhood years.¹ Indeed, the Harvard Child Bereavement Study conducted by William Worden and Phyllis Silverman in 1992 included the following findings:

- i) About 20% of bereaved children do not cope well with their grief and there is a late effect of the loss, meaning there are more difficulties in the second year than the first.
- ii) Children doing well tended to come from more cohesive families where communication about the dead person was easy and where fewer daily life changes and disruptions took place.
- iii) The functioning level of the surviving parent was the most powerful predictor of a child's adjustment to the death of a parent.
- iv) The loss of a mother was worse for most children than the loss of a father as the mother was usually the emotional caretaker.
- v) The three things bereaved children most need after the death of a parent are support, nurturance and continuity.²

¹ H.N. Wright, *Recovering from Losses in Life* (Grand Rapids: Flemming H. Revell, 2006), pp. 10-12.

² Worden, *Grief Counselling*, pp. 160-161.

Worden added that childhood grief is best facilitated by the consistent presence of an adult who is able to meet the child's needs and help the child express feelings about the loss. If the surviving parent, particularly in the case of a widow, is not in a position to attend to the children, the next best option is the pastor or leader of the church. A basic course in grief counselling can equip the pastor, leader or caregiver to care and support both the parents and their children to a reasonable level. In the researcher's own book, *The TIME Approach to Grief Support: An Easy Technique for Every Christian*, he listed down a number of basic interventions to meet the bereaved children's needs.³ The list is reproduced in this study as Appendix F. As the subtitle of the book indicates, these are easy techniques which can be applied by every Christian caregiver.

³ Ng, *TIME Approach*, pp. 101-2.

CHAPTER THIRTEEN: EXTENDING TO THE COMMUNITY

13.1 Grief Support Groups

In Section 12.2, we saw that there were several calls for the setting up of a Grief Support Group in their churches (Table 19). One widower was direct to the point when he said, “The church should have a Grief Support Group” (KV1/B1). One widow voiced the same sentiment more widely: “Better if they tell me what to expect. Maybe every church should have a Grief Support Group” (KV1/B3). Grief Support Groups are normally weekly meetings in which a number of bereaved persons get together to share the stories of their losses and their experiences, learn from each other on how best to navigate through the grieving process and encourage one another. The sessions can be held either in churches or in religiously neutral premises. When they are held in independent venues, the chances are that more bereaved people of the other faiths are open to attend the meetings there than if they are held within the church compounds.

Grief Support Groups will generally operate for a season of approximately three months followed by a break before the next season starts. Meetings can be held in the day time or in the evenings, usually once a week. Each session typically lasts from 90 minutes to two hours. The structure of the group can be close-ended or open-ended. Close-ended groups only allow participants to join and complete the season at the same time. The advantage of this type of structure is that there are no new comers who would come to join at a latter stage and disrupt the relational dynamics of the group when everyone is settling down and getting comfortable with one another. However, it also means that some bereaved people who are desperately in need of help will have to wait out the season before they can join the next group. An open-ended structure refers to groups where bereaved people can join as and when they want to. New comers who missed the earlier sessions can rejoin the next

season to catch up with what they have not attended and so no one who is in need have to wait for long. The disadvantages are that new comers joining an existing group can disrupt the group and participants can be less committed to attend every meeting as there is flexibility in attendance within one season.

Ideally, the Grief Support Groups should serve the purpose of both emotional support and education on grief management. One of the main benefits is indeed the mutual encouragement of bereaved persons who are fellow travellers along the same journey of grief. The sharing of the experiences of those who are more advanced in their recovery give comfort and hope to others who are still raw in their grief and struggling in confusion and self-doubt. Therefore, the group meetings should give abundant opportunities for bereaved people, especially those with the same category and circumstances of loss, to interact and share, and in the process, get to know each other as personal friends. Very often, when participants are asked to give their feedback at the end of a season, many of them will say that they enjoyed the small group sharing and find them most beneficial. However, appropriate ground rules have to be laid down and implemented consistently. The most significant rules include the need to keep information shared within the group and everyone must be given the opportunity to share. In addition, everyone's loss must be taken as important and unique and no one should compare their losses as to whose loss is bigger.¹

A typical session can start with a light "ice-breaking" activity, followed by a time of teaching and then end with small group discussions led by facilitators to focus on the application of what is taught. On the education aspect, the leader can teach on the grieving process, the techniques to help the bereaved to confront one's grief, issues resolution, making sense of the loss and finding meaning, new skills for adjusting to the new normal without the deceased and so on. Available in the Internet are several good training and teaching

¹ For a more comprehensive list of guidelines on the expected conduct of participants in the Grief Support Group, see Ng, *TIME*, p. 118.

resources. The researcher personally finds the *Grief Share*² DVD series an excellent teaching tool for Grief Support Groups that are Christian-based.

When group members know each other better, some games, outings and other forms of social activities can be incorporated in between sessions to brighten up the atmosphere and foster closer friendships. This will hopefully counteract the tendency of some participants who may have very negative dispositions from influencing the group into a form of pity party amongst themselves. However, it is also very important to ensure that the group must not degenerate into a social activity club. In other words, the leader or facilitators must not lose sight that the purpose of the Grief Support Group is for sharing, learning and ministering to one another.

Grief Support Groups generally operates quite comfortably with ten to twenty participants per season. Under normal circumstances, even the fairly large churches may not have many deaths within one year. Hence, Grief Support Groups are generally open to bereaved Christians from other churches as well people of all races, religions and socio-economic backgrounds from the community. As such, they are an excellent ministry outreach to the community for people who are in the saddest and most challenging times of their lives following the loss of love one(s).

13.2 Grief Counselling as Mission for Christ

As mentioned in Section 1.3, we never know when a family member or someone close to us dies or when multiple deaths suddenly strike a

² GriefShare is a US-based grief support organisation that offers a 13-week video teaching on the grieving process for use by grief support groups. The videos come complete with instructions on how to start and lead such groups. The materials are available for purchased only by churches. See <http://www.griefshare.org/>.

community and many are left in devastation due to the loss of properties and loved ones. As death is a culturally toxic subject (see Section 2.3), people want to move on with their lives after the initial rallying around in show of support, and the bereaved are then left much on their own in their grief in the weeks and months following their losses. These bereaved persons may be from our own churches and they can also be non-Christians from the community. This is because the Christians believe that their God is a loving and compassionate God and He wants His people to show love and compassion to those who are needy, marginalised and hurting. When the people in the community experience God's love and compassion through His people, they will want to know this God in a personal way to experience Him more, thus Christians are partaking in God's mission to extend His kingdom on earth. The extension of grief support to bereaved people in the community is one area of outreach that is integral in the recent call for care and counsel as mission for Christ.

This call for care and counsel as mission is embodied in the Cape Town Declaration which was issued in 2010 by the Mission Track of the Third International Lausanne Congress held in Cape Town, South Africa, in the same year.³ The Declaration started off by saying that we live in a world of unprecedented suffering and brokenness and these human conditions include different types and levels of social and psychological problems. Since there is no complete health without communal and psychological health, it is imperative that Christians respond to these needs in ways consistent with their Christian commitments and with culturally sensitive approaches. Therefore the declaration calls for a new paradigm for the mutual learning, empowering and training of mental health professional, laypersons and pastors worldwide along four dimensions in being distinctively Christian, holistic and systemic, indigenous and collaborative. The Cape Town Declaration on Care and Counsel as Mission is attached as Appendix G.

³ See Cape Town Declaration, <http://careandcounselasmission.org/ccm/index.php?option=com_content&view=article&id=2&Itemid=11&lang=en> [accessed on 04/12/2011].

In the opinion of the researcher, the declaration made two very significant statements: one is that true healing includes reconciliation with God, one's neighbour, one's enemy and creation through Christ, and the other is that an authentically Christian perspective on psychology calls on Christians to compassion and the seeking of justice and reconciliation in their advocacy, practice, training and research. These two statements clearly distinguish Christian care and counsel from secular or professional counselling. While Christian care and counsel proclaims that true healing includes reconciliation with God, one's neighbour, enemy and creation through Christ, secular or professional counselling is religiously neutral and value-free in its approach. In fact, from the biblical perspective, a more accurate declaration would be: *true healing is only possible by reconciliation with God through Christ and such includes reconciliation with one's neighbour, one's enemy and creation.* However, such a statement would be too strong for most people and hence not politically acceptable. The other distinguishing feature is that Christian care and counsel put a greater onus on the part of the mental health professional, lay caregiver and pastor to be compassionate and seek justice and reconciliation in their advocacy, practice, training and research. Typically, a secular or professional counsellor will only go as far as to suggest to the client to act righteously and compassionately, and leave it to that person to act responsibly in the way he or she wants to. On the other hand, Christian counsellors are expected to be more directive⁴ and persuasive with their clients to do what is right and good before God and this biblical approach ought to be reflected in their training and research.

One more significant distinguishing feature between Christian care and counsel and secular or professional counselling is mentioned only indirectly. The declaration includes laypersons as those practicing Christian care and

⁴ Jay Adams argued for *Nouthetic* Counselling based mainly on New Testament passages. This form of counselling is directive and confrontational. See Adams, *Ready to Restore*. However, John Carter has a more balanced view that biblical counselling also includes the functions of comforting, encouraging and supporting at appropriate times. See John Carter, "Adams Theory of *Nouthetic* Counselling," *Journal of Psychology and Theology* 3 (1975), pp. 143-55.

counsel. Secular counselling is the domain of professional counsellors. Many countries including Malaysia have laws that allow only registered counsellors who are professionally qualified to practice counselling publicly. In an indirect way, the declaration also calls for every compassionate Christian to be equipped with Christian counselling knowledge and skills to be lay counsellors who will reach out to hurting people in the communities around the world.

It is the emphasis on reconciliation with God through Christ and the involvement of the average Christian as lay counsellors that have the potential to make the call of the Cape Town Declaration a whole new movement of God through care and counsel as mission. Grief support can be one major facet of care and counsel as mission in time to come. The following remark made by a Pastor who was interviewed in this study illustrates this point further:

One very encouraging remark that came from this widow is that the family and friends said she must not change church. They said this is the church she must stick on. In fact, she is intending to buy a house near the church now. (Laughter) So that is the best compliment that we have received.
(KV1/P)

The widow's family members and friends included non-Christians who were amazed by the care and support extended to her during her season of bereavement. Imagine this testimony is multiplied in every case of bereavement in every local church and imagine that the same care and support is extended to every bereaved person in the community as a witness and testimony of God's love and compassion. This will be one highly tangible expression of care and counsel as mission.

13.3 The Place of Laypersons in Grief Support

The inclusion of laypersons in the church for counselling, as it is in the case for grief support, recognises the fact that even the most conscientious pastor or leader will not have the capacity to meet adequately and effectively the many needs of the bereaved, whether they are from the church or from the community. Neither are there sufficient mental health professionals to call upon as volunteers. Therefore it is best to mobilise compassionate church members who are gifted in encouraging and helping others to be involved in the ministry of grief support. A most suitable candidate would be someone who has some first hand experience of suffering the loss of a loved one as this person can identify more easily with the grief of another person. This is a preferred but not essential prerequisite as a fairly mature Christian with the right gifting, compassion and conviction to be involved in such a ministry can also be trained to empathise with the grief of others. Other qualities that are important include the ability to maintain confidentiality, a relatively non-judgemental personality and a lifestyle that reflects their capability to handle their own stress and problems fairly well.⁵ All these laypersons must receive at least basic training in grief counselling before they take up their responsibilities.

The place for lay counsellors is well established in a number of studies. For instance, two national surveys in the United States in 1957 and 1976 revealed that a significant number of people (around 60%) who sought help for their personal problems consulted lay persons.⁶ Researches also found that there is a phenomenon called “spontaneous remission” whereby many patients of emotional disorders seem to recover without professional treatment

⁵ A more complete list of the most ideal qualities a pastor should look for as volunteers for the grief support ministry is given in Ng, *TIME*, p. 120.

⁶ See J. Veroff, R.A. Kulka and E. Douvan, *Mental Health in America: Patterns of Help-Seeking from 1957 to 1976* (New York: Basic Books, 1981).

except care and support from lay persons.⁷ Additionally, Dr Sheldon Korchin argued that lay helpers have unique abilities to work more effectively with people in need as they share and understand better the cultural values and mindsets of these people.⁸

However, Christians should not be involved in grief support, or for that matter, any form of lay counselling, just because of the need for such a ministry or researches have established the effectiveness of lay helpers. The body of Christ should be involved in it only because the Word of God calls Christians to do so. Indeed, the Scriptures calling for all Christians to ministry and service have been well researched and this position is generally accepted by the body of Christ in recent years.⁹ According to Siang-Yang Tan, Professor of Psychology at Fuller Theological Seminary, such a restoring ministry involves “counselling in its broad sense of people-helping”.¹⁰ Similarly, Bufford and Buckler, in advocating lay counselling as an important ministry of the church, stressed as follows:

Trained counsellors, forming a coordinated multilevel network of care, can extend pastoral counselling care to all members of the church, while relieving the pastoral staff of often unbearable burdens in this area.¹¹

Indeed, as far as the Christians are concerned, their God exalts them to be engaged in lay counselling in general and hence, for grief support in point.

⁷ See A.E. Bergin and M.J. Lambert, ‘The Evaluation of Therapeutic Outcomes’ in *Handbook of Psychotherapy and Behaviour Changes*, 2nd ed., ed. S.L. Garfield and A.E. Bergin (New York: Wiley, 1978), pp. 139-89.

⁸ See S.J. Korchin, *Modern Clinical Psychology* (New York: Basic Books, 1976), p.519.

⁹ In particular, Paul Steven made a convincing biblical argument for the involvement of the laity in ministry and service in his book, *Liberating the Laity* (Downers Grove: InterVarsity Press, 1985).

¹⁰ Siang-Yang Tan, *Lay Counselling: Equipping Christians for a Helping Ministry* (Grand Rapids: Zondervan Publishing, 1991), p. 27.

¹¹ R. K. Bufford and R.E. Buckler, “Counselling in the Church: A Proposed Strategy for Ministering to Mental Health Needs in the Church,” *Journal of Psychology and Christianity* 6, no. 2 (1987): p. 21.

CHAPTER FOURTEEN: CONCLUSION

14.1 Summary and Proposed Model for Grief Support in Churches

Right from the start, this study draws from past psychological and bereavement researches and writings to highlight the point that bereaved people need to grieve in a healthy and complete manner following their losses. For most people under the circumstances of normal grief, the grieving process is best facilitated by the support and guidance of trained caregivers. A profound statement made by Colin Parkes summarises the importance of such care and support:

The most positive factor in favour of a 'good' bereavement outcome is the presence of supportive friends or family members who will allow the bereaved person to express their grief when, how and for as long as they want to.¹²

Due to the established relationship between the church leadership and their bereaved family members, pastors and the other leaders of the church are in the best position to fulfil this role of supportive friends, particularly in this modern era when long standing close friends and family members are more mobile and hence less available. Furthermore, as bereavement grief affects one's whole being, it has significant spiritual dimensions which are best attended to by the pastors and leaders of the bereaved church members. Indeed, the Bible has much to say about such pastoral responsibility of the church leadership towards these bereaved persons (see Chapter Eight).

This study is the result of the analysis of the 31 interview transcripts of both the senior pastors of 12 evangelical churches and their bereaved family members in Peninsular Malaysia. The findings established that while the

¹² C.M. Parkes, 'The Evaluation of a Bereavement Service' *Journal of Preventive Psychiatry* 1 (1981), p. 179.

pastors recognise their pastoral responsibility towards their bereaved family members, there is a wide gap between the pastors' perception and the bereaved's' experience as to the adequacy and effectiveness of such care and support. In other words, the experiences of the bereaved family members in the churches show that there is a mismatch between the pastors' theological convictions and their faithful practice with regards to their pastoral responsibility towards them. In some of these churches, the ministry of compassion and care to the bereaved is risking neglect.

Further analysis of the field work in the study revealed that bridging this gap involves improvement in four areas of care and support:

1. Transforming the pastor's attitudes towards the grief support of the bereaved by putting in place a ready structure of care and support so that there is more balanced focus between missions, church growth and pastoral care in the church;
2. Improving the adequacy of grief support through longer term home visitations of the bereaved;
3. Improving the effectiveness of bereavement home visitations through appropriate training in grief counselling; and
4. Improving the other aspects of grief support by prioritising what the bereaved family members want most, and this includes spending more time with them without them asking, having a trained team to attend to them and reaching out to the children's grief.

To lighten the burden of the pastors and leaders, suitable volunteers from the church can be mobilised and trained for grief counselling, bereavement home visitations and the running of grief support groups. If this is so, the same services can be extended to the community as a witness for God in this world. This can be a major aspect of care and counsel as mission. In this respect, a widow was spot on when she said:

The church should set up a team which is specialized in grief support, learn how to counsel the grieving, and do it for the church. If they cannot handle, they can refer to a specialist. (KV2/B1)

Churches should take heed and respond conscientiously to such a typical cry of many bereaved family members in our midst.

Holding all the foregoing factors in perspective, a grief support ministry in a church can take the following form:

<u>Grief Support Ministry</u>	
<p><u>Grief Support Group</u></p> <p>Format:</p> <ol style="list-style-type: none"> 1. Meets weekly on group basis over 12 or 13 weeks. 2. Open to all Christians and anyone from the community. <p>Purpose:</p> <ol style="list-style-type: none"> i) Education ii) Ministry iii) Mutual support iv) Referral for individual professional therapy if necessary 	<p><u>Bereavement Home Visitation Teams</u></p> <p>Format:</p> <ol style="list-style-type: none"> 1. Formation of several trained teams on standby to follow-up on newly-bereaved church members. 2. Each team comprises a team leader and two or three members. 3. Upon news of bereavement in the church, the church office informs the Grief Support Team Leader. 4. One team will visit the bereaved family during the day time prior to the funeral to give the family support and build rapport with them. 5. One or two weeks after the burial, the same team will visit the family again, preferably with a pastor of the church. 6. The team will continue to visit, first on a two weekly basis, then on a monthly or two-monthly basis for a period of up to two years or as preferred by the bereaved family. <p>Purpose:</p> <ol style="list-style-type: none"> i) Presence to show care and offer comfort ii) Give a listening ear, journey alongside and guide them in their grieving process iii) Render or connect with the right persons on practical help, financial, legal and administrative assistance, or other needs iv) Encourage the bereaved to attend the Grief Support Group meetings v) Point the bereaved including unbelieving family members to God vi) Referral for individual professional therapy if necessary.

For a small church, the senior pastor can even head the grief support ministry of the church and one or two bereavement home visitation teams may be sufficient. For big churches, the ministry can be headed by the pastor in charge of family life or one who oversees the bereavement matters. Grief

support groups can be conducted one to three times in a year depending on the extent of need and response from both the church and the community. For small churches, several of them can be combined to run a grief support group for their bereaved members.

14.2 Potential Pitfalls

Like all ministry models, the proposed model for grief support in churches needs to be tested and fine-tuned on the ground. Implementation is best carried out in stages, starting small. First, the Senior Pastor and the rest of the church leadership must catch the vision and appoint the right person to head the ministry. The ministry leader should preferably be someone who can identify with grief because of a previous experience with loss and possess the passion and desire to lead in such an unconventional and uncharted ministry. In the interviews, two Pastors have indicated thus:

We need one right person who knows how to grow the ministry.
(KV3/P)

We need the right people and then we can build the ministry around them. (KV5/P)

The ministry leader together with others in the team need to be trained in technical and operational skills, and the ministry must be promoted to the congregation. It is better to start with a grief support group as this can be managed by as few as one ministry leader and two or three other facilitators. The support group also acts as a training ground for team members to acquire the necessary counselling experience. When the support group is more established, the bereavement home visitation teams can then be formed. A ministry like grief support is often considered peripheral and away from the limelight of the church normal activities. Many people in the congregation will not be able to identify with such a ministry. Discouragements and even ridicule

are to be expected. Hence, team members must be certain of their calling and be committed to their ministry mission with great perseverance.

It is important to examine one's motives for being involved in grief support. There must be a genuine desire to help bereaved people who are suffering, and in doing so, one feels a sense of personal fulfilment. However, there are a number of illegitimate reasons for embarking into such a ministry and these include the need for intimacy or closeness with people, the need to control other people's lives, the need to rescue others by straightening out things for them, the need to satisfy our own curiosity, the need for affirmation and acceptance and the need for personal healing.¹³ Gary Collins in his book *Christian Counselling* has also spelled out a number of other potential pitfalls for Christian counsellors in general besides wrong motives. This includes becoming overly involved emotionally, being judgemental instead of remaining unbiased, betraying confidentiality, falling into sexual sins and getting "burnout".¹⁴ Ultimately, grief support deals with the bereaved's boundaries between hope and devastation, meaning and insanity, life and death. It may be a crucial factor in someone getting stuck in their grief or coming to terms with their loss and moving on in life. Those engaging in such kind of people-helping must do so not only with the right motives but they must be constantly on the guard over their own conduct and spiritual well-being. It is not an easy or pleasant ministry and this is why such a ministry is risking neglect in many churches in the first place.

14.3 Further Research

This study focuses on the grief support of bereaved family members in the churches. As there is scope for churches to reach out to the bereaved in

¹³ See Collins, *Christian Counselling*, pp. 21-22.

¹⁴ Collins, *Christian Counselling* pp. 23-29.

the community, further research ought to be conducted on the cultures and grieving practices of the unchurched Chinese and people of other races and religions in the country. Such understanding will help Christians to be more culturally sensitive to the way the bereaved grieve and hence they can be more adequate and effective in helping them to come to terms with their losses.

Looking wider, the gap in grief support of the bereaved in churches is likely to be a universal Christian issue that needs to be addressed urgently. The degree of neglect may differ in different countries with varying church orientations and societal cultures but the inadequacy and ineffectiveness of faithful practice by churches everywhere is evidenced by the mushrooming of para-church organisations in recent times to promote grief support services. As an illustration of the universality of such a need, the much acclaimed Christian writer of Cambridge University, C.S. Lewis, once bemoaned, after the death of his wife, how his friends edged away from him as though he was a leper and treated him worst than an embarrassment and a “death’s head”.¹⁵ For lesser mortals around the globe, the sense of isolation can be much worse. However, further localised studies are required to contextualise and modify the findings and recommendations of this study before they can be applied beneficially.

Any changes for the better must start with the church leadership. The cry of one of the bereaved persons who were interviewed reflected well such a call:

Traditionally as Asians, we don’t handle feelings properly. To them, they just pray for you, and then say, “*ok-lah*” (meaning, you should be alright now). This is not very professional but I don’t blame them because they never see the need for it. But now the church has so many elderly people, there is a big need. This is a serious gap. You should publish and let them know. (KV1/B1)

¹⁵ C.S. Lewis, *A Grief Observed* (San Francisco: Harper Collins, 1996), pp. 10-11.

Perhaps this study is only a starting point to create awareness among the pastors and church leaders to bridge the gap. Further thought and planning is necessary before attempting to “let them know”. Seminars can be conducted in churches to educate the body of Christ on grief support. One other way is to incorporate grief support courses in bible schools and seminaries. A Pastor was spot on when he remarked:

In a sense, I feel inadequate. Seminary training does not help us to handle bereavement grief. (KV7/P)

For this purpose, further research needs to be carried out to formulate a course curriculum which is comprehensive, effective and culturally sensitive to the needs of the bereaved.

Finally, if churches want to improve on the adequacy and effectiveness of grief support, there must be a way to measure such helpfulness to the bereaved. This kind of evaluation can be looked at from two angles. First, we can assess the improvement in terms of the responsiveness of the church towards the bereaved, which pertains to what is called social capital of the church in such a ministry (see Section 3.1). Secondly, we can evaluate the degree of improvement on the part of the bereaved. Obviously, satisfaction of the bereaved is only one good indicator of the adequacy and effectiveness of the grief support services received by them. However, satisfaction alone is not a sufficient gauge because it is not known whether the improvement is the result of the care and support rendered or that the bereaved has improved at the same rate even without such a ministry. It could even be that they are worst off with the services as a result of the incompetence or lack of commitment on the part of the caregiver. For such measurements, assessments have to be administered typically before the services, after that and at predetermined follow-up timeframes. The difficulty involved is what are to be included as the right indicators. The factors to be taken into account are diverse and they range from grief intensity measurements, anxiety indices, maladaptive coping indicators to social or work functioning assessments. Further research has to be conducted to formulate a simple yet fairly accurate measurement of social capital as well as the adequacy and effectiveness of

grief support. To make it easy for use by churches, the study must devise relative but objective ratings of basic factors such as different degrees of compassion and social concern amongst the pastors, leaders and churchgoers, or improvements on acceptance of the loss, sense of control, coping abilities and social reintegration on the part of the bereaved. With such indicators, churches will then know where they stand with regards to this much neglected ministry of compassion to the grieving bereaved persons in our midst.

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**ARTICLES, REPORTS, MINUTES, UNPUBLISHED RECORDS, LETTERS,
PROJECT PROPOSALS, INTERVIEWS**

Unpublished Directory of Churches and Christian Organisations compiled by
National Evangelical Christian Fellowship of Malaysia, February 2008.

APPENDIX A: Questionnaire for Pastors

1. Does your church have a set of written procedural guidelines with regards to bereavement services?
2. Are you personally involved with the bereavement services of your church?
3. From the biblical perspective, do you personally think that the grief support of bereaved family members in your church is a pastoral responsibility of the church? Why do you say so?
4. To what extent are you personally involved in home visitations/grief support after the funeral?
How often do you or one of the leaders designated by you visit the bereaved family?

For how long after the loss will such scheduled visits to the bereaved family likely to last?
5. What do you do when you visit the bereaved family members?

Do you educate the bereaved on the grieving process?
6. What are your personal concerns when you visit the bereaved family members?
7. Do you think that knowledge of grief counselling is important?

Have you had any training on grief counselling?
8. Do you think that home visitations of the bereaved are important in your pastoral care?

9. How are home visitations by the other church leaders monitored?

Do you think the monitoring system is working effectively?

10. Apart from the funeral/burial/memorial services and follow-up house visit(s), what other forms of care and support does your church offer to the bereaved family members in your church?

Are there any forms of structured assistance schemes ready to help the widows and the fatherless?

11. Does the church has any written policy or guidelines on home visitations or grief support of the bereaved?

Do you think it is important to have such a written policy or guidelines?

12. For the past 12 months, have you or anyone else preached a sermon on the grief support of the bereaved or the compassion and concern for people who are grieving and hurting? Why have you done or not done so?

13. In the past, was there any complaints received that bereaved family members are not cared for or supported by the church?

14. To what extent do you think are the bereaved family members in your church adequately and effectively cared for and supported by your church?

15. What other new measures would you like to put in place in order to care for and support bereaved family members more adequately and effectively?

16. What are your reservations and constraints for putting in place a comprehensive ministry in your church that will adequately care for all aspects of the needs of the bereaved family members and support them most effectively?

APPENDIX B: Questionnaire for Bereaved Family Members

1. Do you think that your church should care and support you through your season of bereavement?

For how long do you think that should continue?

2. Has your church adequately and effectively cared and supported you during the wake/funeral/burial services?
3. To whom you have turned to for help and support in your journey of loss and grief?

Did they help and support you adequately and effectively?

4. After the burial of the deceased, how often did your Pastor/Minister or a designated leader visit you in your home?

For how long did these scheduled visit(s) to you last?

5. How adequately and effectively were these house visit(s) in helping and supporting you through your journey of loss and grief?

6. What are your struggles following the loss of your loved one?

7. Do you know about the grieving process and what to expect?

Do you want to be educated on the grieving process?

8. Apart from the funeral/burial/memorial services and follow-up house visit(s), what other forms of care and support has your church offered to you?

What other forms of care and support would you like your church to offer to you as a bereaved family member in your church?

9. Overall, do you think that your own church has adequately and effectively cared and supported you through your journey of loss and grief in their house visits and other forms of care and support?

APPENDIX C: Participant Information Sheet

My name is Ng, Heng Cheong Edmund. I am a post Graduate student of Mattersey Hall Graduate School in association with Bangor University. I am studying for a degree in Doctor of Ministry.

Purpose of interview

I am conducting this interview as part of my academic research into the situation whether the evangelical churches in Malaysia are neglecting the grief support of bereaved family members in their churches by seeking to establish if there is a gap in the bereaved's' expectations and experiences of the pastoral care they received and the actual care and support their churches extended to them. The research project will further seek to understand the church leadership's aspirations, reservations and constraints as to how they can care and support the bereaved family members in their churches more adequately and effectively.

This interview is designed to last for 15 to 20 minutes only. Please feel free to expand on the topic or talk about related ideas. Also, if there are any questions you would rather not answer or that you do not feel comfortable answering, please say so and we will stop the interview or move on to the next question, which ever you prefer.

Confidentiality

The information you provide in this interview will be kept confidential. The written and recorded data will be kept securely and except where the interviewee has consented to be named and/or quoted in the dissertation, only the researcher and his supervisor will have access to the information. All data

and recording will be destroyed within one year of the submission of the dissertation.

Personal details

This interview is completely anonymous and therefore no personal information about you will be collected or published. A secret code of numbers and letters (no initials) will be assigned to every individual that will be interviewed to ensure anonymity is maintained.

Are the results confidential?

The answers to the interview questions will be treated with the strictest confidence. However, the data from the interview will form part of a dissertation, which will be submitted for my degree and can be accessed from the university's library by students and staff.

Who do I speak to for more information on the survey?

Please speak to the researcher or Mattersey Hall Graduate School on 00 44-01777 815002 or email graduateschool@matterseyhall.co.uk for more information.

APPENDIX D: Participant Consent Form



Bangor University's 'Code of Practice for the Assurance of Academic Quality and Standards of Research Programmes' (Code 03)
<https://www.bangor.ac.uk/ar/main/regulations/home.htm>

COLLEGE OF ARTS & HUMANITIES

Researcher's name : Ng, Heng Cheong Edmund

The researcher named above has briefed me to my satisfaction on the research for which I have volunteered. I understand that I have the right to withdraw from the research at any point. I also understand that my rights to anonymity and confidentiality will be respected.

I agree to having the interview/discussion recorded and understand that I can turn off the recorder at any time. (delete if not relevant)

Signature of participant

Date

This form will be produced in duplicate. One copy should be retained by the participant and the other by the researcher.

APPENDIX F: General Tips for Helping Bereaved Children

1. Talk freely with the children about the death individually and as a family.
2. Give consistent answers to their questions about the death, even when they are asked repeatedly.
3. Cry together with the children. They need to know that you understand the depth of their pain.
4. If there are negative behaviour changes because they cannot express their feelings, talk to them about the changes but do not harshly discipline them or allow their bad behaviours to become a habit.
5. Allow the children to play even as the bereaved adults mourn as they cope better through play activity.
6. Allow the children to cling to you more often than usual as physical affection is comforting to them.
7. Be watchful if a child is harbouring any blame, guilt or bitterness about the loss and deal with it immediately, even if you are in the midst of your own sorrow.
8. Talk to them about Heaven. Describe to them the beauty of Heaven and that it is a better place for the departed loved one.
9. Don't change pre-loss daily routines of the children unless absolutely necessary.
10. Unless your children have been sleeping with you, don't get them to sleep with you just to avoid facing your grief alone or keep them up late for companionship.
11. If the children have difficulty concentrating in their studies, don't over-emphasize on education at the expense of their emotional and spiritual healing.
12. Don't create pressure on the eldest son to be "the man of the house."

APPENDIX G: The Cape Town Declaration on Care and Counsel as Mission

The following declaration emerged out of conversations among concerned colleagues from different countries, languages and generations in the Care and Counsel as Mission Track of the Third International Lausanne Congress held October 16-25, 2010 in Cape Town, South Africa. Our hope is that this statement will stimulate discussion among practitioners and educators and will lead to a greater engagement with the tremendous needs worldwide. We invite your participation in the dialogue.

Introduction

We live in a world of unprecedented suffering and brokenness. These human conditions include different types and levels of social and psychological suffering which are often minimized, neglected or, because they are beyond what local people can cope with at a given time, left unattended or addressed from out-of-context perspectives. We believe these omissions are both unjust and costly to individuals and communities. Virtually all of the major public health problems in the world have a psychosocial component. There is no complete health without physical, communal and psychological health.

At the same time, there is often a paucity of resources and training to effect change in comparison with the affluent West. For example, in terms of one specific measure, professional mental health workers per capita, World Health Organization statistics indicate that such resources are 250 times more plentiful in some regions of the world than others. It is imperative that we respond to these needs in ways consistent with our Christian commitments and with culturally sensitive, holistic, systemic, and collaborative approaches.

Our hope is that this declaration will point us toward the creation of a new paradigm for the mutual learning, empowering and training of mental health professionals, laypersons, and pastors worldwide along the following four dimensions:

Christian

1. We believe that true healing includes reconciliation with God, oneself, one's neighbor, one's enemy, and creation through Christ.
2. Health, healing, restoration, peace, freedom, harmony and joy are gifts of God, reflected in the life, death, and resurrection of Christ and guided and empowered by the Holy Spirit.
3. We are committed as part of the global Christian church to follow Jesus in serving all people worldwide in order that they may flourish in every way including psychologically and spiritually.
4. We believe that as Christians we are called to pray as well as work towards God's purposes.
5. We believe it a matter of biblical justice that resources and initiatives which meet basic human needs and promote psychological wellness should be

encouraged, nurtured and distributed more equitably throughout the world.

6. An authentically Christian perspective on psychology will call us to compassion and the seeking of justice and reconciliation in our advocacy, practice, training, and research.

7. From our perspective, no area of science, society, or culture is perfect or neutral. It is essential to recognize, critique, and respond to the implicit ethics, forms of power, and/or oppression embedded in them.

Holistic and Systemic

1. God's creation reflects a design of interdependent systems and so we are committed to a global understanding of the whole person/system in the context of suffering and health.

2. We recognize the existence of evil in the world which can be variously manifested in personal sin, natural evils, evil spirits and powers, and evil in society. The consequences of these can continue for generations. In addition, we believe that human brokenness/pathology is complex and rooted in systemic structural evil, spiritual conflict, and personal choices as well as biological, psychological and social influences. We acknowledge the need for further study in this area informed by scholars and practitioners from the disciplines of theology, pastoral ministry, medicine, and the social sciences among others and from many cultural perspectives.

3. Pathology, spirituality, treatment and healing must be understood in both individual and collective perspectives.

4. Although the western emphasis on the individual has its place in certain settings, we believe it can sometimes undermine communal commitments and hence we encourage holistic and systemic approaches.

5. Prevention of bio-psycho-social-spiritual distress and the promotion of wellbeing in the person and community is for us a critical priority.

6. In addition, we give priority to the most vulnerable in society including the poor and underserved and those who serve them sacrificially.

Indigenous

1. We believe that the capacity to create the diverse cultures of the world is a gift of God to humanity in creation. A fundamental task for indigenous Christian healers is to discern and engage with how God is already at work in each culture.

2. We believe that it is important to honor as a valuable part of the process of healing, the indigenous rituals, practices, and stories of a culture that are consistent with local indigenous, biblical Christian theologies. Thus, the global community should:

a. develop a perspective of relating and learning from local communities;

b. be encouraged to develop culturally appropriate and biblically congruent psychological perspectives, theories, models and resources;

c. be empowered to develop training centers; and

d. be invited to participate in the worldwide sharing of their knowledge and experiences.

3. We note that western psychology has been widely adopted as a model of human understanding in many institutions teaching psychology and counseling across the world. However, since we are convinced that God is present in his healing power in every society we encourage a process that values and includes local indigenous understandings of the person and community as well.

4. Therefore, we seek to develop integral (holistic) models of psychology and psychotherapy that utilize indigenous, Christian models of human functioning, wholeness and resiliency drawn selectively and sensitively from the insights of psychologies from around the world.

Collaborative

1. We are committed to worldwide mutual empowerment and collaborative learning among all those involved in helping people including mental health practitioners, educators, community workers, lay persons, and pastors.

2. We believe that the journey toward wholeness is a collaborative relationship in which both helper(s) and the person/community in need are transformed.

3. We respect that local researchers, leaders, and the communities should ultimately determine the purpose for the research, their method of collecting data, and the way psychological research findings will be used.

4. We acknowledge and seek to respond in partnership to the urgent need for graduate level training for qualified individuals unable to obtain access to such programs.

A Call for Response

We invite you to post your response to this declaration today. We hope to stimulate a global conversation on this important topic. We believe it has significant implications for how we do our work of Christian care and counsel and also how we train others. You are welcome to copy, distribute, and quote from this Declaration with proper citation. For more information contact: Bradford M. Smith, Chair, Care and Counsel as Mission Initiative at careandcounsel@gmail.com .

(Source:

http://www.careandcounselasmission.org/ccm/index.php?option=com_content&view=article&id=2&Itemid=11)