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Descriptive study of the development of a support group for widowed persons

Virginia Kay Boeckmann
University of Northern Iowa

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Descriptive study of the development of a support group for widowed persons

Abstract

The purpose of the paper was an exploration of the premise that a need exists in Black Hawk County for a support group for widowed persons. For this purpose, widowed person can be defined as anyone, male or female, who has lost a spouse through death. Bereavement can also be defined with sufficient precision to be useful~ that is, the state of having lost a loved one through death. As a cultural norm in our society, we tend to view the death of a close family member as a loss. In this case the loss brings with it a new societal role, that of a bereaved person. Within these roles, the accumulation of expectations, conflicts, and emotional investment (or even the lack thereof) may precipitate and exacerbate already existing mental health problems (Volkhart and Michael, 1957). Grief, on the other hand is more difficult to define as it cannot be observed as behavior, only inferred from both a given state (that of bereavement) and a given reaction pattern which may be only in part an expression of felt loss. Bereavement must include not only that grief experienced as sentimental longing for the loss of an object but move forward to the situational anxiety 1 2 characterizing role loss (self as spouse). Many persons get stuck in the sorrow of object loss and fail to progress to the solving of the situational problem (Feinberg et al., 1978).

A DESCRIPTIVE STUDY OF THE DEVELOPMENT OF
A SUPPORT GROUP FOR WIDOWED PERSONS

A Research Paper
Presented to
The Department of School Administration
and Personnel Services
University of Northern Iowa

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Virginia Kay Boeckmann
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Robert T. Lembke

Director of Research Paper

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Robert T. Lembke

Graduate Faculty Adviser

12/2/82
Date Received

Robert Krajewski

Head, Department of School
Administration and Personnel
Services

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Chapter 1

INTRODUCTION

The purpose of the paper was an exploration of the premise that a need exists in Black Hawk County for a support group for widowed persons.

For this purpose, widowed person can be defined as anyone, male or female, who has lost a spouse through death. Bereavement can also be defined with sufficient precision to be useful; that is, the state of having lost a loved one through death. As a cultural norm in our society, we tend to view the death of a close family member as a loss. In this case the loss brings with it a new societal role, that of a bereaved person. Within these roles, the accumulation of expectations, conflicts, and emotional investment (or even the lack thereof) may precipitate and exacerbate already existing mental health problems (Volkhart and Michael, 1957).

Grief, on the other hand is more difficult to define as it cannot be observed as behavior, only inferred from both a given state (that of bereavement) and a given reaction pattern which may be only in part an expression of felt loss. Bereavement must include not only that grief experienced as sentimental longing for the loss of an object but move forward to the situational anxiety

characterizing role loss (self as spouse). Many persons get stuck in the sorrow of object loss and fail to progress to the solving of the situational problem (Feinberg et al., 1978).

A report from the Iowa State Commission on Aging reported 19,300 people over the age of sixty lived in Black Hawk County (1976). The Senior Adult Needs Assessment Survey (1979) of the Planning and Service Area IV (of which Black Hawk County represented 34%) stated that 39% of those persons interviewed over the age of sixty were widowed. From these statistics, an estimated 7,720 widows and widowers over the age of sixty were living in Black Hawk County. In this country, one out of every eight women fourteen years of age and older were widows in 1976 as reported in a Metropolitan Life Insurance Statistical Bulletin (January, 1977). In terms of numbers of persons fitting the description, the need would appear to be great.

The United Way of Black Hawk County published a Human Service Directory (1978). Of the 274 services listed, only one offered service specifically to widowed persons, "Parents Without Partners." The service was limited to social activities and to those who were parents of children under eighteen years of age.

The Reverend Jerome Pribbenow (Chaplain, Allen Memorial Hospital in Waterloo and instructor of a course on Death and Dying at the University of Northern Iowa) suggested, in a private interview, that a widowed persons'

group was needed in Black Hawk County (January 9, 1979). As facilitator of support meetings such as "Make Today Count" (for cancer patients and their families) and "Compassionate Friends" (for bereaved parents), Chaplain Pribbenow had received requests for such a group. He offered to serve as consultant to a spouse-bereavement program. In his role as consultant, Chaplain Pribbenow suggested that such a group required a non-judgmental leader who easily accepted the expression of strong feelings.

A support group is usually a socio-process group of from six to twenty persons, meeting for the purpose of ventilation, support, and growth of self-esteem. While focusing on a mutual topic of concern (in this case, the grief and role changes accompanying the loss of a spouse through death), a support group discusses personal experiences and alternatives. The object is both to inform and orient (Betz et al., 1980). A socio-process group for widowed persons would need to be convened by a person trained in group dynamics who had some understanding of the grief process.

In Chapter Two a review of the literature concerning grief and loss is discussed. Specifically, some consequences of the failure to work through grief and some programs which have sought to meet the needs of widowed persons are cited. The lack of literature or programs addressing the needs of widowed men is noted. Existing

groups which have attempted to encourage and enable the expression of grief and role transitions relating to widowhood will be addressed. In addition, a brief review of program evaluations, particularly those evaluations of process groups, will be presented.

In Chapter Three, the widowed persons' program, "Beginning Again," which was created to test the need, degree of acceptance, and utilization of such a program, will be outlined in detail. The mechanics of setting up the group from contacting the sponsor (the Hawkeye Red Cross Chapter) to the techniques and resources developed is described. Each group was as unique as the individuals comprising that group. However, certain concerns and issues were held in common by the eighty-four participants, regardless of age, sex of members, or circumstances of the spouse's death. These common concerns resulted in a session outline of (1) sharing their story, (2) normal grief, (3) resources and talents, (4) choices and alternatives, (5) planning for the future, (6) strokes and affirmation. The style and method changed from group to group, but the outline provided focus and continuity.

Of the eighty-four persons who completed one of the six-week sessions, fifty-six returned completed questionnaires evaluating the program. These evaluations and an interpretation of them are the subject of Chapter Four.

Chapter Five is a brief abstract in summary of the goals, objectives, and implementation of "Beginning Again." The implications of the evaluations as well as an explanation of the modifications and refinements which were ongoing during the course of the study are presented. Findings of both an objective and subjective nature concerning benefits derived by the participants are summarized. Conclusions and recommendations for the continuation of the program are suggested.

Chapter 2

REVIEW OF LITERATURE

As early as 1657, "griefe" is listed on "bills of mortality" as the cause of death (Parkes, 1973). Lynch (1977) stated, "The lack of human companionship, the sudden loss of love, and chronic human loneliness are significant contributors to serious disease (including cardiovascular disease) and premature death" (p. 181). Another study found an almost 40 percent increase in the death rate of widowers during the first six months of bereavement (Young et al., 1963). From a semi-rural community in Wales, a study has also shown that 12 percent of widows and widowers died within one year of bereavement (Rees and Lutkins, 1967).

Many physical and mental illnesses have also been attributed to grief, usually based on the observation that the illness closely followed a loss. In Rochester, New York, a group of psychiatrists were able with remarkable accuracy to actually predict the occurrence of cancer of the womb in widows reporting feelings of helplessness and hopelessness at their recent loss (Schmale and Iker, 1966). Numerous studies have shown that newly bereaved people consult their doctors significantly more often for a

variety of ailments than they did before bereavement (Parkes, 1973).

Another comprehensive study was carried out in Australia utilizing postal questionnaires which asked fifty-seven questions about the respondent's health over the course of the past year (Maddison and Viola, 1968). Twenty-eight percent of the widows indicated a deterioration in health as compared with the control group who were also questioned. In addition to the symptoms of depression, nervousness, insomnia, weight loss or gain, trembling and fatigue (which are features of "normal" grief), these Australian widows also complained of severe headaches, vomiting, heavy menstrual periods, skin rashes, chest pains, frequent infections, and general aching. A more recent study in Boston replicated these findings and added the mental inconveniences of difficulty in making decisions, unaccustomed anger, and memory loss (Glick et al., 1974). The Boston report also shows that the bereaved group consumed more alcohol, tranquilizers, and tobacco than they had prior to becoming widowed. These studies would seem to imply that grief itself is a dangerous process, akin to a disease, which if not worked through will take a heavy toll (Schneidman, 1976).

Durkheim (1951), in his classic study of the statistics of suicide, stated that the widower was 1.6 times more likely to kill himself than a man whose wife remained alive. In addition, he suggested that children

attach a widower to life as the records show fewer suicides of fathers who are widowed. Davidson (1975) reported that the death rate for America's two million widowers is double that of married men. For white widowers, aged 20-34, the death rate is the highest for any segment of the male population. The appearance of more suicides among widows, according to Durkheim (1951) was merely due to the much larger number of widows as compared to widowers. Existing literature has addressed this large population of widows and seems to have neglected the fewer in number, but possibly more vulnerable, widowers.

A recent study by Selye (1979) has shown the loss of a loved one to be absolutely at the top of a list of stressful, abrasive, and disruptive events that can happen to one. Currently, there is a much-needed and overdue concern with death education, the effects of not working through grief, and with some method of reducing the stress and, thereby, the morbid effects of death upon the survivors (Schneidman, 1974). Kubler-Ross (1975) has warned that if grief is not experienced in reality and integrated into the bereaved person as a psychological construct, it will continue to fester beneath the surface like an abscess, draining the energy and will from the bereaved.

The United States is, however, a death denying nation (Becker, 1973). Scientific objectivity, the worship of progress, the value placed on individual

freedom, and a pact of denied cultural awareness have caused social institutions and rituals to be cast aside (Lynch, 1977). The social and family supports that once accompanied and guided one through mourning are no longer present. When someone dear dies a normal death, the bereaved acquire societal permission to mourn openly, though more and more widowed people confess their perplexity over mourning customs and how long grieving should last (Kavanaugh, 1972).

The role of mourner is usually encountered relatively few times in life and thus offers almost no chance for rehearsal (Volkhart and Michael, 1957). One of the difficulties is that the behaviors expected in the role of mourner may conflict with the other social roles we may have. In our society females are generally encouraged to be more emotional than males in various life situations. Thus Lindemann (1979) observed male patients who appeared to be unable to express their grief for fear of "breaking down."

Silverman (1969), a psychiatric social worker, directed a program at Harvard Medical School for bereaved widows. She described her service as an experiment in preventive intervention. Many care givers shy away from the grieving persons. Many widows report that clergy, physicians, family, or even friends were not very helpful. Other widows could be extremely helpful, as they already realized that grief was temporary and had to run its course

before it was possible to feel better again. However, since people in this country tend to live in homogeneous communities, it is very hard to find others living near who are like oneself if one falls into a special category such as that of widowhood. Black Hawk County is a particularly segmented community in terms of race, religion, age, occupation, and level of education (Senior Adult Needs Assessment Survey, 1979).

Silverman (1969) approached this problem by targeting a population in which all new widows over age sixty were offered assistance. Using information from death certificates and funeral directors, the widows were paired with one of five aides who were also widowed. The aides, who matched the newly widowed in general background as closely as possible, telephoned them and visited them in their homes. It was reported that of 110 widows in the sample, only 64 agreed to be assisted in any way and of those 64, only one-half had been seen in person. The rest had been talked with regularly by telephone. The response of the aides to the widows' needs varied. Most of all, they seemed to offer friendship. Silverman (1969) hoped the widow-to-widow approach would become a pilot program for on-going self-help.

Until the early 70's, Kavanaugh (1973) responded to human grief on a stereotypical one-to-one basis. At that time, becoming impatient with the quick platitude and sensing pockets of unresolved conflicts, he tried

bringing grievors together in therapeutic groups to deal with their unfinished tasks. Seven women and one man responded to his invitation to, ". . . come feel what you feel and dare to trust sharing your feelings with others" (p. 85). The participants shared feelings of anger, sadness, self-pity, loneliness, denial, and abandonment. Eventually through role-play, confrontation, caring, and support, they also shared laughter, joy, and acceptance as they grieved for lost spouses, children, and parents.

He felt his suspicions confirmed of the inadequacy of Mortuary Science as training for caring, as the funeral director who co-facilitated the group with him was never able to become personally involved. He was not sure if grievors were more effective in helping each other than non-grievors. Yet, he planned more grief groups because such instant honesty, empathy, and reflection of self as was present in the first group contributed so much to enabling unfinished grievors to let go and move on with their lives (Kavanaugh, 1973).

Widowhood is essentially a social event. The loss of the role object (the spouse) initiates role loss and invalidates the meaning and purpose of the bereaved individual's life (Clause, 1978). Leave taking of one's spouse through death creates a void in terms of personal and social relationships that may have been time and tenure intensive, required considerable sacrifice of self, and which were socially sanctioned (Feinberg et al., 1978).

Since the widowed person has been made invalid by society, friendship and companionship through interaction with others becomes the most effective, if not the only, method of healing (Lynch, 1977). Mourning is a process, an event with a beginning, a middle, and an end (Scarf, 1980). Yet, because bereavement is a role (with certain expectations, certain duties, and certain opportunities for making excuses for oneself) an amazing number of individuals settle in, as it were, for the duration. Only necessity (either to function to support oneself, a faintly remembered zest for life, or the insupportable, unbearable state of complete loneliness as families and friends go on with their lives) pushes the grieving individuals to take steps to heal themselves.

A widowed persons' support group offered an acceptable avenue for this human interaction without the necessity of an unacceptable label of "sick." The participating persons were considered to be normal, healthy people experiencing a life crisis in the group therapy such as that conducted for military widows (Zunin and Barr, 1969). Group work offers the sharing of life experiences leading to healing growth in a way that is cost effective both in terms of time and money (Cohen and Smith, 1976).

Toth and Toth (1980) wrote of a widow support group they established in Buffalo, New York. With two exceptions, the Toth groups were identical to "Beginning Again," the group created for Black Hawk County widowed

persons. These were (1) the exclusion of widowers and (2) the limitation placed on membership to those who had been widowed within six to twelve months previous to the beginning of a group. Issues, concerns, and methods were similar to those processed by the Black Hawk County widowed persons. There was no attempt to objectively evaluate the results of the groups but such intangible values such as the degree and depth of sharing, inclusiveness shown by the group, and the identification each member professed feeling for the others were offered as evidence of "success." The Toths were also encouraged by the demand which required them to conduct three more groups.

Evaluation of effective group design is an issue of increasing professional interest. Many group specialists are taking the organic approach of vague, ambiguous objectives with success to be determined by a general feeling of well-being (Cohen and Sedlacek, 1982). Other evaluation scientists have argued for hands-off observation, uncontaminated by events in process. Neither method serves the recent demand for relevant, immediate, useful descriptions of intangible and tenuous attitude change. Accountability, both for financial and ethical purposes, requires program evaluation as opposed to research. Wheeler and Loesch (1981) have defined research as being conducted to discover new knowledge or to advance current scientific knowledge. Program evaluation is

described as seeking to provide meaningful information for immediate use in decision-making. "Beginning Again" placed emphasis on simultaneous program development and program evaluation as a process rather than an event. In conclusion, counselors are faced with the responsibility of demonstrating the effective value of their programs if they expect to receive funds (Daniels et al., 1981).

sensitive emotional state. In compliance with Red Cross policy, no fee was charged.

The Red Cross Information Office mobilized its considerable resources and provided comprehensive exposure of the concepts and advantages of widowed persons attending a group such as "Beginning Again." Information regarding details such as the time, dates, and place of the meetings as well as the purpose of the group and criteria for membership was widely distributed. Through news releases and sample "public service ten-second spot-releases" newspapers and television and radio stations were encouraged to inform the community of the new Red Cross service. Interviews of the group facilitator by the radio stations (KBBG, KCFI, KLEU, KXEL, and KUNI) and television station KWVL and the Waterloo Courier were arranged. A brochure was designed and distributed to as many helping persons and agencies as possible. (See Appendix A) Excellent visibility and coverage of the program continued to be provided by Hawkeye Chapter Red Cross Information Office as each new group began.

As the publicity continued, increasing knowledge of the grieving process (particularly as it pertained to widowed persons) and, in effect, perception of the need for such a program created demand, registration of participants began. The "Beginning Again" program itself continued to be defined and molded by the expressed need.

It did not seem necessary to limit the age of participants in any way. Thus, widowed people who attended the meetings ranged in age from twenty-four years of age to eighty-four years old. Diversity of experience, attitudes, values, and ideas was important for an exploration of alternatives leading to growth. A group that was too homogeneous might have led to stagnation and actually intensified the most dysfunctional and negative of attitudes held by group members. It was hoped that by leaving membership as open as possible, heterogeneity would be maintained. The death of a spouse was the common denominator that drew people of all ages and socio-economic backgrounds into a close, supportive friendship.

Also for purposes of diversity, the length of time having passed since the death of a spouse was not a specification for membership. In addition, the literature was unclear as to when grieving survivors would be most receptive or at what time group therapy might be most helpful. As a result, "Beginning Again" was supportive of those who had been widowed as recently as two weeks or as long as seventeen years.

Participants included four individuals who had lost a spouse through death, remarried, divorced, and through the divorce, felt themselves pulled back to the unfinished grief of the first marriage. Because divorced persons as such were excluded from this support group, these participants did not mention the divorce for several

weeks. Despite many requests, it was felt that the grief felt at the time of divorce, though similar, required a different type of group process. Thus, persons who had lost a spouse through divorce only had been excluded.

As each widowed person contacted the Red Cross, minimal screening was attempted. During the course of the conversation, a social worker obtained the name, address, and phone number of the caller. The social worker engaged the widowed person in conversation concerning the events surrounding the death, length of time of the marriage, age of the widowed person, number of children, if any, and attempted to obtain a statement of any goals or needs the widowed person felt might be filled by the group. This information, while never used to bar a person from the group, was helpful to the leader for purposes of plotting group strategy and intervention.

Registration was on-going. As soon as a list reached between fifteen and twenty members, that list was closed and another began. At the closing of a group list, each person was contacted both by telephone and a letter announcing the start of a session and stating the time, date, and place of meeting. Demand was such that five groups were initiated during the first year. This seemed to satisfy an accumulation of needs because, although registration continued at a steady pace, only two groups were required during the second year.

Each group met for six weeks, one and one-half hours per weekly session. With permission of the membership, lists of names, addresses, and phone numbers of the participants was distributed with the hope that friendship and support would grow outside the sessions themselves. Termination of the support group was an intentional goal in order to avoid the possibility of members hanging on to their grief as a way of prolonging group life. At termination, members were invited to join a social group planned and convened by alumni of the prior groups.

Leadership style differed not only from leader to leader but also from group to group. Group variables, such as the number of members, affected the timing and intensity of interactions. Individual aspects such as age, gender, authority (whether appointive or assumed) and cliques affected the flow of events and group processes, particularly in terms of power distribution. A "singleton" in any category held a relatively powerful role in the group.

In four of the seven groups a single male was turned to with expectations of expertise, regardless of the question. These men (one of whom was a gregarious fellow in his seventies, one a thirty-year old widower self-consciously asking for advice on raising three children, one a young father (rigid in pain at his wife's suicide), and one an unpopular curmudgeon) were all

perceived by the widows to be super competent. However, once the men were thought to be in pain or suffering, the women quickly comforted and indulged them. The seventy-year-old man (alone of the four) kept his identity as it was, participated with the same authenticity, and dated in and out of the group. The father of three married the first widow who showed an interest in him and his children. Much to the surprise (and chagrin) of the others, the curmudgeon married a rich widow and moved away.

In two groups, very young women (in their early twenties) received a great deal of attention and support from the other members. The courage of the young woman who deliberately became pregnant, knowing her husband's cancer was terminal, was much talked about and admired. Members of any configuration expressed a "we-ness" and advocacy for each other that, of itself, did not affect group interaction for good or ill. However, any emotion held by a member of such an alliance was multiplied in intensity. Two sets of sisters and sisters-in-law were potent forces for change and growth in groups of which they were a part.

Authority vested in the leader was a subtle tool, of great use in the facilitation of the group. Suggestions or opinions offered by the leader were given more consideration than those from peers. The role of the facilitator might have crudely been defined as that of

"traffic cop" as the group was directed via a series of exercises and interventions from a given point in the general direction of another point. The leader was not to be a content or topic expert, but a process expert.

The group leader, during the first session and in later sessions if necessary, structured and clarified the purpose of the group (acceptance and ownership of feelings and enhancement and growth of self-esteem) and its power (discussion of topics and nonconsensus). During the first session, expectations of the leader regarding the level and amount of participation was discussed. In this way control rested within the members themselves for both the quality and quantity of behavioral change.

Within the Cohen and Smith (1979) model of group process, the opportunity remained for the leader to choose the intervention or theory that fit them personally. Each meeting was convened and tied to the previous meeting by structural interventions planned by the group leader. These and other more spontaneous strategies were eclectic in nature, combining resources found in a variety of theories and therapy. Most common were those techniques found in Gestalt, Rational Emotive Therapy, Adlerian, Transactional Analysis, and Reality Therapy (Stevens, 1971; James and Jongeward, 1973; Satir, 1973; Lowen, 1967; Glasser, 1965). The most pervasive and useful strategies were those of common sense and personal disclosure gleaned from the sensitive awareness of an eventful life.

The level of interaction moved during the course of each group from general grief to the specific impact of change upon each individual life. The intensity of interaction also moved from the surface issues of emotional expression to the encouragement of accomplishing that tough inner repair work restoring the human spirit to spontaneity. The intensity of the life situation drawing the group together as well as the high level of trust enabled movement and change within group members. The widowed participants seemed to be in a highly dynamic state, ready and open to interventions aimed at the emotional center of each issue.

First Session

The first meeting was marked by diffuse anxiety regarding expectations and acquaintanceship. Members were given a card and asked to answer two or three existential questions about themselves such as, "What do you consider your greatest accomplishment to date?" and "What would you yet like to accomplish in your life?" The purpose of this type of question was to get past the actuary exchanges common in any meeting such as name, age, children, grandchildren, occupation, etc. The other side of the card was used for a name tag for the duration of the group. They were then asked to share this information with another individual whom they had not met before that day.

The leader then introduced herself, set the structure for the coming meetings in terms of time, place, etc., and discussed expectations of group and leader participation. The style of disclosure in the leadership sharing began a model for future group interaction. The members were then asked to introduce themselves, share their story, and offer a goal they had for themselves as group members. This emotion-laden activity not only served the purpose of introduction and goal-setting, it also filled the ever-present need of the bereaved to anchor themselves in reality by telling the story of their grief once more.

Bibliotherapy was used with each group. Books were brought to each session by the leaders to be checked out by members. A number of self-improvement or inspirational topics were offered, but any book on grief or widowhood was always more popular. A list of books was handed out to the group members with the suggestion that they look in their public libraries for these or other titles concerning grief and loss. (See Appendix B for the currently recommended book list.) Many widows and widowers shared their own favorites with the group. As readers reported their reading experiences, it was learned that the books had been used to combat insomnia as well as for information. Free Fall (Smith, 1975) was recommended by several widows ". . . for those who need to cry and can't."

Suggestions were offered and a partial consensus was sought concerning the subject matter of the next meeting. Closure included the reading of an inspirational hand-out given to each member. Bereaved people seemed to need a simple but meaningful bit of information to carry with them throughout the week between meetings. (See Appendix C)

Second Session

Each group requested a presentation on the normal grieving process for the second meeting. Many participants had heard of Kubler-Ross' (1969) stages of grief. Anxiety regarding how they "should" be grieving was soothed by an explanation of grief as a process with clusters of feelings. These emotions, in a variety of forms or sequences would come and go perhaps for years; not with the intensity with which they were experienced shortly after the death but softer and so infrequently that one might be caught by surprise when a gentle "tear of remembrance" would fall.

The grief process from the numbing shock of the first realization of the death through a final integration of the spouse as a part of their own personal history was recounted. Johnson and Johnson (1978), Westberg (1962), Kubler-Ross (1969), and Davidson (1975) were the primary resources used and interpreted in the particular style of the leader. The widowed persons were assured that life

would be good again for them, even though it would not be the same.

The groups shared, either together or in small clusters, their own experience with grief. As each person told their own story (which was often interrupted by tears) the others nodded as they heard situations or feelings they had experienced. Defensiveness concerning what others would think of their tears or their anger was dramatically lowered as the members identified with each other. Relief was expressed by several members upon learning that the stress of normal grief affected memory and concentration and that, in most cases, this effect is temporary.

Closure involved a brief summary of the events of the meeting including a comparison between the differences in grief experiences as well as the commonalities present in the group. For example, those whose spouse had died very suddenly often remained in shock longer and expressed considerably more anger and unfinished business with the deceased. These widows or widowers often envied the time others had for discussions and preparation with the dying spouse. Conversely, those widowed people who had much time for preparatory grief expressed anguish at the suffering they had witnessed and anger at the partner who refused to make plans even though there was time to do so. The courage of the widow who learned to change the dressings on her husband's face which was being consumed by cancer so he could remain at home was

awesome. The group shared the anger of the widow who recounted the panic and frustration she witnessed in three volunteer firemen who did not know cardio-pulmonary-resuscitation when they were called at her late husband's heart attack. The widow who could not shed tears had held her dying husband in bed each night as he cried. Her tears began to flow when someone pointed out that he was no longer here to cry for her. By the end of this second meeting, a group of strangers had become friends.

Third Session

The third meeting began in an atmosphere of anxious excitement and anticipation. Following a meeting of intense emotional interaction and much leader involvement, expectations were high regarding the group. It was necessary to bring the group to focus gradually by opening discussion on how the experiences of the last meeting were used by members. Often this query brought about another burst of sharing, i.e., "When I couldn't sleep, it was alright because I knew others had insomnia, too." or "I started making lists instead of feeling so bad because I can't remember things." and, "I didn't feel so depressed after all the crying I did at the session last week."

Pressure was often put on the leader to solve all the problems. Sometimes this was done subtly as in asking an opinion; other times it was more an accusation of the leader's shirking of responsibility if a solution

was not offered. At this point it was necessary for the facilitator to kindly, but firmly resist the group's efforts at making them the rescuer. Taking care of group members at this time would simply exchange the dependency of individuals on their spouse's memory to dependency on the leader.

The participants were forced to turn back to themselves for the answers in a variety of ways depending upon the size, the mental set, and the climate of the group. The members of some of the groups were required to list ten talents which they possessed as individuals. The deeply ingrained reluctance all humans seem to share at admitting excellence made this a difficult task. Talent was described as an ability, not necessarily inherent (even a learned skill) that one possessed. Discussion then centered around the handicapping effect of being unable to admit competency even in an elective area!

This potential for helplessness was explored in one group by having each member divide a blank sheet of paper into four areas. In the first area they were to list two or three abilities which they personally felt that they had. In the second area the participants were to illustrate a personal goal with either words or pictures. The third square was to be filled with an illustration of what was blocking them from their goal and the fourth area was to be an illustration of a way in which that block could be removed. The most effective

interchange seemed to occur with persons who drew simple pictures. Pictures seemed to avoid the intellectualization with which people often avoid solving their problems.

As discussion of individual talent moved to individual needs, members volunteered to teach, assist, and accompany each other through traumas, such as acquiring a driver's license. An older man wanted to learn how to make jello and pretended inability to read the directions. As he received several bowls of jello prepared by other members, he shared his punch line, "My jello must have been missing the sweetness put in by the women's touch." There was always much volunteering to accompany each other to outings which individuals were uncomfortable attending alone. The scheduled meeting eventually led to regular group dining at a nearby restaurant. In this way a pattern of socializing and finding answers to problems among the group was initiated.

Fourth Session

During the fourth session, reality strengthening and growth identifying activities were continued. Discussion was opened with a brief summary of the resources discovered within the group the previous week. At times, members shared resources which they had found as a result of beginning to look outward rather than only within. Community resources were shared by the facilitator at the request of the group. Specific information regarding the

names of counselors, social workers, or agencies available for testing, advising, and registering for classes or employment were offered. Other information included the social activities available for widowed persons, such as the widowed group within "Parents Without Partners" and "Single Persons In Christian Encounter." The names of former "Beginning Again" participants who were willing to serve as contacts within these groups were offered so one need not feel uncomfortably alone the first time.

The issue of choice was introduced by a discussion of loneliness. Most widowed persons have longed for solitude at some time in their life. The key to the difference between loneliness and solitude was explained as appearing to be attitude. Even though many persons were limited in their ability to change the present circumstances of their life, they could change their attitude by beginning to perceive their aloneness as being by choice. The length of time spent in mourning and healing is, at least partly, by choice. Saying "no" to chocolate ice cream might be construed as saying "yes" to the alternative of vanilla pudding.

Increased personalization, intimacy, and disclosure was encouraged with an activity from Stevens (1971). Members were asked to list five activities which they "have to do" writing "I have to _____" for each activity. When the list was complete, they were asked to rewrite the same list, using "I choose to _____." When members

protested that "they had to pay their bills, they had to see their lawyer, or they had to find employment," their own power was pointed out. The leader explained that mental institutions, jails, and hospitals are full of people who choose not to take responsibility for their own lives. During the course of the seven groups, this exercise provided much insight, especially when extended to the freedom from obligation to others involved in saying, "I choose not to _____." One widow, tearfully shared her realization that she had been able to change from, "I have to live because of my children" to "I choose to live for myself." This consideration often enables members to move from a stance of helpless compliance to a vulnerable openness to possibilities.

Fifth Session

By the time of the fifth meeting, anxieties over personal needs and dynamics tended to be fairly well expressed. Although fearfulness still existed in individuals within the trusting atmosphere of the group, increased experimentation with options was considered. Small group clusters were formed to discuss two questions regarding identity. Members were asked to share what they thought others saw in them in terms of personality, behavior, or aptitudes. At the end of three minutes they switched roles and after another three, the partners were asked to talk about how they felt about themselves in

terms of their inner personalities, fears, and accomplishments.

At this time the group theme was an emerging autonomy. The leader was seen as both a person and as a member of the group. Participants were now ready to use the leader as a resource in helping them deal with emotional issues such as dating, sexuality, disagreements with their parents or children, or other personal issues. The deliberate search for the symbolic meaning behind the idolization the widowed persons felt for their late spouse furthered acceptance and hope for their current status.

Stevens' (1971) guided fantasy, "The Search," was used with several groups. After finding a comfortable position and relaxing a moment with breathing exercises, the participants were guided on a search for something that was important to them. Without naming the object of their search, the widowed people were led on a journey during which they overcame obstacles and examined their goal. They were led to consider the fact that the goal itself might not be as important as the search. This guided fantasy or any other of a number of types of imagery were enormously popular with the widowed persons once the climate of trust was established. Discussion after the guided fantasy revealed that those least successful at imaging felt relaxed and rested and those who most successfully entered into the experience learned

a great deal about themselves and their goals for the future.

A more relaxed, informal state characterized this phase, coupled with a freer flow of feelings. The widowed persons expressed increased self-reliance, self-worth, and self-confidence. At this point, the more lonely tended to form a group which attended the Thursday night dance at Electric Park. These attempts at new behaviors were reported back to the group with little fear of disapproval. The woeful lack of men-partners at the dances was noted and passed over as an inconvenience. The few men struggled to dance with everyone, but the widows agreed that the social outing was more important than "dancing every dance." Members began to form strong emotional bonds.

Sixth Session

The sixth session opened with a group "back rub." The need all humans share for affirmation and the concept of a stroke economy (James and Jongeward, 1973) were explained by the leader. Even though feelings were high due to the pending termination, there was a general reduction in the intensity of involvement as members prepared to leave the group. Sufficient time was allowed by the leader to answer questions members had concerning the transferral of group learnings to the "outside world." Apprehension about possible personality changes and how they would be accepted was expressed. There were moments

of great sadness at the termination of the group's life together. Even though it would be possible to see each other, the group was never to convene again in just that way.

Evaluations were handed to the widowed persons to be filled out before they left the meeting. The leader explained the necessity of the evaluations as a justification for continuing the groups. The group members were urged to help the development process by giving suggestions for improvements. They were asked to leave the evaluations unsigned, assured of the confidentiality of their suggestions, and thanked for their cooperation and helpfulness.

As the final closure of group involvement, the widows and widowers were asked to practice what had been discussed regarding strokes. An object such as a lighted candle was used as a spotlight and passed around the circle. As each member held the candle, each member sincerely complimented him or her in turn. The "spot lit" subject was required to accept the affirmations silently except for a simple thank you at the end of their turn. This activity, while extremely difficult for most people, was always a deeply moving and gratifying way to end the life of the group.

Arrangements were made for the widowed persons to form an alumni, structured for quarterly social events. This alumni was planned and maintained by the members

themselves, freeing the leaders to focus on the incoming groups.

Chapter 4

EVALUATION

The support group for widowed persons, "Beginning Again," was well received and utilized by over one hundred persons in seven separate six-week sessions. During the two years (February, 1979 through April, 1981) of the program considered for the study, evaluation was conducted primarily in two ways.

The first form of evaluation was through a continuous process similar to the manner French and Bell (1978) have described as "action research." Information, complaints, and suggestions were routinely collected in verbal exchanges during the group meetings. These discussions were considered (amplified by the expertise of the leader) and action taken on the spot to alter subject matter, technique or the general direction of the group process. These modifications were then subject to the same continuous evaluation in response to the needs of the participants. Considerable skill was required of the leader in overcoming the demand effect present in those who were reluctant to offer suggestions for fear of disapproval. At times, it was necessary for the leader to judge by body language and degree of group participation the appropriateness of a given activity.

The second form of evaluation consisted of a written questionnaire to be completed by the members at the final session (See Appendix D). The fifty-six questionnaires reported totaled less than 100% due to those members who dropped out before the last session and thirty-one persons who did not return their responses. The group members were encouraged to elaborate on their answers as an aid to further improvement of the widowed persons' program.

Fifty-five of fifty-six widowed persons responding to the questionnaire answered "yes" when asked if the *group covered subjects of interest to them*. One person stated that "not all" of his or her interests were covered. Many individuals also added suggestions for further discussion: "How often should the grave be visited?" and "Could we have more discussion of the typical grief reaction, not only of the spouse, but of the children and parents of the deceased?" More information was requested about financial concerns such as probating of the will and finding a job. Help was requested for personal problems such as moodiness and depression. The small group interaction was highly valued and more time was asked for sharing with new friends.

One hundred percent of those persons responding reported feeling comfortable in the group. It was felt that ample opportunity was given for the expression of feelings. When pressed to expand on this question, the

following comment was added: "I felt uncomfortable at first but I soon was able to express myself more than I thought was possible." The informality of the sessions was appreciated and many people reported looking forward to each meeting. One person wished for more interaction about feelings and added, "No one in grief ever has enough time to express all their many feelings."

The longest responses were enthusiastically offered to the question regarding the strong points of the sessions. More people (14) listed their relief at finding others had the same problems (once more referring to a fear of abnormality in their feelings of grief). The second most appreciated opportunity (by thirteen individuals), and closely related to the first, was that of sharing. Other respondents expressed similar opinions using different wording, such as: "The opportunity to exchange deep thoughts, to enjoy each other, and to have the company of great and lovely, lonesome people." Some of them listed appreciation of the opportunity to learn about grief and how to live with it. They valued getting other people's views, talking it out, having each other to be with, loving and helping each other, and just simply having some place to go.

Other responses concerning the strong points of the program centered on the ability of the leader who was perceived as being non-judgmental, accepting, open, and a good listener. The fact that the leader was willing to

share honest feelings was also appreciated. It was reported that the leader "just did a great job."

Respondents greatly appreciated "that the group was here for us," the books and the last session of affirmation. The widowed persons reported valuing sessions on finding their identity, making choices, self-awareness, encouraging them to have faith in themselves and setting goals. They reported feeling that a start had been made toward "finding my own worth as a single person," and "making a new life for myself."

To question four, thirty-seven persons stated that they could think of no improvement for "Beginning Again." Seven widowed persons did express a wish that the sessions could have been extended beyond six weeks. Two of them wanted two hour or longer meetings. Other suggested improvements included having a lawyer talk to the group, providing private consultation on personal and financial problems, and relying more on Christian faith. Social needs seemed to be reflected in the responses asking that the groups be sorted as to age, requesting one-half men and one-half women in each group, limiting the group to a smaller number, and the continuation of the help beyond the six-weeks session.

One hundred percent of the respondents to the questionnaire stated they would recommend the group to other widowed persons and, indeed, had done so. This seemed to be true as several participants in the more

recent groups reported having learned of the support program from former members who urged them to attend. Two persons in the latest group were accompanied by former members who felt very strongly that their friends would benefit by attending.

Question six attempted to measure the widowed persons' perception of improvement or change within themselves. One respondent declined to answer this question and fifty-five persons replied "yes" they were helped. Eighteen people reported feeling strengthened and encouraged by the sharing and by finding out that others were surviving the same ordeal. Relief was expressed upon having someone listen, reassuring them of the fact that their symptoms were normal grief reactions. They felt no longer alone. With a place to go and some new friends to see, the widowed persons reported feeling less self-pity, less pre-occupation with themselves and more acceptance of their future in a new role. New goals and a much better feeling about life were apparent in all the statements.

Chapter 5

SUMMARY AND RECOMMENDATIONS

The answers to the questionnaire and the number of people who utilized the program, "Beginning Again," would seem to indicate successful fulfillment of the Red Cross goals of developing a service for widowed persons which improved the quality of their lives and enhanced self-reliance.

Many excellent books addressed the effects of the loss of a spouse through death (Davidson, 1975; Durkheim, 1951; Feinberg et al., 1978; Lynch, 1977; Selvy, 1979) and the normal process of grief (Kubler-Ross, 1969; Scarf, 1980; Schneidman, 1973). Several books and articles reported studies of the very high incidence of physical and mental illness during bereavement (Glick et al., 1974; Lynch, 1977; Maddison and Viola, 1968; Rees and Lutkins, 1968; Schmale and Iker, 1966; Schneidman, 1974; Young et al., 1963). Schneidman (1976) stated that the studies seemed to indicate that grief itself is a dangerous process, akin to a disease, which if not worked through will take a heavy toll. Kubler-Ross (1975) compared unresolved grief to a festering abscess.

Silverman (1969) addressed this problem of unresolved grief with a "widow-to-widow" program. Parkes

(1973) acknowledged some positive effects of the continued dialogue with widows which accompanied his longitudinal study at St. Christopher's Hospice in London. This contact (as was Silverman's) was on an individual basis only and did not include widowers.

Kavanaugh (1973) formed a grief group in his parish for the many who seemed to be suffering anger, depression and guilt as a result of unfinished business with deceased parents, spouses, children and friends. Zunn and Barr (1969) had reported similar success with a support group of military widows. Cohen and Smith (1976) recommended group therapy as not only being effective but economical in terms of time and money.

The original outline of the group sessions, which at first had consisted of a pragmatic offering of information and resources, was modified and became a group process of the grief experience. This unfinished and unresolved relationship with the deceased seemed to block the perception, and thus, the utilization of the practical assistance which existed within the widowed persons' reach.

The great majority of responses to the written questionnaire affirmed the value of the program and effectiveness of the leadership. Since the original purpose of the written evaluation was program development, the questions were open-ended and encouraged elaboration in the answers. For this reason, it is an inadequate instrument for accurate measurement of the program's

effectiveness in alleviating physical and mental difficulties among the bereaved cited in the literature. More extensive and controlled research would be needed to confirm the value of the program as a preventive health aid. Group members have reported seeking their physicians care and consciously improving their lifestyle to prevent possible illness caused by the stress of grief.

In a program such as "Beginning Again," in which the goals are set by the participants and attendance is voluntary, self-report would appear to be a valid measure. Continued high levels of registration in the support group as it still exists would seem to confirm the value for people.

These positive assumptions might seem to ignore two important factors. The first is the healing influence of time. Most bereaved individuals will feel better in a year or two regardless of the availability of a support group. The second factor is that although publicity was more than adequate, a relatively small number of the eligible people took part.

Aside from the obvious transportation problems, the barrier of a long stairway at the meeting-place, and human reluctance to admit a need for therapy, the author would point out that just as individual response to loss is unique, so, too, is individual response to a support group. There is also the practical fact that had more

people registered, leadership and meeting facilities would have been insufficient.

To the first issue (that of the healing influence of time): the questionnaires and private interviews with former members seem to indicate more than recovery from grief. There is a profound sense of renewal, enrichment, and confidence expressed by everyone who took part in the groups.

The leadership of the widowed support group would strongly recommend that the groups be continued. Two issues require attention. The first consists of a recommendation of a limit on membership in terms of length of time widowed at three months to two years. Those persons who have been widowed for less than three months have seemed to be in a state of shock or numbness too great to enable them to benefit from the learning or interaction of the group. Those who have been widowed longer than two years proved to have often formed a shell and pattern of reaction which is detrimental to those participants who are in a more dynamic, malleable state.

In addition, the skill and commitment of the leader to group process cannot be too strongly emphasized. There must be understanding from the leader that the learning and growth takes place from the interaction of the group. The leader is to be a process expert, not a content expert. A leader who seeks consensus on content issues will cause the group to miss the entire purpose of group dynamics.

A tangential concern would involve any unresolved feelings about aging or death which might prevent the leader from accepting and dealing with the expression of strong feelings by the widowed persons.

In conclusion, "Beginning Again" is an effective, valuable service to widowed persons, especially when the leadership remains sensitive and responsive to the needs of group members. The support group for widowed persons initiated for this study has continued to be sponsored by the Hawkeye Chapter of the American Red Cross. The demand has continued to be sufficient to fill two groups per year.

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APPENDIX A

SAMPLE BROCHURE

BEGINNING AGAIN

*who am I —
as a widowed person?*



A unique program for widowed persons, who, finding themselves alone, may need to find some new directions in day-to-day living.

We are providing an opportunity to share in:

- Dealing with grief
- Loss of identity
- Adjusting to the single status
- Coping with everyday problems of living

The emphasis is on providing a supportive environment in which men and women can explore the grieving process and options for growth.



Meetings will be held at THE AMERICAN RED CROSS 2530 University Ave., Waterloo, Iowa and will meet for six sessions, one and a half hours in length.

Kay Boeckman will facilitate the groups.

For more information contact:

The American Red Cross
234-6831

Reservations are needed for group participation.

Sponsored by:
HAWKEYE CHAPTER
AMERICAN RED CROSS
2530 University Ave.
Waterloo, Iowa

DUE TO CONTINUED REQUESTS WE WILL BE STARTING ANOTHER SESSION IN EARLY NOVEMBER. CO-FACILITATOR OF THE GROUP WITH MRS. BOECKMANN WILL BE SITER CAROL SECK OF ST. JOHN/ST. NICHOLAS PARISH. PLEASE CALL THE RED CROSS OFFICE AND LEAVE YOUR NAME, ADDRESS, AND PHONE NUMBER. WE WILL THEN CALL YOU WHEN DATES AND TIMES HAVE BEEN CONFIRMED.

APPENDIX B

CURRENTLY RECOMMENDED READING

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APPENDIX C

SAMPLE HAND-OUTS

If I Had My Life To Live Over,

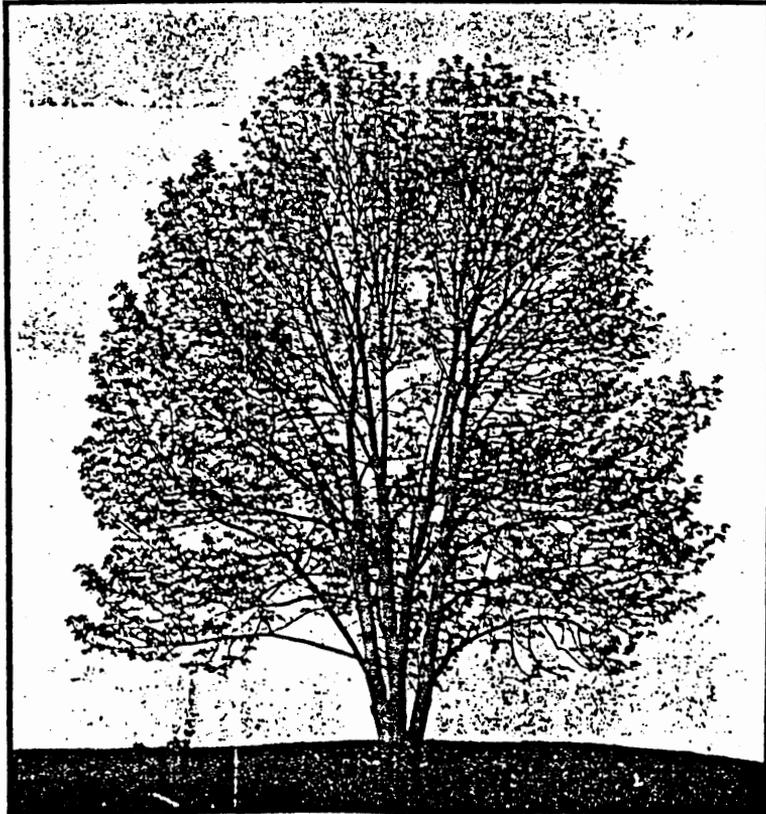
I'd dare to make more mistakes next time. I'd relax, I would limber up. I would be sillier than I have been this trip. I would take fewer things seriously. I would take more chances. I would climb more mountains and swim more rivers. I would eat more ice cream and less beans. I would perhaps have more actual troubles, but I'd have fewer imaginary ones. You see, I'm one of those

people who live sensibly and sanely hour after hour, day after day. Oh, I've had my moments, and if I had it to do over again, I'd have more of them. In fact, I'd try to have nothing else. Just moments, one after another, instead of living so many years ahead of each day. I've been one of those persons who never goes anywhere without a thermometer, a hot water bottle, a raincoat and a

parachute. If I had to do it again, I would travel lighter than I have.

If I had my life to live over, I would start barefoot earlier in the spring and stay that way later in the fall. I would go to more dances. I would ride more merry-go-rounds. I would pick more daisies.

—NADINE STAIR,
85 years old
Louisville, Ky.



"JUST FOR TODAY"

JUST FOR TODAY I will try to live through this day only, and not tackle my whole life problem at once. I can do something for twelve hours that would appall me if I felt that I had to keep it up for a lifetime.

JUST FOR TODAY I will be happy. This assumes to be true of what Abraham Lincoln said, that, "Most folks are as happy as they make up their minds to be."

JUST FOR TODAY I will adjust myself to what is right, and not try to adjust everything to my own desire. I will take my "luck" as it comes and fit myself to it.

JUST FOR TODAY I will try to strengthen my mind. I will study. I will learn something useful. I will not be a mental loafer. I will read something that requires effort, thought, and concentration.

JUST FOR TODAY I will exercise my soul in three ways: I will do somebody a good turn and not get found out; if anybody knows of it, it will not count. I will do at least two things I don't want to do--just for exercise. I will not show anyone that my feelings are hurt; they may be hurt, but today I will not show it.

JUST FOR TODAY I will be agreeable. I will look as well as I can, dress becomingly, talk low, act courteously, criticize not one bit, and not find fault, and try not to regulate anybody but myself.

JUST FOR TODAY I will have a program. I may not follow it exactly, but I will have it. I will save myself from two pests--hurry and indecision.

JUST FOR TODAY I will have a quiet half hour all by myself and relax. During this half hour, sometime, I will try and get a better perspective on my life.

JUST FOR TODAY I will be unafraid. Especially, I will not be afraid to enjoy what is beautiful and to believe that as I give to the world, so the world will give to me.

APPENDIX D

EVALUATION OF "BEGINNING AGAIN"

1. Did the group cover areas that were of interest to you?
If not, what more would you have liked to discuss?

2. Did you feel comfortable and were you given enough
opportunity to express your feelings?

3. What were the strong points of the sessions?

4. Where do you think improvements could be made?

5. Would you recommend this program to others?

6. Do you think by attending this program you were helped
in any way? If so, how?