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FOLLOWING IN BEHIND GRIEF: AN INTERVIEW WITH THE REVEREND BOB GLASGOW ON HIS PRACTICE OF GRIEF WORK

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ABSTRACT

This article is excerpted from a research interview completed as part of the second phase in a hermeneutic research study around grief and clinical practice. This phase involved the examination of clinicians' and families' understandings of support and interventions with the bereaved as they occurred in the Calgary Health Region Grief Support Program. In this interview, Reverend Bob Glasgow, the founder and coordinator of the Grief Support Program, offers his perspective on the powerful call of grief to health and human services professionals and the obligation we have to answer the call with skill and love.

Key Words: grief, loss, bereavement, beliefs

INTRODUCTION

Rev. Bob Glasgow is a hospital chaplain and the coordinator of the Calgary Health Region Grief Support Program. He is an ordained minister with the Pentecostal Assemblies of Canada and has been in nondenominational ministry for 25 years as a counselor at the Pastoral Institute of Calgary and chaplain of

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Rockyview General Hospital in Calgary, Alberta, Canada. He is active in the Grief Support Program, both as coordinator and as a full-time individual, family, and group counselor.

Twenty-three years ago, Reverend Glasgow invited the community of Calgary, Alberta, Canada to an evening lecture on the topic of grief. Over 60 people accepted this fateful invitation. However, Rev. Glasgow was not to offer a lecture that evening after all. Instead, he found himself listening. The individual voices of this group told him of their collective experience of loneliness, frustration, and alienation in their grief over the loss of a beloved one. They spoke of a lack of support and understanding for their grief within their families, work places, and communities and the various ways this added to the pain of their grief. That night, the Grief Support Program was born; 25 years later Rev. Glasgow continues to listen and travel with the bereaved on their unique, healing journeys with grief.

Operating almost solely on donations and volunteers for over a decade and later to become partly funded by the Calgary Health Region, the Grief Support Program (GSP) has now served over 10,800 people. To our knowledge, the GSP is the only government-funded grief program situated in acute care in North America. The GSP continues to expand its programs and services adding additional grief support groups and offering individual counseling and outreach education to both the public and health care providers. They consistently look for creative and cost effective ways to create healing environments for the bereaved both within their own services and at large. Most recently they have produced an educational video series on grief. At the center of these varied activities remains Reverend Glasgow as a compassionate leader, committed advocate, skilled practitioner, and calm, loving presence.

The interview with Reverend Glasgow occurred in the process of data collection for a larger hermeneutic research project. In the first phase of the study, beliefs that arise in grief which can sometimes create more suffering in lives and relationships were examined and analyzed (Moules, Simonson, Prins, Angus, & Bell, 2004). The second phase involved a closer examination of therapy or interventions that are offered to the bereaved and the perceived influence of these on families who sought support and treatment. The context for this second phase was the Grief Support Program, Calgary Health Region, with interviews involving three clinicians in the program and three bereaved people who received care. The data were then analyzed according to a Gadamerian philosophical hermeneutic research tradition (Moules, Simonson, Fleiszer, Prins, & Glasgow, 2007). In this article, we offer the interview of one clinician, Rev. Glasgow, and some aspects of the analysis that arose from his articulation of his beliefs about grief and what we can do in contributing to the healing of the human spirit in following in behind those experiencing loss. This research was granted ethical approval through the Conjoint Health Research Ethics Board of the Faculties of Medicine, Nursing and Kinesiology, University of Calgary, Canada.

THE INTERVIEW

This interview was conducted by the project's research assistant, Kari Simonson, RN, MN. In the following transcript, Kari's comments are indicated by a K and Rev. Glasgow's by a B.

K: As the founder of this program, what are some of your beliefs about the experience of grief that have arisen from your practice here?

B: I see grief as a very spiritual process and I see it as a process that affects every part of a person's life—so it's not only spiritual—it's cognitive, emotional, social, and physical. But some of the impact of grief can be so devastating that people need extra environments to work out their grief. I think in terms of spiritual connections, often that's what we're trying to provide people. When people go through suffering and alienation they feel very alone and, in that state of aloneness, it's hard to do healing work. So, with the loss of a loved one, my conviction is that people need other environments or other people moving toward them in healing ways. Sometimes in our society those environments are missing so our program meets the spiritual need to connect with others, not to feel isolated in the experience of grief. I see it as a connecting kind of thing spiritually and building in resources for people that feel very alienated, very different, because they're carrying this deep sorrow in their human spirit.

K: When clients come to see you, in deep spiritual distress around grief, what are your hopes for them working in this program?

B: Because we don't offer long-term services, my hopes for them are . . . that if they have somehow become isolated or a bit paranoid in their grief process, if they've started to "catastrophize" about it: that they're never going to feel any better, any different than they do in some of the early times of their grief: that they find a place where they can speak some of their grief and move some of it. I visualize it—as they speak their grief, they are massaging some of the sorrow out of their human spirit, and so they start to feel a bit of encouragement as they start to move that pain with the support of others. I see this as a place of beginnings, where people can make some progress instead of feeling very stuck or getting very isolated. I think there's a basic struggle with trust for a lot of people that they feel they're not going to get any better, that what they wake up to, day after day, is what it is. In our program, if we can just have people come together and see some signs of improvement, that can be a catalyst to give them assurance that they are on a healing process of something that is very natural, which grief is.

K: The paranoia that you speak about, do you see that as a belief that they might never feel relief from the pain of grief?

B: Yeah, as people wake up to deeper levels of sorrow for the first 6, 8 months they think it should be getting better. And one of the things we realize is that often, the impact gets more intense and deeper and harder as people go along

the way and so, there's a crisis in the grief process that many people struggle with. And because it keeps getting harder and harder you'll hear a lot of people say "this is my life now and doesn't get any better, and it's only going to get worse." They start to form thoughts which we believe are untrue; that this is their life now, their life will only be pain, there's nothing possible for them in the future and that life is now just existence, not fulfillment.

K: You spoke about movement, around the process of grief, how do you conceptualize that?

B: I conceptualize it by people finding the courage to speak about what their experience is. There may be people who are not very verbal in moving through some experiences of life. With grief, almost invariably, we see if we have people come to our groups and they're not expressive, they just sit there and listen to what others are saying and try and learn from others by examining it cognitively, very often we see those people don't make much headway. But the people that can somehow start to speak into their experiences, speak what their heart feels, very often we can see some movement start to happen. It's noted through the countenance; maybe in the beginning, there's a tremendous amount of tears, so much so that they can hardly speak their words. But as they do that they sometimes are surprised that they can speak about very painful things without breaking down a lot. Sometimes those are the signs of movement for people.

K: And around your programs, it's my impression that people usually see a counselor individually first.

B: Yes, we offer the individual counseling first just to get a feeling for people. If people are too needy sometimes they can dominate a group- that's unhealthy for the whole group. Sometimes, if people haven't moved any of their pain in the first months or weeks before they present to us, it's almost like they're encapsulated within their own pain and they don't have the ability to listen to where other people are at. And if they hear where other people are at, instead of that being a learning experience for them sometimes, that just feels like an added pressure. So the individual counseling component is offered for some complicated grief patterns that people might not be able to speak about in a group setting. It's also offered to help people move some of the pain in the individual sessions that might bring some readiness to be with others that are in deep sorrow.

K: How do you see readiness within the individual sessions to move to the group sessions?

B: I think part of the readiness is around being able to articulate the experience. I think it's readiness around us as individual counselors trying to give people some kind of idea what the group is about. It's very foreign to them to think about coming to a grief support group and so as we describe some of the different things we do in the group we ask: does it sound too painful for people, will they be overloaded by this? Because if they feel that way in an individual session then

probably they will be in a group. So we really depend upon them to be able to show us their readiness by telling what the group is about and what they might experience. Within that conversation, sometimes we have to do some teaching because some of their perceptions might not be accurate.

K: Perceptions of what the group is about?

B: Yeah, they might think that the group is going to be really discouraging to them being with other people of deep sorrow. Our experience doesn't tell us that. It tells us that, in the common expression of grief, there is a lifting that you can see for the individuals in the group, instead of it feeling like an oppressive kind of thing. For example, we just finished a parents' group last week and one lady said, in her closing words, that in the first half hour of the parents group she felt like walking out and in the break she and her husband talked about whether they should just leave—it was so, so hard to be there. And on the final evening of the group she was saying "I'm so pleased that we were able to get through that crisis of the first night because it felt so overwhelming." It remained hard for them for the whole 6 weeks but they realized that they had made some progress and instead they were able to hang in there. I think they were able to affirm themselves that they had the courage to come and share some of their grief and also listen to other parents who had lost a child.

K: You spoke about complications associated with grief. How do you think about grief in relation to, is there grief that's uncomplicated, or is there complications that you see as specific problems around the experience of grief?

B: There is definitely grief that is uncomplicated and sometimes when people are going through normal grief they feel they're really doing poorly and actually they're doing very well. They're feeling the impact of the grief in the early stages. They're expressing it through lots of tears; sometimes it's being expressed by not having investment in their ongoing lives and struggling with that aspect . . . struggle being invested in anything and all of that I see as normal, uncomplicated grief. And often, again what those people need is an environment because other people might be expecting them to be "over it" before they are, or be better then they are. And so they just need an environment to keep speaking into what their grief is, it's very normal. The complicated kinds of things, I see that there's, from my context there's three reasons why people don't heal of grief. One is that their short-term anger, which is healthy, turns into a long-term bitterness or resentment. And so if you talk to them about what their grief experience is, you wouldn't hear about the loved one who died, or reminiscing about that life and that shared life. What you would hear about is this deep bitterness toward some aspect either of the loss or another person in that loss. And because anger dominates other emotions, that's all you would hear. You wouldn't hear the sorrow, wouldn't hear the love, wouldn't hear the gratitude for knowing the person, sharing the years. And so sometimes a situation with anger, and if someone's so deeply angry for them to come to a group and expressing that anger

over and over again can be a very heavy thing for a group and so it's not applicable if that's one of the complicated factors in somebody's grieving. In the individual counseling, hopefully you can help that person work that anger and say "what do I need to do about it?" And very often there's things that people need to do beyond the expression of the anger. Most times expression of anger drains it off and we can kind of go on our way, but there's some things where it is so deeply entrenched that people have to really work intentionally at trying to get over that deep-seated bitterness, resentment about what has happened. The other is guilt and sometimes the guilt is so strong that it dominates the other emotions of grief and so the other emotions don't surface, all the person talks about is this heavy laden guilt that they feel all the time. Again about some aspect, and usually about some part they played in the loved ones death and so again sometimes if that is the common expression all the time that can be difficult in a group setting. But in individual counseling you can work at trying to help people resolve some of those guilt issues and again see what they need to do about them, if there's some, if it's rational guilt what are the atonement things we can do? Things we can do to move toward forgiveness and move toward reconciliation within ourselves. If it's irrational, how do we move it from more of the emotional level to more of the cognitive level and have clear thinking about it and say "no this is just a human tendency to feel guilty out of hindsight." The third area where people don't heal and sometimes is a struggle is if the person who died was too important for their sense of identity and so they have no identity left without this loved one. And it feels like they've not only lost their loved one but they've lost their own heart and soul. And so one man described himself a while back to me as a "a bag of bones walking in skin and sleepwalking" was his description. And so, almost in terms of the way he viewed himself he had a mere subsistence in life instead of having his loved one and feeling all the qualities that that brought to his life. And so sometimes the struggle with identity issues is so strong so people don't have anything to bring to a group. Like they've lost themselves in that. So some of those issues can mean that somebody might remain in individual counseling a lot longer and some may never come to a group.

K: Is it ultimately the individual or clients who decide they're ready or not ready to move on to the group setting, or is it collaborative . . .

B: It's a collaborative kind of thing and, but it's primarily based on the person. Like our philosophy of grief therapy is we don't lead people in grief. We follow in behind where they're at, we try and support them where they're at, trusting their own spiritual resources, emotional resources for them to set their own path for what they need to do in their own healing path. And part of that is out of the philosophy that we don't know their healing path. And so if we become too directive, and certainly in some aspects of grief therapy there needs to be some directive kind of approaches to people, especially with more complicated grieving patterns. But if people are going through a normal kind of grief experience it

mainly needs supportive environments and we tend more to follow in behind. Where I will encourage people, or be more directive, is in a phone call after the first evening of the group with somebody wanting to drop out of the group. I'm not as directive as getting people into the group but once they've started, my conviction is if they drop out that doesn't do good things for their self-esteem. And so I may be more directive in taking an encouraging role saying "just continue one more week" because most times after the first week it feels like emotional overload and people are more emotionally disturbed than before they can come to the group and they kind of have the thought that's going to continue for the whole six weeks—which again it doesn't. There's a bit of a difference in that question around our counselors. Because we have counselors from different backgrounds and all of our counselors are really keen on groups because they all facilitate groups and they can see the healing power of groups. And I think, in bereavement therapy, group is going to be just a growing kind of thing. But, again we're all different in terms of our counseling styles around being directive and non-directive and so some counselors might not be as encouraging or as directive in signing people up for groups.

K: I've heard that you offer groups and individual counseling, and within those two venues do you have specific ideas about interventions that you offer or actions that you routinely take?

B: Again, we have a diverse group of counselors and so they've studied in different backgrounds. We have social workers, psychologists, chaplains, nurses. We have major disciplines represented that have had different training modules and so we're an eclectic team. And in our group supervision we present clients that we're working with and we all talk about our approaches to different kinds of needs and different kinds of approaches that we will use.

K: I guess I'm thinking more about your own particular approaches.

B: My own approach is when I sit down with a person I want to hear what's happened, what are they going through, what's taken place that they're presenting themselves to us for grief counseling. And so I have a need to hear about how their loved one died, what they went through, how they experienced that and so usually in the first session I want to know those kinds of things. At some point along the way, I would like to know more about their relationship, what were the qualities of it, what were the blessings, what were the struggles? And I'm hoping that in my need to know that I'm giving them an opportunity to explore the loss relationship in detail so that they can talk exactly of what role this person played in their life, what they meant to them as a person, and what they're feeling in their loss. And so very much early beginnings are around the type of death that was experienced, exploring if there's any traumatic to that loss, and whether some of those traumatic memories have been repressed. Because I see that as an essential part too for some people around their personal encounter with the death and how they were affected by it. I usually want to explore in early sessions

some sense of the support that exists around this person's life and that's around my belief that the hardest experience we go through in life is the death of a loved one that's meant a lot to us and so I believe people draw upon every strength, every support that they have in their life at the given time they have to face into that loss. What are those supports? And sometimes you'll find, like a young man that just moved to Calgary and started his engineering work after graduating university and his wife died suddenly and he has a young baby and he's alone in Calgary not knowing people and devastated, unable to return back to work. And so you've got that kind of situation where you've got a young dad who doesn't know how to care for a baby. So you've got to explore all those things and maybe some of the early interventions is where "where can we build in some supports into your life to help you with the many practical needs you're facing when you're feeling devastated?" Somebody else you might explore that and they might be telling you their deep, deep appreciation for all the support that's come toward them in their time of loss. Within the counseling relationship, it's good to do some kind of loss history too, in terms of understanding what has shaped this person's responses to loss from the past, how has their family dealt with experiences of loss in the family, maybe in their childhood years if a grandparent died—that kind of thing—how did they see their parents adjust to loss or other family members? Do they have some sense of what is healthy as a style of coping with loss or maybe what is unhealthy? So, some of those kinds of factors. I always like to explore, and I do this in the first session, about any kind of spiritual beliefs that might be part of them adjusting to loss. Again, I don't think it's something all of our counselors do but it's something I want to do and partly again it comes out of a philosophy that we are not letting go of our loved one, actually that we're letting go of their physical presence and two way verbal communication but I see the healing process is all about connecting. Connecting to the memories, the heritage of our loved one, and for a lot of people, if they believe the spirit of their loved one lives on after physical death it has a pretty large implication for how they continue to connect with their loved ones spirit. And people have many different experiences around that and so I want to open that up for conversation because it's an important part. And in that exploration, if people say they do not have any formulated spiritual beliefs that inform them about their loss, very often people are beginning a search, maybe for the first time in their life, about what kinds of things do they believe about life or life after death. And so sometimes there is a search that begins that actually becomes a big part of their healing process as well. I always explore the work side of life. When we first see people a lot of them are off work and I have a conviction that sometimes we need to be gentle with ourselves and clear our space and not have to face into responsibilities if the sorrow is really deep. And so, I want to know where they are in that process, are they involved with occupational health in their company, are they off for a while, how do they see that? Because just as I believe that people need some time off, I

don't like to see that time too long and I like to see a re-entry of people into the workplace which hopefully can get them to focus on things besides their grief so there's a balance there. And so sometimes I have some struggles with some ideas that that leave can be too long; I don't think it's good to have it for a year. And there's some people who don't go back to work for a year.

K: I have a question around your experience with clients who do have spiritual beliefs about an afterlife or their loved ones spirit living on in some way. Do you notice a difference in how people cope with grief if they do have those beliefs compared to those who don't?

B: Yeah, I think it's a hope, a comfort that doesn't take away the pain but is a hope and comfort that lives with the pain. A lot of people believe they'll be reunited with their loved one someday and I think there is a distinct advantage for people who believe in the after life in their grieving process. A lot of people are looking for an assurance of that afterlife so a lot of their reading, a lot of the hoping for mystical experiences or dreams, is trying to find the assurance of what they believe is true. So even though people might have that as a belief, there's a lot of individuals wanting some extra proof of that belief and so people are sometimes distressed in their grieving if they're not having dreams or visions or if they hear sometimes is having a mystical experience and their wondering why they're not. And so even though it's an area that can bring hope and comfort, it is also an area that is fraught with some kinds of difficulties for people if they're not having them or if they seek them too intensely. I think if people have a need for these experiences too intensely they can get on a circuit out there trying to make them happen. And I think that can be a sign of almost lack of spiritual trust that they can have them in natural ways and be real gifts that happen to them, when they happen. Rather than almost people trying to conjure up experiences or going to people who they hope will give them those experiences. So, I like to trust a natural kind of process there rather than it becoming the intense need and the whole thing with spirituality is that it's tremendously healthy but if you get an intensity around that one area where people absolutely need something to happen for themselves in their healing process, then that intensity can start to build in some unhealthy spiritual practices from my perspective. That's a difficult area of grief counseling because you've got some people that are traveling all over trying to find the guru to give them the word that their loved one is okay in the afterlife and sometimes there's woundedness that happens out of some of those experiences or different kinds of things that sometimes leads to further struggle. And again, you get back to the directive, non-directive thing. As a counselor, if people choose that route I'm very non-directive in all areas of spiritual seeking within the counseling relationship, trying to explore what that is for people. So you have situations like, you know someone seeing a psychic and saying your son didn't commit suicide he was murdered and the police investigation is over and other family members don't accept that psychic's words but the mom does. So the mom

is down at the police department trying to reopen the case and the police are saying "no, it's . . . all the evidence is there." So you have those kind of dynamics and then you get the over/againstness where people are in different places spiritually so there's just a lot of things that are fraught with difficulty in the whole area and I think that's why a lot of counselors stay away from it and that is a very sad thing. Just because there are difficulties in a way that is potentially healing, to stay away from it is a very sad thing. And so for years here we've had counselors, we've had a lot of masters students from the university, the psychology department and other places and they come and if somebody has a spiritual issue they want to refer them to me for counseling because I am the chaplain. And I say "hold it here, this area is open to all of us, we all know about spiritual needs and beliefs . . . we all need to work with it in our counseling practices, not just, this is not just for somebody like myself that is the chaplaincy business."

K: Around the idea of having experiences or signs, or mystical moments, I know that you've talked about the "internalized other interview" with Nancy before and I know that you've used it in your practice. I'm just curious if you can tell me more about this and your understanding of that as an intervention.

B: I haven't used it extensively, but I think I've used it three or four times. And I've used it especially where there's been tremendous guilt because I don't think anybody could give a message of grace to a person carrying a load of guilt more than the person who has died. And so to interview the client as the person who has died gives a chance to frame a number of questions that will allow the deceased loved one to speak words of grace and forgiveness or to challenge even why they're feeling guilty. And getting at that in a way that I don't think you can get at in other ways. So that's were I see it as really, really a positive intervention is where people are carrying guilt and it's their deceased loved one that can speak that word of forgiveness.

K: And how do you believe it works?

B: It works because when you, as a counselor, frame a group of questions to somebody asking them to play the role of their loved one often it will tell them how well they know their loved one, that they can answer these deep questions out of the relationship they shared before they died.

K: Do you believe that the other is internalized within, that other spirit that was part of our relationship together, that part of that relationship and spirit that you shared, do you believe we keep that inside of us?

B: A lot of people will talk about believing that their spirit of their loved one is inside of them. Some people have beliefs that they connect with their loved ones visiting them at times on earth after they die, they'll feel their loved ones presence. But there are a lot of people that will speak of their healing process as continuing to carry their loved one in their heart. And so this is the kind of language that people use that makes me feel that yes, their loved one is somehow

embodied within them and it's, in terms of Christian theology, we believe the holy spirit comes within us and lives within us so there is that concept within spirituality and theology of god spirit dwelling in human form. So I think for many people it makes sense that their loved one's spirit has stayed within them in some fashion. And so sometimes I think the interview might reinforce that sense that their loved one is still within them.

K: Are there any other areas or situations that you used it (internalized other interview) in your work?

B: Yes, I used it in one situation where there was a lot of anger toward the health profession and the possibility of litigation, feeling they had to sue to support their loved one and their memory. And so I used it in an interview to try and get at that aspect, like was the person just projecting that or did they really believe that was what their loved one would want them to do, to sue?

K: And I noticed that guilt and anger, those are kind of two of the big three that you offered around complications. Do you see the internalized other interview as kind of an exceptional intervention that is most useful within those difficult or complicated areas?

B: Yeah, I wouldn't use it all the time. I wouldn't do it with every client. I would do it where you're trying to get at some deeper issues. It's not a lot different than Gestalt work where you have somebody speak to somebody in the chair and then you have them sit in the other chair and speak from that person's. When they're in the other chair it really is this internalized other but you're doing it in a bit of a different kind of way. The advantage of doing those kinds of things is sometimes you suspend thinking processes, like if people just think about their problems sometimes they get kind of in mental confusion, but once you do a role play and you enter into the life of that role play and you are that person, you suspend some of that and hopefully you start to react from more spontaneous parts of yourself.

K: Okay, and how is what you do here, Bob, yourself in this program different from other programs that you know about or even practices within this setting that work with grief?

B: Well, I don't think there's many programs like ours in an acute care hospital situation. That doesn't make the program different; it just means that we're able to access a lot of people because we run it through the CHR [Calgary Health Region], and we have large numbers and so, in a fairly short time interval, we're able to offer distinct groups for types of loss because we have enough people presenting to us that we can form a group. A lot of places that are doing grief support do not have the numbers coming so, if you're trying to use a group model, it's very difficult to get enough people. And they won't be able to have pregnancy loss groups, they'll just have loss groups . . . they'll mix

together the different types of losses and it will be supportive and healing but not in the same way as a parent talking to a parent.

K: What difference do you think that makes to people who have experienced a specific kind of loss?

B: Well, in the early years, we didn't have that many coming and sometimes we'd have two parents in a group who had lost a child and then we'd have a spouse sitting beside them who is alone. And this spouse sitting beside them is mad at these two together because they were husband and wife working out their grief together. And so you have these kind of dynamics happen that make people feel even more alienated. But if you have in that room 15 people who've lost their partners and they're sitting there feeling that sense of isolation in losing their partners, it's far different. I would hope that humanity could come together and accept everybody's loss and everybody's unique situation but when we are severely wounded we don't tend to do that as humans. We don't think of that couple having lost a child; we think of the fact that in their loss they have each other to support each other when I'm a spouse alone. One of the things we've done which I've really questioned is we have younger spouse groups and older spouse groups and a lot of my beliefs are actually shaped by scripture and there's a scripture that says "let the older widows care for the younger widows." In other words, for ladies that are more mature and experienced to care for the younger widows. It's an admonition by the Apostle Paul in the church that this kind of ministry take place and I personally feel that there's been much richness in having the different age groups together but my philosophy and feeling about that and what I've seen is not what's indicated on our evaluations. What comes through in our evaluations is that if your 35 and you've lost a life partner and you're raising two young children by yourself that person would rather speak to someone in their own age group facing identical kinds of child rearing issues without a partner. So, you let the people you care for shape your program. But I know in our last spouse group we had a lady who was 89, had been married for 64 years she would come in on her walker and she was an amazing presence in that group. And most of the other group were in their 50s and 60s but that elderly member contributed greatly to that group and I wish that people would have a bit more capacity to see across the generations the common issues of loss. And that it's hard no matter what age that it happens.

K: And I guess, back to that question about how is what you do here different perhaps than other theories or . . .

B: In terms of the actual interventions and therapies I think one of the unique things is that the many groups that meet for the 6 weeks continue to meet afterwards. And I would say almost all groups, a portion of the groups, continue to meet informally. And so instead of coming to a therapeutic group that runs once a week, they might come to a potluck that happens once a month. And they continue to give each other support for a number of years and I would see that as

probably one of the distinctiveness, I'm not saying it doesn't happen in other places, but I think just more here because our group program is such a big part of it. You may make one or two new friends out of the group, or you may decide you want to continue to meet together with a bit of a different thrust, especially a lot of our parents groups after they've met together for a year or two. And most research says it takes 2 to 5 years to get the loss of a child into a manageable place in parents' lives but invariably our parents groups, out of a deep woundedness there has also been a deep compassion. And so a lot of them have done very compassionate work with other parents that experience loss. And so quite a few of them, realizing the importance of connecting and meeting other people by coming to a grief group will be writing letters, emails, to parents that they don't know who have experienced a loss, offering a chance to talk or have coffee if they feel it would be helpful to talk to a parent further along the journey of grief.

K: Do you see that as being helpful to those parents who are offering that support out to others?

B: Yes, my conviction is that you never want to expect that of people in their woundedness; you don't want to put any pressure on them to be loving or a care giver to others that are also wounded. But in the natural time of healing, when it feels like that's something that needs to take place, it really increases the healing and the learning for people that they take their own woundedness, they do what they need to do around healing work and that becomes part of their life, caring for others. And I think, it just kind of cements some of their own growth within them when they're able to do that. And not everybody does it or has to do it but for a lot of people they are definitely called to do it.

K: And in the process of grieving and healing from grief, for example parents who have lost a child and it's 5 years later and they've done some very successful work, what would you see as a positive or possible definition of an ongoing relationship with their grief and with their child?

B: I think in timelines sometimes it's tougher for people, like they don't know whether to do the memorial notices and the anniversary dates of their child's death. Maybe their ongoing life has taken more shape and they're more into it and they have a focus and some investment but there's still this ache in their heart that their child is gone.

K: Do you believe that ache ever goes away?

B: No, I think, some do. I've lost my mom and dad. I don't have an ache in my heart about them. They died in natural time, but I think, in the loss of a child, it never goes away. In a parent, there's always an ability to get in touch with that deep sorrow that's in them. It's just that it's not thought of very often and it's not dominating them now, but it comes back at key moments in life and it's just

there. And so part of the journey is just accepting that there will be part of a parent's heart that never heals.

K: And doing this work, that you see as very spiritual work with spiritual issues, how has that changed you as a person, as a counselor?

B: I think any time you are emotionally present to someone who's wounded, you do open yourself up to change. It's part of what counselors need to do, have to do is be aware of how people's stories impact you. And the way I've changed is in the early years I could be quite devastated and take with me a lot of people's journeys and feelings. I've had to kind of disassociate myself from the suffering event and the tragedy, and rather focus in on what is healing. And what is healing is very exciting, it's very much developing, it's very encouraging. And so for me to be able to see others take healing steps, especially when you're involved with them for a period of time that they don't think anything is yet possible in their life and you do some work with them and maybe you meet them in the community a few years later. You see what's shaped and formed their lives and some people go onto a greater sense of well being after a loss than they had before because they know they can transcend incredibly difficult experiences in life. For some people, the nature of the loss is so devastating they will never talk of their life being as fulfilling again but that they can find some fulfillment. And so, for me the way it's changed me—doing sorrow work—has fed my own hopefulness for life and so you take courage from all the people that you care for and from their courage I think it's also changed me. I've been a counselor for many years before we started this grief program and in dealing with the sorrow side, I think it's also encouraged me to look at my own feelings, my own response to life. And so, I think people who are doing deep work with sorrow have to do their own personal work too or they'll burn out at some point. So hopefulness and encouragement for me to do my own personal work around staying healthy in life as well.

K: Of all that is offered, what do you believe is most helpful to clients experiencing sorrow and grief?

B: Well, I don't really see it's what's offered them. I feel it's more what they've got to get in touch with within themselves. We all have courage in us but sometimes we're not in touch with it; we've got to acquire this courage within us, find it, get in touch with it, use it. And my personal conviction is that we have to have courage to heal because it involves feeling the impact of our pain and we do not like physical pain or emotional pain. So it's very easy to look for ways to numb the pain, shut down the pain. Because almost everything that's deeply healing for people, and grief is also deeply painful, and so we've got to have the courage to keep facing into things. You know, some parents will not want to touch the belongings in their child's bedroom for the rest of their lives. But the healing process, I think, means finding the courage to do some very difficult things and make adjustments while we're acknowledging the

reality of the loss that's happened. So, the courage is one, and the other one is honesty. The other thing I derived from being with either dying patient or being with bereaved people is that we have to be honest in order to heal, in order to find strength. And so very often human suffering in life takes away the veils and for those of us who are caregivers in these areas it's like, you get to meet the real person because this dynamic issue has come. And we can't use any energy and the facades that we normally put up in our socialized behavior; we've got to get into our real self. What are we facing here? I think more than things we provide, it's like the people who need healing have to find the courage and the honesty to get through it. And maybe we help a bit with that by bringing people together and they can see the courage of this person, they're taking this step, and then they find a little motivation to take it. Because we draw courage a lot from other people too.

K: What might be the least helpful thing that they have heard from other people or experienced in their experience of sorrow and grief?

B: I think the least helpful would be creating any expectation that any professional caregiver has their healing plan for them that they can give them. Or creating any expectations that by coming for support they're going to move through it quickly. I think those would be the things that would be least helpful. Someone who comes too much from an advice model and says "you're going to do this and this with us and we'll get you through this." Or by giving a measure of support for awhile that grief will be over. Cause we don't think grief ever closes off that much. It's like if we close off one area, we're into another area in our life. And some, like the loss of a child you never close off, it's always there.

K: Is there anything else that you would most want us to know about your work and ideas—to be able to share with others offering grief care?

B: Yeah, I would like to see a lot more places like this. I think acute care hospitals are a natural place. There's a lot of deaths; there's a lot of health care professionals who walk by our space and so there's high visibility. And I think that's one of my goals, is to try and encourage more programs like ours to spawn, across Canada especially.

K: Well I would like to thank you very much for sharing your thoughts and ideas today . . .

DISCUSSION

Experiences of grief are life changing, deeply touching, profoundly moving, and unavoidable. Events of significant loss compel us to move into a process of incorporating loss into our lives and relationships, present and absent. This "work" of meaning making and creating and maintaining new and changed relationships with deceased loved ones often invites questions—questions around the meaning of the loss, the meaning of grief itself, the experience of staying

connected to the lost other, and often spiritual, religious, and faith beliefs (Moules et al., 2007). Therapeutic healing conversations between the bereaved and health care and human services professionals require a willingness and commitment on both parts, as well as a veneration of the sacredness and privilege of such conversations. The work of healing in grief is work of courage and love.

Locating Grief and the Nature of Conversations in Grief Work

In this phase, we found that, generally, clinicians struggled to articulate their practices with the bereaved, a phenomenon that in some ways mirrors grief itself in the ways evades description (Moules et al., 2007). For Rev. Glasgow, however, as an experienced clinician comfortable and at home with grief, grief work was not difficult to describe and he offered a clear and distinctive articulation that situated much of his work in a spiritual dimension. Because of his theological background and experience of chaplaincy, there is little surprise in this. However, there was an echoing of some his location of this as spiritual work with the other clinicians interviewed. Rev. Glasgow suggests to us, as researchers and clinicians, that in spite of individuals' personal faith beliefs, or spiritual and religious practices, there is something around the process of meaning making, doubting meaning, profound questioning of the purpose of lives lived, living, and loss, that, although deeply personal, is also located in existential domains, in a greater historical context and legacy of human angst, love, and loss.

Respecting the Complexity of Grief while Watchful for Its Signals of Trouble

Rev. Glasgow's interview reflects a reverence for people struggling with the death of a loved one, and he ably avoids the entrapment that our society and the health care system often fall into of pathologizing grief responses. Pathologizing stances, such as characterizing grief as abnormal, complicated, pathological, unresolved, chronic, morbid, prolonged, dysfunctional, or exaggerated can often only serve to exacerbate and contribute to suffering in grief (Jacob, 1993; Moules, 1998; Moules & Amundson, 1997) Rev. Glasgow does, however, acknowledge that there are signals to which he is attuned where individuals may become mired in their grief and struggle in their healing.

One signal he identifies is when "healthy short-term anger" does not diminish over time and turns into embitterment or resentment. Another signal of struggle is guilt. Guilt, the omnipresent handmaiden to grief (Moules & Amundson, 1997), is very often something which arrives within grief experiences; in fact "grief rarely exists without guilt holding its hand" (Moules et al., 2007, p. 123) but Rev. Glasgow becomes concerned about guilt when it dominates all other emotions, including healthy anger. The third signal of possible struggle is when the bereaved person experiences a loss of personal identity, because that identity

was completely defined by the person that died. For many of us, we have multiple things and people that contribute to our identities: careers, family roles, friends, relationships, skills, sports, hobbies, and histories, but for some people all of who they are in the world has been tethered to one person, and when that person dies, the identity is shattered.

Although guilt, anger, and loss of identity commonly show in grief, Rev. Glasgow offers us the idea that clinicians must be attuned to discern when and how to intervene rather than normalize. For example, he suggests that the work around some aspects, such as embitterment and long-standing anger, occurs best in individual rather than family or group work, as this level of anger is not always helpful to others in the group. The individual work would focus on conversations of forgiveness, atonement, and reconciliation. Conversely, a loss of identity seems to be best addressed in a grief group where others may help the bereaved person work to reclaim a sense of who they are in the world in relation to, and from the perspective of, others.

The "woundedness" that lies in grief has immense potential to heal, but like all wounds there can be a scarring that marks a person. Scars are sometimes visible, sometimes worn with pride, and sometimes hidden from view, but they serve a function. Grief does mark us, but it is how we accept the mark in our lives that makes a difference in suffering; Rev. Glasgow suggests that a part of the work of clinicians is in helping the secondary healing that happens in woundedness.

Grief as the Work of Connection

In the first phase of this research, Moules et al. (2004) explored the idea of grief as an experience of connection rather than severance of relationship, an evolving conceptualization of grief that is becoming more recognized (Attig, 1996; Klass, Silverman, & Nickman, 1996; Moules, 1998; Moules & Amundson, 1997; Moules et al., 2004, 2007; Neimeyer, 2001a, 2001b; Worden, 2000). In this experience of connection, grief, though mutable and changing in nature, remains as an ongoing rather than a temporally limited experience. As Rev. Glasgow suggests, sometimes the "ache goes away" but he also suggests that this is not true for all losses, such as in the case of the loss of a child where parents carry the ache deep in their hearts for a lifetime. This is not to say that the ache is consuming or acutely present at all times or that it does not allow bereaved parents to feel love or joy again. Rather, the ache finds a way to live alongside these other aspects of life in such a manner that it does not leak pain into every domain of lives.

Following in Behind

Rev. Glasgow tells us that he does not lead people in grief work, but rather follows them in behind. A part of this lies in the attention to assessing a "loss history" in listening to the re-telling of sequence, events, thoughts, and feelings

of the death. Following in behind involves listening, being present, being witness to and acknowledging of suffering, normalizing it but not diminishing it, and carving a place and space for active pain to occur.

SUMMARY

Rev. Glasgow reminds us that the work of bereaved persons and clinicians in grief is work of understanding, skill, compassion, kindness, and courage. Rev. Bob Glasgow's experience of that evening long ago and his years of practice in grief work have contributed to a strong belief that, within our current society, we lack enough healing and compassionate environments where the bereaved can freely speak "what the heart feels" around their experience of loss and deep sorrow. As Rev. Glasgow and his colleagues walk the healing pathway, following in behind the bereaved, a soul of sorrow work as a spiritual and sacred practice (Moules et al., 2007) is shaped and offered with the warmest of hearts, and the wisdom and courage that has been honed through the grace and gifts of the many people who have experienced the loss of a loved one. There is no right location for grief support to occur, but it is the presence and support of such a program as the Calgary Health Region Grief Support Program speaks to the valuing of the health care system in attending to the inevitable appearance of loss and grief in our human experiences of health, illness, healing, living, and dying.

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