Catholic Cemeteries
of the Roman Catholic Diocese
# of Rockville Centre, Inc.

Committal Service Best Practices

And Follow Up Bereavement Resources

Including Case Specific Resource Appendix

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COMMITTAL DECLARATION & MISSION STATEMENT

As clergy under the guidance of the Bishop of the Diocese of Rockville Centre, serving our Catholic Cemetery system, we fulfill our ministry of prayerful service to the deceased members of the Body of Christ here on earth as well as to their remaining family and friends who mourn this physical loss. Each clergy member assigned to this task utilizes prescribed Roman Catholic Prayers as outlined in the Order of Christian Funerals (OCF) for each Committal Service. However, each Committal Service will not be identical due to many factors but most importantly the unique gifts given to both clergy and the mourning community. Though the committal prayers are short and can vary, they were composed to be concise and prayerfully pointed to direct the faithful to the hope of salvation through the resurrection of our Lord, Jesus Christ. In addition to the uniqueness of the clergy performing the Committal and the mourning community itself, other factors may contribute to every committal service to be one of a kind:

1. Traditional Burial Service (Both funeral director and remains at site)

- Has the funeral director spoke with the clergy doing the committal beforehand to supply the particulars of the family makeup. (The “Clergy Record” is a good beginning)

2. Physical Conditions

- At grave site: was it too hot/cold, snow or rain, ice/mud, trains, planes or other vehicles affecting the service

- In Chapel was it too hot/cold, crowded/noisy, many committal services scheduled.

3. Traditional Cremation Service (No funeral director with clergy)

- When a funeral director in not present at the inurnment, clergy must lead the family to the site, assist families to gather around the site so that immediate family members are closest to the site before beginning the service.

As evident, numerous facets create the uniqueness of every committal service but there is one remaining important element in this equation – the clergyman himself. We are very human brothers and must never let circumstance, too little experience, too much experience, or our own personal life issues to become a hindrance in providing the best committal service possible to the families entrusted to us. If, for a particular reason, you are not up to providing your best, please call well beforehand so that we can assign another person. It is our responsibility to monitor our effectiveness and to look for ways to enhance the services through the wisdom of our community.

To this effect, if something has worked well at a particular setting, please bring that to our attention, for incorporation into this "Best Practices" manual that we share throughout our community. If something went badly, please bring that up as well so all can benefit by your experience. Please share these suggestions with the Customer Service Manager for inclusion in this document.

Finally, let us remember our **Mission Statement:**

"Clergy engaged in the ministry of burying the dead of the faithful departed are dedicated to provide consistent, compassionate committal prayer services for all our deceased and the friends and family who mourn their death. We pray that this service provides a living witness, to all in attendance, of God's presence and love during all phases of our human experience, thereby increasing the faith of all in attendance."

Introduction:

We called by God, to serve the Diocese of Rockville Centre, under the direction of our Bishop, attend to the people entrusted to our care; especially the grieving and the bereaved.

This most precious gift of serving those suffering from pain & loss is a solemn undertaking and must be acted upon with sincerity, reverence, and an open heart so that we, as ministers, can do our part to begin the healing process for all those we encounter.

The words of the Gospel are clear. We must, as servants of God, assist to bring about the Reign of God in the here and now. We can best serve Him by recalling the words our Bishop spoke on the day of our diaconal ordination. *"Receive the Gospel of Christ, whose herald you have become. Believe what you read, teach what you believe, and practice what you teach."*

Always remember, the words Jesus spoke in the beatitudes. *"Blessed are they who mourn, for they shall be comforted."* May Almighty God continue to bless you in your endeavors to bring comfort to all in need.

This document is intended to assist you, as clergy, in performing Committal Services and soothing those suffering from the pain of death of a loved one after the burial. Since each death experience is unique, we have attempted to both give overall guidelines as well as added words that may bring comfort to those whom death has touched in a particular fashion.

For your consideration as Clergy

Prophets of a Future Not Our Own

It helps, now and then, to step back and take the long view.

The kingdom is not only beyond our efforts, it is beyond our vision…

This is what we are about: We plant seeds that one day will grow.

We water seeds already planted, knowing that they hold future promise.

We lay foundations that will need further development.

We provide yeast that produces effects beyond our capabilities.

We cannot do everything and there is a sense of liberation in realizing that.

This enables us to do something, and to do it well.
It may be incomplete, but it is a beginning, a step along the way, an opportunity for God's grace to enter and to do the rest.

We may never see the end-results, but that is the difference between the master builder and the worker.

We are workers, not master builders, ministers not messiahs.
We are prophets of a future not our own.

Amen

Archbishop Oscar Romero, who (like Jesus), was killed because he dared to challenge to domination system of El Salvador, understood Jesus' trust in small things. This prayer, "Prophets of a Future not our Own," written by Ken Unterer in 1979, but is commonly known as "Oscar Romero's Prayer.

Beatitudes for Those Who Comfort

Blessed are those who do not use tears to measure the true feelings of the bereaved.

Blessed are those who do not always have a quick "comforting" answer.

Blessed are those who do not make judgments' on the bereaved's closeness to God by their reaction to the loss of their loved one.

Blessed are those who hear with their hearts and not their minds.

Blessed are those who allow the bereaved enough time to heal.

Blessed are they who admit their uncomfortableness and put it aside to help the bereaved.

Blessed are those who do not give unwanted advice.

Blessed are those who continue to call, visit, and reach out when the crowd has dwindled and the wounded are left standing alone.

Blessed are those who know the worth of each person as a unique individual and not to pretend that they can be replaced or forgotten.

Blessed are those who realize the fragility of bereavement and handle it with an understanding shoulder and a loving heart.

Best Practices for Committal Services:

1. Speak with Funeral Director in the cemetery office and/or on the way to the site to gather information such as:
   - Family demeanor
   - Children / grandchildren?
   - Circumstances of death
   - Other useful information

2. Read the non-verbal clues of the family before you.
- What emotions do you see?
- Does there seem to be tensions with the family?
- Determine how you can best attend to the sensed overarching need of the family

3. Introduce yourself to the group before you begin and make contact with the immediate family.
- What other clues can you intuit from this initial contact?
- Are there children present and what are their approximate ages?

4. Be personal, be accepting, and model Jesus Christ for this service.

5. Be prepared to modify your original plan if you sense the group is not being fed.

6. Most importantly, be authentic!

7. After the committal service, wish the group a sense of peace and a necessity for friendship and reaching out to the immediate family for as long as necessary.

8. If it seems appropriate, offer further contact to the immediate family and be prepared to follow up with resources at a later date for continued support.

References:

On This Listing You Will Find:

Bereavement Support Groups with specific beginning and ending dates
Monthly Bereavement Support Groups
Weekly Bereavement Support Groups
Support Groups/Programs for Children
Programs Available as Needed
Memorial Programs
Special Programs, Ceremonies, Masses, and Retreats for the Bereaved
Help for the Holidays
Facilitator Training and Educational Programs
Bereavement Conferences

Our Lady of Mount Carmel, Patchogue-Bereavement group for adults who have suffered a significant loss. Group runs for 8 weeks and is free of charge. For more information, please contact the rectory at 631 475-4739 or Clarice Curry at 516 982-1051

Good Shepherd Hospice-Bereavement Support Groups
Drop In Bereavement Support Group:-**Mercy Hospital**-1000 North Village Avenue**, Rockville Centre** (Board Room-1st floor next to the chapel). No registration required. Wednesday evenings- 6:30p.m-8:00 p.m. Please call 516 465-6262
Family Caregiver Support Groups:
Good Samaritan Nursing Home Conference Room
101 Elm Street, **Sayville**-last Tuesday of every month. 1:30-3:00 p.m.
Registration required-Please call Eileen Levinson at 631 244-2400

Our Lady of Consolation Nursing Home Board Room
111 Beach Channel Drive, **West Islip** 2nd Tuesday of every month
3:30-5:30 p.m. Call 631 587-1600 Ext 8337 to register

Bereavement Support Groups-Good Samaritan Hospital Medical Center. 1000 Montauk Hgwy.
West Islip, **Drop-In Bereavement Support Group** (1st and 3rd Tuesday 6:30-8:30 p.m.);

Loss of Baby Support Group (2nd Tuesday 6:30-8:30 p.m.) **Contact**: 631 376-4444
Brookhaven Memorial Hospital Medical Center, 105 West Main Street, Patchogue, **General Bereavement Support Groups** (Wednesdays afternoons and evenings); **Spouse & Partners** (8 sessions on Thursday evenings), **Children's Support Groups**, **Loss of Child** (Thursday evenings), **Adults Who Are Grieving the Loss of A Parent/Grandparent** (Monday evenings), **Survivors of Suicide** (Thursday evenings). For further information, call 631 687-2960

After Care Program- **St. Mary's East Islip**. For those who have completed a bereavement support group and who are in need of additional support. 2nd Thursday of the month (except December, July, August) from 7:00-9:00 p.m. Meeting is held in Sacred Heart Hall. Call Margaret Peterson 631-224-3911

Bereavement Support Group- Sid Jacobson JCC, **Roslyn** For loss of spouse or partner and Next Step Bereavement Group for those who lost a spouse or partner and have attended a support group. Groups offered day and evenings. For more information please contact Audrey Bernstein, LMSW 516 484-1545 Updated 6.26.2013

Monthly Support Groups

MONDAYS:

Mon. **COPE Parent Support Group Meeting for Loss of Child (New Parents)**
2x per month at Elias Hicks Historical Home, 1740 Old Jericho Turnpike,
Jericho, 7:30-9:30 p.m. contact Karen Flyer for further information (516) 484-4993;
karen@copefoundation.org.

1x per Month COPE Grandparents Group (for loss of child w/children)
7:30 p.m.-9:30 p.m. Elias Hicks Home, Jericho contact Karen Flyer for further information
karen@copefoundation.org. or (516) 484-4993;

1x per Month COPE South Shore Parent Support Group
1st Monday of the month, 7-9 p.m. at Merrick Jewish Center; contact Karen Flyer
for further information (516) 484-4993; karen@copefoundation.org.

3rd or 4th Monday of the month, 7:30-9:30 p.m. at Elias Hicks Historical
Home,**Jericho**7:30-9:30 p.m. contact Karen Flyer for further information (516) 484-4993;
karen@copefoundation.org.

TUESDAYS:

2nd Tues. **General Bereavement Support Group for all losses,** at Queen of the Most Holy
Rectory Basement, 196 West Centennial Ave., **Roosevelt,** 7:30 pm, call Andre or Sheila
Python (516) 333-5758.

2nd Tues Ongoing "Loss of A Baby" Support Group (miscarriage, stillbirth, infant death)
Good Samaritan Hospital Medical Center, West Islip, 6:30-8:30 PM. No fee.
For further information please call 631 376-4444

3rd Tues South Shore Newly Bereaved Parent Support Group-7:30-9:30 p.m.
Temple Emanuel East Meadow contact Karen Flyer for further information
(516) 484-4993; karen@copefoundation.org

WEDNESDAYS:

2nd Wed. **COPE Parent Support Group Meeting for Loss of Child** Dix Hills
7:00 P.M. Contact Karen Flyer for further
Information (516) 484-4993 or Karen@copefoundation.org
2nd Wed. **Bereaved Parents/USA (BP/USA)** for loss of child of any age and from any cause,
at
Faith Lutheran Church, 231 Jackson Ave., **Syosset,** 7:30-9:00 pm, facilitated by Diana
Roscigno, Chapter Leader, call to register (516) 233-4848.

2nd Wed. **Long Island Survivors of Suicide, Support Group for those who have lost a loved one to suicide,** at Temple Emanuel-New Hyde Park, 3315 Hillside Ave., **New Hyde Park**, 7:30-9:30 pm, open to adults of all faiths, facilitated by Bill and Beverly
Feigelman, (718) 380-8205 or 8206, website www.LISOS.org, feigelw@ncc.edu or
feigelma@aol.com .

4th Wed. **General Bereavement Support Group for all losses**, a Tri-Parish Bereavement
Support Group, sponsored by St. Ignatius Martyr Parish - **Long Beach**, St. Mary of the
Isle Parish -Long Beach, and Our Lady of the Miraculous Medal Parish – **Point Lookout.**
Meets monthly, 7:30 pm, for info contact Kathy Ryan (516) 432-6099.

4th Wed. **A Place for Hope, Support Group for Survivors of Suicide**, for those who have lost a
loved one to suicide, at St. Rose of Lima Parish, Msgr. Graham Center (building on left of parking lot), open to all faiths, corner of Bayview Ave. and Merrick Road, **Massapequa,** no fee, 7:30 pm, call facilitator Anne Marie Maiorana (516) 868-1576.

Last Wed Parent Writing Workshop, 7:00-9:00 P.M. Elias Hicks Historical Home, 1740 Old Jericho Tpke. Jericho. Please call Karen Flyer (COPE Foundation) at 516 484-4993

THURSDAYS:

2nd Thurs. Suicide Bereavement Support Group, St. Catherine of Sienna Hospital, meets at Sienna Village Community Center, 2000 Bishops Rd., **Smithtown,** 6:30-8:00 pm, facilitated by Dorothy Raniolo, LMSW, ACSW and Rachelle Warren, LMSW, call to register (631) 862-3634.

2nd Thurs. Well-Spouse Group, help and support for the **spouse caring for an ill spouse,** meets at South Nassau Communities Hospital Mental Health Center located at 2277 Grand Ave., **Baldwin** (between Sunrise Highway and Merrick Road), 7:30 p.m.contact (516) 546-1370. Check National website: www.wellspouse.org

Thurs North Shore Parent Support Group for Established Parents
(2x per month) 7:30 P.M. (Jericho & Syosset Libraries). Contact Karen Flyer For further information (516) 484-4993; karen@copefoundation.org

3rd Thurs. L.I. GRASP Chapter (Grief Recovery After Substance Passing), for all those who have had a child die from drugs, at The Branch Funeral Home, basement meeting Room, 190 East Main Street, **Smithtown,** 7-8:30 pm, for further info call Walter & Maxine Katz 631 588-4957 or email walter588@aol.com

3rd Thurs. St. Mary's Perinatal Support Group, (miscarriage, stillbirth, and infant death), at St. Mary's Parish, Sacred Heart Hall, in the Joseph Room (entrance on side under Parish Social Ministry Offices), Main St. (corner of Harrison Ave.), **East Islip,** 7:30-9:00 pm, for information call facilitators Gini Sandles (631) 277-1754, or Eileen Penny (631) 374-3235

Thurs Teen & Young Sibling Support Group (as needed) 7:30-9:30 P.M. Elias Hicks Historical Jericho Tpke. Jericho. Please call Karen Flyer (COPE Foundation) at 516 484-4993

FRIDAYS:

1st Fri. **Guardian Angel Perinatal Support** (miscarriage, stillbirth, and infant death), at St. Kilian's Parish Center (basement of church), 485 Conklin St., **Farmingdale,** 7:30 9:00 pm, no fee, call Martha Weiss, LPN, and Coordinator (516) 249-8589 or e-mail her: martyk9@optonline.net; website: www.stkilian.com/gaps

1st Fri. Compassionate Friends of Babylon (TCF), monthly support group for parents and Grandparents, at Cross of Christ Lutheran Church, 576 Deer Park Ave., **Babylon,** 7:30 pm, facilitated by Barbara and Mike Redmond. (631) 277-4376

2nd Fri. **The Compassionate Friends of Rockville Centre (TCF)**, monthly support group for **bereaved parents** (loss of child of any age), at Molloy College, Multi-Purpose Room, 2nd floor of Wilbur Arts Building (building on right of circular drive Hempstead Ave., **Rockville Centre**, no fee, 8 pm, contact Chapter Leaders Elaine and Joe Stillwell (516) 766-4682 or e-mail: estillwell@optonline.net

Website: www.tcfofrvc.org .

2nd Fri. **The Compassionate Friends of Rockville Centre (TCF)**, **(for bereaved siblings** 18 and above who lost a brother or sister), at Molloy College, Hempstead Ave. **Rockville Centre**, Wilbur Arts Building, Basement, Room #18, (building on right of circular drive), no fee, 8 pm, contact Sibling Facilitator Theresa Pellegrino (516) 249-7480 or e-mail: tellpelle@msn.com.

2nd Fri. **The Compassionate Friends of Brookhaven,** for loss of child, at St. Sylvester Church Basement, 68 Ohio Ave., **Medford,** 7:30 pm, call Chapter Leaders Maxine and Walter Katz (631) 738-0809.

3rd Fri. **The Compassionate Friends of Twin Forks (Hamptons Area),** for loss of child meets in **East Quogue**, call Chapter Leader Marie Levine (631) 653-9444

SATURDAYS:
1st Sat. **General Bereavement Group for All Losses,** at Branch Funeral Home, 190 E. Main St., **Smithtown,** facilitated by Patricia Jones, M.S., 10-11:30, am, call (631) 205-1842.

SUNDAYS:
2nd Sun. **Parents of Murdered Children (Suffolk County Chapter),** support group for bereaved parents whose child has been murdered, at Mather Hospital, Main Floor Conference Rooms 4 & 5, North Country Road, Port Jefferson, 2-4 pm, for further information call Kathy (631) 949-5371 or June (631) 384-5240. **DAYTIME**

Weekly/Bi-Weekly Bereavement Support Groups,

Meet once a week or twice a month

Every Mon. **"You're Not Alone" Support Group for those left behind after suicide loss,** at St Anthony of Padua Parish Outreach Office, 20 Cheshire Place, East Northport, 7 pm, facilitated by Pat and Bob Karpowicz, call them to register (631) 266-2656.

Every Mon. **General Bereavement for All Losses,** at St. Patrick Rectory, 280 East Main St., **Smithtown,** 7-9 pm, call Parish Outreach (631) 265-2668.

Every Mon. **General Bereavement Group for All Losses,** at South Nassau Communities Hospital Mental Health Center, 2277 Grand Ave. **Baldwin** (located between Sunrise Hwy. & Merrick Road), 6-7 pm, no fee, call (516) 546-1370.

Every Monday Ongoing Support Group for Loss of a Loved One, sponsored by Good Shepherd Hospice, meets at Our Lady of Mount Carmel Parish Center, 495 New No. Ocean Ave., **Patchogue,** 3:30-5:00 pm, to register call (631-465-6252). **DAYTIME.**

1st & 3rd Tuesdays **Young Widows and Widowers Support Group,** at St. Frances de Chantal Parish, Rectory Basement, 1309 Wantagh Ave., **Wantagh,** 7:30-9:00 pm, call Parish Outreach to register (516) 785-2333, x 240.

1st & 3rd Tues Ongoing Support Group for Loss of a Loved One, Good Samaritan Hospital Medical Center, West Islip, 6:30-8:30 PM. No fee. For further information please call 631 376-4444

1st & 3rd Tues. **Levittown Community Church,** meets at Pastor Joe's house, 8 Cornflower Road, Levittown, 10:00 a.m., contact: Pastor Joe (516) 735-6550

Every Wed. **General Bereavement Support Groups,** Brookhaven Memorial Medical Center
Hospice, 105 West Main Street, **Patchogue,** afternoons 2-2:30 pm and evenings 6:00-7:30 p.m., call to register (631) 687-2960

Every Thurs. **Survivors of Suicide Support Group,** Brookhaven Memorial Medical Center Hospice, 105 West Main Street, **Patchogue**, facilitated by Julianna Taglich, LCSW, 6:00-7:30 pm, call Hospice to register (631) 687-2960.

Every Thurs. **General Bereavement Group for All Losses** except loss of child, at St. Joseph Church basement, 45 Church Street, **Ronkonkoma,** 7:00-9:00 pm, facilitated by Barbara Piccola, contact her at (631) 588-0476.

Every Thurs Survivors of Suicide, at Brookhaven Memorial Center Hospice, for those who have lost a loved one to suicide, 105 Main St., **Patchogue,** facilitated by Julianna Taglich, LCSW, call Hospice to register 9 am-4 pm, at (631) 687-2960. Meets every Thursday, 6:00-7:30 pm.

Every Thursday Ongoing Support Group for Loss of a Loved One, sponsored by Good Shepherd
Hospice, meets at Our Lady of Mount Carmel Parish Center, 495 New No. Ocean Ave., **Patchogue,** 2-3 pm, to register call(631-6253)**DAYTIME**

2 & 4th Thurs. **Bereaved Parents Support Group,** for loss of child of any age from any cause, meets twice a month in the Library, at The Church of Good Shepherd, 1370 Grundy Ave., **Holbrook**, 7 pm, to register call Parish Outreach (631) 585-4544.

Every Fri. **General Bereavement Group for All Losses,** at St. Peter of Alcantara Parish, 1327 Port Washington Blvd., **Port Washington,** 8:00 pm, call Rose Osterberg (516) 767- 1460 or Yvonne Calabrese (516) 883-481

Support Groups/Programs for Children

Children's & Adolescent Groups: *Specialized group open to all children in the community who have experienced death* **To register or for more information on the groups listed below or any of Good Shepherd Hospice Bereavement Services please contact the Bereavement Department at 631-465-6262 Center for H.O.P.E.,** at Cohen's Children Hospital, 270-06 76th Ave., **New Hyde Park**, call Susan Thomas, LCSW (516) 470-3123 for dates and times.
Hospice Care Network – Nassau, at 99 Sunnyside Blvd., **Woodbury,** call (516) 832-7100, www.hospicecarenetwork.org. (death does not have to be from cancer) Call for dates and times.

"Gift For Kids" program Stony Brook University Hospital Cancer Center. A free support group for children whose parent or caregiver has been diagnosed with cancer. This group will be facilitated by social workers and held on the first Thursday of every month from 6-7:30PM at Stony Brook University Cancer Center located at 3 Edmund Pellegrino Road, Stony Brook, NY 11794. Registration is required and participant's must be aware of parent's cancer diagnosis. Families can register their children by calling 631-444-4000. Once families register their child/children, they can expect to receive a follow up phone call with more information from one of the group facilitators prior to the child's first group.

Hospice Care Network – Suffolk, at 14 Shore Lane, **Bay Shore,** call (631) 666-6863, www.hospicecarenetwork.org. (Death does not have to be from cancer) Call for dates and times.

North Shore Child and Family Guidance Center, 480 Old Westbury Road, (aka L.I.E. Service Road), **Roslyn Heights**, fee, call Linda Reilly, LCSW for dates and times (516) 299-5373, x 234.

Visiting Nurse Service & Hospice of Suffolk, 101 Laurel Rd., **Northport**, call Andrea Fierro, LMSW (631) 930-9316. (death does not have to be from cancer) registration and assessment is required

Programs Available as Needed:

Every Day **"Joe's Project,"** offers support for family members who lost someone to **suicide,** trained responders will meet with you to help you through this difficult time, to request a bereavement contact call 1-888-375-2228.

As Needed Children & Teens Bereavement Support Group, Good Samaritan Hospital, West Islip. No fee. For further information please call 631 376-4444.

As Needed **Free Help Is Available from 9 am to 9 pm,** to talk, to ask questions, to solve a problem, to face challenges or if you're just feeling alone, call Mental Health Association of Nassau County, 186 Clinton St., **Hempstead** (516) 504-HELP. www.mhanc.org.

As Needed Support Group for Parents Of Children Diagnosed with a Chronic Illness. Facilitated by Mary Rzeszut, LMSW, fee, (516) 294-1672

Memorial Programs

Visit Angel of Hope **Angel of Hope Statue, (loss of child),** Eisenhower Park, Field 6, **East Meadow**, (located between the Harry Chapin Theatre and War Memorial, bricks for the walkway surrounding the statue may still be purchased in memory of your child, for info check website: www.angelashouse.org or call Bob Policastro (631) 926-0885

Special Programs, Ceremonies, Masses and Retreats

Bereavement Mass, 2nd Sat. of month St. Joseph Church, 39 North Carll Ave., Babylon 9:00 a.m. Contact Barbara Schade 631 968-8793 b.schade@verizon.net

The Beginning Experience, a weekend away for a lifetime of change taking steps toward wholeness and new direction (persons attending should be beyond the initial feelings of shock, anger and despair which often follow the loss of one's spouse), at Montfort Spiritual Center, **Bay Shore**, held twice a year–Feb. and Aug., fee, call to register: John (516) 822-0635 or Jim (718) 474-3779.

Condition-Based Possible Personalization:

General Purpose

"Do not stand at my grave and weep,
I am not there; I do not sleep.

I am a thousand winds that blow;
I am the softly falling snow.
I am the gentle showers of rain;
I am the fields of ripening grain.

I am in the morning hush;
I am in the grateful rush
of beautiful birds in circling flight;
I am in the star shine of the night.

I am in the flowers that bloom;
I am in a quiet room.
I am in the birds that sing;
I am in each lovely thing.

Do not stand at my grave and cry.
I am not there; I do not die."

-Irish Prayer

God, Touch me

"God, do not let my feelings overwhelm me.
During moments of anguish
Touch my heart with courage,
My soul with compassion
And with your love comfort me.
Despite my pain let me know that healing is occurring.
Let me hear often that you are always with me.
God, today is different,
I am faced with many changes.
Help me to know that I am not powerless
And that I am surviving.
Give me hope for tomorrow.
Let me believe in myself and
Allow others to comfort me,
Amen"

-Joseph Robert Pfeiffer

Come Sit By Me

"When I am tired God says, "Come sit by me."

I speak about the things that have happened to me
During the day and I am heard.

I share my fears, angers, doubts and sorrows,
And I am held.

I smile with what energy I have left
And I am gently teased.

Then, when all the conversation is over and the day has been opened up and emptied out,
I am ready for rest.

Nothing is solved.
Nothing is under control.
But also nothing pressing remains.

But as I go to sleep a fleeting thought
breaks the smooth surface of my peace:

What would I do each night
If God didn't say,
Come sit by me?"

- Robert J. Wicks

The Promise

Across the years I will walk with you,

Through deep green forests, on shores of sand,

And when our time on earth is through,

In heaven, too I will hold your hand.

-Robert Sexton

LOVE YOU FROM HEAVEN

As I sit in heaven
And watch you everyday,
I try to let you know with signs
I never went away
I hear you when you're laughing
And watch you as you sleep
I even place my arms around you
To calm you as you weep
I see you wish the days away
Begging to have me home
So I try to send you signs
So you know you are not alone
Don't feel guilt that you have
Life that was denied to me
Heaven is truly beautiful
Just you wait and see
So live your life, laugh again
Enjoy yourself, be free
Then I know with every breath you take
You'll be taking one for me…

Author Unknown

Death following an illness

"We are all destined to die. We share it with all who ever lived, with all who will ever be. Cry for the dead, hide not your grief, do not restrain your mourning but remember that continuing sorrow is worse than death. When the dead are at rest, let their memory be a source of peace, and be consoled when the soul departs.

Death is better than a life of pain and eternal rest is better than constant sickness.

Let us not seek to understand what is too difficult for us, nor search for what is hidden, nor be preoccupied with what is beyond, for we have been shown more than we can comprehend,

As a drop of water in the sea, as a grain of sand on the shore are our few days in eternity. The good things in life last for a short time, but a good reputation endures forever."

Adapted from Ben Sira

The mourning needs of Adolescents

1. **Acknowledge the reality of death**. Respect the teens need to express their "if only" but them help them to understand the limits of their own responsibilities for contributing to the death of a loved one.
2. **Move toward the pain of the loss**. Keep in mind the teen's naturally strong resistance to mourning does not mean they are not hurting inside or that they are incapable of morning when given support or understanding. Also remember that because teens don't always articulate their feelings well, they often do as much, if not more, of their **mourning through behaviors rather than their words**. Let the bereaved teens know that it is okay to feel angry, but that it is not okay to physically hurt themselves or others because of this anger. Find an appropriate way for the angry teen to release their explosive emotions
3. Remember the person who died. Be alert for creative and spontaneous ways to remember the person who died. Journal writing can be particularly effective for adolescents who may not yet be ready to talk openly about their feeling. When words are inadequate, group rituals like planting a tree or dedicating a plaque can be helpful. They also provide concrete memorials that teens can visit long into the future. (**Do not encourage memorials for adolescents who commit suicide; it sends a confusing message to teens that may encourage imitation to gain recognition**.)
4. Develop a new self-identity. When a loved one dies, teens must begin the difficult process of forming an identity apart from that person. Avoid assigning inappropriate roles to young people (e.g., Surrogate mother, family breadwinner), especially those that force them prematurely into adulthood.
5. Search for meaning. Grieving young people naturally ask "how" and "why" questions about the death of someone loved. We can begin by letting bereaved teens know that these kinds of questions are both normal and important. Remember, normalize but don't minimize.
6. Continue to receive support from adults. Grief is a process, not an event. Like all of us, bereaved adolescents will continue to need the support of caring adults long after death.

For the Passing of a Teenager or a Suicide

"Leave out All the Rest"

By Linkin Park

"I dreamed I was missing
You were so scared
But no one would listen
Cause no one else cared

After my dreaming
I woke with this fear
What am I leaving
when I'm done here?

When my time comes
Forget the wrong I've done
Help me leave behind some
Reasons to be missed

And don't resent me
And when you're feeling empty
Keep me in your memory

Leave out all the rest
Leave out all the rest"

For an "Older" Person

"Imagine the universe is a rope and you, your loved one, and all things are knots in that rope. Each knot is unique, and all knots are the rope. When we die, our knot unties, but the rope that is our essence remains unchanged; we become what we already are.

Life after death is the same as life before death; the rope knotting and unknotting. The extent to which we identify with a knot is the extent to which you grieve over its untying. The extent to which you realize that the knot is the rope is the extent you can move through your grief into a sense of fearless calm.

For me the rope is God, the source and substance of all reality. When your loved one dies, they relax into their true nature and realize who they always were and are: God. I believe this realization comes at death regardless of who we are or how we died.

My concern, however, is not only with what happens to you before and after they die but what happens to you before and after they die. Will you recognize only the knot and feel separate from them forever? Or will you realize the rope and feel connected to them still?

Here is what I suggest. Sit with them each day in silence. Hold their hand. Sense the greater life that embraces and surpasses you both. Then share with them the gifts they have given you. Speak of your love and your fear. Let love and sorrow open you to the 'rope' you both share. And when they die – cry. And when the crying ceases, laugh and move on; they have."

- Rabbi Rami Shapiro

Shedding Tears

You can shed tears that they are gone,
Or you can smile because they live.

You can close your eyes and see all the lives they have blessed and the gifts they have given to this world.

Your heart can be empty because you cannot see them,
Or you can be full of the love you have shared.

You can turn your back on tomorrow and live in yesterday,
Or you can be happy about tomorrow because of yesterday.

You can remember them and only that they are gone,
Or you can cherish their memory and let them live on.

You can cry and close your mind, be empty and turn your back,
Or you can do what they would want:

Smile, open your eyes, celebrate each day with love, appreciate each moment, whistle a happy tune and go on.

(Author Unknown)

For a Parent on the Death of a Child

NO ONE KNOWS THE WONDER

“No one knows the wonder
Your child awoke in you,
Your heart a perfect cradle
To hold its presence.
Inside and outside became one
As new waves of love
Kept surprising your soul.

Now you sit bereft
Inside a nightmare,
Your eyes numb
By the sight of a grave
No parent should ever see.

You will wear this absence
Like a secret locket,
Always wondering why
Such a new soul
Was taken home so soon.

Let the silent tears flow
And when your eyes are clear
Perhaps you will glimpse
How your eternal child
Has become the unseen angel
Who parents your heart
and persuades the Moon
to send new gifts ashore
to Bless the space between us.

- John O’Donohue

Call to Duty

When I am called to duty God, wherever flames may rage,
Give me strength to save some life, whatever be its age.

Help me embrace a little child
Before it too late,
Or save an older person from the horror of that fate.

Enable me to be alert and hear the weakest shout,
And quickly and efficiently put the fire out.

I want to hear my calling and give the best in me,
To guard my every neighbor and protect their property.

And if according to your will I should come to thee,
Please bless with your protecting hands,
My friends and family

Bereavement Passages:

For Grief

When you lose someone you love,
your life becomes strange,
The ground beneath you gets fragile,
Your thoughts make your eyes unsure,
And some dead echo drags your voice down
Where words have no confidence.

Your heart has grown heavy with loss;
And though this loss has wounded others too,
No one knows what has been taken from you
When the silence of absence deepens.

Flickers of guilt kindle regret
For all that was left unsaid or undone.

There are days when you wake up happy;
Again inside fullness of life,
Until the moment breaks
And you are thrown back
Onto the black tide of loss.

Days when you have your heart back,
You are able to function well
Until in the middle of work or encounter
Suddenly with no warning
You are ambushed by grief.

It becomes hard to trust yourself.
All you can depend on now is that
Sorrow will remain faithful to itself.
More than you, it knows the way
And will find the right time
To pull and pull the rope of grief
Until that coiled hill of tears
Has reduced to its last drop.

Gradually you will learn acquaintance
With the invisible form of your departed;
And when the work of grief is done,
The wound of loss will heal
And you will have learned
To wean your eyes from that gap in the air
And be able to enter the hearth
In your soul where your loved one
Has awaited your flame.

Please Be Gentle;
An After Loss Creed

Please be gentle with me, for I am grieving. The sea I swim in is a lonely one, and the shore seems miles away. Waves of despair numb my soul as I struggle through each day.

My heart is heavy with sorrow. I want to shout, scream, and ask repeatedly, “WHY?” At times, my grief overwhelms me, and I weep bitterly, so great is my loss.

Please don’t turn away or tell me to move on with my life. I must embrace my pain before I can begin to heal. Companion me though my tears and sit with me in loving silence. Honor where I am in my journey, not where you think I should be.

Listen patiently to my story. I may need to tell it over and over again. It is how I begin to grasp the enormity of my loss. Nurture me through the weeks and months ahead. Forgive me when I seem distant and inconsolable. A small flame still burns within my heart, and shared memories may trigger both laughter and tears, I need you support and understanding.

There is no right or wrong way to grieve. I must find my own path.

Please, will you walk beside me?

“I Hurt”

I said ‘God I hurt.’ And God said “I know.’ I said ‘God, I cry a lot.’ And God said, ‘that is why I gave you tears.’

I said, ‘God, I am so depressed’, and God said, ‘that is why I gave you sunshine.’ I said, ‘God, life is so hard,’ and God said, ‘that is why I gave you loved ones.’

I said, ‘God, my loved one died.’ And God said, ‘So did mine.’ I said, God it is such a loss’, and God said, ‘I saw mine nailed to a cross.’

I said, ‘God, but your loved one lives.’ And God said, ‘So does yours.’

I said, ‘God, where are they now?’ And God said, ‘Mine is on my right and yours is in the light.’

I said, ‘God it hurts.’
And God said, ‘I know.’

Don’t Tell Me How to Grieve

Please don’t tell me that I mourn too much
And I won’t tell you that you morn too much.

Please don’t tell me that I mourn too little
And I won’t tell you that you mourn too little.

Please don’t tell me that I morn in the wrong place
And I won’t tell you that you mourn in the wrong place.

Please don’t tell me that I mourn at the wrong time
And I won’t tell you that you mourn at the wrong time.

Please don’t tell me that I mourn in the wrong way
And I won’t tell you that you mourn in the wrong way.

I may get it wrong
I will get it wrong
I have got it wrong

But please don’t tell me how to grieve.

-Michael Rosen, a poet and bereaved parent

Bereaved Persons Prayer

We seem to give our loved ones back to you, Lord. You gave them to us. But just as you did not lose them in the giving, neither do we lose them in the return.

You don't give them in the same way that the world gives. What you give you do not take away. You have taught us that what is yours is ours also, if we are yours.

Life is eternal. Lord and your love undying. And death is only a horizon. And a horizon is nothing but the limits of our sight.

Lift us up strong, Son of God, that we may see farther. Cleanse our eyes that we may see more clearly. Draw us closer to yourself, that we may find ourselves closer to our loved ones who are with you.

And while you prepare a place for them, prepare us also for that happy place where you are and we hope to be forever.

Amen

For That I Am Thankful

It doesn't seem to get any better, but it doesn't get any worse either.
For that I am thankful.

There are no more pictures to be taken, but there are memories to be cherished.
For that I am thankful

There is a missing chair at the table, but the circle of friends gather close.
For that I am thankful

The turkey is smaller, but there is still stuffing.
For that I am thankful

The days are shorter, but the nights are softer.
For that I am thankful

The pain is still there, but it lasts only moments.
For that I am thankful

The calendar still turns, the holidays still appear and they still cost too much. And I am still here.
For that I am thankful

The room is still empty, the soul still aches, but the heart remembers.
For that I am thankful

The guests still come, the dishes pile up, but the dishwasher works.
For that I am thankful

The name is still missing, the words still unspoken, but the silence is shared.
For that I am thankful

The snow still falls, the sled still waits, and the spirit still wants to.
For that I am thankful

The stillness remains, but the sadness is smaller.
For that I am thankful

The moment is gone, but the love is forever.
For that I am blessed. For that I am grateful….

Love was once (and still is) part of my being…
For that I am living

I am living… For that I am thankful.

May your holidays be filled with reasons to be thankful. Having loved and having been loved is perhaps the most wondrous reason of all.

-Darcie D. Sims

Christmas in Heaven

I see the countless Christmas trees around the world below,
With tiny lights, like Heaven's stars, reflecting on the snow.

The sight is so spectacular, please wipe away the tear
For I am spending Christmas with Jesus Christ this year.

I hear the many Christmas songs that people hold so dear
But the sounds of music can't compare with the Christmas choir up here

I have no words to tell you, the joy their voices bring,
For it is beyond description to hear the angels sing.

I know how much you miss me, I see the pain inside your heart
But I am not so far away, we really are not apart.

So be happy for me, dear ones, you know I hold you dear,
And Be glad I'm spending Christmas with Jesus Christ this year.

I sent you each a special gift, from my heavenly home above
I sent you each a memory of my undying love.

After all love is a gift more precious than pure gold
It was always most important in the stories Jesus told.

Please love each other, as our father said to do
For I cannot count the blessing or love He has for each of you.

So Have a Merry Christmas and wipe away that tear.
Remember I am spending Christmas with Jesus Christ this year.

-Author Unknown

God full of mercy, who dwells on high, grant perfect rest on the wings of your divine presence. In the lofty heights of the holy and pure, who shine as the brightness of the heavens to the soul of **[N]** who has gone to ***his/her*** eternal rest as all family and friends pray for the elevation of ***his/her*** soul. ***His/her*** resting place shall be in the Garden of Eden.

Therefore, the Master of mercy will care for ***him/her*** under the protection of His wings for all time and bind ***his/her*** soul in the bond of everlasting life. God is his/her inheritance and ***he/she*** will rest in peace and let us say **Amen**.

23rd Psalm Funeral Prayer

1. The Lord is my Shepherd; I shall not want.
2. He makes me to lie down in green pastures; He leads me beside the still waters.
3. He restores my soul; He leads me in the paths of righteousness for His name's sake.
4. Yes, though I walk through the valley of death, I will fear no evil; for though art with me; thy rod and thy staff they comfort me.
5. Though prepares a table before me in the presence of mine enemies; Thou anoints my head with oil; my cup runs over.
6. Surely goodness and mercy shall follow me all the days of my life and I will dwell in the house of the Lord forever.

Thanksgiving for the Life of the Deceased

Blessed be the God and Father of all humanity, who has blessed us all with the gift of this earthly life and has given to our ***brother/sister*** **[N]** his/her span of years and gifts of character. God our Father, we thank you now for all ***his/her*** life, for every memory of love and joy, for every good deed done by ***him/her***, and every

sorrow shared with us. We thank you for ***his/her*** death, we thank you for the rest ***he/she*** now enjoys and we thank you for giving ***him/her*** to us, we thank you for the glory we shall share together. **Amen**

KADDISH PRAYER

(Prayer will be made as the coffin is being lowered into the grave)

May the great name of God be exalted and sanctified, throughout the world, which he has created according to his will. May his kingship be established in your lifetime and in your days and in the lifetime of the entire household of Israel, swiftly and in the near future; and say **Amen**. May his great name be blessed forever and ever. Blessed, praised, glorified, exalted, extolled, honored, elevated, and lauded be the name of the holy one. Blessed is he-above and beyond any blessings and hymns. Praises and consolations which are uttered in the world; and say **Amen**. May there be abundant peace from heaven, and life, upon us and upon all Israel; and say **Amen**.

He who makes peace in his high holy places, may he bring peace upon us and upon all Israel; and say Shalom and Amen

Breath

"With their last breath
those we have greatly loved;
do not say goodbye
for their love is timeless.

Instead

They leave us with a solemn promise:
When they are finally at rest in God,
they will continue to be present to us
whenever they are called upon.

Let us not grieve…..
Beyond letting go…
For in the Tree of Life,
Their roots and ours,
Are forever intertwined.

- Author Unknown

Remembered Joy

Don't grieve for me, for now I'm free!
I follow the plan God laid for me.
I saw His face, I heard His call,
I took his hand and left it all…
I could not stay another day,
To love, to laugh, to work or play;
Tasks left undone must stay that way.
And if my parting has left a void,
Then fill it with remembered joy.
A friendship shared, a laugh, a kiss…
Ah yes, these things, I too shall miss.
My life's been full, I've savored much:
Good times, good friends, a loved-one's touch.
Perhaps my time seemed all too brief –
Don't shorten yours with undue grief.
Be not burdened with tears of sorrow,
Enjoy the sunshine of the morrow.

An Irish Committal Blessing

May the good earth be soft under you
when you rest upon it,
And may it rest easy over you when
at the last you lay under it,
And may it rest so lightly over you
That your soul may be out
From under it quickly,
And up and off,
And be on its way to God.

- Author Unknown

An Irish Prayer

May God give you…
For every storm, a rainbow,
For every tear, a smile,
For every care, a promise
And a blessing in each trial.
For every problem life sends,
A faithful friend to share,
For every sigh, a sweet song,
And an answer for every prayer.

- Author Unknown

Flag Folding Ceremony

The flag folding ceremony described by the Uniformed Services is a dramatic and uplifting way to honor the flag on special days, like Memorial Day or Veterans Day, and is sometimes used at retirement ceremonies.

Here is a typical sequence of the reading:

(Begin reading as Honor Guard or Flag Detail is coming forward).
The flag folding ceremony represents the same religious principles on which our country was originally founded. The portion of the flag denoting honor is the canton of blue containing the stars representing the states our veterans served in uniform. The canton field of blue dresses from left to right and is inverted when draped as a pall on a casket of a veteran who has served our country in uniform.
In the Armed Forces of the United States, at the ceremony of retreat the flag is lowered, folded in a triangle fold and kept under watch throughout the night as a tribute to our nation's honored dead. The next morning it is brought out and, at the ceremony of reveille, run aloft as a symbol of our belief in the resurrection of the body.

(Wait for the Honor Guard or Flag Detail to unravel and fold the flag into a quarter fold--resume reading when Honor Guard is standing ready.)

“The first fold of our flag is a symbol of life.

The second fold is a symbol of our belief in the eternal life.

The third fold is made in honor and remembrance of the veteran departing our ranks who gave a portion of life for the defense of our country to attain a peace throughout the world.

The fourth fold represents our weaker nature, for as American citizens trusting in God, it is to Him we turn in times of peace as well as in times of war for His divine guidance.

The fifth fold is a tribute to our country, for in the words of Stephen Decatur, "Our country, in dealing with other countries, may she always be right; but it is still our country, right or wrong."

The sixth fold is for where our hearts lie. It is with our heart that we pledge allegiance to the flag of the United States of America, and to the republic for which it stands, one nation, under God, indivisible, with liberty and justice for all.

The seventh fold is a tribute to our Armed Forces, for it is through the Armed Forces that we protect our country and our flag against all her enemies, whether they be found within or without the boundaries of our republic.

The eighth fold is a tribute to the one who entered in to the valley of the shadow of death, that we might see the light of day, and to honor mother, for whom it flies on mother's day.

The ninth fold is a tribute to womanhood; for it has been through their faith, love, loyalty and devotion that the character of the men and women who have made this country great have been molded.

The tenth fold is a tribute to father, for he, too, has given his sons and daughters for the defense of our country since they were first born.

The eleventh fold, in the eyes of a Hebrew citizen, represents the lower portion of the seal of King David and King Solomon, and glorifies, in their eyes, the God of Abraham, Isaac, and Jacob.

The twelfth fold, in the eyes of a Christian citizen, represents an emblem of eternity and glorifies, in their eyes, God the Father, the Son, and Holy Ghost.

When the flag is completely folded, the stars are uppermost, reminding us of our national motto, "In God we Trust."

(Wait for the Honor Guard or Flag Detail to inspect the flag--after the inspection, resume reading.)

“After the flag is completely folded and tucked in, it takes on the appearance of a cocked hat, ever reminding us of the soldiers who served under General George Washington and the sailors and marines who served under Captain John Paul Jones who were followed by their comrades and shipmates in the Armed Forces of the United States, preserving for us the rights, privileges, and freedoms we enjoy today.”

| The Flag Folding Ceremony above is from the US Air Force Academy

As the flag is being folded

THIS BANNER OF LOVE AND DEVOTION, NOW BEING FOLDED, IS A LIVING MEMORIAL OF THE COURAGEOUS THOUGHTS OF OUR **BROTHER/SISTER**, THE ONE YOU CAME HERE TO HONOR.

THE RED STRIPED TELL US THE BLOOD, SWEAT AND TEARS THAT HAVE BEEN OFFERED AND CONQUERED BY OUR **BROTHER'S/SISTER'S** DEVOTION TOT THE RESPONSIBLE FREEDOM OF **HIS/HER** COUNTRY.

THE WHITE STRIPE BOLDLY PROCLAIM THE PEACE THAT **HE/SHE** HELPED TO BRING TO OUR FUTURE GENERATIONS.

THE BLUE FIELD REPRESENTS THE SKY THAT OVERLOOKS OUR LAND AND DENOTES THE WATCHFULNESS OF GOD THE ETERNAL.

THIS IS **HIS/HER** FLAG. THIS IS OUR SPIRITUAL HERITAGE.

RECEIVE IT WITH THE TEARS OF OUR MINDS AND THE FAITH OF OUR HEARTS. AMEN

Further Resources for Specific Death Issues

Better Understanding Suicide & the Grief process

Nearly 1 million people die by suicide globally each year. Suicide is one of the top ten leading causes of death across all age groups. Worldwide, suicide ranks among the three leading causes of death among adolescents and young adults. During 2008-2009, 8.3 million people over age 18 in the United States (3.7% of the adult US population) reported having suicidal thoughts in the last year, and approximately 1 million people (0.5% of the adult US population) reported having made a suicide attempt in the last year. There

were just under 37 000 reported deaths by suicide (completed suicides) during the same time period, and almost 20 times that number of emergency room visits after nonfatal suicide attempts. Rates of suicidal thoughts and behaviors vary by age, gender, occupation, region, ethnicity, and time of year. According to a 2011 report released by the CDC, in 2008, the highest prevalence of suicidal thoughts, plans, and attempts among those surveyed in the US was reported by adults aged 18 to 29 years, non-Hispanic white males, people who were unemployed, and people with less than a high school education. There were no reported differences in the rates of suicide attempts by geographical region, though people living in the Midwest region of the US were most likely to have made a suicide plan in the last year, and those in the Midwest and Western region of the US reported the highest prevalence of suicidal ideation. While rates of completed suicides tend to be higher among men than women and higher among middle aged or older adults than among younger people, rates of nonfatal suicidal behavior are higher among females and adolescents and young adults.

The most commonly employed methods of suicide are by gunshot, hanging, drug overdose or other poisoning, jumping, asphyxiation, vehicular impact, drowning, exsanguination, and electrocution. There are other indirect methods some attempters may employ, such as behaving recklessly or not taking vitally required medications. Many suicides go unreported, as it can be difficult to identify indirect suicide attempts as suicide, and even some of the more direct methods of suicide may not be clearly identifiable attempts. For example, drug overdoses or vehicular impact attempts are more passive methods, and it may be difficult to determine whether an event was an attempt or accident. Conversely, accidental drug overdoses can often be confused with suicide attempts. If the deceased left behind a note or told someone about their plans or intent to take their own life, this can help those left behind, the suicide survivors, to distinguish between an attempt and an accident, but often no such explanation exists.

Nearly 90% of all suicides are associated with a diagnosable mental health or substance-abuse disorder. The underlying vulnerability of suicidal behavior is the subject of intense research scrutiny, and includes biological, social, and psychological underpinnings. While depression and bipolar disorder are the most common disorders among people who attempt suicide, suicide attempters may also suffer from substance abuse disorders, other psychiatric disorders such as schizophrenia, and may feel that suicide is the only way to end an unbearable pain they may be feeling as the result of their mental illness, trauma, or a significant loss, rejection, or disappointment. Additionally, a past history of suicide attempts is the best predictor for future attempts. Common themes among suicide attempters are feelings of hopelessness, despair, and isolation from family and friends. Despite loved ones' and professional's best efforts to support them in their suffering, suicide attempters are often unable to think clearly and rationally through their pain.

It is estimated that 85% of people in the United States will know someone personally who has completed suicide. For each suicide completed, at least 6 loved ones are directly affected by the death. While not everyone exposed to a suicide will be acutely affected by the death, this is likely an underestimation as reported figures may not account for the emergency responders, health care providers, coworkers, and acquaintances also affected by the suicide. That said, individuals most closely related to the deceased are usually those most adversely affected by the death.

Grief reactions and characteristics

Grief is the universal, instinctual, and adaptive reaction to the loss of a loved one. It can be subcategorized as *acute grief,* which is the initial painful response, *integrated grief,* which is the ongoing, attenuated adaptation to the death of a loved one, and finally *complicated grief* (CG), which is sometimes labeled as prolonged, unresolved, or traumatic grief. CG references acute grief that

remains persistent and intense and does not transition into integrated grief.

Acute grief

After the death of a loved one, regardless of the cause of death, bereaved individuals may experience intense and distressing emotions. Immediately following the death, bereaved individuals often experience feelings of numbness, shock, and denial. For some, this denial is adaptive as it provides a brief respite from the pain, allowing time and energy to accept the death and to deal with practical implications: interacting with the coroner's office, planning a funeral, doing what is necessary for children or others affected by the loss and settling the estate of the deceased. But, for most, the pain cannot be put off indefinably. It may not be until days, weeks, or even months following the death that the reality is fully comprehended, both cognitively and emotionally, and the intense feelings of sadness, longing, and emptiness may not peak until after that recognition sets in. Indeed, grief has been described as one of the most painful experiences an individual ever faces. Shock, anguish, loss, anger, guilt, regret, anxiety, fear, intrusive images, depersonalization, feeling overwhelmed, loneliness, unhappiness, and depression are just some of the feeling states often described.

Feelings of anguish and despair may initially seem ever-present but soon they occur predominantly in waves or bursts—the so-called pangs of grief—brought on by concrete reminders of or discussions about the deceased. Once the reality of the loss begins to sink in, over time, the waves become less intense and less frequent. For most bereaved persons, these feelings gradually diminish in intensity, allowing the individual to accept the loss and re-establish emotional balance. The person knows what the loss has meant to them but they begin to shift attention to the world around them.

Integrated grief

Under most circumstances, acute grief instinctively transitions to integrated grief within several months. However, as described later, this period may be substantially extended for those who have lost a loved one to suicide. The hallmarks of "healing" from the death of a loved one are the ability of the bereaved to recognize that they have grieved, to be able to think of the deceased with equanimity, to return to work, to re-experience pleasure, and to be able to seek the companionship and love of others. For many, new capacities, wisdom, unrecognized strengths, new and meaningful relationships, and broader perspectives emerge in the aftermath of loss. However, a small percentage of individuals are not able to come to such a resolution and go on to develop a "complicated grief" reaction.

Complicated grief

CG is a bereavement reaction in which acute grief is prolonged, causing distress and interfering with functioning. The bereaved may feel longing and yearning that does not substantially abate with time and may experience difficulty re-establishing a meaningful life without the person who died. The pain of the loss stays fresh and healing does not occur. The bereaved person feels stuck; time moves forward but the intense grief remains. Symptoms include recurrent and intense pangs of grief and a preoccupation with the person who died mixed with avoidance of reminders of the loss. The bereaved may have recurrent intrusive images of the death, while positive memories may be blocked or interpreted as sad, or experienced in prolonged states of reverie that interfere with daily activities. Life might feel so empty and the yearning may be so strong that the bereaved may also feel a strong desire to join their loved one, leading to suicidal thoughts and behaviors. Alternatively, the pain from the loss may be so intense that their own death may feel like the only possible outlet of relief.

Some reports suggest that as many as 10% to 20% of bereaved individuals develop CG. Notably, survivors of suicide loss are at higher risk of developing CG. CG is associated with poor functional,

psychological, and physical outcomes. Individuals with CG often have impairments in their daily functioning, occupational functioning, and social functioning. They have increased rates of psychiatric comorbidity, including higher rates of comorbid major depression and posttraumatic stress disorder (PTSD). Furthermore, individuals with CG are at higher risk for suicidal ideation and behavior. Additionally, CG is associated with poor physical health outcomes. Overall, untreated CG results in suffering, impairment, and poor health outcomes, and will persist indefinitely without treatment.

Bereavement after suicide

Suicide survivors often face unique challenges that differ from those who have been bereaved by other types of death. In addition to the inevitable grief, sadness, and disbelief typical of all grief, overwhelming guilt, confusion, rejection, shame, and anger are also often prominent These painful experiences may be further complicated by the effects of stigma and trauma. For these reasons, grief experienced by suicide survivors may be qualitatively different than grief after other causes of death. Thus, while Sveen and Walby found no significant differences in rates of comorbid psychiatric disorders and suicidality among suicide bereaved individuals compared with other bereaved individuals across 41 studies, they did find higher incidences of rejection, blaming, shame, stigma, and the need to conceal the cause of death among those bereaved by suicide as compared with other causes of death.

As outlined by Jordan, certain characteristics of suicide bereavement that are qualitatively different from other forms of bereavement may lead to delays in survivors' healing.

Need to understand, guilt, and responsibility

Most suicide survivors are plagued by the need to make sense of the death and to understand why the suicide completers made the decision to end their life. A message left by the deceased might help the survivors understand why their loved one decided to take his or her own life. Even with such explanations, there are often still unanswered questions survivors feel they are left to untangle, including their own role in the sequence of events.

Another common response to a loved one's suicide is an overestimation of one's own responsibility, as well as guilt for not having been able to do more to prevent such an outcome. Survivors are often unaware of the many factors that contributed to the suicide, and in retrospect see things they may have not been aware of before the event. Survivors will often replay events up to the last moments of their loved ones' lives, digging for clues and warnings that they blame themselves for not noticing or taking seriously enough. They might recall past disagreements or arguments, plans not fulfilled, calls not returned, words not said, and ruminate on how if only they had done or said something differently, maybe the outcome would have been different.

Parents who have lost a child to suicide can be especially afflicted with feelings of guilt and responsibility. Parents who have lost a child to suicide report more guilt, shame, and shock than spouses and children. They often think “If only I had not lost my temper” or “If only I had been around more.” The death of child is arguably the most difficult type of loss a person can experience, particularly when the death is by suicide. Parents feel responsible for their children, especially when the deceased child is young. Indeed, age of the suicide deceased has been found to be one of the most important factors predicting intensity of grief.

While guilt is not a grief response specific to death by suicide, it is not uncommon for a survivor to view the suicide as an event that can be prevented. Therefore, it is easy for survivors to be caught up

in self-blame. Understanding that most suicide completers were battling a psychiatric illness when they died helps some survivors make sense of the death and can decrease self-blame.

Rejection, perceived abandonment, and anger

Survivors of suicide may feel rejected or abandoned by the deceased because they see the deceased as choosing to give up and leave their loved ones behind. They are often left feeling bewildered, wondering why their relationship with the person was not enough to keep them from taking their lives. One survivor told us that when she had shared her own suicidal ideation with her sister, her sister made her promise to never act upon her suicidal thoughts. When her sister took her own life, this survivor not only felt abandoned, but she also felt deceived. She felt angry about this perceived deception, she felt angry for being left behind to deal with life's stresses without her sister, and she felt angry that her sister put her and her family through the pain of dealing with her death by suicide. She was now alone.

Suicide bereaved spouses often struggle because the marriage may be the most intimate relationship an individual ever experiences, and to be left by a self-inflicted death can feel like the ultimate form of rejection. Children who lose their parents to suicide are left to feel that the person whom they count on the most for the most basic needs has abandoned them. Results of one study suggest that children whose parents completed suicide and had an alcohol-use disorder were less likely to feel guilty or abandoned, and suicide bereaved spouses whose partners had an alcohol-use disorder were more likely to react with anger than other suicide bereaved spouses.

Anger is a common emotion among many survivors of suicide. It can be experienced as anger at the person, who died, at themselves, at other family members or acquaintances, at providers, at God, or at the world in general. Often survivors feel angry with themselves for feeling angry, as they also recognize that

the deceased was suffering greatly when deciding to die. Survivors may also feel angry towards other family members or mental health providers for not doing more to prevent the death and angry towards the deceased for not seeking help. A few survivors told us that their loved ones took their lives after a shameful behavior was revealed and/or in the midst of strained relationships. Survivors under these circumstances often feel anger at the deceased for depriving them of the opportunity to work through the difficult time or for not taking responsibility for their behavior.

Stigma

Unlike other modes of death, suicide is stigmatized, despite recent valiant strides to destigmatize mental illness and suicide. Many bereaved individuals report that it can be difficult to talk to others about their loss because others often feel uncomfortable talking about the suicide. This can leave the bereaved feeling isolated. The feeling of being unable to talk about the death is often compounded by the perceived need to conceal the cause of death. At times, other people's belief systems, including that of the survivors themselves, can be a barrier to accepting the death and a deterrent to talking about it. When coping with a loss, people often turn to religion for comfort and guidance. A challenge for some survivors is that several religions impose shameful restrictions on the grief rituals for those who have been bereaved by suicide. Suicide survivors face additional logistical barriers when handling the deceased's business after a suicide, as most insurance policies even have clauses with built-in stigma. Despite alarmingly high rates of suicides in the United States military, it was only until very recently (July 6, 2011) that the United States Government began to honorably acknowledge the bereaved after a military suicide, as is done for other deaths that occur in combat zones. For many people, talking about their loved ones is vital for their recovery from their loss. The stigma of suicide poses a barrier to the healing process.

Trauma

Survivors of suicide are more likely than other bereaved individuals to develop symptoms of PTSD. The majority of suicide methods involve considerable bodily damage. Occasionally, survivors are witnesses to the final act, or the first to discover the dead body. Those left to find the deceased's body struggle to get the gruesome images of out of their minds. In such circumstances, traumatic distress, marked by fear, horror, vulnerability, and disintegration of cognitive assumptions ensues. One survivor told us the poignant story of her boyfriend, who immediately after a breakup, climbed to a nearby bridge and leaped to his death while she looked on in horror. Not unexpectedly, her grief was replete with such trauma symptoms as preoccupation with reminders, terror-filled recollections, avoidance of high places, and other reminders. After a death by suicide, themes of violence, victimization, and volition (i.e. the choice of death over life, as in the case of suicide) are common and may be intermixed with other aspects of grief. Disbelief, despair, anxiety symptoms, preoccupation with the deceased, and the circumstances of the death, withdrawal, hyper- arousal, and dysphoria are more intense and more prolonged than they are under non-traumatic circumstances.

Suicide risk in survivors

Suicide and mental illness runs in families, likely a result of both heritability and environmental factors. Survivors of suicide may be left to struggle with their own suicidal ideation, while seeing that the deceased escaped the anguish and put an end to their suffering. Despite the fact that the suicide bereaved intimately understand the intense pain and suffering experienced by all those who survive a suicide loss, survivors are at higher risk themselves for suicidal ideation and behavior than are other bereaved individuals. Crosby and Sacks reported that people who had known someone who died by suicide in the last year were 1.6 times more likely to have suicidal thoughts, 2.9 times more likely to have a plan for suicide, and 3.7 times more likely to have made a suicide

attempt themselves. The pain of dealing with the loss of a loved one by suicide coupled with shame, rejection, anger, perceived responsibility, other risk factors, can be too much to bear, and to some, suicide seems like the only way to end the pain. Some may feel closer to their loved one by taking their life in the same way. Indeed, a survivor told us of how her mother's death by suicide was so difficult to bear for her sister who, like her father, also struggled with bipolar disorder, that her sister completed suicide in the exact same way the following year, on the same date, at the same time. Finally, as with other types of losses, yearning for a loved one can be so intense, that the desire to join the loved one in death can be overwhelming.

Complicated grief in survivors of suicide

While research results are mixed regarding whether grief differs by mode of death, data suggest that the incidence of CG is high among survivors of suicide, as survivors of suicide loss are at higher risk of developing CG. Specifically, Mitchell and colleagues reported that the rate of CG was 43% among their pilot study population of 60 Caucasian, Christian, employed, mostly female suicide bereaved participants grieving a total of 16 deaths collectively. This is at least double the rates of up to 10% to 20% of CG reported in the general population. Further, Mitchell and colleagues report that suicide survivors closely related to the deceased experience rates of complicated grief at twice the level as friends, coworkers, and relatives (57% to 80% vs 14% to 28%).

Individuals from that same sample who developed CG were almost 10 times more likely to have reported suicidal ideation 1 month after the death of their loved ones, controlling for depression. In another sample of participants with CG, suicide bereaved participants reported twice the rate of recurrent and current depression compared with other bereaved individuals, reported higher rates of suicidal ideation before the death, and were at least as likely to report suicidal ideation since the death as other bereaved participants suffering from complicated grief. Finally,

Latham and Prigerson found that CG is associated with higher levels of suicidal ideation independent of PTSD and depression.

One study[4] suggests that 3 to 5 years is the time point at which grief after a suicide loss begins to integrate, raising the question of how the time frame used in discussions of normal and integrated grief applies to grief after suicide, and therefore what is the "normal" timeline for grief after suicide. That said, in at least one sample studied, symptoms of traumatic grief 6 months after a peer suicide predicted the onset of depression or PTSD at subsequent time point. Therefore, it is important for clinicians to know how to identify traumatic grief in order to provide appropriate support and treatment when needed.

Treatment

Considering that grief is a normal, adaptive response to loss, non-complicated grief that is not comorbid with depression does not warrant any formal intervention in most circumstances. However, in light of the above delineated stigma, anger, and guilt associated with suicide loss, reassurance, support, and information provided by family, friends, and, sometimes, clergy is often not available or sufficient for survivors of suicide loss. Although there exists a paucity of treatment studies in survivors of suicide, most experts agree that: (i) initial attention should be focused on traumatic distress; (ii) self-help support groups can be beneficial; and (iii) there is a role for both pharmacotherapy and psychotherapy in those already showing adverse mental health effects or at high risk for severe and persistent difficulties.

Support groups

While few survivors seek help, many survivors who attend support groups find them to be at least moderately helpful, particularly survivors either who do not have adequate social support in the family or immediate community, or who are unable to access friends or acquaintances because of stigma or other roadblocks.

For many survivors, participation in support groups is felt to be their only access to people who they feel can understand them, or the only place where their feelings are acceptable, thus providing them with their only means of catharsis. The universality of their experiences provides great reassurance that they are not alone in their feelings and that others have faced similar experiences and have come out not only intact but often stronger. The bonds that develop among people can be very strong as they join a club whose “dues” are high and as they offer each other mutual support. Through such supports, individuals may receive helpful suggestions for taking care of real-life obligations such as dealing with estates and legal issues: talking to others, including children; developing fitting memorials for the deceased; coping with holidays and special events; and setting realistic goals for one's new life, which now has such a huge and unfillable void.

Common components of successful support groups include providing accurate information, permission to grieve, normalization of affects and behaviors that may be totally out of keeping with the person's usual state, and most important, conveying to survivors that they are not alone. Often it is helpful to see others who have “survived” the suicides of their own loved ones, and eventually it may even be helpful to have the opportunity to help others. Support groups that are relatively homogeneous (e.g., suicide survivors rather than any bereaved, or those who have lost children rather than other losses) are often the most helpful. Survivors of suicide loss groups may also be particularly effective for children who have lost a parent or family member by suicide.

Survivors can locate support groups on Web sites belonging to groups such as the American Foundation for Suicide Prevention (AFSP) and the American Association of Suicidology (AAS), which host directories of over 400 suicide support groups throughout the United States. To locate support groups worldwide, survivors can visit the Web site of the International Association for Suicide Prevention (I ASP), an organization officially affiliated with the

World Health Organization. With membership in over 50 countries across the globe, the IASP postvention (suicide bereavement) taskforce offers a multitude of resources to survivors including survivor guides, 24/7 helplines for people of all age groups including child survivors, and does so in multiple languages. Some survivors are wary of groups and may prefer individual counseling or family therapy, indeed suicide has a profound effect on the entire family, or even Web-based support groups or bibliotherapy.[6] These same organizations also sponsor organized survivors' events such as suicide prevention walks and survivors of suicide days, but too few people know about the events and some may find it difficult to go to their first event unless they go with support of a friend of a family member. Many survivors who attend these events extol their benefits and comment on the sense of belonging, of being part of a larger community, and of non-judgmental acceptance that they experience.

Suicide bereavement comorbid with depression or post-traumatic stress disorder

For survivors whose loss has triggered a depressive episode or PTSD, support groups often are not enough. Many clinicians avoid prescribing medication or formal psychotherapy even in the face of a full major depressive syndrome or PTSD, falsely rationalizing that depressive, trauma symptoms are normal in the face of loss, and that treatment might “interfere” with the grieving process. Nevertheless, studies have shown that appropriate treatment for these symptoms is indicated and efficacious. Thus, if a suicide survivor is experiencing a Major Depressive Disorder (MDD) or PTSD, the clinician should consider medications and/or psychotherapy as indicated for these clinical conditions.

Clinicians often are unclear as to both if, and when, to initiate treatment. As in other, non-bereavement instances of MDD, the decision rests on various factors, including the severity, intensity, and pervasiveness of symptoms, comorbidities, past history of MDD, previous outcomes to treatments, safety, and patient

preferences. A second decision point regards how to treat comorbid psychiatric conditions. At present, there is no single form of psychotherapy and/or antidepressant medication ready to be hailed as the treatment of first choice for MDD or PTSD in the context of suicide bereavement. However, there is no reason to suspect that psychotherapy should not be as effective, either alone or in combination with medications, as it is in other, non-bereavement or non-suicide -related instances of MDD or PTSD. Meanwhile, several studies document the effectiveness of antidepressant medications for bereavement-related depression. All classes of antidepressant medications are about equally effective, but differences in their side effect profiles usually dictate which medication is best suited for an individual patient. The authors recommend following American Psychiatric Association Treatment Guidelines for the treatment of depression and PTSD and providing an integrative approach based on the individual's needs, resources and availability of treatment, that incorporates support, education, cognitive and interpersonal techniques, psychodynamic principles, grief-specific strategies, bright light, exercise, and cutting-edge medication management.

Suicide bereavement and complicated grief

As previously outlined, survivors of suicide loss are at increased risk of developing CG. Without treatment, CG symptoms follow an unrelenting course. The effectiveness and role of pharmacologic management of CG are not yet established, but the literature suggests preliminary promise for the use of bupropion and escitalopram.

Although not specific to suicide bereavement, studies support the use of cognitive behavioral therapy (CBT), time-limited interpretive group therapy, and complicated grief therapy for the treatment of CG. Complicated grief treatment (CGT) is a modification of interpersonal psychotherapy, adding elements of cognitive behavioral therapy, exposure, gestalt, and motivational interviewing. The basic principle underlying CGT is that acute grief

will transition instinctively to integrated grief if the complications of the grief are addressed and the natural mourning process is supported. Each session includes loss-focused grief work as well as restoration focused attention. The loss-focused grief work aids the bereaved in accepting the loss, talking about the death, and surrounding events, starting to take pleasure and comfort in memories of the loved one, and feeling a deep sense of connection with the deceased. It uses imagery and other exercises that resemble exposure techniques coupled with cognitive restructuring. The restoration focused work helps the person become free to pursue personal goals, engage in meaningful relationships with others, and experience satisfaction and enjoyment. Studies support the robust efficacy of CGT for the treatment of complicated grief, even in situations of great severity, chronicity, and comorbidity.

When complicated grief occurs in the context of suicide bereavement, the psychiatric and psychological literature provide few, if any, empirically based guidelines. It is not unlikely that the CGT described above may be beneficial for many suicide survivors with CG, but the therapy may need to be modified to provide more emphasis on the recurrent themes of suicide bereavement: the quest to understand why, guilt, rejection, shame, anger, and stigma. The role of medications is not at all clear, but since there is some evidence that medications may be of benefit in non-suicide-related CG, pharmacotherapy may also be helpful to suicide survivors with CG. Since CG often co-occurs with MDD and PTSD, attention to these disorders may also be necessary; for example, depression focused psychotherapy, antidepressant medication, and prolonged exposure may be indicated in specific situations as an adjunct to CGT, as an alternative to CGT, or if therapy does not result in an optimal outcome. While research suggests that it is the exposure component of CGT that is the essence of its effectiveness, whether or not this level of exposure therapy is sufficient to treat suicide survivors with or without CG and/ or PTSD remains to be explored. More research on the needs of suicide survivors,

including individualized treatment approaches for unique patient profiles, is badly needed.

Conclusions

Suicide survivors face unique challenges that can impede the normal grieving process, putting survivors at increased risk for developing complicated grief, concurrent depression, PTSD, and suicidal ideation. If left untreated, these conditions can lead to prolonged suffering, impaired functioning, negative health outcomes, and can even be fatal. Because of the stigma associated with suicide, survivors may feel they are unable to secure enough support from friends or family, but may benefit from attending support groups with other survivors who uniquely share their experiences and offer a haven for survivors to feel understood. Because suicide survivors are at higher risk for developing PTSD and complicated grief and may be more susceptible to depression, it is important for survivors and clinicians to be mindful of and address troubling symptoms should they occur. Treatment should include the best combinations of education, psychotherapy, and pharmacotherapy, often with a focus on depression, guilt, and trauma. While the field of suicide bereavement research is growing, there remains a need for more knowledge on the psychological sequelae of suicide bereavement and its treatment in general, and particularly among the elderly, those with pre-existing mental illnesses, men, and minorities.

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Surviving a Violent Death of a Loved One

When accident, suicide, or murder claim a loved one, how do you cope?

Coping with the violent death of your loved one--by murder, accident, or suicide--is one of the most severe challenges anyone can face. If you and your family have experienced such a loss, you have my deepest sympathy.

When the agony begins, it can be impossible to imagine that there is any way to ever find the slightest relief from your ordeal. On top of experiencing the natural pain of any loss, you find yourself particularly vulnerable to two of the harshest aspects of the grief process: self-punishment and chaos.

The circumstances of sudden, violent death thrust survivors without warning, and often without any direction or adequate support, into a pool of torment where emotions batter and rage without mercy. At the same time, you are often required to deal with unfamiliar responsibilities, unrealistic demands, and painful intrusions (from the judicial system, the media, the medical world) that result from the violent death. All of this creates a high level of personal chaos and confusion.

Especially in the first year following your loved one's death, both the emotional punishment and the chaotic disorder may expand and intensify until they seem to be almost beyond human endurance. Once you get past the mind-saving numbness of the initial shock, mental pictures of the death may cause a nearly

constant torture. Often you must cope with agonizing factual details as well as your own imaginings and imagining the final moments can be an ongoing torment.

When you undergo such experiences, you are set apart, more than other survivors, from the world as you formerly knew and understood it. Your surroundings and your circumstances--which, most likely, have undergone dramatic changes as a result of the death--may seem fragmented and unreal. Environments that once seemed safe can be threatening. People who once seemed only eccentric or marginally dysfunctional can seem intolerable, even dangerous. The world is perceived as something that should be protected against, rather than lived in.

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It is natural under such circumstances to try to make sense of things, to grasp at something that will provide order. One of the most common ways many survivors seek to do this is by assuming guilt--to some degree or another--for their loved one's death. Their thinking goes, "If only I had said something, or done something, or recognized something, then this terrible loss would not have happened." In other words, "I had the power to prevent my loved one's death and I did not do it."

Except in the rarest of circumstances, the opposite is true. We do not have such power. Regardless of what we would like to believe, the world is unpredictable and chaotic and there is no direct line of cause and effect that leads from us to our loved one's death. There is not even an indirect line. Instead, an abundance of factors influences any person's course every single minute. Each of our lives is endlessly shaped and reshaped by interactions of environment, disposition, personal characteristics, cultural expectations, chance events, and a host of other random factors.

Even though assuming responsibility for such a tragedy would give order to that which is disorderly and excruciating--surviving a violent death--it is completely unreasonable for you to try to take

on that burden. Anything can happen at any time to anyone. No matter how loving, wise, or careful we are, we cannot change the unexpected nature of death.

In grappling with the most debilitating and painful aspects of your loss, it is absolutely essential for you to seek a place of quiet where you can assess your own state of mind and heart. A place, both mental and physical, to take stock of how and what you are feeling: perhaps to explore your most prominent feelings on paper or simply record them--to get them out where they can be recognized and seen, where they don't further deplete an already exhausted reservoir of physical, emotional, and mental energy.

Once the worst shock and torture of a loss have subsided, many survivors of murder and accident victims find it empowering to take some action, however small, to seek retribution, or to make a change that will reduce the possibility of another person enduring circumstances similar to theirs. If you would like to consider taking such a course yourself, first identify an aspect of the death and its aftermath that can be subject to outside influence. Then your effort may take any form--starting a group to help other victims, requesting campus escorts for women at your daughter's college, lobbying for a change in a law, petitioning for improvements that would make your neighborhood safer, contributing time or money to anti-gun forces, speaking in local schools or organizations about the tragedies and consequences that result from violent or reckless behavior, writing opinion pieces for publication on the internet or in newspapers.

There are as many ways to put your grief into action as there are violent actions. The parents of an accident victim killed in an explosion put it this way, "As survivors, we had no control over what happened to cause us such grief, but we do have control over what we can do about it. We can take action to prevent its happening to others." Such survivors use their own experience to transform or diffuse a potential tragedy, and from that, they gain strength.

Support groups whose members have sustained the same type of loss as yours can also provide vital sustenance. Joining a circle of survivors who are supportive friends can be, in the roughest of times, a temporary retreat to a safe haven. Survivors of deaths by suicide and homicide, in particular, offer one another a brand of understanding that cannot be gained elsewhere. Receiving and giving acceptance linked with compassion can diminish the punishment and chaos you are experiencing and, in so doing, make the resolving phase of your grief much less lonely and painful.

CATHOLICS AND CREMATION

Catholic Teaching on Cremation

Questions and Answers from the Bishops of New York State

Due to the changing trends in funeral practices, the Bishops of New York State have prepared this document to answer common questions regarding the important elements of Church teaching concerning cremation. The responses are consistent with the U.S. Bishops' "Order of Christian Funerals" and "Reflections on the Body, Cremation, and Catholic Funeral Rites" documents, which were consulted as source material.

What is cremation?

Cremation (using fire and heat) is the process by which the body of the deceased is reduced to its basic elements. Cremation is permitted for Catholics as long as it is not chosen in denial of Christian teaching on the Resurrection and the sacredness of the human body.

Does the Church have a preference for either cremation or burial of the body of the deceased?

Although cremation is permitted, Catholic teaching continues to stress the preference for burial or entombment of the body of the deceased. This is done in imitation of the burial of Jesus' body.

This is the Body once washed in baptism, anointed with the oil of salvation, and fed with the bread of life. Our identity and self-consciousness as a human person are expressed in and through the body… Thus, the Church's reverence and care for the body grows out of a reverence and concern for the person whom the Church now commends to the care of God. (1)

What are the steps to be taken?

When cremation is chosen for a good reason, the full course of the Order of Christian Funerals should still be celebrated, including the Vigil Service (wake), the Funeral Liturgy, and the Rite of Committal. The preservation of this order allows for the greater expression of our beliefs and values, especially, the sacredness of human life, the dignity of the individual person and the resurrection of Jesus Christ, the firstborn of the dead.

Through its funeral rites, the Church commends the dead to the merciful love of God and pleads for the forgiveness of their sins.

Should cremation occur before or after the funeral?

The Church clearly prefers and urges that the body be present during the Vigil and Funeral Mass, and that if cremation is to be used, it take place following the Rite of Final Commendation.

The cremated human remains would then be interred during the Rite of Committal. However, the diocesan bishop may for a good reason permit the cremated remains to be present for the Funeral Liturgy.

What should become of the cremated remains following the funeral?

Church teaching insists that cremated remains must be given the same respect as the body, including the manner in which they are carried and the attention given to their appropriate transport and placement.

The cremated remains of a body are to be buried or entombed, preferably in a Catholic cemetery, and using the rites provided by the Order of Christian Funerals. The following are not considered to be reverent dispositions that the Church requires: scattering cremated remains, dividing cremated remains and keeping cremated remains in the home.

The remains of a cremated body should be treated with the same respect given to the corporeal remains of a human body. This includes a worthy container to hold the cremated remains.

Conclusion

If you are considering cremation, it is wise to discuss your choice with your family, your parish priest, or the Catholic Cemetery office.

For further information on Catholic teachings on cremation, see the 1997 statement of the Bishops' Committee on the Liturgy, Reflections on the Body, Cremation, and Catholic Funeral Rites, available from USCCB publications (800-235-8722).
(1) from Reflections on the Body, Cremation, and Catholic Funeral Rites, Committee on the Liturgy, USCCB, 1997