

**The Christian Military Memorial Service:
A Review of Loss, Grief, and Themes
for Chaplain Sermons/Services**

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**This booklet is dedicated to my wife
Erika. Thank you for your selfless
support and love.**

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Section I—Review of Loss and Grief

Introduction

On September 11, 2001 the United States of America witnessed the greatest terrorist attack that had ever been seen on the U.S. continental area. Radicals, with ideals that required the deaths of many, decided to strike fear into the hearts of people across the world. Following the events of the destruction of the Twin Towers, the nation went to war, and for eighteen years the United States Armed Forces have been in battle. This battle led to casualties, grief, and a change in how the military conducts their efforts in aiding service members and their families in regard to mental well-being. As of 2015 there have been more than 2.7 million military personnel that have deployed in order to help in the efforts of the Iraq/Afghanistan War on Terror and as studies continue it is clear that mental challenges are rampant among many service members who return from deployment.¹ In recent years there is a growing need and focus for treatment to individuals with mental illness. According to an article posted on the National Library of Medicine, mental illness comprises one-third of disabilities across the globe.² Within this category of mental illness, service members suffer greatly and develop symptoms of major depressive disorder, post-traumatic stress disorder, and other mental ailments that can affect daily living.³ Mental health issues are however not only directed towards

1. Christopher G. Slatore, Michael J. Falvo, Shannon Nugent, and Kathleen Carlson, "Afghanistan and Iraq War Veterans: Mental Health Diagnoses are Associated with Respiratory Disease Diagnoses," *Military Medicine*, 183, no. 5-6, (May-June 2018): 249.

2. J. Lake, and M.S. Turner, "Urgent Need for Improved Mental Health Care and a More collaborative Model of Care," *The Permanente Journal*, 21, (2017): 17.

3. Ibid.

those who serve. With war comes casualties, and families are affected by the deaths of service members. Loss and grief due to deployment and separation from loved ones, death during combat, death by accident and death by suicide, other reason for death causes damage to families and their well-being.

Due to the war efforts in the Middle East Chaplains in the Air Force, Navy, and Army have been deployed to serve uniformed service members in helping them cope with the stresses of war. They also remain on the home front to inform and comfort survivors of those who have been lost due to battle, suicide, or death. It is common for deceased military veterans to receive honors in the military, whether the cause was death while on duty, suicide, or death after retirement. In these cases, a military chaplain maybe called to help set up funeral arrangements, deliver a sermon or provide religious support. Funerals are often high profile; public events. More often however, chaplains will participate in memorial services. Since the beginning of Operation Enduring Freedom and Operation Iraqi Freedom and up until 2012, there have been a total of 5,188 service members that have been killed in action.⁴ These numbers do not include deaths that are unrelated to war and conflict during deployment.

A study done on suicides completed by military service members shows that despite actions taken to prevent suicide, rates have increased. In fact it is believed to be the second leading cause of death within the armed forces. The following

4. Julie Kaplow, Christopher Layne, William Saltzman, Stephen Cozza, and Robert Pynoos. "Using Multidimensional Grief Theory to Explore the Effects of Deployment, Reintegration, and Death on Military Youth and Families," *Clinical Child & Family Psychology Review* 16, no. 3 (2013): 322.

chart shows the increase of suicide rates in the military.⁵

	CY 2016		CY 2017		CY 2018	
DoD Component/ Service	Count	Rate	Count	Rate	Count	Rate
Active Component	280	21.5	285	21.9	325	24.8
Army	130	27.4	114	24.3	139	29.5
Marine Corps	37	20.1	43	23.4	58	31.4
Navy	52	15.9	65	20.1	68	20.7
Air Force	61	19.4	63	19.6	60	18.5
Reserve	80	22.0	93	25.7	81	22.9
Army Reserve	41	20.6	63	32.1	48	25.3
Marine Corps Re- serve	19	--	10	--	19	--
Navy Reserve	10	--	9	--	11	--
Air Force Reserve	10	--	11	--	3	--
National Guard	122	27.1	133	29.3	135	30.6
Army National Guard	108	31.3	121	35.5	118	35.3
Air National Guard	14	--	12	--	17	--

As seen in the chart, the overall number of suicides for active duty, reserve, and National Guard has increased. Death by suicide or accident can be devastating to a family. Furthermore, death of a parent while on duty causes a loss of identity and sense of self among the children of the deceased.⁶

Eyal Ben-Ari in his work on military death may have put it best when he uses a work done by Maurice Bloch and Jonathan

5. Department of Defense Under Secretary of Defense For Personnel and Readiness. “*Annual Suicide Report*,” (Washington, DC: Printing Office, 2018), accessed March 12, 2020, https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report_FINAL_25%20SEP%2019_508c.pdf.

6. Julie Kaplow, “Using Multidimensional Grief Theory to Explore the Effects of Deployment, Reintegration, and Death on Military Youth and Families,”334.

Parry that “Death entails one of the most decisive questions that imbue our lives: any death is cognitively, emotionally, and socially disruptive, and thus always carries potential elements of disorder, crisis, and anxiety.”⁷ The article also cites that most families of military personnel who pass away choose to have a funeral with full military honors in order to feel that the death was not meaningless.⁸ Therefore, the necessity of the military to hold some sort of ceremony is apparent. The trials and grievances that come to the family with the death of their service member can be detrimental to mission readiness. The military memorial service if done correctly can greatly support family and friends in coping with the death of their loved one.

The information provided is to help chaplains conduct military memorial services, give steps to prepare for the delivering of a sermon, and give example sermons that cover various faith traditions across many different possible locations within the Christian realm. To do this there will be a review of recent literature regarding loss and grief and the affects it has on families. This review includes subcategories of grief such as normal grief, complicated grief, and other types that are commonly seen in people that deal with military related loss. Additionally, this review examines the effects of loss on military service members in the line of duty and from other circumstances and the effect it has on their family members. The product of this research will help chaplains conduct a memorial service sermon in a manner that supports families in dealing with their loss and puts them on a path of recovery.

7. Ben-Ari, Eyal, “Epilogue: A ‘Good’ Military Death,” *Armed Forces & Society*, 31, no.4 (2005): 651.

8. *Ibid.*, 658–659.

Life is spent building relationships. These relationships often grow into something precious, something that becomes so important that those who have them would do anything to keep them healthy and thriving. Despite the desire to maintain relationships, death is the ultimate deterrent in that quest. Therefore death causes a myriad of emotions. One of these common experiences with death is that of grief. Grief is the emotion and experience one goes through when we lose something precious to us. It can cause a trial of identity, faith, and meaning that greatly affects the one experiencing it. Though grief is painful and an undesired phenomenon, it is common as all experience death of people close to them. Therefore, it is a part of life that is unavoidable, and is something we all will experience. This process of grief helps us understand that grief is not always a bad thing; sometimes, it is the experience one needs in order to mourn their loss and continue their life.

Grief can have many different meanings and interpretations.⁹ One definition of grief by John W. James is “the conflicting feeling caused by the end of or change in a familiar pattern or behavior.”¹⁰ This best describes the basic emotions that one experiences when they experience the death of a loved one, which often becomes an interruption in the pattern of life for

9. There are many different types of grief. This project focuses only on some of them as covering all the different theorized types of grief would be too extensive. It is important to note however that is possible, and probably true, that in the military there are many kinds of grief that is experienced by those who lose someone close to them.

10. John James, Russell Friedman, and Brian Keeler, *The Grief Recovery Handbook: The Action Program for Moving Beyond Death, Divorce, and Other Losses* (New York: Harper Perennial, 1998), 3.

many. Most people experience conflicting feeling when it comes to grief. A myth of grief is that all of it is negative. However this is not the case. Rather, there are conflicting feelings. In grieving one experiences sorrow, joy, pain, and healing. This is important to understand in the process of grief as it allows one to realize that they can experience joy in this process and that it is not something to be guilty of. In fact, there are many that do not like to address grief due to the negative and painful nature of it. H. Norman Wright explains this well by saying “In a culture that doesn’t like to acknowledge loss or talk about the impact, it’s difficult to grieve. And when we add this silence to the fact that most of us have never been taught about the process of normalcy of grief, no wonder we struggle.”¹¹ Wright is saying that the culture of grief in our society is skewed and that many are not taught how to grieve and therefore avoid it due to the ambiguity and pain of the experience. Proper training in how to grieve then is the focus that many in the field of grief have decided is the course of action to take in order to better understand what grief is and how to aid in the healing process.

To picture however why this has become an issue in our society, Wright explains in metaphors what it feels like to have lost someone that was close to you. He says,

In grief the bottom falls out of your world; the solid footing you had yesterday is gone. It feels more like a floor-board tilting or soft pliable mud with each step you take. The stability of yesterday’s emotions has given way to feelings that are so raw and fragile you think you are losing your

11. H. Norman Wright, *Experiencing Grief*. (B&H Publishing Group, 2004), 1.

mind.¹²

Grief then has been something newly realized, and not properly taught to people in our society. This lack of experience with and knowledge of coping with death leads to undesired stress, depression, anxiety, and many other negative emotions. A history then of the beginnings of the idea of grief must be explored to better understand where it came from and why it is now realized as a part of everyone's life.

A Brief History of the Study of Loss and Grief

The feelings and the process of grief have always been a part of mankind, with some cultures even considering it a rite of passage in order to ascend to a new level. Few scholars before the 18th century tackled this question of what grief was and if it was natural or a developing phenomenon. One such researcher Burton, described grief as melancholy. His research led to the idea that there was a difference between grief as a disease, and grief as a natural occurrence due to the loss of loved one.¹³ Before the 17th century, grief was thought of as something that could drive one mad, and even lead to death.¹⁴ The subject of grief then was something that was lightly studied and not taken seriously. It was believed to cause great harm. As the years went on and society modernized, the perception of grief changed.

Grief being a worthy aspect of scholarly study then began to take a foothold in the early 18th century starting with

12. Ibid., 3.

13. Leeat Granek, "Grief as Pathology: The Evolution of Grief Theory in Psychology from Freud to the Present," *History of Psychology* 13, no. 1 (February 2010): 49.

14. Ibid., 50.

SigmundFreud.¹⁵

He wrote a piece dedicated to the examining and explaining of the emotions one feels when they lose someone. Scholars began to look at grief differently, creating explanations, myths, and other ways of interpreting grief and how to get over it. However, we entered the modern era which emphasized the necessity of being efficient, reasonable, and rational human beings.¹⁶ Due to this, grief was seen as an obstacle for many years. The myths about grief were that it was to be avoided, and when experienced, was to be done away with quickly in order to return to a more normal lifestyle. This became the narrative of grief and thus became the reason that many today who experience grief are determined to get over it quickly so that they may go back to a lifestyle that is efficient. It can be seen then that the idea of what grief is and its effects on a person drastically changed with new research and new movements of a modernized society. What was once thought to be something that could cause mania or even death, was now being treated as something that was an obstacle to be done away with immediately.

With Freud's continued research on the subject grief became something that was an attachment that was still there even after losing the loved one. This attachment according to Freud included both emotional energy and libido, and if this attachment was not dealt with, then it could lead to psychological issues, meaning mental health problems.¹⁷ This research done by Freud became

15. Ibid., 46.

16. Ibid., 48.

17. Ibid., 51.

the base point for many scholars on this subject as it has been widely accepted that he was correct in postulating that grief is an active process that involves an emotional attachment, and that not dealing with grief can lead to further complications. Freud's study about grief created the groundwork for the beginnings of modern day treatment.

Another important figure in the study of modern grief was the scholar, researcher and psychologist Helene Deutsch. Her research was not particularly sourced well, but she postulated that grief is as difficult and damaging for people who intrinsically express it, versus those who extrinsically express grief.¹⁸ Before this research then it must have been thought that grief was especially present in those that visibly expressed their discontent. According to Deutsch however, grief can be present in all people who suffer loss and therefore the overall damaging effect of grief cannot be measured by the visibility of the grief.¹⁹

The study of grief and its symptoms began to become increasingly popularized and theorists started to look deeper at the mental affects on grieving persons. Through Freud and Deutsch, grief was something that many experienced and got over as a cycle. However, it wasn't Melanie Klein gave her theory on grief— a disease connected to manic-depressive states that grief was formally viewed as something that could be solved by going through a cycle. Melanie claimed that the process of grief that one goes through can be compared to the depressive states that infants reach when they are physically

18. Ibid., 54.

19. Ibid., 54.

separated from their mother.²⁰ To Klien, the process of grief is about the loss of connection and that loss causes serious mental problems as many enter a depressive state. Her study provided the groundwork that allowed other scholars to seriously study grief as a bona fide issue that may require treatment. Grief was viewed as not just something that occurs and passes away naturally. Though many have cited her as being the one to connect grief to an illness, others have also postulated that her point was that grief was like a infant's depressive state and therefore is just inherent in all human beings and therefore one cannot "catch" the illness. One such scholar mentions that Klein was trying to explain that grief was just a normal part of life and just like how infants cry at the separation from its mother, and then must not be thought of as something that can make one ill.²¹

Soon after this study by Klein, other researchers began trying to place grief into a specific category of illness. The scholar who best set the stage and began to map out where grief belongs in illness was Erich Lindemann. In his work *Symptomology and Management of Acute Grief*, he wrote on four aspects of grief. Those four points were,

1. Acute grief is a definite syndrome with psychological and somatic symptomology.
2. This syndrome may appear immediately after a crisis; it may be delayed; it may be exaggerated and apparently absent.
3. In place of the typical

20. Melanie Klein, "Mourning and its Relation to Manic-Depressive States," *International Journal of Psycho-Analysis* 21 (1940): 126.

21. Leeat Granek, "Grief as Pathology: The Evolution of Grief Theory in Psychology from Freud to the Present," 55.

syndrome there may appear distorted pictures each of which represents one special aspect of the grief syndrome. 4. By appropriate techniques these distorted pictures can be successfully transformed into a normal grief reaction with resolution.²²

With this study, grief at last became a part of the subject of mental illness that was taken seriously and then began to be thought of as something that needed remedy. Grief, from here on out started to become a part of psychotherapy, as psychotherapy itself was beginning to cure the ills of everyday life and not just those admitted into institutions.²³ Lindemann was also the first to conduct an empirical study that investigated the grief of 101 patients. In this study Lindemann observed each during the process of grief as each had recently lost someone close to them. In his work he found that acute grief, though not immediately perceived as a medical condition, suggested therefore that everyone could benefit greatly from some prescribed treatment.²⁴ The beginnings then of grief becoming a recorded disease started to progress and was accepted by many scholars, and still to this day remains an important part of the psychological study of finding the best cure to this disease. The last piece that Lindemann added to the study and thought of the process of grief was that each individual experiencing grief was

22. Erich Lindemann, "Symptomatology and Management of Acute Grief," *American Journal of Psychiatry* 101, no. 2 (1944): 141.

23. Leeat Granek, "Grief as Pathology: The Evolution of Grief Theory in Psychology from Freud to the Present," 57.

24. Ibid.

responsible in acting to combat it.²⁵ Lindemann believed that the speed that one overcomes the pain of grief is dependent how they act, and how quickly they seek help from a psychiatrist. Due to this, Lindemann set up the idea that the griever is in a position to experience either success or failure. If one experiencing grief speaks to a psychiatrist, breaks the bonds that were attached with the deceased, and readjusts to a new environment, then it can be considered a successful grieving. The issue here however is that even though Lindemann may be correct in saying that grief is a sickness that needs to be cured, he treats it as something that must be done away with or else the mourner will fail and therefore remain painfully attached. It was this view that overtook the modern world because of its fast pace to a place where if one is grieving then they must overcome it immediately in order to return to a normal life.

Another scholar that added to the work and empirical data about the process of grief was Collin Parkes. Parkes was able to use his skills to interview patients as a psychiatrist and observe that most of them after losing their spouse experienced some variant of grief, and therefore he concluded that grief was an illness and therefore a disease.²⁶ In his work *The Price of Love*, Parkes explores the idea that grief becomes the risk one takes when they decide to make a strong bond, but it does not always have to be a negative experience. Parkes further digs into this with his exclamation that,

25. Ibid., 59.

26. Ibid., 61-62.

In many respects, then, grief can be regarded as an illness. But it can also bring strength. Just as broken bones can end up stronger than unbroken ones, so the experience of grieving can strengthen and bring maturity to those who have previously been protected from misfortune. The pain

of grief is just as much a part of life as the joy of love; it is, perhaps, the price we pay for love, the cost of commitment. To ignore this fact, or to pretend that it is not so, is to put on emotional blinkers which leave us unprepared for the losses that will inevitably occur in our lives and unprepared to help others with the losses in theirs.²⁷

Parkes was making a case that the grieving process is inevitable when we decide to make bonds. Despite its inevitability however, there can be growth and strength that comes from the death of someone close. This was one of the first times that grief was both a disease and something that should be looked at as a way to become stronger. Before, scholars argued on how to combat the disease and be rid of it as fast as possible in order to return to normalcy. Parkes however, wanted the discussion to be more focused on how we can conquer our grief and learn from it in order to be stronger and know what to do and how to act the next time one is faced with grief. Thanks to this study, the direction of grief as an illness did not take a turn for the worse in that it could have become only a discussion on how one could do away with grief and continue with their lives, without learning anything from the grieving experience.

27. Colin Murray Parkes, *The Price of Love: The Selected Works of Colin Murray Parkes* (London: Routledge, 2014), 1.

One scholar in the United Kingdom also explored the issues of returning to a normal life as quickly as possible. Geoffrey Gorer was a researcher who went against a lot of what scholars at the time were theorizing, and one of these theories was the idea that there is something called “fun-morality”.²⁸ Gorer used this phrase to describe the idea that each individual does not have the right to pursue happiness, but rather the obligation. This means that those who are grieving are seen as people that are in trouble and thus looked down upon in some way among society. It is because of this thought that people feel like they are if living life well and to the fullest, they must at all times be happy. This obviously puts a wrench into the grieving process as the myth views grief as abnormal; and therefore, if you are suffering from feelings of despair because of grief, then you are not living a normal life. The pressure that comes with this perspective is unsurmountable and Gorer believes this to be the case in the modern world. A grieving world then has a lot to worry about during times of war, civil unrest, and just living life in general because all individuals develop connections and bonds, and all grieve when those bonds are severed due to the death of a loved one.

The next significant theory about grief was developed by Elisabeth Kubler-Ross. Kubler-Ross was a psychiatrist who focused on death and the grief that one feels after the loss of a loved one. She released a best-selling book called *On Death and Dying*, which was a culmination of her research. She presented the argument that when one goes through grief, they go through five stages. These stages are denial, anger, bargaining,

28. Geoffrey Gorer, *Death, Grief, and Mourning* (New York: Doubleday, 1965), 5.

depression, and acceptance. These stages were introduced as a way for individuals to better understand themselves and their reactions to loss. In her research, she interviewed and attended discussions of chaplains, doctors, and patients. A discussion between a patient, doctor, and a hospital chaplain was recorded and published in her book. This discussion demonstrated that each individual during the situation of anticipatory loss, meaning the patient was terminal, reacted in a variety of different ways that were related to the stages of grief.²⁹ In an interview published in her book, the patient speaks with the doctor and chaplain about her feelings concerning her terminal illness, and the patient describes most of her worry coming from the fact that she still has responsibilities, such as taking care of her children.³⁰ Throughout the conversation she jumped from thinking that she was still useful, to despair, and eventually some acceptance of her situation. This illustrated that grief does not only exhibit after death but can also be present in those who know that their death is imminent. Thanks to the research of Kubler-Ross, the study of who grieves the grief process became an open discussion. Prior to her study, grief was thought of as something that was present in those who survived the death of their loved ones. After this study, the popularity of this book caused a spike in questionnaires and journals about death and grief to be released across the United States.

In the 1970's the conversation switched from who was

29. Gina Copp, "A Review of Current Theories of Death and Dying," *Journal of Advanced Nursing* 28, no. 2 (1998): 382.

30. Elisabeth Kübler-Ross, *On Death and Dying* (New York: Routledge, 1973) 162.

grieving, why, and how do we fix it, to what is the level of grief a person experiences after their loved ones pass away? Because of this new focus and assumption that most people experience grief, questionnaires began to be used more commonly in order to measure the amount of grief one experiences.³¹ These questionnaires were used by several psychiatrists and the grief process was making a stronger foothold in the mental illness and disease field of study. A study that became widely used and something that is still referred to today as one of the best standardized questionnaires for rating bereavement and grief is *The Grief Experience Inventory*. This questionnaire along with many others was used as a diagnostic tool when it came to understanding the damaging effects of loss. According to the authors of the aforementioned questionnaire, the questionnaire was developed to “meet the need for an objective multidimensional measure of grief which is sensitive to the longitudinal evolution of the process of bereavement.”³² The authors of this test wanted to have something that would record the experiences that one would have while going through the grieving process and use those experiences to determine what the griever was feeling and how the grief affected them and for how long. The questionnaire consists of 135 true or false questions and this is used to map the experiences of the griever.³³ In the revised edition, more commonly used today, the questions are based on a Likert scale

31. Leeat Granek, “Grief as Pathology: The Evolution of Grief Theory in Psychology from Freud to the Present,” 63.

32. Betty Habler, “Grief Experience Inventory,” *Measurement and Evaluation in Counseling and Development*, 21, no. 2, (1988): 91.

33. Ibid.

of one to six where the griever answers the position that best fits them such as strongly agree or strongly disagree. The questions then started to create a little bit of a problem as researchers began to use these questions to discover the problems that the grief caused, rather than trying to look at the individual as a whole. The 1980's then became a time where psychologists focused on damage and remedies, observing symptoms and a way to measure them was the psychologists' only goal.

An article published in the *Journal of Social Issues* in 1988 expanded on this idea that grief was being used as a way to find measures and more empirical data, thus making every grieving client a test subject.³⁴ This led to the dysfunctional nature of grief and how a psychologist could measure to what extent the griever was experiencing dysfunctional symptoms.³⁵ The normal grieving process then turned to a point where even the mild cases of grief became known as a dysfunction and would need proper and immediate treatment.

It took many years for the science and validity of psychology to be taken seriously and thanks to the researchers listed above, the confusing world of grief has been looked at more closely. Grief has now become ingrained within society and is treated with an urgency due to the capability of those grieving to suffer damaging mental and physical illness. Grief to this point at the end of the twentieth century has been established and empirically studied. Grief is more studied now than ever in

34. Leeat Granek, "Grief as Pathology: The Evolution of Grief Theory in Psychology from Freud to the Present," 63.

35. Ibid., 64.

multiple disciplines and begs the question, are there different types of grief?

The next section deals with the different types of grief that have come to light due to the events of loss in general, along with military related grief aspects. It will review normal grief, complicated grief, anticipatory grief, collective grief, and absent grief, all of which are different types of grief one can experience. These types of grief may be experienced cumulatively and also can be experienced individually at different times. There are more types of grief than just these, however these five types of grief are closely related to experiences that military members and their families experience after the death of someone close to them.³⁶ Through this compendium of research and theory it will be shown how and why these types of grief are common among military service members and civilians that experience military related loss.

Different Types of Grief

Normal Grief

Normal grief is the bereavement that one feels after the loss of a loved one. This is the part of life that many researchers consider to be a part of everyone. This is evident due to the past research turning the discipline into a well-respected and highly researched area of study. The questions that many ask include is what causes normal grief and is it inherently a bad thing. As mentioned above grief, comes to those who make a

36. "Whole Health Information for Veterans: Coping with Grief Following a Death," Veteran's Administration Publication, accessed March 25, 2020, <http://projects.hsl.wisc.edu/SERVICE/veteran-materials/Grief.pdf>.

connection with another. One scholar claimed that anyone that has an emotion committed to a person, creates that possibility of feeling a different emotion in a different circumstance.³⁷ An example of this would be one would feel proud of their son for getting an A on a test, but then disappointed if the son didn't use their academic potential. Therefore, it works with grief as well, loving someone in one circumstance could lead to grieving for that same person in the circumstance of death. Jennifer Radden describes this process of normal grief as being what would be considered the normal reaction to the loss of a loved one, and therefore it is the reaction that would be expected of anyone that lost someone.³⁸ This then is the universal response to someone that experiences the death of someone close to them. Radden argues then that grief is a moral emotion because it is experienced by most, if not all people, and is so because of the bonds of love made between one another.³⁹ Robert Solomon also argues that grief is the moral emotion because not only is it the universally expected way of experiencing the loss of a loved one, it is the “obligatory” emotion, meaning that one must feel this way after the loss of someone close to them.⁴⁰ Solomon argues that when someone we know has someone close to them die and shows no grief, we are not disappointed or sad, we are “morally outraged and condemn such a person”.⁴¹ Normal grief then to many would

37. Margaret Stroebe, Henk Schut, and Jan Van Den Bout, *Complicated Grief: Scientific Foundations for Health Care Professionals*, 17.

38. Jennifer Radden, *Moody Minds Distempered: Essays on Melancholy and Depression* (Oxford University Press, 2009), 102.

39. Ibid.

40. Robert C. Solomon, *True to Our Feelings: What Our Emotions Are Really Telling Us* (Oxford University Press USA 2002) 75.

41. Ibid.

be considered obligatory because of the strong connections that warrant a response to the passing of someone they love. To be absent in this emotion would look like there was no real bond to begin with and this is why Solomon argues that grief is the moral emotion that we should all feel in order to show that we loved the one who passed away.

Normal grief as a medical condition has been up for debate for some time and many believe that it should be considered as a diagnosis in books such as the DSM-V, while others believe it to be a normal part of life that helps one cope with loss and return to a state of normality. As mentioned before in the historical context of the research on grief, this has caused a negative view of grief, and therefore it can be demonized in our society. Normal grief can be considered as an obstacle that needs to be completed as fast as possible in order to feel better and return to normal life. Others would argue that because grief can be detrimental to one's mental and even physical health, that it should be treated medically either by a professional psychiatrist or by the use of drugs. Ronald Pies understood this dilemma and created an assessment tool that would help one distinguish grief from depression. Pies in this assessment considers grief to be a normal part of existence that could potentially lead to depression and other mental problems, but not in all circumstances and if it does then there are distinctly different symptoms in individuals with diagnosable depression.⁴² People such as Pies, continue the quest to distinguish the differences of normal grief and

42. Ronald Pies, "After Bereavement, is it 'Normal Grief' or Major Depression? The PBPI, a Potential Assessment Tool," *Psychiatric Times* 29, no. 5 (2012): 12–13.

depression, also believing that normal grief should be treated as a normal part of the human experience as it comes from the natural and biological side of each person.

With this narrative of grief being perceived as just a part of life containing sadness and melancholy, it is important to understand the differences of normal grief and depression that researchers like Pies have tried to make a case for. To do that, the work done by Jennifer Radden mentioned above explains more about the similarities and the differences of melancholy (a feeling in grief) and diagnosable depression. The first similarity is that when it comes to either melancholy and depression, a focus is “a clustering of sadness, dejection, and despondency symptoms with fear, anxiety, and apprehension symptoms.”⁴³ Grief includes these types of feelings as well and therefore shares this depression. Another similarity between these two is the sense of self-centeredness along with oversensitivity.⁴⁴ Due to these similarities it is no wonder that grief would be considered by many a mental health disorder. Therefore, it is not necessarily wrong to say that grief can lead to depression for many. This is the reason that questionnaires and tests are now given in order to distinguish between the two conditions, because it can be very difficult to tell them apart. Radden cites old scholars arguing that melancholy is a state of the human experience and therefore not something to be considered a major health issue. The difference can be summed up well in a work done John Schneider who stated that,

43. Jennifer Radden, *Moody Minds Distempered: Essays on Melancholy and Depression*, 76.

44. Ibid.

Depression on the other hand, is generally seen as a clinical syndrome characterized by negativism, helplessness, lowered mood, and reduced self-esteem. While depression can be self-limiting and may occur only once in an individual, the duration of incapacitation (four to 13 months), the morbidity of its symptoms, and the consequences (including suicide) have made it a significant focus of the clinician. Depression has been characterized as the inability to grieve.⁴⁵

This brings together the reason why grief and depression are close but different. The reason for this is the last sentence of the above quote, that depression can be categorized as the inability to grieve. Grief then to Schneider is the common and biological part of the human experience and only becomes a disorder when one is not able to complete the task of grieving. Grief then becomes an idea of a growing pain, that if not dealt with properly will turn into a mental health issue and greatly affect the individual. Another take away from this is that normal grief then is a positive, something that is known to be full of sadness, but when done correctly helps the individual to move, and when incorrectly treated or not dealt with at all leads to long-lasting and damaging consequences.

The conclusion to many of these researchers then is that grief is a biological function of the body that is used as a tool to overcome and grow stronger after the tragic loss of someone close to them. Grief, because it is a natural occurrence, universal, and should not be considered a bad thing, cannot then receive

45. John Schneider, "Clinically Significant Differences Between Grief, Pathological Grief, and Depression," *Patient Counselling and Health Education*, 2, no. 4 (1980): 161.

any label of it being the same thing as major depressive disorder, or any disorder for that matter. The question then remains, at what point then does grief become depression, or a disorder? The short answer for now is that normal grief is widely argued to never be included in any sort of diagnostic manual dedicated to the mapping out and description of disorders. There are however other types of grief such as complicated grief, that can be considered as a mental disorder due to the difference in nature from normal grief including time, severity, and overall difference in what happens to the human body during the time of enhanced grief.

Complicated Grief

Grief as a whole, no matter the type, begins with the death, or anticipatory death of a loved one. Complicated grief has become a very modern approach to what grief is as a disorder and what a disorder actually means. One important note to make is that in the contemporary era there has been much debate as to what a disease or disorder actually is, and what it isn't. There are arguments over whether to make grieving a disorder because as Thomas Schramme put it, there is no logical mistake in calling all kinds of conditions we do not like or want to be treated by medical means "pathological." Yet it would not be sensible, because it would undermine at least one important purpose of having a concept such as disease at all, namely, to delineate a realm of medical conditions from other conditions that are healthy, even though they may be disliked.⁴⁶

46. Thomas, Schramme, "Christopher Boorse and the Philosophy of Medicine," *Journal of Medicine and Philosophy*, 39 (2014), 566.

Grief then to many is, whether or not it should be considered a disorder. The other debate included with this is whether a disorder is purely biological or could include other parts of existence that are not inherent in every person. The questions here are not likely to be answered but are important to understand in order to grasp the difficult dilemma that many researchers are still arguing about it today.

With complicated grief then Boorse argues that any type of grief, as long as it includes a biological element, can be considered a disorder. This did not sit well with those who believed that a disorder needed to be bad, meaning it had to affect the person negatively.⁴⁷ The reason for this was because at the time homosexuality was debated on whether or not it was considered disorder. Grief however, because of its damaging effects on individuals was considered to be negative. Some believed though that psychology had gone too far in their quest to diagnose and cure grief. Some scholars believed that grief was just a normal part of human life and that sadness was being replaced by mental disorders and disabilities when it should be treated as a difficult, albeit normal, part of life.

Jerome Wakefield along with other colleagues explored this phenomenon of what he referred to as the “age of depression” using the previous known phenomenon, age of anxiety after the events of World War II. Wakefield in his work argues that there would,

47. Margaret Stroebe, Henk Schut, and Jan Van Den Bout, *Complicated Grief: Scientific Foundations for Health Care Professionals* (London: Routledge, 2012), 14–15.

be a crucial difference between the two characterizations: whereas the age of anxiety was viewed as a natural response to social circumstances that required collective and political solutions, ours is viewed as an age of sadness that is abnormal— an age of depressive psychiatric disorder that requires professional treatment.⁴⁸

Wakefield with this statement began a debate on sadness, including grief-stricken sadness, was being manipulated and changed into a narrative that any type of sadness could be considered depression, and therefore warrant treatment. Wakefield's argument continues with an attack on the psychiatric system and their way of diagnosing depression by using a small questionnaire where if the one filling out the questionnaire would fulfill the requirements of just a few categories of being down, sad, and having negative thoughts, then one could be diagnosed with a Major Depressive Disorder.⁴⁹ Grief then became a part of this conversation that Wakefield and his colleagues argue. The stark change from focus on just the institutionalized patients in hospitals, to every individual that experiences sadness has tainted the meaning and importance of sadness as a biological function, one that does not necessarily always need some drug or professional help. In a direct reference to loss and its lack of the need of a categorization into a disorder Wakefield and his colleagues state that,

48. Jerome Wakefield, Michael Dregni, Allan Horowitz, *The Loss of Sadness : How Psychiatry Transformed Normal Sorrow into Depressive Disorder* (Oxford University Press USA, 2007), 3.

49. Ibid., 144–145.

“they emerge because of specific kinds of environmental triggers, especially loss; they are roughly proportionate in intensity to the provoking loss; and they end about when the loss situation ends or gradually cease as natural coping mechanisms allow an individual to adjust to the new circumstances and return to psychological and social equilibrium.”⁵⁰

To these scholars then, to call grief normal after the loss of a loved one both a disruption in biology and a completely negative aspect of life is incorrect and therefore does not warrant as much attention as it gets in professional and pharmacological help. To them, normal grief after a loss is felt, and it is felt stronger the more important and stronger the relationship. To say though that grief is a disorder to them is to misuse of the word disorder. Rather it should be considered a normal part of life, not a purely negative event or biological disruption. How then can complicated grief be categorized? If some scholars believe that grief is not a disorder, then can grief be categorized into different types at all? Researchers have looked further and further into complicated grief, and other types of grief and their findings have determined many different aspects of grief and the different affects it can have on different individuals. To call grief then, not a disorder, would be a disservice as many who experience grief or not able to live normal lives, or as Wakefield put it, return to an equilibrium after a certain period of time in mourning. Wakefield also however points out that this is only when someone experiences normal grief. He addressed

50. Ibid., 16.

complicated grief with his statement that,

“When grief involves extreme immobilisation, pronounced psychotic ideation, or severe symptoms that persist despite the passage of time and changing circumstances, then it can be presumed that an individual’s reaction to the death of an intimate has caused a breakdown in his or her psychological functioning . . . such pathological states constitute Complicated Grief.”⁵¹

Complicated grief then to both Wakefield and Boorse would fit their description of a disorder. This is because complicated grief as opposed to normal grief involves some sort of evolutionary disruption and is considered to be negative. Normal grief to Wakefield is part of the biological make-up of the body, and to him it is the biological way in which we cope with loss. The take-away from this then is that the categorization of different types of grief are necessary because different types of grief effect different types of people, grief should not always be treated as a disorder.

The definition of complicated grief by Andreas Maercker and colleagues “feature a marked and unremitting preoccupation with the loss, often reflected in overwhelming yearning for the deceased or rumination about the death to a degree that compromises the survivor’s functioning in occupational, familial, or broader social roles”.⁵² This is the distinguishing factor in this type of grief in that it describes the griever as prolonged suffering

51. Ibid., 33.

52. Andreas Maercker, Robert A. Neimeyer, and Vanessa Simiola. “Depression and Complicated Grief,” *APA Handbook of Trauma Psychology: Foundations of Knowledge* 1, (2017): 189.

that is constantly on the mind of the one inflicted by the loss of a loved one. It also interferes with the normal tasks that one may be expected to do on a consistent basis, therefore becoming a negative hindrance, which psychologists would agree could be diagnosable. Another common symptom with complicated grief is a loss of hope.⁵³ The griever then lacks any motivation to complete tasks or go out and risk something because to them there may be no point as a part of them was lost when the loved one passed away. These are the typical things that psychiatrists look at when deciding to diagnose or not, and complicated grief fits the ticket well. The caveat to this is that time of suffering and this way of feeling is important. As mentioned before, if these types of experiences are occurring with the griever such as sadness, loss of hope, or lack of motivation for just a few months then grief then takes on the label of normal grief. If it however persists for more than six months and shows little to no sign of progression, then it can be deemed as something non-biological and negative. The prolonged experience to these symptoms then is the reason for the creation of a disorder when it comes to grief, because it would need some type of outside professional or medicinal help for the griever to return to a normal state.

The rates for which people experience complicated grief however are relatively low. According to several studies only about ten percent of people who experience grief end up reaching the point of complicated grief.⁵⁴ However, there are different types of loss, such as loss of a child or intimate partner that raise the chances of reaching complicated grief dramatically. These

53. Ibid.

54. Ibid.

different types of losses will be covered later but it is important to note that the type of loss greatly affects how the griever will react and cope.

Age is also a factor in grief as older adults tend to experience grief multiple times, in fact a study done on this topic showed that 70% of older adults (60+) experience a loss and consequentially bereavement every two and a half years.⁵⁵ This causes greater chances of older adults reaching the complicated grief diagnosis as grief experienced multiple times in succession can cause more damage and last longer than normal grief, and makes it harder to reach integrated grief, the stage at which one can return to their normal activities. It can be seen then that there are a number of factors that contribute to complicated grief.

Possibly the biggest part of complicated grief that is focused on in the world of psychiatry, is the co-morbidity of complicated grief and major depressive disorders. A study on the relationship between complicated grief and major depressive disorder found that individuals that suffered from chronic major depressive disorder were much more likely to develop complicated grief following the loss of a loved one.⁵⁶

From there these individuals were also more likely to abuse substances such as alcohol in order to cope with the bereavement of the loss along with the depressive symptoms had even before

55. Katherine M. Shear, Angela Ghesquiere, and Kim Glickman. "Bereavement and Complicated Grief." *Current Psychiatry Reports* 15, no. 11 (2013): 406.

56. Sharon Sung, M. Taylor Dryman, Elizabeth Marks, M. Katherine Shear, Angela Ghesquiere, Maurizio Fava, and Naomi M. Simon. "Complicated Grief Among Individuals with Major Depression: Prevalence, Comorbidity, and Associated Features." *Journal of Affective Disorders* 134, no. 1-3 (2011): 457.

the loss.⁵⁷

Complicated grief is the level of grief that one experiences when life is out of control. It is couples with sadness and lack of movement that can last for several months. This type of grief therefore is a mental disorder and is included as such in the DSM-V, but is listed as Persistent Complex Bereavement Disorder. The symptoms for this diagnosis are the symptoms of grief to a level at which interfere with daily life on a consistent and long-term basis. Grief then is a two-pronged experience that may take the path of normal grief, a healthier way of dealing with loss in order to move forward, or complicated grief which affects an individual in a negative way due to their inability to grieve without professional support. It is important then to closely observe individuals and their process of grieving as a long exposure to the symptoms of grief may constitute the need for assistance from an outside source. However, understanding that normal grief is different from complicated grief will aid the griever because signs of sadness and depression may be the healthy coping mechanism necessary for someone to accept death and move on.

Anticipatory Grief

Anticipatory grief is what it sounds like. It is the grief symptoms and experiences had when expecting a loved one, or even oneself, to die. Aldrich defined this type of grief best with his explanation that, “any grief occurring prior to a loss,

57. Ibid.

as distinguished from the grief that occurs at or after a loss”.⁵⁸ This grief then is unique because it deals with grief before death, but seems to show the same main symptoms that one has when they go through normal grief after the loss of a loved one. As mentioned before, this grief is not limited to only those who are expecting the death of a loved one, but can also be present in those that know that they are going to die. The grief that comes with one’s own death then becomes a whole new concept because it is difficult to hold on to hope for the future when there is little time left. R.E Olson writes, “Patients might mourn their lost future plans and present loss of their mobility, role and sense of wellness. Thus, anticipatory grief has come to refer to multiple phenomena: to mourning that will occur in the future, is occurring”.⁵⁹ This type of grief then for the terminally ill becomes a completely different approach due to its nature of resolving issues that will usually fall upon the patients loved ones. These issues can include things such as who is going to be the caretaker of any children left behind, what will happen to house and other assets, if the patient was responsible for a spouses or others well-being, what will happen to them? The list goes on and therefore causes a lot of stress and anxiety and therefore can be considered grieving for your own life because of the consequences it will bring to your loved ones after your passing. Studies conducted have reviewed this “multiple phenomenon” because it involves all that are present in someone’s life that is expecting to die.

58. C. K. Aldrich, *Anticipatory Grief*, ed. B. Schoenberg, A. C. Carr, D. Peretz, and A. H. Kutscher (New York: Columbia University Press, 1974), 3.

59. Rebecca E. Olson, “Indefinite Loss: The Experiences of Carers of a Spouse with Cancer,” *European Journal of Cancer Care* 23, no. 4 (2014): 554.

When it pertains to those with anticipatory grief, studies showed that parents of children would have symptoms of grief manifested by feelings of unworthiness, questions about how to cope, and even guilt that the parents have despite having no control over the situation.⁶⁰ These grieverers in circumstances of a child, spouse, or relative dying, all experienced some if not all the symptoms of grief before the death of the loved one. The question to researchers then was to understand not whether anticipatory grief exists, but whether it is beneficial in aiding one to cope with the grief after the death of the loved one that they felt grief over. There have been multiple studies on the effects of anticipatory grief for individuals, especially elderly widows, on how they adjust to the passing of their loved one. The issue is that the studies seem to be conflicting. A main question that researchers on this topic ask is whether the time that anticipatory grief is experienced has an effect or not. For example, some may have a few years with their loved one after they learn that the terminally ill individual is going to die. Others may only have a week with their loved one before they pass. A group of researchers led by PJ Clayton studied and concluded that anticipatory grief, when experienced and when defined as depression, had a direct effect on the depression felt one-month post-mortem. It also however found that these individuals that felt depression after the death of the loved one, felt no depression six months after, therefore suggesting that anticipatory grief in terms of depression does assist in the coping process in the long-

60. Helen Sweeting and Mary Gilhooly, "Anticipatory Grief: A Review," *Social Science and Medicine* 30, no. 10 (1990): 1073.

term.⁶¹ An article by Gerber suggests that even though there could be benefits, extended terminal illness can cause problems in post-death adjustment due to the weight of grief felt for an extended period of time sometimes causing lack of self-care because of the focus of care on the loved one.⁶²

Other articles and research suggest however that anticipatory grief is separate and does not affect what happens post-mortem due to the change in the social situation, meaning that their loved one is no longer there and therefore is really gone. One study looked at women whose husbands were diagnosed with terminal cancer. Part of the study found that women would often be in denial at the probability of their husbands dying even after consulting physicians about it multiple times. This was seen most in women whose husbands survived for more than six months after the fatal diagnosis.⁶³ Despite this, many of the women also reported that they wanted to talk about their situation but refrained from doing so because of fear that they would upset their husband. Anticipatory grief then can cause difficulty in communication between two parties, the survivor and the terminally ill.

Anticipatory grief can be felt and experienced by both the ill party and their loved ones. The difference in grief is apparent since one will live on and the other will pass away. The one who passes away must deal with the fear of the future of their loved ones and also worry about the unfinished parts of their lives that

61. Ibid., 1077.

62. Ibid.

63. M. Vachon, K. Freedman, A. Formo, J. Rodgers, W. Lyall, and S. Freeman, "The Fatal Illness in Cancer: The Widow's Perspective," *Canadian Medical Association Journal* 117, no. 10 (1977): 1152.

will no longer be fulfilled. The concern for the party involved that will survive the terminal loved one is in fact not to grieve or worry, but to make their loved one as comfortable as possible so that they can be happy before they die. This causes a lack of self-care and an anxiety that they are not doing all they can for their loved one and therefore are failing them. This is not the grief that is experienced after death, whether it be normal or complicated. Anticipatory grief then can add to the stress and complications that will be experienced after their loved one dies, and as the research mentioned, prolonged exposure to anticipatory grief can cause even worse grief and other complications after the loved one's death.

Collective Grief

Collective grief is grief that is felt by a community of people, whether that community be one of family, work, or friends. When a community loses one or more of its members it is common for grief to affect individuals within that community. The reasons for this vary but boil down to how the lost member of the community was valued and therefore their absence is noted by many. One example of collective grief was recorded by Lori Ungemah. She worked in a learning community where many of their coworkers were close and were involved in a helping capacity. One colleague, Paul, entered into a new managerial position and became the team leader for Lori and the others in their community. Paul began to show signs of confusion, stress, lack of sleep, and weight loss. The team was worried for their friend and approached him about their concern for his health. Eventually, Paul was diagnosed with a rare degenerative brain

disease that would lead to his death in the coming months. Paul died and the team that cared for and helped Paul through his hardest time was heart-broken and had to deal with their own grief, as well as the grief of Paul's students.⁶⁴

Collective grief then is commonly experienced within groups of friends and co-workers. This is because the effects of collective grief are not like the effects of normal or complicated grief in that it does not become a huge loss of life that impacts daily lives, but still has a profound effect on their well-being and mental state. Collective grief is more a comorbidity⁶⁵ than other types of grief. It can go along with normal grief and even turn into complicated grief. More will be explored in regard to collective grief and military situations, but this is just a quick review of what collective grief can look like among co-workers.

Absent Grief

Absent grief can be categorized as an extension of complicated grief due to the nature of denial that is involved. The American Psychological Association (APA) defines absent grief as “a form of complicated grief in which a person shows no, or only a few, signs of distress about the death of a loved one. This pattern of grief is thought to be an impaired response resulting from denial or avoidance of the emotional realities

64. Lori Ungemah, “How One Learning Community Approached Death.” *Learning Communities: Research & Practice* 5, no. 1 (2017): 1–4.

65. The term comorbidity refers to the association of two distinct diseases in the same individual at a rate higher than expected by chance. This definition can be found in an article written by Vincenzo Bonavita and Roberto De Simone called, “Towards a Definition of Comorbidity in the Light of Clinical Complexity,” *Neurological Sciences* 29, no. 1 (2008): 99.

of the loss.”⁶⁶ This definition explains that absent grief though similar to complicated grief, focuses on the symptom of denial and therefore can lead to extremes such as never speaking or interacting with any subject that is related to the death of their loved one. In this manner one becomes completely avoidant and therefore it may be difficult to see the damaging effect that the grief is having on an individual as little to no outward showing of grief is exposed.

The first scholar to explore this type of grief was Helene Deutsch in the early 1900’s. Deutsch explained that the reason absent grief occurs is that,

“If grief should threaten the integrity of the ego, or, in other words, if the ego should be too weak to undertake the elaborate function of mourning, two courses are possible: first, that of infantile regression expressed as anxiety, and second, the mobilization of defense forces intended to protect the ego from anxiety and other psychic dangers.”⁶⁷

She goes on to theorize that absent grief is caused because either the adult is too weak, or the experience is too strong for the individual to handle and thus an omission of experience is put into place. Many such as Lindemann have theorized then that absent grief, because it masks and pushes down grief, will manifest itself in other ways. He also postulated that this kind of

66. American Psychology Association. “APA Dictionary of Psychology,” accessed January 6, 2020, <https://www.dictionary.apa.org/absent-grief>,

67. Helene Deutsch, and Edith Jackson, “Absence of Grief,” *The Psychoanalytic Quarterly* 6, no. 1 (1937): 14.

grief can last for years.⁶⁸ Grief not manifested then can surface as unexplained episodes of depression and anxiety, and these symptoms along with the grief can last for years if untreated.

There is also another theory for the cause of absent grief speculated by Deutsch and Freud. In their minds absent grief can be caused by a secret relief that the person that was close to them died.⁶⁹ An example given is based on an old situation where two men loved one another but their love was forbidden, and one of them felt guilty about their love due to religious reasons. When the other man died, a feeling of relief possibly could come with the death, along with the grief. Therefore, the guilt of feeling relief for the death of someone can cause this person to bottle up their feelings and refuse to show any grief, thus suppressing it.⁷⁰ This hypothesis then dives deeper into another piece of grief which is guilt.

Guilt in bereavement is common, though it is debated whether guilt is a symptom required in order for one to be classified as having complicated grief. Guilt for example is not considered to be necessary in order to receive a diagnosis of complicated grief. In the ICD-10 however, grief is a component in diagnosing Prolonged Grief Disorder.⁷¹ Tendeiro Li conducted a study to figure out if guilt was connected to complicated grief. In the research, it was confirmed that people that were

68. Warwick Middleton, Beverly Raphael, Nada Martinek, and Vivienne Misso, "Pathological Grief Reactions," *Handbook of Bereavement: Theory, Research, and Intervention* (1993): 46.

69. Mark Spilka, "On Mrs. Dalloway's Absent Grief: A Psycho-Literary Speculation," *Contemporary Literature* 20, no. 3 (1979): 329.

70. Ibid.

71. Tendeiro Li, and Margaret Stroebe, "Guilt in Bereavement: Its Relationship with Complicated Grief and Depression," *International Journal of Psychology* 54, no. 4 (2019): 454.

experiencing grief often experienced guilt, and that the higher level of guilt reported from the Bereavement Guilt Scale⁷², the more present and damaging complicated grief was.⁷³ The reason this is important to the subject of absent grief is that guilt is commonly reported when experiencing any kind of grief and that “Health-care professionals have also reported that difficulties in dealing with guilt are often a major source of complication among their bereaved clients.”⁷⁴ Guilt then becomes more of a problem in absent grief because of the sufferers lack of getting help and expressing their concerns. Since absent grief can last for extended periods of time, sometimes lasting years, the guilt will also be present and damaging to the bereaved person.

Absent grief is one of the hardest types of grief to understand because of its nature of not being on display for anyone to see, whether that be because of guilt, relief, or any other factor that could contribute to the hiding of grief. Despite this, no matter the reason for absent grief, it has a high probability of lasting for years while the griever does not seek any help.

Grief cannot be categorized into one type but can grow and cause other symptoms such as depression or guilt. Grief can even be experienced before the death of a loved one, sometimes causing even greater damage to the griever. A place where this

72. This is a scale that was developed in order to measure how guilty one felt about the death of a loved one. Various questions are asked about the personal feelings of the patient, and not much is covered regarding that actual cause of death in the assessment.

73. Ibid., 457.

74. Jie Li, Magaret Stroebe, Cecilia Chan, and Amy Chow, “The Bereavement Guilt Scale: Development and Preliminary Validation,” *OMEGA Journal of Death and Dying* 75, no. 2 (2017): 167.

can be researched and seen in multiple cases, are cases of the military. On September 11, 2001 the country was struck by a terrorist attack. After the attack the president declared war and thousands of troops headed to the Middle-East. Since 2001 the country has been at war and has suffered thousands of military casualties.⁷⁵ These casualties have caused grief among spouses, children, friends and families. This next section integrates the types of grief with military situations and what is happening to soldiers and their families as death continues to be a factor among families of the military.

Complicated Grief in the Military

A study conducted to search for the percentage of military members that experience complicated grief found a number of factors that can add to the likeliness of suffering from complicated grief due to the uniqueness of military life. The study that was conducted found that “factors include unique bonds between service members, exposure to constant and extreme levels of stress, multiple losses, separation from family and loved ones, witnessing/learning about sudden violent and traumatic deaths, and handling human remains.”⁷⁶ These unique and gruesome experiences are something that can be witnessed by every deployed military service member. Due to this the chances of a military service member experiencing grief is significantly higher than someone who just experiences death of a loved one without the context of war. In fact this same study found that prevalence

75. U.S Department of Defense, *Immediate Release Casualty Status*, Washington D.C: 2020, accessed January, 20, 2020, <https://www.defense.gov/casualty.pdf>.

76. Eileen M. Delaney, Kathryn J. Holloway, Derek M. Miletich, Jennifer A. Webb-Murphy, and Nicole M. Lanouette. “Screening for Complicated Grief in a Military Mental Health Clinic,” *Military Medicine* 182, no. 9-10 (2017): e1751.

for complicated grief among service members ranged between 53-59% compared to civilian prevalence which is between 20-33%.⁷⁷ These numbers are high and the study suggests that briefly speaking about and assessing deployed service members that have experienced death could greatly increase the chances that those suffering from complicated grief can be treated more effectively in a shorter time-frame.⁷⁸

In another study done to assess military service members specifically after the events of 9/11, service members were interviewed and asked about the type of loss they experienced. Over 80% responded saying that they experienced a significant loss, and of the 80%, 37% of the time the loss was military related, and another 35% was related to losses back home such as loss of a spouse or child.⁷⁹ Other findings from this experiment show that those that experience complicated grief also experience PTSD and depression, further indicating that the damaging effects of grief on military service members.⁸⁰ Finally the study concluded that complicated grief not only causes depression and PTSD, but also leads to lower quality of life beyond the effects of PTSD and depression.⁸¹

Service members however are not the only people that can experience increased chances of grief when it comes to military deaths. Family members also can experience complicated grief

77. Ibid., e1754.

78. Ibid., e1755.

79. Meredith E. Charney, Eric Bui, Julia C. Sager, Bonnie Y. Ohye, Elizabeth M. Goetter, and Naomi M. Simon. "Complicated Grief Among Military Service Members and Veterans Who Served After September 11, 2001," *Journal of Traumatic Stress* 31, no. 1 (2018): 159.

80. Ibid., 160.

81. Ibid.

when their loved one dies overseas. An article written on the topic of parents and their experiences of losing a child to war explores what can happen to those who do not experience the death but also cannot witness it for some time. The research found that a large number of parents who lost a child to war, whether it be because of suicide, an accident, or military operation, often suffered from some type of grief.⁸² These types of grief varied including absent grief and complicated grief.

Anticipatory Grief in the Military

As mentioned before, anticipatory grief occurs before the death of a loved when they are expected to die. The military however can be a little different regarding expected death. After the war began in the Middle-East post 9/11, casualties were high, and spouses were losing their loved ones to the effects of war.⁸³ Military service members are subject to deployments to war zones and therefore enter in dangerous places. There is a possibility of death, which can lead to anticipatory grief within spouses and other loved ones for their soldier about to head off to war. This is unique because there is no guarantee from a doctor of what is going to happen next. In fact, there is little contact to be had with the deployed soldier in the early days of the war. The combination of lack of contact and constant fear for your loved one and their safety can lead to some damaging symptoms of grief despite no assurance that the loved one is going to die.

82. Karni Ginzburg, Yael Geron, and Zahava Solomon, "Patterns of Complicated Grief Among Bereaved Parents," *OMEGA Journal of Death and Dying* 45, no. 2 (2002): 125–126.

83. U.S Department of Defense, *Immediate Release Casualty Status*, Washington D.C: 2020, accessed February 21, 2020, <https://www.defense.gov/casualty.pdf>.

In a book written for spouses that experience their loved ones being deployed into combat zones, the idea of anticipatory grief is explored through personal experiences and the experiences of close friends in the same situation. One of the situations deals with a wife whose husband deployed overseas to a combat zone soon after the events of 9/11. The wife asked the author if it gets any easier, because after four months nothing had changed. The author wanted to console and fix the problem by lying, but she knew that the only thing that would fix the problem would be for her husband to walk through the door.⁸⁴ Other factors also contribute to the stress of having a spouse deployed. The book mentions a woman who had children and a full-time career that demanded a lot of her time. This woman received a call from her husband at 4:30 in the morning her time and she was furious because she had been working late. The couple got into an argument and stopped talking. She confronted other military wives about the situation (all whom of which were stay at home moms) about the situation and was met with intense criticism about how he was the one in danger.⁸⁵ The stress of a job and raising children while a husband is deployed is hard to imagine. Criticism from other military wives did not help, and there is little self-care due to her worry for her children, husband, and career. Without the support from other military wives, the woman may have felt completely alone in her grief. Anticipatory grief at home while a spouse is deployed is characterized by lack of self-care and added stress in relationships and personal life.

Care is needed for military families that are experiencing

84. Kristin Henderson, *While They're at War: The True Story of American Families on the Homefront* (Boston: Houghton Mifflin Harcourt, 2006), 1.

85. *Ibid.*, 186–187.

a loved one in dangerous areas because there is a fear that the loved one may never come home alive. The United States of America is often at war and therefore there will always be a need related to war for treatment of civilian and service members. Further research and study is needed in this area.

Collective Grief in the Military

Collective grief in the military is a current and very pressing issue. There is a unique bond that is developed between service members in their time of deployment due to the difference in experiences that civilians will likely never experience. An example of a disaster was a plane crash that killed 248 Army soldiers returning from a peace-building mission in the Middle-East. A study taken on the effects of the crash on loved ones, family assistance workers, and the units of the military found extremely negative consequences to the disaster. The study primarily focused on the family assistance workers and what happened to them as a result of trying to support families and units with the devastating events of the accident. The study found that family assistance workers were much more likely to experience illness, psychiatric symptoms, and negative psychological well-being for up to a year after the crash.⁸⁶ The symptoms experienced by numerous members of the study were also experienced by loved ones and others close to the ones who were lost.⁸⁷

Collective grief then affects military service members and

86. Paul Bartone, Robert Ursano, Kathleen Wright, Larry Ingraham, "The Impact of a Military Air Disaster on the Health of Family Assistance Workers," *The Journal of Nervous and Mental Disease*, 177, no. 6 (1989): 323.

87. Ibid.

others. Help and care was also found to be needed not only by those directly affected by the events of loss, but also by the helpers to those that lost a loved one. Military death is then proven to be something that affects a lot of people and therefore requires more research and insight in order to provide the necessary care to all involved with the loss.

Absent Grief in the Military

Absent grief as explained before is difficult to understand and measure because of its hidden nature. This type of grief contributes to a large sum of people that experience complicated grief for extended periods due to the unwillingness or lack of recognition to get help. A specific definition of this type of grief is, “defined as the inhibition of typical expressions of grief, denial of the loss or feelings related to the loss”.⁸⁸ This presents an especially difficult problem in the treatment of individuals because by the time one comes in for treatment, time has passed between the present moment and the time of death.

A study conducted on behavioral changes and experiments of military family members that experienced a loss for more than six months found that individuals in the study showed signs of elevated complicated grief and therefore all were diagnosable with some sort of disorder relating to grief such as Major Depressive Disorder, or Prolonged Grief Disorder. The study found that avoidance of the grief and other situations in life were common among those who experienced loss due to

88. Ginzburg, Karni, “Patterns of Complicated Grief Among Bereaved Parents,,” 120.

the death of a military service family member.⁸⁹ This determines that absent grief is present in families that have lost loved ones due to death relating to the military. Many reported that they felt that it was unfair that the loved one died, and they stayed and that they were envious of others that had not lost a loved one.⁹⁰ There is a small sense of guilt in those statements for people that believe that it was unfair that their loved one died and others' loved ones did not.

Absent grief can be seen in military family settings and could be looked at as something that can add to bereavement and psychological complications that one may feel from the effects of prolonged grief, especially in cases of those that hide their grief for a time.

The types of grief reviewed can all be connected to situations of the military and are therefore pertinent to the military's mission. With grief being experienced by family members and service members alike, the chances of completing the military's mission drop significantly due to the psychological issues impeding the effectiveness of workers. A chaplain of the Armed Forces is a military service member that deals with immediate mental health problems of service members and their families. All chaplains in the military belong to a faith tradition and often help with the spirituality of service members and their loved ones. The mission for a chaplain to help family members

89. Joscelyn E. Fisher, Christine Mauro, Stephen J. Cozza, Melanie Wall, Naomi M. Simon, Claudio D. Ortiz, Jill Harrington-LaMorie, "Examination of Factor Structure of the Inventory of Complicated Grief (ICG) in a Sample of Bereaved Military Family Members with Persistent and Elevated Grief," *International Journal of Methods in Psychiatric Research* 26, no. 3 (2017): 6.

90. Ibid.

and armed forces members in cases of loss can be done in a number of ways, one of which is through a funeral or memorial service. These services are provided in numerous locations such as on base at home, in deployed areas, and local or national cemeteries such as Arlington National Cemetery. Air Force chaplains must deal with these situations with great care and love in order to help the healing process of family members and airmen that are affected by grief or loss. The next section deals with the military memorial service in a Christian context as it is often managed and performed by Air Force chaplains. It provides basics of how the military honors a deceased service member, and how to give appropriate sermons that can contribute to the help and healing of individuals that are experiencing many types of grief.

Christian Military Memorial Sermons

There are many who research the dynamics of funerals and how they can be different depending on the culture. Tony Walter is one of these scholars dedicated to this field. Walter suggested that there can be different ways in which society treats the dead, two of which could be collectivistic or individualistic.⁹¹ In a collective sense, people gather together at rites that are often known as funerals that serve a myriad of purposes depending on the culture that the group comes from. For example, a Catholic funeral would look different than a humanist funeral. Humanist funerals would more than likely focus on the deeds and stories of the deceased while the Catholic funeral may focus more on the after-life, and how those in attendance must understand that they must be prepared before they die. Walter expresses

91. Tony Walter, "Grief and Culture: A Checklist," *Bereavement Care* 29, no. 2 (2010): 7.

his thoughts further on collectivistic funeral rites by claiming that “Death transforms, rather than severs, the relationship with the deceased, who may be transformed by the ritual actions of mourners into an ancestor.”⁹² Ancestor in this case being a revered part of the family even more so, due to their death. Therefore, funerals and those who may speak at funerals are charged with a responsibility to mourn with and relate to those grieving, and also help the griever to remember their loved one as not gone, but rather in a different state. Putting a Christian religious aspect onto this would suggest that those speaking at a funeral or memorial service may want to help the griever to remember that there is a place that the deceased has returned to, and that their life is not gone. This is where a chaplain can thrive and potentially help those grieving to express their grief in a healthy manner based on faith.

A definition given by Paula Otis on what a military chaplain is says that, “chaplains are advocates of spiritual, moral, and ethical maturity and resiliency and are considered militarily essential and inherently governmental in nature.”⁹³ A chaplain therefore has a duty to be able to provide spiritual care, as well as resiliency for all members of the military as they are government service employees. One duty that a chaplain has is to help in organizing and performing funeral rites and memorial ceremonies. One of the possible ways that a military chaplain can help is through what many consider to be a ministry of presence, and through individual counseling. However, as Frank Budd puts it, chaplains are busy and therefore seeing the

92. Ibid.

93. Pauletta Otis, “An Overview of the US Military Chaplaincy: A Ministry of Presence and Practice,” *The Review of Faith & International Affairs* 7, no. 4 (2009): 4.

same person more than two to three times becomes difficult and thus chaplains are more about crisis counseling than long-term counseling.⁹⁴ Therefore a chaplain must learn how to be able to help people who are grieving in a short amount of time due to the many job responsibilities a chaplain has. Sermons are a staple of military chaplains and can be used in a number of different situations, including at memorial services.

The history of funeral sermons given by clergy and chaplains is large and therefore cannot be covered in this short review, however a review of recent changes will be covered. In the early twentieth century there were themes of death as a permanent state, one that was absolute and something that was coming for everyone. Oscar Cullman, a Swiss theologian believed that funeral sermons should be more positive. Cullman often focused his sermons on the victory to be had over death because of the resurrection of Jesus Christ.⁹⁵ This movement caught on quickly and funeral sermons became about feeling happiness that God overcame death. This however created a sense of denial of the sadness that the ones who had lost someone were feeling. Due to this, a new and more balanced form of sermon giving was implemented which focused on the idea that we are all mourning together as one.⁹⁶ The message that was trying to be changed at this point was that being sad at a funeral was normal and should not be condemned. This goes against Cullman's approach because he wanted only uplifting

94. Frank C. Budd, "An Air Force Model of Psychologist-Chaplain Collaboration," *Professional Psychology: Research and Practice* 30, no. 6 (1999): 553.

95. Lucy Bregman, "Speaking to Mourners: The Evolution of Funeral Sermons," *The Christian Century*, 128, no. 22 (2011): 28.

96. Ibid.

and happy sermons to be held. This idea of leaving space for grief to be felt, however, was more effective.⁹⁷ This movement was happened not just because of people like Cullman, but also because of a movement in America that could be described as the “battle against death”.⁹⁸ Doctors and other caregivers were convinced that when dealing with terminal patients, that they should suggest to them to keep fighting and to press on because the battle was not yet over. Kubler Ross described this type of care as being born from denial, and that a feeling that the battle was lost would be pervasive among caretakers if the terminally ill patient passed.⁹⁹ Thoughts and actions such as this were what researchers and writers of the psychology of loss and grief wanted to avoid because of the nature of avoidance that came with it.

When it comes to funerals in our modern day, it has become important to many professionals in this field that families and friends are given a time and space to grieve their loved one. Though there is a small amount of evidence, research has been done on the effects of funerals on families. Wilcox and Sutton mention the importance of funeral rites as a way to “make sense of death”.¹⁰⁰ This means that funerals are a way to view exactly what happened as being a part of life, and not losing a battle. One study focused on fifty widows and how funeral rituals performed before, day of, and after the actual funeral itself affected them. The study found that when these individuals performed funeral

97. Ibid., 29.

98. Ibid.

99. Ibid.

100. Sandra Wilcox and Marilyn Sutton, *Understanding Death and Dying: An Interdisciplinary Approach* (California: California State College, 1977), 163.

rituals, especially post-funeral, they saw greater and more positive results in grief work.¹⁰¹ It must be mentioned however that the study came from a university with funeral based degrees and therefore may have been sponsored by this program. It can be seen then that funerals may benefit individuals that have experienced grief at the loss of a spouse, which is arguably one of the most devastating people to lose, therefore having a higher chance at developing problematic grief.

There are many rituals performed during funerals depending on culture and faith. In the Christian culture of funerals, often a sermon will be given by the pastor or whoever has been appointed to do so. There is little study on the effects of sermons on individuals. The aforementioned studies and research however can add to the content of the sermon as the sermon itself becomes a part of the funeral in that it is the message that all will listen to and take home with them. Therefore, the idea that funerals must address grief and not avoid the hard topics also become true for sermons. In a compilation of a pastor's experiences with funerals and grief, he mentions that funeral sermons are one way in which a pastoral counselor can aid in the healing of families and friends of the deceased. His first point when it comes to funeral sermons is that it is difficult, "because we must deal with people in the most traumatic time of their lives."¹⁰² The next point he makes is that because death is often sudden, there is not much time to prepare a well-written sermon.¹⁰³ Due to this issue

101. Christopher Bolton, and Delpha J. Camp, "Funeral Rituals and the Facilitation of Grief Work," *OMEGA Journal of Death and Dying* 17, no. 4 (1987): 350.

102. Paul Powell, *Death From the Other Side: Your Ministry to the Bereaved* (Dallas: Southern Baptist Convention Annuity Board, 1991), 15.

103. Ibid.

Paul Powell, the pastor, recommends that pastors and pastoral caregivers prepare funeral sermons in advance in order to have a something prepared at all times just in case a sudden funeral is thrust upon you.

In deployed fields it is impossible to predict what could happen at any time, for war is unpredictable. Therefore, it is paramount that chaplains always be prepared to give sermons for their soldiers and their families while deployed or at home. Sudden casualties caused by war, accident, suicide, or any number of things are all possibilities at times that will more than likely be very unexpected. For this reason, the appendix in this work has been compiled to help assist military chaplains in the effort to always be prepared to deliver a sermon.

There are many different definitions of funerals. Katsumi Shimane explained that funerals are “the ritualized acts performed to physically sever the bonds of the living with the deceased and place them in social memory.”¹⁰⁴ This refers to the idea that funerals are to help transport the image of the deceased into a different context, and hopefully provide some closure for the griever. Though chaplains may participate in funeral services, more often they will help with memorial services. The biggest difference between a memorial service and a funeral is that at a memorial service, the body is usually not present. Therefore, it may be less formal than a funeral, and possibly even may include the absence of family. In a deployed situation a memorial service is often held. Despite this difference the purposes still remain the

104. Katsumi Shimane, “Social Bonds with the Dead: How Funerals Transformed in the Twentieth and Twenty-first Centuries,” *Philosophical Transactions of the Royal Society B: Biological Sciences* 373, no. 1754 (2018).

same. The grief felt by those in attendance is no different than if the loved ones, co-workers, and friends were attending a funeral. Sermons then can be considered as being just as important at a memorial service, and therefore in regard to the chaplains duty to provide support remains the same. Funerals and memorial services then can be somewhat interchangeable when it comes to the chaplain's job.

Summary

Loss and grief as it has been reviewed in this work has proven to be a very difficult part of the lives of many. The key here is that it is a part of life. As long as there are relationships in the world, there will also be grief. Grief then is a normal part of life, and therefore not always a disorder. If not properly treated or accepted however it can become problematic to the point of needing professional help in order to avoid further complications in daily life. Funerals are an early stage of loss as much of the time there are organized just days after the death of a loved one. Often that death is sudden, and therefore time is very limited, and grief can be put on the backburner in way of planning. A chaplain for the United States military may face a large of number of memorial services and be required to help run and prepare one on a moments notice. A chaplain then must always be prepared to deliver sermons that deal with loss and grief. This work has been compiled so that a chaplain may be effective in their delivery of sermons in order to help facilitate the grieving process so that the future of family and loved ones can be healthier and more productive in dealing with the inevitable challenges of grief.

Section II — Memorial and Funeral Service Resources

This section contains outlines for sermons, example program for memorial service, and then the general sermons that will be categorized based on situation. The purpose for this is to provide possible programs and sermons that a chaplain may base their work when called upon to perform a sermon for a memorial service in multiple different locations and situations.

This work provides chaplains with the tools necessary to write and conduct their own memorial service that includes a sermon given by the chaplain themselves. All the material provided comes from active duty Air Force chaplains. It contains resources that were used or could be used in the event of a chaplain needing to prepare a memorial service or give a sermon. Names are changed in order to protect confidentiality. All names used are changed to John Smith for men and Mary Smith for women.

Sermon Outlines for Memorial and Funeral Services

The following sermon outlines were provided by Air Forces chaplains currently serving on active duty. The materials presented are from memorial and funeral services. These resources are examples and can be modified according to the situation and circumstance.

Sermon Outline:

As you prepare your sermon, the following outline may assist you in sermon preparation:¹⁰⁵

Situation	Action
On a Plane	Bible Verse Prayer
Short Sermon	Prayer Bible Verse Thoughts on service member
Long Sermon	Prayer Bible verse (like Psalm 23) Commander's and/or friend's thoughts. Thoughts on character of service member's personality, how we can appreciate the gift of their life by taking some of their values for ourselves, hope and comfort of faith (this still isn't long...usually 5-10 minutes max) Prayer

Remember the setting in which you are providing the memorial service or funeral. Make sure that you coordinate with the appropriate personnel, and that you practice when possible.

The following is an outline of a bulletin that can be printed out for a memorial services normally planned out in advance.¹⁰⁶

105. Materials provided by Chaplain, Captain Jeremiah Blackburn, USAF.

**Memorial Service¹⁰⁶
for
Captain First M. Last**

**Anywhere Air Force Base
XX Month Year**

PRELUDE **Mr. First Last**

WELCOME and INVOCATION **Ch, Capt First Last**

HYMN **Mr. First Last**

"I'll Fly Away"

REMARKS **Lt Col First Last**

WORDS OF COMFORT AND ASSURANCE

Ecclesiastes 3:1-8 **Capt First Last**
1 Corinthians 15:51-57 **Maj First Last**

HOMILY **Ch, Lt Col First Last**

EULOGY

Capt First Last and Capt First Last

HYMN

"USAF Hymn: Lord, Guard and Guide All Those Who Fly"

MEDAL PRESENTATION* **Lt Col First Last**

FINAL COMMENDATION **Ch, Lt Col First Last**

Roll Call

"Amazing Grace" **Col (Ret) First Last**

TAPS* **Team Base Honor Guard**

****Indicates please stand***

106. Material for memorial bulletin and eulogy provided by Chaplain, Lieutenant Colonel Katherine Scott, USAF.

On Month Day, Year, Captain First M. Last was born the second of six children to _____ First and Last. The Last family includes First's older broth, First, his twin broth, First, and his sister, First.

First has been a fearless leader for most of his life. He always wanted to be an F-16 pilot like his father. Growing up as a child on countless fighter bases, he used to watch his father fly overhead and return from deployments yearning to do the same.

First attended Anywere High School in Arizona where he excelled in all aspects of life, including scholatsics and athletics as a cross-country and track star. After graduating high school in 200_, as the class valedictorian, First followed the example of both his mother and father attending the United States Air Force Academy. IN May of 200_ he earned a bachelor's degree in _____ and was selected to attend the highly competitive Euro-NATO Joint JEt pilot Training at Sheppard AFB, Texas.


While learning to fly the T-37 and T-38, he excelled as a student pilot and was able to earn his first choice of aircraft. He was selected to fly the F-16 and moved to Luke AFB, Arizona in July 200_. In the summer of 200_, First completed F-16 B-Course and proceeded to 'crush his enemies' at his first operational fighter base, as a member of the 80th Fighter Squadron at Kusan AB, South Korea.

Capt Last left Korea and arrived at Anywhere AFB June 201_, when he became the Operation Group, Chief of Air to Surface Programs. In October of 201_, Captain Last took over as the Chief of Mobility for the Word's Greatest Fighter Squadron. Captain Last was lauded by his fellow Flyers as a tireless worker who put in the extra effort in everything he did.

Captain Last deployed with the Flyers to Afganistan in October of 201_. He flew 400.5 combat hours providing close air support to coalition troops on the ground. His actions on countless occasions directly led to saving the lives of fellow Americans. During one mission, Captain Last pervented the ambush of American forces from a team of insurgents. He employed four direct attack munitions and saved the lives of every friendly troop on the ground.

Just like his tireless work ethic and dedication to his country, Captain Last's squadron pride was evident in every thing he did. He always had a smile on his face.

You will be missed First, but not forgotten.



*May we continue to know your presence
As you help paint our lives
With constant reminders of your spirit
Like majestic contrails in the sky*

*You've not gone all that far away
Your voice we still can hear
A witty remark, a gentle laugh
And a grin from ear to ear*

*When the sun retires its soft warm glow
We reflect peacefully under your watchful eyes
The starry gazes of heaven's expanse
Shall comfort us tonight*

*As each day's end draws to a close
We bow our heads and pray
We saw you Son, Brother, Mano, Friend
Your travels painting our day*

*With the Lord as your wingman
You travel on high
Leaving contrails for us all
Across the everlasting sky*

Sermons

The following are example sermons that were written by active duty chaplains. Most are actual sermons used in a real-life situation, and some are mock situations that a chaplain might run into. Included in some are also procedures for conducting different types of services such as a funeral service, or an informal service where just a short prayer is given. With this material a chaplain will be better prepared to offer uplifting words and help those in grief recover quicker as the chaplain cares for them in a way that helps fulfill their mission to be spiritual supporters. These sermons are not to be considered the exact method of how a chaplain should conduct theirs, it however provides a reference to which chaplains may look so that they may better be prepared to help in these difficult situations.

Arlington Cemetery Sermons

The following are sermons and procedures of a memorial service given by chaplains that are stationed at Arlington Cemetery. These grave-side services are to honor those that served, and those that have fallen in battle. Much of the time these sermons will be for veterans who had previously served years ago. Services may also be for more than one individual at a time for burials such as spouses, who also have a right to be honored at Arlington Cemetery. A chaplain if stationed at Arlington may use these sermons and procedures to help organized their efforts in providing a service that honors those who served in the military.¹⁰⁷

107. Materials for committal service were provided by Chaplain, Major Amber Murrell, USAF.

Committal Service

**COMMITTAL SERVICE
FOR
MILITARY MEMBER**

COL John Smith

Flag: Primary NOK¹⁰⁸ 1 Other 0

Wednesday, X Apr 2018
1300 hrs

Type of Service: FH/Urn

Burial Location: S: G:

108. Next of Kin.

Good afternoon, and welcome to Arlington. For 150 years, since the Civil War, our nation has honored her fallen patriots right here at Arlington National Cemetery ... we're standing on sacred ground!

These hallowed, marble stones that surround us stand as solemn memorials to the men and women who answered our nation's call. Some served but a few years; some served many years; and some made the ultimate sacrifice; but, each one served so that we may have the freedom we all enjoy to this day.

Today we've come into this garden of stone, to this final resting place, to honor one of those heroes. Today we honor:

Col John Smith

You have gathered here today because he was special to each of you. You've come to say your final farewells to him and to give thanks to God for all he meant to you.

God blessed **John** with love of his family, a great career and lots of fun. John married XXX and God blessed them with 3 children; 5 grandchildren; his 5 siblings, loving aunts, uncles, nieces, cousins, other relatives and many friends. John embraced life by using his God-given gifts to make the world a better place. **Col Smith** had an exemplary 35 year Air Force career and served in key line, staff, and command positions in the Command, Control, Communications and Computer Systems arena. John commanded 3 squadrons at Fairchild and Malmstrom and 1 Group at Eglin AFB. He served during the Vietnam and first Gulf War and earned many awards to include the Defense Su-

perior Service Medal and the Meritorious Service Medal with 4 Oak Leaf Clusters.

John was a Golfer and was out on the greens at least 5-6 times a week and enjoyed sharing this passion with his family and passing on the GOLF bug to his grandson Tyler. **John** enjoyed life with his family, especially his grandkids; boating, fishing, going on cruises and casino hopping. The world is a better place because **John** generously used his God-given gifts and talents to the best of his ability to help others become the man or woman that God desires and designed them to be.

Like **John** each of us were fearfully and wonderfully knit together in our mother's womb by God, Himself. We are His craftsmanship created to do good works to help others draw near to God. Each of God's children have been given a spiritual gift, a desire and talent that only he or she can fulfill to minister to one another. In honor of **John** legacy may you make the most of your God-given gifts and talents to share the love of God however He has designed and equipped you to the glory of God.

Ecclesiastes

King Solomon did just that. Some 3000 years ago Israel's King Solomon was known as the wisest man to live. Solomon had all the power, wealth, women, wine and fame that the world could offer and he realized that the only thing that really mattered was to love God by putting Him first, love others and enjoy the fruit of your labor. Solomon used his God-given gifts of wisdom and writing to help others draw near to God. In the book of

Ecclesiastes (3:1-14) he wrote:

To everything there is a season, and a time for every purpose under heaven:

A time to be born, and a time to die;

A time to weep, and a time to laugh;

A time to mourn, and a time to dance;

A time to tear and a time to mend; ... [God] has made everything beautiful in its time.

John's passing leaves a deep void, and I pray that your fond memories of him and the companionship of the Holy Spirit will help empower you now and in the days to come.

COMMITTAL

And now, unto the mercy of Almighty God, we commend the soul of **John Smith**, departed,...

and we commit his physical remains to their resting place, earth to earth, ashes to ashes, dust to dust,...

we do so in the sure and certain hope of the resurrection to eternal life; through Jesus Christ our Lord. Amen.

Let us pray.

*Double Committal Service*¹⁰⁹

This service is for both the veteran and for their spouse. Often a chaplain may have to provide a service for a married couple and therefore must accommodate their sermon for both.

**DOUBLE COMMITAL SERVICE
FOR
MILITARY MEMBER & SPOUSE**

**1st Lt John Smith
& Mary Smith**

NoK:XXX

Flag: Primary NOK Other

Monday, 15 Apr 20__ - 0900 hrs

Type of Service: Graveside/FH/Urnment

Burial Location
XXXX

Transfer: Grant Drive

ANC Representative: Kenneth Macomber

His Date of Death: 3 Mar 2019

Age: 94

Her Date of Death: 7 June 2011

Age: 79

NOK Home: Green Lance, PA

109. Material for Double Committal Service materials provided by Chaplain, Major Amber Murrell, USAF.

Good ~~afternoon~~ ~~and welcome to Arlington~~ ~~Years of Marriage~~ ~~59~~. For 150 years, since the Civil War, our nation has honored her fallen patriots right here at Arlington National Cemetery ... we're standing on sacred ground!

These hallowed, marble stones that surround us stand as solemn memorials to the men and women who answered our nation's call. Some served but a few years; some served many years; and some made the ultimate sacrifice; but, each one served so that this nation might always enjoy the freedom we have to this day.

So, today we've come into this garden of stone, to this final resting place, to honor one of those heroes. Today we honor:

1st Lt John Smith

Now, while many of these stones bear the names of those who served, those who wore the uniform with great pride, many bear the names of those who served behind the scenes, who made their own sacrifices, in support of their loved ones and our nation. So, today we've also gathered to remember and honor one of those heroes. Today, we also honor:

Mary Smith

John and Mary were blessed with God's great love which was especially displayed when these two met and were one another's best friends for over 59 years of hallowed marriage. God blessed them with a lovely family: 4 children; Nancy, Wendy, Chris and Lisa, 7 grandchildren, 3 great-grandchildren and many other family, friends and fans that were honored to know them.

The world is a better place because both **John and Mary**

used their God-given gifts and talents to help their little piece of the world be a better and safer place.

John used his gifts to serve in the USAF as a Pilot on an A-36 and fought in WWII. Even though **Lt Smith** was shot down on his first official mission and spent 18 months as a POW in the most deplorable of circumstances he reframed his experience into a Romans 8:28 reality “...*know(ing) that in all things God works for the good of those who love him, who have been called according to his purpose.*”

This humble war hero took his experience and in combination with the use of his God-given gifts founded the First Chapter of the New Jersey Ex-POW organization and helped other Ex-POWs get the benefits and care they deserved and he had the first NJ license plate to show it. John also volunteered at the VA hospital. He enjoyed the greens golfing and they both loved times with their family and friends.

John and Mary were a good team, and both used their God-given gifts to help the world be a better place especially through their church and local politics.

Mary used her God-given gifts to bless others in many ways, first as a mother, as a military spouse who suffered along with **Lt Smith's** loved ones, and as a Registered Nurse. She also used her God-given gifts to bless others; volunteering as a docent at the local college, creating, gifting and using her creative and artistic crocheting and paintings to display the Creator's love and most importantly interceding for her loved ones in prayer especially in her Prayer Group.

Together they taught, in word and deed, the most valuable lesson in life to love God and others no matter the circumstance

because the light of God will shine through our glorious cracks.

2 Corinthians 4 declares: *6. For God, who said, "Let light shine out of darkness," made his light shine in our hearts to give us the light of the knowledge of God's glory displayed in the face of Christ. 7. But we have this treasure in jars of clay to show that this all-surpassing power is from God and not from us. 8 We are hard pressed on every side, but not crushed; perplexed, but not in despair; 9. persecuted, but not abandoned; struck down, but not destroyed. 10. We always carry around in our body the death of Jesus, so that the life of Jesus may also be revealed in our body. 11. For we who are alive are always being given over to death for Jesus' sake, so that his life may also be revealed in our mortal body. 12. So then, death is at work in us, but life is at work in you.*

This survivor, fighter, honest, patriotic, brave, tenacious, positive, advocate, no-nonsense, strong-willed, provider, great work ethic, patriot Christian and this artistic, prayer warrior, avid reader, kind, caring, patient, hardworking, beautiful inside and out, patriot Christian will be greatly missed and wildly celebrated this side of Heaven.

As you walk through this journey of life may your fond memories of them and the presence of the Holy Spirit empower you to use your God-given gifts in honor of their legacy and your own to love God and others and also leave this world a better place until you are reunited and can also say, "I'm Home!"

COMMITTAL

And now, we commend to Almighty God, **John Smith**. and **Mary Smith**, departed...

and we commit their physical remains to the ground, earth to earth, ashes to ashes, dust to dust.

in the sure and certain hope of the resurrection to eternal life; through Jesus Christ our Lord. Amen.

Let us pray.

Pastoral Prayer

Almighty God, we thank You for Your life giving Scripture that shows how much You long to be in an intimate relationship with us for all eternity and provided a way through Your Son, Jesus the Christ.

We give thanks to You for **John** and **Mary**, recalling all in them that made others love them. We're grateful when they used their God-given gifts to pass on Your goodness and truth into the lives of others, and made the world richer for their presence.

Lord of mercies, and God of all comfort: help us all to cling to Your truths and place our hope in You. Please shower **John's** and **Mary's** family and friends with Your glorious presence. May the companionship of the Holy Spirit empower them to love You with all their heart, mind, soul and strength and use their God-given gifts to bless others.

We thank You, God, that deep in the human heart is an

unquenchable trust that life does not end with death; that You, who made us, will call us to our eternal home with You and all the saints that have gone before us. Until then, may we live in Your Love, joy, peace and freedom this side of Heaven and for all eternity. This we pray, through Jesus Christ our Lord. Amen.

Honors

Across the Potomac River, near the WWII Memorial, stands a monument to another American hero. The inscription reads, “In life, he honored the flag. In death, the flag shall honor him.” ... **John** honored the flag with his service to our nation; now it’s our privilege to present our nation’s flag in honor of **John Smith., 1st Lt, USAF.**

[Stand at head while flag goes to me]

Flag Presentation to NOK: [name] On behalf of the President of the United States, the United States Air Force, and a grateful nation, please accept this flag as a symbol of our appreciation for your loved one’s honorable and faithful service.

Presentation by Arlington Lady

Personal, Pastoral Farewell

_____, it has been an honor for me to participate in this service, so thank you for sharing this moment with me. God bless you.

Pastoral Prayer

Almighty God, please be a Shepherd to all who grieve **John's** physical absence. I pray they sense the presence and comfort of You our loving Heavenly Father.

O God, our Creator from whom we come, unto whom we return, and in whom we live and move and have our being: We praise You for Your good gift of life; for its wonder and mystery, its friendships and fellowships.

We give thanks to You for John, recalling all in him that made others love him. We are so grateful that he used his God-given gifts to pass on Your goodness and truth into the lives of so many others, and made the world richer for his presence.

Lord of mercies, and God of all comfort: Look down in compassion upon these whose joy has turned into mourning. Especially do we pray for his family and close friends. Enable them to find in You their refuge and strength, a very present help in time of trouble.

We thank You, God, that deep in the human heart is an unquenchable trust that life does not end with death; that You, who made us, will care for us beyond the bounds of vision, even as You have cared for us in this earthly world. This we pray, through Jesus Christ our Lord. Amen.

Honors

Across the Potomac River, near the WWII Memorial, stands

a monument to another American hero. The inscription reads, “In life, he honored the flag. In death, the flag shall honor him.” ... John honored the flag with his service to our nation; now it’s our privilege to present our nation’s flag in honor of **John Smith.**, Col, USAF.

[Stand at head while flag goes to me]

Flag Presentation to NOK:

On behalf of the President of the United States, the United States Air Force, and a grateful nation, please accept this flag as a symbol of our appreciation for your loved one’s honorable and faithful service.

Presentation by Arlington Lady

Personal, Pastoral Farewell

(Spouse’s Name), it has been an honor for me to participate in this service, so thank you for sharing this moment with me. God bless you.

*General Memorial Service*¹¹⁰

The following comes from a chaplain that provided monthly general memorial services for multiple service members while on deployment. This service is meant to be for more than individual and therefore is tailored to all the deceased and is thus less detailed.

Welcome

Good afternoon Ladies and Gentlemen. The ceremony will begin shortly. Please remember to remove all security badges and ensure all mobile phones and electronic devices are switched to silent. Thank you.

Statement of Purpose

Greetings and good day. We gather here today for our monthly memorial service to remember those who have been killed or died here in Afghanistan. While this memorial service is routine, today it is ever so timely with the events of this past week.

Over the course of the past month, there have been at least five U.S. and NATO service members killed in military action, along with countless contractors and civilians killed by explosions here in Kabul, most recently this week at Green Village and yesterday at the checkpoint.

In the presence of evil and hope, we come here to remember

110. Materials for general memorial service provided by Lieutenant Colonel Katherine Scott, USAF.

and mourn recent and distant losses. Evil – the ever present reality – that is so much more of a reality here in Afghanistan from the bombings in Kabul to death in a firefight. But there is also hope, also an ever present sense, and far greater than evil if we allow it to be. Hope is the evidence of things not seen. Hope is a future without evil. And maybe we don't see that hopeful future right now, and maybe we won't see it for some time, but hope will manifest into a present reality without evil one day. And until that day, we remember those who have gone before us.

This memorial ceremony today honors not just one country's gains or losses, or the losses of one specific conflict, but the collective losses across the NATO and Coalition countries that have sought freedom and peace in Afghanistan. Let us recommit ourselves, over and over again, to our stated purpose of helping the Afghanistan government and institutions develop the capacity to defend Afghanistan and protect its citizens in a sustainable manner, specifically as Afghanistan strives for a peaceful election. May God comfort the families, provide peace in mourning, and accelerate hope for our future.

5 Sep: Romania and US

29 Aug: 1 US service member

21 Aug: 2 US service members

Prayer & Dismissal (Benediction)

Almighty God, in your keeping there is shelter from the storm, and in your mercy there is comfort for the sorrows of life.

Hear now our prayer for those who mourn and are heavy laden. Give to them strength to bear and do your will. Lighten their darkness with your love.

Enable them to see beyond the things of this mortal world and see the promise of the eternal. Help them to know that your care embraces all your people that you are our refuge and strength, and that underneath are your everlasting arms. Amen.

Ladies and Gentlemen, this concludes our ceremony today. The Memorial Ceremonies will occur monthly on the first Friday; unless there is a circumstance that would require a special ceremony.

Thank you for your participation and attendance.

*Funeral Sermon*¹¹¹

Though chaplains are not often asked to do funeral services, it is something that may happen during their career. The following is a funeral service program for the chaplain that includes a sermon that can be given. The use for this is to make sure that the chaplain stays organized and on top of the required tasks of a funeral service. It is important for the families that everything goes smoothly as they are already experiencing grief from the tragedy and therefore an organized and well-thought out funeral service may help aid their recovery from grief.

Funeral Service For TSgt John Smith 29 March 20__

Opening Remarks and Prayer

We welcome you today to a time of consolation and remembrance of the life of John Smith. Knowing that we have a Good Shepherd to walk us through our grief at the death of TSgt Smith brings great comfort to us in our time of sorrow.

Listen to the words of a man under great stress and grief found in Psalm 23:1-6:

111. Materials for a funeral service provided by Chaplain, Lieutenant Colonel Jason Botts, USAF.

Psalms 23:1-6 Message

God, my shepherd! I don't need a thing. You have bedded me down in lush meadows, you find me quiet pools to drink from. True to your word, you let me catch my breath and send me in the right direction. Even when the way goes through Death Valley, I'm not afraid when you walk at my side. Your trusty shepherd's crook makes me feel secure. You serve me a six-course dinner right in front of my enemies. You revive my drooping head; my cup brims with blessing. Your beauty and love chase after me every day of my life. I'm back home in the house of God for the rest of my life.

During times of grief when someone we love dies, there are few that can console us the way God's promises can. Many friends and family members offer their love and express themselves to us with deep compassion and for that we are so very grateful. The presence of each of you here speaks to Will's family about your love and appreciation for them.

But a time comes when no other voice comforts but the voice of the Lord Himself. In the quiet moments of our sorrow, He comes and gives His strength, pours out His love and builds into our hearts a sense of hope. In His presence, the loneliness and the loss become bearable.

Listen to what Jesus said before His death to prepare His disciples and to offer each of us hope:

John 14:1-3 NIV 1 *“Do not let your hearts be troubled. Trust in God; trust also in me. 2 In my Father’s house are many rooms; if it were not so, I would have told you. I am going there to prepare a place for you. 3 And if I go and prepare a place for you, I will come back and take you to be with me that you also may be where I am.*

While we remember and mourn the loss of _____, we remember that memorial services are not for those who have died but for the living. Our grieving today provides us with an opportunity to understand more clearly the circumstances of grief.

Would you pray with me now:

God our heavenly Father, we bow before you in awe of who you are. You are the all-powerful, good and loving God that is in control of the universe. We bow in this time of grief to ask for your comfort to the family and friends that are gathered here today and to those that are not here with us. We need your strength and encouragement. Comfort our hearts the only way you can, today and the days ahead. Thank you for your presence—minister to our need we pray in the name of Jesus Christ, our hope-giver, Amen.

Personal Remarks

THE CIRCUMSTANCES OF GRIEF

For Jesus, the circumstance of His grief was over the agony human beings experience when one of their loved one’s dies, in particular his close friend Lazarus. For us, it is the death of

_____, one of our own. In such circumstances we see:

1. *The Inevitability of Death* – We all expect to die, but some hold out hope that maybe they will be the exception!

2. *The Impartiality of Death* – Death is no respecter of persons as people all around us die, whether they are young or old.

3. *The Impact of Death* –

a. Shatters our complacency

b. Stirs our curiosity – What if it happened to me?

c. Steals our comfort – We grieve.

4. *The Importance of Death* – The death of a loved one, a close friend, or even an acquaintance brings us face-to-face with the questions that really matter: What makes life meaningful? Where did I come from, why am I here and where am I going when I die? Which life is the good life? Who is a truly good person? How can I become that kind of person?

5. *The Impotence of Death* – Death is not the end. Jesus said those who stand within His kingdom don't need to fear those who kill the body and they won't even experience death. The existence of the God of Jesus simply dissolves any problem about whether "survival" is to be expected after the demise of our bodies. God's own being proves that personal existence is not, as such, dependent upon matter. Instead, matter depends on Him. He did quite well w/out a physical universe before he created it and undoubtedly has the highest quality of consciousness—and all of this without body or brain.

So, we will not find ourselves in "sleep eternal in an eternal night" (Swinburne)/epicureans. No, we are never going to cease existing and there is nothing we can do about it - except to make our future existence as desirable as possible.

Jesus responded to the faith of the thief dying with Him saying "Today you and I will be together in a wonderful place, Paradise" (Luke 23:43). This statement could only be a falsehood

if it meant anything less than that the thief would be very much himself, in fine shape, in a wonderful situation with Jesus and, no doubt, with others as well.

THE CERTAINTY OF COMFORT

Abiding in the kingdom of the God of Jesus, the one available here and now, brings life to the dying, comfort to the grieving and victory to the defeated. As we see Jesus, commit everything we are to him, enter into God's kingdom and learn to live in it we find an unceasing and indestructible life waiting to be lived and developed. It is the life you have always wanted.

This brings me to a final word about Will: He's very much alive now as he has moved into God's full world. And he sees the world for the first time as it really is.

BENEDICTION

COMMITTAL

PRESENTING THE FLAG/FINAL WORDS TO THE FAMILY

On behalf of the President of the United States and a grateful nation, this flag is given to you for your loved ones devotion and duty to the Armed Forces of the United States. May God bless you, and may you always cherish it.

When presenting the flag, take note of a few particulars:

1. Speak slowly.
2. Speak clearly.
3. Look directly at the NOK.
4. Kneel down slowly and stand up slowly.
5. Render a final salute as you stand up. This is a fitting last gesture, for you are the last person representing the military who is touching the flag.

Short Prayers for Fallen Service Members¹¹¹

The following are not sermons but rather prayers given by a Chaplain Lieutenant Colonel Randolph McCafferty USAF while deployed to Baghdad in 20___. These prayers were given in various locations and were done without a memorial service.

In the Air Force when a military member dies while deployed, their remains are sent back to their home and honors are given often on the flight line just as the remains are being loaded onto an aircraft. This leaves little time for a formal service to be held with airmen in attendance. These prayers are designed to be given on the flight line as the remains of a fallen service member are being loaded. This gives the deceased the respect they deserve as they are being transferred back home and therefore can help those who are a part of the flight crew and anyone else in attendance feel a sense of pride and sacred honor for their fallen comrade.

Prayer 1

We're here tonight to honor our fallen comrade

The length of our lives is unknown to us. It's like a vapor that lasts a little or a lot. Only God knows how long we have. What we can know is how we will live life. Before us is a comrade who chose to love his God, his country, and his comrades in arms. He was willing to love these more than his own life, and bravely gave the ultimate sacrifice.

111. Short Prayers by Chaplain Lieutenant Colonel Randolph McCafferty, USAF.

Psalm 23

Great God, we pray your peace and presence upon our fallen brother in arms. Comfort their family and friends as you walk through their valley. We pray to reverence his sacrifice and remember his name always. Help us to respect the cost of freedom, so that our comrades don't die in vain.

Be with the flight crew who will escort this worthy warrior back to his home.

Prayer 2

We're here tonight to honor our fallen comrade

Before us is a comrade who courageously gave his life as a true patriot. If we believe in God, the honest question that comes to our mind is, Where was God when this happened? It must be on the minds of his family, even now. An excerpt from the journal of Chaplain Corbin Lee Cherry who served in Vietnam speaks powerfully

That day as we said our goodbyes, I was given new feelings. We all come from different religious backgrounds, yet we come together to say, "safe journey." Our prayers are for him, to one God who created us all. God, Himself must have times when He also sheds a few tears of pain, as he watches His children in pain and abandonment.

But I hope that his family knows that somewhere in the middle of all of that hell, fellow comrades are saying farewell to their son, and are hurting too.

Psalm 23

Great God, we pray your peace and presence upon our fallen brother in arms. Comfort his family and friends as you walk through their valley. We pray to reverence his sacrifice and remember his name always. Help us to respect the cost of freedom, so that our comrades don't die in vain.

Be with the flight crew who will escort this worthy warrior back to his home. In your powerful name we pray, AMEN

Prayer 3

We're here tonight to honor our fallen comrade

There are precious few things in life that we can count on, like the sun will rise in the east and set in the west. Another thing each one of us can count on is that someday, we will die. Two things that we can't count on are when or how that will be. Neither can we count on our freedom always being there for us. That's why we're here in the AOR, and that's why we gather right now. In this all important moment, we honor our fallen comrade and strengthen our own resolve to uphold the mission.

Psalm 23

Great God, we pray your peace and presence upon our fallen brother in arms. Comfort their

family and friends as you walk through their valley. We pray to reverence his sacrifice and remember his name always. Help us to respect the cost of freedom, so that our comrades don't die in vain.

Be with the flight crew who will escort this worthy warrior back to his home. In your powerful name we pray, AMEN

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