***Prophets of Peace***, sermon by Rev. R. Randy Day, June 28, 2026
Scripture Reading: Jeremiah 28:5-9 and Matthew 10:40-42

We've just heard that one of our favorite prophets, Jeremiah, whom we've talked about so much over the last couple of years, is giving peace a very high priority in a region of the world where there have been so many wars. He's talking about ancient times—even ancient times before him—and yet we reach back to him because the same region continues to struggle with conflict.

Certainly, the wars are still going on, especially in the Middle East. We didn't mention Iran this morning in our prayers, but Iran and the United States have been fighting again over the last three days. It is not always a peaceful part of the world, but it is a very rich part of the world with wonderful people in all those countries.

Jeremiah gives peace a very, very high priority, and we at MCC have also given peace a high priority through actions of the Council, through preaching, and through the Prayer Candle. We've talked about Ukraine, Sudan, Gaza, the West Bank, Iran—the list goes on. World peace has always been a compassion of mine, and it has always been a high priority of the United Church of Christ, the Presbyterians, the United Methodist Church, the Mennonites, the Quakers, the Vatican—almost every major faith group you can think of gives peace a very high priority today.

However, I want to focus on peace in our personal lives. There are many critical issues that tend to sabotage us from time to time, and I'm not going to address all of those. I'm going to focus on one in particular today, as I mentioned in the eNews, and that is grief.

When we hear the word *grief*, we often think it happens when someone dies. That is certainly true, and I'm going to address that. But also consider memory loss, perhaps happening in your home or involving loved ones in institutions spread around the Cape or far away. In those cases, grief begins much earlier—much earlier than death itself. Residents experience loss. Families experience loss. Caregivers experience a sense of loss. So, grief is not just about death. It is about the many losses we experience with people who have challenges, especially those with dementia and related diseases.

Dementia, in particular, is different from many other illnesses because caregivers go through repeated losses. It may begin with the loss of memories, then the loss of conversation, then the loss of family orientation. It keeps going deeper and deeper—loss upon loss upon loss—and as you experience those losses, there is grieving going on.

It is good that we recognize this. So many families are carrying grief long before death occurs, and that is normal. It's simply good for us to recognize it and to name it.

Sometimes we think grief is only about sadness, and certainly it is. There's probably not a person in this room who has not experienced sadness at a time of grief. But grief can also be expressed as anger, anxiety, guilt, frustration, denial, withdrawal, and even relief.

You say, "Relief?"

Well, with some people there is relief when a loved one dies because the suffering is over. It is not uncommon to feel relief and sadness at the same time, all intertwined. That's not abnormal. Sometimes the emotion we

see is not really what's happening deep inside. A person may express anger, but that anger may come from deep fear—fear of approaching death, fear of losing control.

You may find yourself becoming very controlling, or living with someone who has become very controlling. That may stem from great anxiety and an inability to handle it. Frustration may also be evidence of underlying grief. You become frustrated with everything around you, but the real issue is the grief that has not yet been addressed. So what do families need to do most? This isn't really a "how-to" sermon, but let me simply offer this list.

> What families need most is presence, patience, compassion, validation, and listening.
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> What families need least is fixing, false reassurance, rushing decisions, and judgment.

Now I want to share with you some incredible insights from research done by Harvard Medical School. I'm going to promote this publication—it'll be listed in the eNews. Harvard Medical School puts out a number of excellent books. There's one on stroke, one on eye care, and one on just about everything you can think of. There's also one on grief and loss. I'm going to quote heavily from it today. It's *A Guide to Preparing for and Mourning the Death of a Loved One*. You can order it online this afternoon and have it instantly, or you can get a hard copy through the mail.

As I mentioned in this week's eNews, grief has far-reaching effects.

What is grief?

We often hear about the stages of grief, based on the famous work of Elisabeth Kübler-Ross in her book *On Death and Dying*. Many of you remember her. She has since passed away, but she described certain stages people experience. Now many others who have studied grief—and who have experienced it themselves—say, "Yes, but those experiences don't always come in neat stages, one after another." In fact, you may go through two stages and then return to the first. Grief isn't nearly that orderly. The emotions range from confusion, anger, shock, distress, fear, raw pain, and deep sadness. Many of you have experienced all of those, and sometimes more than once.

There can be emotional meltdowns. It becomes hard to function and hard to think straight. There may even be physical signs of stress. You may express frustration and other emotions because you're in emotional overdrive, and parts of the brain are reacting to the loss. Science is studying grief more than ever before, and many of you nurses know this. Others have experienced it personally.

Joan Didion wrote movingly about grief after the death of her husband, novelist and screenwriter John Gregory Dunne. Soon afterward, she also lost her daughter. Her book is called *The Year of Magical Thinking*. She wrote:

> "There have been occasions on which I was incapable of thinking rationally. I was thinking as small children think, as if my thoughts and wishes had the power to reverse the narrative, to change the outcome. In my case this disordered thinking had been covert, noticed, I think, by no one else, hidden even from me, but it had also been, in retrospect, both urgent and constant."

People who are grieving often sense the presence of the person who is gone. Some of you have experienced that. I have experienced that. That, too, is normal. There is nothing wrong with that. You are not having a mental health breakdown if you feel the presence of that person. Not at all.

There's also what is known as broken heart syndrome, which reminds us that grief has a physical dimension. Deep grief can lead to profound depression and can take a physical toll on the body. Sometimes it resembles a heart attack, and occasionally it can lead to a real heart attack.

So be mindful of yourself or of those around you who are going through deep grief. If you think those things are happening, get to your doctor right away. Another important thing to understand is that grief is not linear. It's not like climbing a mountain. You climb to the top, come down the other side, circle back to your car, and you're finished. It simply doesn't work that way.

I'm a big fan of maps. We don't use them much anymore because of GPS, but remember paper maps? My map of Florida still comes in handy when I get over into the Panhandle. But there isn't going to be a printed map that gets you through grief. You'll make progress for a while, then you'll slip back. You'll move ahead again, then back again. Many of these experiences overlap. Sometimes you think you're doing just fine, and then a certain song comes on the radio, or a particular hymn is sung in church, or the faint scent of cologne reminds you of Grandpa or Dad. Suddenly those feelings of loss return. As all of you who have lost someone know, anniversaries, Christmas, Easter, birthdays, and other special occasions often bring those feelings back with greater intensity.

As we explained to our sons this week, on the anniversary of their sister's death just two days ago, those feelings naturally return.

Sometimes, after experiencing grief, you come out stronger. You would never choose these experiences, but they can strengthen you for facing life ahead—especially younger people who have many years before them and who will inevitably face other losses.

The books I'm passing around may be helpful. There are many good books available through the Mashpee and Plymouth libraries. One of the very best is *Grief and Grieving*. This was the last book written by Elisabeth Kübler-Ross, together with David Kessler. I'll pass copies down each side. You're welcome to borrow them, but please write down who borrowed which one, or I'll be in trouble with the libraries. Right now they like me, and I'd like to keep it that way.

This book, in particular, is recommended in the Harvard publication. It builds on Elisabeth Kübler-Ross's earlier work and recognizes that grief is much more complex than simply moving from one stage to another. Some people like structure when they're grieving. They appreciate step-by-step guidance. They may find grief support groups very helpful. Others don't. They don't want to be contained within a structured program, and they work through grief in their own way.

Neither approach is right or wrong.

There's also no recommended speed for grief, although there are some markers to keep in mind.

About forty percent of widows and widowers experience depression after a spouse dies. If that depression remains very intense beyond six months, it is probably wise to speak with a counselor or therapist. Tell your doctor. Don't simply let it continue indefinitely. That doesn't mean grief magically ends after six months. Everyone functions at a different pace and in a different way.

If people around you are saying, “You should be over this by now,” remember that Americans—and I would include much of Western Europe in this—like closure. We like things wrapped up neatly. I’m not sure that’s true in many parts of Asia. We love our Malaysian caucus here. People often say, “You need closure.” Well, maybe you don’t. You may simply have to live with it. You may have to keep walking with it. If people tell you it’s time for closure, come talk to me.

You’re not doing anything wrong.

You’re not doing anything wrong at all.

With so much more that could be said—and I’m keeping an eye on the clock—let me close with one final thought.

People who have experienced grief in the past often suffer more intensely with a current loss, especially if that earlier grief was never fully addressed. In many cases, that grief began in childhood. A parent died. There was an accident. There was a serious illness. Years ago we didn’t know nearly as much about counseling, grief therapy, and emotional support. We did the best we could. But if that grief remains buried and never comes out, it can make a loss feel even more severe psychologically, and probably spiritually as well, because there is unfinished grief still waiting to be addressed.

I simply place that before you.

This has been a very heavy message. I see lots of heads nodding. Many of you have been here, and many of you will experience some of this again in the days, weeks, months, and years to come.

It’s part of life. We’re going to lose our loved ones. As the old saying goes, there are only two sure things: taxes and death. There’s a good deal of truth in that.

So let me close by saying that Jesus taught that anyone who gives a cup of cold water to one of these little ones will receive their reward. As we look around, I hope we will give lots of cups of cold water to children of all ages—especially those who may be dealing with grief in their lives at this time.

Amen.