

Gardner-Webb University

## Digital Commons @ Gardner-Webb University

---

Doctor of Ministry Projects

School of Divinity

---

Fall 2023

### Developing A Lay Ministry of Caregiving Skills to Parents and Families Who Grieve the Death of a Child at Zion Hill Baptist Church, Cherryville, N.C.

Roger Fuller

Gardner-Webb University, [rfuller@gardner-webb.edu](mailto:rfuller@gardner-webb.edu)

Follow this and additional works at: [https://digitalcommons.gardner-webb.edu/divinity\\_etd](https://digitalcommons.gardner-webb.edu/divinity_etd)



Part of the [Christianity Commons](#), and the [Counseling Commons](#)

---

#### Citation Information

Fuller, Roger, "Developing A Lay Ministry of Caregiving Skills to Parents and Families Who Grieve the Death of a Child at Zion Hill Baptist Church, Cherryville, N.C." (2023). *Doctor of Ministry Projects*. 67.  
[https://digitalcommons.gardner-webb.edu/divinity\\_etd/67](https://digitalcommons.gardner-webb.edu/divinity_etd/67)

This Project is brought to you for free and open access by the School of Divinity at Digital Commons @ Gardner-Webb University. It has been accepted for inclusion in Doctor of Ministry Projects by an authorized administrator of Digital Commons @ Gardner-Webb University. For more information, please see [Copyright and Publishing Info](#).

DEVELOPING A LAY MINISTRY OF CAREGIVING SKILLS TO PARENTS AND  
FAMILIES WHO GRIEVE THE DEATH OF A CHILD AT ZION HILL BAPTIST  
CHURCH, CHERRYVILLE, N.C.

A PROJECT REPORT  
SUBMITTED TO THE FACULTY  
OF THE M. CHRISTOPHER WHITE SCHOOL OF DIVINITY  
GARDNER-WEBB UNIVERSITY  
BOILING SPRINGS, NORTH CAROLINA

IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR THE DEGREE  
DOCTOR OF MINISTRY

BY  
ROGER WILLIAM FULLER

DECEMBER 2023

## APPROVAL FORM

DEVELOPING A LAY MINISTRY OF CAREGIVING SKILLS TO PARENTS AND  
FAMILIES WHO GRIEVE THE DEATH OF A CHILD AT ZION HILL BAPTIST  
CHURCH, CHERRYVILLE, N.C.

BY  
ROGER WILLIAM FULLER

Approved by:

\_\_\_\_\_ (Faculty advisor)

\_\_\_\_\_ (Field Supervisor)

\_\_\_\_\_ (D. Min Director)

Date: \_\_\_\_\_



## ACKNOWLEDGEMENTS

Indeed, this project has been a timely journey that has tested me physically, spiritually, and mentally and has grown me as a pastoral care student. When I felt like giving up, the challenge to finish well never faded from my view. Even when I experienced a short period of burnout, my desire to complete the task set before me grew as a distant reality that would surely come to pass. This undertaking was a constant challenge from the beginning to the end. For these reasons, I must thank those who encouraged, supported, and prayed for me as I chased this academic quest.

With heartfelt appreciation, I want to thank my wife, Cynthia, daughter, Rozzie, and granddaughter, Cami, for bearing with me through this challenging journey. I know there were times when I should have given more attention to your concerns and interests, but those were some of the times when I felt overwhelmed and defeated. Yet, you never abandoned me or encouraged me to quit. With mere words, I cannot express how much I appreciate my three favorite girls. I love you.

Also, I want to thank my family, Zion Hill Baptist Church, for your wholehearted support through all the days, months, and years of this venture. Thank you for your encouragement and financial support along the way. Thanks to the fourteen wonderful people who eagerly signed up as project participants and traveled through the rough roads of this assignment with me. Thank you for sharing your grief experiences as we remembered your deceased children and ours together. We will make an excellent grief ministry team.

Finally, I want to thank the Gardner-Webb community and every professor who embraced this struggling preacher as I sought better understanding and a higher educational opportunity at my age. Thank you, Dr. Doug Dickens, for starting me on this pastoral care journey. Thank you, Keesee Foundation, for investing in me financially, and thank you, Dr. Robert Canoy, for your active involvement as a dean who proved to me that you wanted to see me triumph through this Doctor of Ministry process. I succeeded with your help.

## DEDICATION

This work is dedicated to the loving memory of my only son (Tonka).

Canon Tyrell Fuller

You are my greatest inspiration for this very challenging work. Your sudden, untimely departure in April 2008 moved us to a mental and emotional place that only those who grieve children can fully understand. We love you, miss you, and think of you daily. Tell the Lord we say “Thank You” for the twenty-one years He allowed us to have you.

## ABSTRACT

This project aims to educate those who minister to people who may experience the difficult misfortune of the grief and loss of a child. The concentration and intent of this work are to cultivate a ministry of caregiving skills for the members at Zion Hill Baptist Church of Cherryville, North Carolina. This caring ministry of the church will serve all who grieve, but the general focus of this project is to offer specialized care in aiding those who grieve the death of a child. This training is of great necessity because most church members, having not experienced losing a child, have no clue what this level of grief is like. Therefore, caregivers must recognize the essential components of helping those suffering through this grief process.

## CONTENTS

ACKNOWLEDGEMENTS.....	v
ABSTRACT.....	iv
CHAPTER	
1. INTRODUCTION.....	1-2
2. DETAILED PROJECT DESCRIPTION.....	5-6
Project Recruitment.	6
Project Setting	7-10
Statement Of Ministry Problem.	10-12
Project Goal.	12-13
Human Resources	13-14
Physical Resources.	14
3. BIBLICAL AND THEOLOGICAL REFLECTION.....	15-16
Job	16
Naomi	17
David King of Israel	20-22
Mary, the mother of Jesus	22-24
Historical and Theological Reflection	24
Grief: Biblical Example of Divine Suffering	24-28
God: The Divine Mourner	28-29
The Doctrine of Impassibility	30
Psychological and Medical Suffering	31-32
What is Grief?	32
The Five Stages of Grief	33- 37
The Many Challenges of Grief	33-37
Other Recognized Stages of Grief/Mourning	39-43
4. CRITICAL EVALUATION.....	44

Means of Evaluation	46
Analysis of Quantitative Report	47-51
Analysis of Qualitative Report	52-53
<b>5. CONCLUSION</b> .....	<b>54-56</b>
<b>APPENDIX</b>	
A. PROJECT CALENDAR.....	57
B. Voluntary Consent Form.....	58
C. General Survey for Parents with Deceased Children.....	59-60
D. Pre-test for Grief Team Participants.....	61
E. Post-test for Grief Team Participants.....	62
F. Group Survey Evaluating the Presenter's Performance.....	63-64
G. Session Summaries.....	65-66
H. The Five Stages of Grief.....	67-85
Sources Consulted.....	86-89

## LIST OF TABLES

Table 1: Pre-Test Cronbach Reliability.....	48
Table 2: Post-Test Cronbach Reliability.....	49
Table 3: Paired Samples T-Test.....	50
Table 4: Descriptive Plots.....	51

## CHAPTER ONE

### INTRODUCTION

One of the most devastating events that could happen in the life of loving parents is to have a child or children die along life's journey. It does not matter how old the parents are or the child's age at their death. It matters not whether the child is an infant or toddler, pre-teen or adolescent, young adult or middle-aged adult.<sup>1</sup>

It does not matter whether the parents are a married couple who have decades invested in their relationship, whether they are newlyweds just starting their new family or single parents. When they lose a child, they all feel the cold, hard reality of losing a precious individual that cannot be replaced or ignored. When humans are forced by death to say their permanent goodbyes to their offspring, the event becomes an endless nightmare that grieving parents unwillingly learn to tolerate.

The natural progression of the life cycle and relationship between the parent and child is interrupted. Elderly parents expect their seed will offer burial rites for them someday after they expire. However, should their children die first, their expectation will no longer be a blessed hope but a painful reality only the wounded parent knows.<sup>2</sup>

The heartbroken sufferer is left empty to bear a loss unlike any other. The severity of such sorrow, in some cases, robs parents of their will to live.<sup>3</sup> This project aims to develop and support a work centered on helping grief-stricken parents and families

---

<sup>1</sup> Therese A. Rando, ed., *Parental Loss of a Child* (Champaign: Research Press, 1986), 12.

<sup>2</sup> Ibid., 12.

<sup>3</sup> Ibid., 12.

.that grieves the death of a child. My wife and I experienced the death of our dear son just over fourteen years ago. He was a healthy and witty “21-year-old” young adult full of life and three weeks away from graduating from North Carolina Central University in Durham, N.C. He suddenly became ill overnight and died less than 24 hours after arriving at the emergency room at UNC Medical Center in Chapel Hill. This traumatic experience birthed my passion for developing a supportive grief ministry team that focuses on people experiencing grief resulting from the death of a child.

Only this painful encounter of having to give up a child introduced us to a type of grief that seemed a thousand times worse than the grief that we experienced when my wife and I buried our parents and even some of our siblings. When our son died, we were devastated, and it seemed like we were walking around in a fog. I am not sure, but I believe we were in shock. Little did I know then that this intense grief would attach itself to us for years after we buried his body.

Only this harrowing experience taught us firsthand how much the grief that transpires from the death of a child can severely impact the mental state of parents in mourning. Some parents are so riddled with depression that they contemplate suicide as they seek relief from the painful void of their precious young. Yet the dark feelings that come with the loss are a natural part of the grieving process. Therefore, for some, not experiencing depression would be unusual.<sup>4</sup>

Kirk H. Neely, the senior pastor of the Morningside Baptist Church in Spartanburg, South Carolina, and the author of the book, “When Grief Comes,” talks

---

<sup>4</sup> Kubler-Ross and Kessler, 20.

about how grief is a learning process we encounter throughout our lives. He calls grief a long series of attachments and separations. Neely states:

The umbilical cord is cut, and a newborn is separated from the mother. The baby cries in its first expression of grief. The mother draws her child close to her breast to comfort and nurture. A new bonding is initiated; a new attachment begins. In the days ahead, some mothers may experience baby blues or postpartum depression, both grief reactions following childbirth. Throughout our lives, from birth to death, through the long series of attachments and separations, every attachment puts us at risk for a grief experience when inevitable separation occurs. Every experience teaches us how to grieve.<sup>5</sup>

Neely shares here an uncommon view of grief. His insight further enhances our understanding of why, as parents, our grief is much worse when we suffer the loss of a child than when we lose any other human being in our lives. The parent-to-child bond causes both parent and child to depend on each other in some respects. Every case is different, but this view helps us see that because of our loss, we can identify with those who grieve the death of a child because we share the same dilemma.

So it is, by comparison, in this project, along with 14 participants, I learned that the diverse circumstances in our lives, i.e., our ages at the time of our children's deaths, the ages of our children when they died, nor any of the other differences lessened the severity of our grief experiences.

In this project, the training and our experiences were a significant driving force for building grief ministry teams in the Zion Hill Baptist Church of Cherryville, North Carolina, and nearby community churches. Furthermore, what we have learned together will offer effective building blocks for grief team ministries throughout this nation.

---

<sup>5</sup> Kirk Neely H., *When Grief Comes*. (Grand Rapids: Baker Books, 2007), 75.

This project was of optimum importance for so many reasons. For example, We learned that in the early years after a child dies, some survivors' pain causes them to board an emotional rollercoaster filled with symptoms of both physical and mental illnesses.<sup>6</sup> In accordance with how traumatic some deaths occur, the results of such grief can show itself in diverse ways for some clients.

Below are listed a few:

- Reliving the event by constantly thinking about it all the time.
- Going numb, such as the person not caring about anything else that happens or having no other meaning in life.
- Using drugs, alcohol, work, food, pornography, or other addictive behaviors to avoid their feelings.
- Being on alert all the time by living in fear that another bad thing will happen.<sup>7</sup>

Therefore, the reality of this level of grief drove the necessity of this project. We hope that the development of this plan will be successful as a help to all who aspire to serve grieving parents. Likewise, I hope this project and our individual experiences will help our grief ministry team at Zion Hill Baptist Church to be more aware of what grieving parents are feeling and how the team can help survivors who mourn the death of a child.

---

<sup>6</sup> John S. Munday and Frances Wohlenhbaus-Munday, *Surviving the Death of a Child* (Louisville: Westminster John Knox Press, 1995), 9.

<sup>7</sup> Margret Hill, Harriet Hill, Richard Bagge, and Pat Miersma, *Healing the Wounds of Trauma: How the Church Can Help* (Philadelphia: American Bible Society, 1992), 23.

## CHAPTER 2

### PROJECT DESCRIPTION

This project trained willing participants to minister to people who suffer the difficult misfortune of the grief and loss of a child. The overall intent of this work was to cultivate a grief ministry of caregiving skills for the members at Zion Hill Baptist Church of Cherryville, North Carolina. This caring ministry of the church is designed to serve all who grieve, but the general focus of this project is to offer specialized care concerning parents who grieve the loss of a child.

The training was necessary because most church members, having not experienced losing a child, have no idea what this kind of grief is like. Likewise, the project required caregivers to ascertain what grieving parents feel and experience. Therefore, recruiting parents of deceased children was necessary for such a high goal to become a reality. Because of their unique situation, these participants are an absolute asset to the grief team ministry.

This project made caregivers aware of this level of grief: “*The Five Stages of Grief*,” i.e., denial, anger, bargaining, depression, and acceptance.<sup>8</sup>

Those who participated learned how each of the five stages plays a role in the framework that helps sufferers learn to live with their loss.<sup>9</sup> As we moved deeper into the project, there were further discussions about the stages of grief.

---

<sup>8</sup> Elisabeth Kubler-Ross and David Kessler, *On Grief and Grieving: The Meaning of Grief Through the Five Stages of Loss* (New York: Scribner, 2005), 7.

<sup>9</sup> *Ibid.*, 7.

Pastoral care is the business of the church. Therefore, it is a must that the church demonstrates a level of care that is unquestionably effective. The scope of this work is to educate the members who serve those overtaken by a child's death. It is of optimum importance that grieving people know that others genuinely care. According to his letter to the church in Rome, Paul the Apostle informed them of the importance of utilizing a support system to give an active, caring response (pastoral care) concerning the bereaved. "Rejoice with those who rejoice, and weep with those who weep."<sup>10</sup>

### **Project Recruitment**

In late January, I selected an experimental group from among the church body. I asked the church by vote to approve this group of participants to make them official. The experimental group was a maximum of fourteen people, including singles and couples of different ages, who have lost children and would be willing to receive training to provide grief ministry for others who have had children pass away.

These are the ones who want to help but are still trying to figure out what to do. Yet, when the unthinkable happens, they still find themselves helping others in tangible ways, i.e., cooking meals, running errands, listening to them, praying for them, or keeping them company. I followed through by issuing the congregation an overview of the project and giving them a guide with specific written details of their goals and related responsibilities to help them properly function in their roles during the project development.

Next, I developed a brief survey for the group to respond to get some insight into their understanding of grief and how it has affected each of them personally. No one was

---

<sup>10</sup> (Romans 12:14 NRSV).

asked to or expected to identify themselves after completing the survey. Finally, we agreed on a schedule for a meeting for the four training sessions.

All sessions were geared toward educating the participants about grief and training on how they could serve others who have experienced the death of a child. Some training will include “what not to say to those who have suffered the loss of a child,” i.e., “I know how you feel, or God just needed another flower in his heavenly garden, or God needed another little angel in heaven.” All training was given through a PowerPoint presentation.

Also, as a very influential part of the training, we allowed the participants to roleplay The Five Stages of Grief. Some of the participants were counselors, while others were clients.<sup>11</sup>

### **Project Setting**

Zion Hill Baptist Church, a predominately African-American church, was founded in 1925. The current physical location of the church has been the same since its inception. The sanctuary location is 3460 Zion Hill Rd., 4.0 miles North of Cherryville, North Carolina, outside the city limits near the Gaston/Lincoln County line. The place of worship is significantly closer to Cherryville Township but is in Lincoln County.

Per the records of the LCHA (Lincoln County Historical Association), Lincoln County, North Carolina, was formed in 1779 and is situated in North Carolina’s Piedmont region within the Charlotte metropolitan area. Its historical and cultural heritage spans over two hundred years and is one of the oldest counties west of the

---

<sup>11</sup> See Appendix 7. Chpt. 5

Catawba River. Lincoln County was formed from the eastern part of Tryon County and was named for Benjamin Lincoln, a general in the American Revolutionary War.<sup>12</sup>

The current membership of the congregation on record is 178. The weekly Sunday worship service averages between 75 and 110 worshipers. The Sunday School typically runs between 50 and 70 students, and the morning and evening Wednesday Bible classes currently average between 30 and 50 combined. In the early 1920s-1950s, most of the church's membership resided in Cherryville, with a few residing in rural Gaston County. But as the small congregation grew, the membership residency expanded throughout the 1960s, 1970s, and early 1980s into rural Lincoln and Cleveland Counties and beyond the Lincolnton, N.C. city limits. At its peak growth in the late 1960s through the mid-1970s, the congregation had a membership that exceeded 300 members on record. However, as time progressed, the membership numbers began to dwindle. Though the ministry is still birthing new members, we have often experienced difficulties closing the back door like most churches.

Concerning active financial supporters, the congregation is currently a general combination of mostly retired textile workers, retired educators, truck drivers, daycare and nursing home employees, social workers, driver education instructors, nurses, hospital employees, and a few specialized workers, including morticians, barbers, and entrepreneurs. Most supporting financial members in the early years included farmers/sharecroppers and housekeepers.

Historically, the church has had only six pastors, of which five previously were bi-vocational. The shortest-tenured served less than six months, and the longest-tenured

---

<sup>9</sup> Henry Gannett, U.S. Government Printing Office, 1905.

served about forty years. I am the first full-time pastor who has served the congregation. I was elected in April of 1992 after our pastor, who served for sixteen years, died. I was elected while maintaining a full-time secular job but was later made full-time by the church after I closed my trucking business in January 2006.

At this point in my ministry, I have served as Senior Pastor for thirty-one years. Before the call to pastor, I received Christ and joined the church in 1977. I served as a Sunday school teacher and church trustee in the early years. Later, following my call to the preaching ministry, I served as my pastor's assistant due to his failing health. My assignments as the pastor's assistant included teaching, preaching, and acting Pastor of Visitation (all voluntary). The church currently has four paid staff members: the pastor, the minister of music, a musician/lead guitarist, and a part-time custodian.

The focused agenda of the church identifies it as a mission-minded ministry. The church's mission slogan, "*On A Mission for The Master,*" aligns with the interests and ministry activities that the congregants have practiced for numerous decades.

Zion Hill Baptist is a member church of the Ebenezer Missionary Baptist Association, the Greater Cleveland County Baptist Association, the General Baptist State Convention, Inc. of North Carolina, and the Southern Baptist Convention, U.S.A., Inc. Some of the church's outreach ministries include an established foreign missionary who has received financial ministry support for over twenty-five years. Also, we operate an active food ministry in partnership with Second Harvest Food Bank of Metrolina, of Charlotte, North Carolina, and the Washington Missionary Baptist Church of Shelby, North Carolina.

Also, we have a prison ministry partnership with Gaston County Correctional Center in Dallas, North Carolina, allowing our laymen's/prison ministry team to transport a maximum of two inmates per Sunday from the correctional facility to the church for worship service.

### **Statement of Ministry Problem**

The problem that energizes the necessity of this project and its overall progress is that the church has a small but respectable number of caring people who earnestly desire to minister to our parishioners who grieve a child's death. Unfortunately, they often become uninvolved in the lives of those who need them to minister, but they lack the caregiving skills necessary to be effective for those stricken by this kind of grief. Moreover, those who have had children die agree that the suffering that transpires from the death of a child is a different level of distress compared to any other. I intend to research data that supports these comparisons in my project.

I am aware that those who would gladly minister to the bereaved do feel deeply for the parent's loss, and they are genuinely hurt for them due to the close, small church family relationships that we share with the parents. Yet, far too often after the child's funeral, the inexperienced caregivers shy away and drop from the ranks long before they should, leaving the grieving parents to suffer without the continued much-needed comfort and aid from their friends, extended family members, and church family.

Judy Tatelbaum speaks of this unfortunate reality in her book *The Courage to Grieve*.

Confronting loss and death is hard for us survivors. We feel overwhelmed and helpless when we hear of another's loss. One consequence of the denial of death in our society is that we are often ignorant and unskilled in coping with loss, be it our own or another's. We may want to help, but we do not know how.

Having no idea what to do when we hear of a death, many of us run away from supporting the bereaved.<sup>13</sup>

Thus, the caregiver's struggle is as complicated as the parents' grief. Some caring souls cease to hang around grieving parents because they do not know what to say or fear they might offend the grieving parents while trying to entertain them during the long periods of silence. Some caregivers may feel an emotion related to Survivor's Guilt, but it is somewhat different. Their guilt is not because they have survived a traumatic experience while a friend or companion perished, i.e., warfare, a plane crash, or an auto accident. Instead, they feel guilty because of not knowing how to help those mourning a deceased child while they still have their children and never having suffered the loss of a child.<sup>14</sup> Too many have witnessed this firsthand. By the lettered acronym, I refer to the problem as C.M.I.A., Caregivers Missing In Action. Compared to a soldier being A.W.O.L. in the military, Absent Without Official Leave is being absent from your post without permission or being absent with intent to desert.<sup>15</sup>

This traumatic occurrence introduced our family to a type of grief that seemed a thousand times worse than the grief that we experienced when we buried our parents and even some of our siblings. When this occurred, we were devastated, and it seemed like we were walking around in a fog. I am not sure, but I believe that we were in shock.

Little did we know that after we buried his body, this grief would attach itself to us for years. The problem is that years of misery can negatively impact husbands, wives,

---

<sup>13</sup> Judy Tatelbaum, *The Courage to Grieve, Creative Living, Recovery, and Growth Through Grief* (New York: Harper & Row Publishers, 1980), 73.

<sup>14</sup> Tatelbaum, 33-34.

<sup>15</sup> "AWOL." *Merriam-Webster.com Dictionary*, Merriam-Webster, <https://www.merriam-webster.com/dictionary/AWOL>. Accessed 1 September 2023.

siblings, and single parents. Some parents are profoundly affected until strong marriages unravel after the death of a child. In contrast, other parents' cases slide into a depression that causes them to break down mentally.

These are just a few reasons for the development of this project. With this project, I hope to accomplish at least two things:

- (1) To successfully build a team of skilled caregivers in the church that can be available to help the bereaved as they journey through their season with grief, especially those that weather grief from the death of a child.
- (2) To document much-needed information that can provide the training needed and enhance the caregiving skills of those who serve the bereaved.

As a pastoral care ministry, if we can fulfill these two objectives, I believe that not only can we expect to see success within our church body, but likewise, we will be able to offer valuable grief care ministry training for other churches throughout the community. Having experienced the loss of a child, as for specialized grief ministry training, it is better to have it and not need it than to need it and not have it.

### **Project Goals**

The target of the project is to launch a grief ministry team among the members of the Zion Hill Baptist Church of Cherryville, N.C., that will have the skills to minister to the bereaved in any capacity and to be exceptionally skillful in ministering to parents who grieve the death of a child. It is for this cause that this project is necessary. The end of a beloved person in the life of those who grieve is a critical event. Yet, unfortunately, some

family members endure complicated grief for years, while others display occasional episodes of distress.

These reactions are prevalent in individuals who share close relationships with their deceased loved ones. However, for persons with children who preceded them in death, in most cases, the grief appears to be more severe and lasts much longer than usual. Therefore, the unique nature of grief following the loss of a child promotes the rationale for educating church members and equipping them to minister to those suffering such distress.

### **Human Resources**

During the development of this project, we united and utilized a group of parents of deceased children. This group consisted of parents whose ages span three generations. The goal was to have a minimum of eight and a maximum of fifteen parents who grieve the loss of a child. I succeeded by recruiting a total of fourteen participants. From this congregation, these numbers were not unrealistic when considering the age ranges of the parents and the deceased children. Most of the participants were members of Zion Hill Baptist Church.

Also, a few others from the greater community with children who passed away joined us in the training sessions. The members of Zion Hill and those of the greater community are all residents of Lincoln, Gaston, and Cleveland counties. One of the original objectives was to form a diverse group to examine whether spiritual or non-spiritual influences, i.e., Christian or non-Christian persuasion, made a difference concerning how parents grieve deceased children and if these participants could be candidates to work in a grief ministry team.

Each group member could express how they were affected by their child's death in an open setting. In addition, husbands and wives were allowed to share their perspectives concerning the emotional impact they sensed due to losing their child or children.

### **Physical Resources**

All training occurred at the Zion Hill Baptist Church, 3460 Zion Hill Rd., Cherryville, where we had access to the sanctuary, fellowship hall, classrooms, television, printer, office supplies, and offices. The Zion Hill Baptist Church kitchen staff prepared a light meal for every session. All training meetings took place in the church fellowship hall.

### CHAPTER 3

#### BIBLICAL AND THEOLOGICAL REFLECTION

##### Grief: Biblical Examples of Human Suffering

When children die, parents who experience such traumatic events are hurled directly into mental and psychological chaos. The emotions, without hesitation, shift instantaneously from whatever they were before the loss of that treasured individual to a combined state of sadness, sorrow, and suffering. As a result, a child's death is sometimes called “untimely death.” Whether sudden or anticipated, a child’s death always precipitates enduring grief. Family members have the sense that they have lost not just a son or daughter but also a part of their future.<sup>16</sup>

For this reason, this project is necessary for the Zion Hill Baptist Church of Cherryville, North Carolina, ministry setting. As a church, at least one of our ministries should be geared toward the care and support of parishioners who experience the misfortune of losing a child. I understand that the ability to minister to all who grieve is essential, but to have a grief ministry team trained to be aware of the additional hardships resulting from the loss of a child and the skills to help in a time of need is of optimum importance.

Therefore, I am confident that this project was necessary due to the overwhelming grief people experience in this present age concerning the death of children worldwide.

---

<sup>16</sup> Neely, *When Grief Comes*, 96.

As I work to present a better argument, I see four familiar cases in Scripture that can offer a convincing Biblical rationale for my project.

## Job

In the Bible, we see the stories of people who endured the death of their beloved children. On our journey through the holy scriptures, we become acquainted with characters who seem larger than life but are undoubtedly like all of us who have had someone dear to “*Walk through the valley and the shadow of death*” (Psalm 23:4). This statement is what we share with those who walked with God long before us. And, so it is, they, too, grieved the ones so intimate to them. As for cases of persons who have suffered the loss of children in the biblical context of scripture, there is no more extraordinary case than Job and his wife. Job personally endured the severe pain and sorrow of grief over his seven sons and three daughters, combined with suffering the loss of “All that he has.”<sup>17</sup>

The total loss of everything that Job possessed foreshadowed the transformation of his celebration of blessings into destruction and grief. This just man, whose closest friends came out to comfort him as he grieved, heard about the calamities that had befallen Job and went as a (unified group) to “console and comfort him,” a traditional expression of solidarity in grief. He was deprived of this gesture of friendship, which made suffering even more challenging. In the text, they seem not to recognize Job immediately, but soon they do, for the sight of him provokes their gestures of grief, i.e., weeping, tearing their robes, and throwing dust into the air sprinkling upon their heads.<sup>18</sup>

---

<sup>17</sup> Carol A. Newsom, “Job”: in *The New Interpreter’s Bible*. (Nashville: Abingdon Press 1996), 350.

<sup>18</sup> Carol A. Newsom, “The Book of Job,” in *The New Interpreter’s Bible*, (Nashville: Abingdon Press 1996), 357-358.

They sat with him for seven days, sharing his grief in silent care. Still, later, they proved themselves unskillful caregivers because they opened their mouths against him in judgment with empty accusations that they should have kept to themselves. Job's three friends, who started as a personal support system for him at this traumatic time, failed him miserably and then somehow put him on trial as one who had practiced some extreme wickedness. In their estimation, Job was only reaping what he had sowed.<sup>19</sup>

### Naomi

Naomi was blindsided by the sudden death of her husband, Elimelech, after leaving their home in Bethlehem-Judah due to a famine in the land. Elimelech, Naomi, and their sons Mahlon and Chilion had moved to the country Moab with the hopes and dreams of a new start and a brighter future. But then the unexpected happened. Now, Naomi and her sons were left grieving the loss of their father. The text does not reference how old Naomi was, nor does it tell the ages of her two sons at the time of Elimelech's death. Regardless of how little we know about these facts, this incident was the most arduous trial this family had ever experienced. It was a difficult challenge for Naomi to bury her husband and continue raising her sons, who could have possibly been adolescents at the time. Even if they were already adults, the more profound endurance of Naomi's grief had not yet come to pass. Little did she know that after dwelling with her sons in Moab for ten years and enjoying the blessing of seeing them both marry wives, she would have to return to the graveyard so soon (Ruth 1:15).

---

<sup>19</sup> NRSV. Job

Those who have endured the loss of a child can testify that it was very challenging to bury one of their offspring. Still, the grief must have seemingly been unbearable for the parent(s) who have endured the burial of a total number of their children at once. Therefore, it is reasonable to believe that Naomi expected to experience the joy of having grandchildren. Still, when both of her sons died, the remainder of her family and her future went to the grave, also.

It is easy to deem that due to these hard years of suffering, Naomi had become somewhat accustomed to her grief, insomuch that she made the solid decision to change her name. She knew her name meant “sweet” or “sweetness,” but this was no longer how she felt. Life had not been sweet for her, and she did not expect things ever to change because now she was a widow indeed. Naomi blamed the Lord for her emptiness and did not ask nor expect Him to act on her behalf. She believed her husband's and son's deaths resulted from divine judgment. So now the one whose name was called Sweet is called Mara. She is (bitter), and she has settled with her grief. As the story goes, she eventually lets go of her bitterness, but this change involves the care of the daughter-in-law, who refused to leave her during her greatest need.<sup>20</sup>

Reading Naomi's story more thoroughly has raised my awareness of her hardships. As I examined her case, it slightly reminded me of Job's story. Between these two familiar examples of suffering, there are a few undeniable similarities surrounding their losses. Both Job and Naomi underwent the most challenging trial known to humans worldwide. Job painfully agonized over losing all his dear children, and Naomi suffered heartache over losing her beloved husband and precious sons. They were stripped of what bore the most significant value to them on earth. Job's loss arrived all at once, while Naomi's loss developed over a decade, but that did not make one tragedy any less complex than the other. Loss of family, from any perspective, is still a loss.

---

<sup>20</sup> Kathleen A. Farmer, “The Book of Ruth,” in *The New Interpreter's Bible*, (Nashville: Abingdon Press, 1998), 911.

In her book, *The Gospel of Ruth*, Carolyn Custis James points out some realities Naomi encountered directly resulting from her significant loss. James relates to Naomi as “A Female Job.”<sup>21</sup> Upon investigation, by comparison, the bankrupt lives of both Job and Naomi could present some unsettling inquiries about God for many readers. There may be questions surrounding His apparent unwillingness to rescue the families of these two faithful believers from destruction. During these devastating occasions, God does not react to what is happening. He did not attempt to reverse the arduous trials that overtook this man and woman. These servants lived during different eras and were from two different places. They lead entirely different lives. Job started rich, and Naomi began full, but they both became empty and continued trusting God.<sup>22</sup> People of faith don’t understand why God doesn’t always respond in the way they want him to when trouble arises, but they trust Him during the tough times and hard pains of life and the good times, enjoying the beautiful pleasures that he freely gives.

In either case, not once does God explain himself. He didn’t tell Job about his earlier conversation with Satan, and he didn’t give Naomi three good reasons why her world fell apart. As a result, both sufferers went to their graves with their whys unanswered and the ache of their losses still intact. But somehow, because they met God in their pain, both also gained a deeper trust in him that weathers adversity and refuses to let go of God.<sup>23</sup>

Having rediscovered Naomi’s story, I am convinced that her example is noteworthy as a testament to everyone who has encountered such severity of a loss. Naomi was a strong woman whose sanity could have easily derailed amidst her

---

<sup>21</sup> James, 36.

<sup>22</sup> Carolyn Custis James, *The Gospel of Ruth: Loving God enough to break the rules*. (Grand Rapids: Zondervan, 2008), 36-37.

<sup>23</sup> James, 37.

circumstances had she not had the support system of her daughter-in-law combined with her great faith. Naomi displays a powerful example of survival through the timely process of unwelcome, unsolicited, uninvited, and unwanted grief.

James goes on to say;

The collapse of Naomi's world did not happen in a day but was spread out over years of heartache and tragedy. No heroic rescue workers were rushing in to carry her to safety. No grim-faced news anchors were there choking back tears as they reported a relentless sequence of disasters that shocked her. No half-mast flags or weeping nation were there to grieve her losses. Instead, Naomi's grief was coming long, the buildup of years of significant disappointments, setbacks, and loss retold by the biblical narrator as cold facts in five short verses without a sigh or a tear.<sup>24</sup>

Had it not been for the love of her daughter-in-law Ruth, Naomi probably would have had no one to dwell with her and share comfort in the loss they had in common. Ruth decided not to abandon Naomi to return to her people or their gods long before the subject arose for discussion. Instead, she settled on making Naomi's people her and Naomi's God hers until death (Ruth 1:16-18).

David, King of Israel

And then there was King David, who was brokenhearted several times over the deaths of his children. First, there was his infant son, Bathsheba's baby (2 Samuel 12:16-32). The loss of this son was a very challenging event in David's life. It seems as if this child's survival became one of David's most passionate desires, insomuch that he pleaded to God for the child's life in tears and fasting, but because this child came forth as a product of David's sin, God did not allow the baby to live (2 Samuel 12:15-25).

---

<sup>24</sup> James, 37.

Knowing this, it is reasonable for any reader to conclude that God directly ordered the death of this child. Because of David's affair with Bathsheba and the murder of her husband Uriah, the calamity never left David's life. Though God forgave him of his sin, he still suffered the consequences of his actions. Nevertheless, one must note that the Bible does not proclaim nor teach that the deaths of all children are connected to the parent's sins. This judgment relates to David's case as recorded in the scriptures.

This is a disturbing story for modern readers in the church. We do not wish to think that God exacts the lives of innocent children as punishment for a parent's sins. But this text assumes that all things come from God, including this child's illness. From this point of view, all deaths are a part of the mystery of God's providence. God can and does use the circumstances of our lives to further the purposes of divine grace and judgment. However, this story does not make a generalized claim about the deaths of all children.<sup>25</sup>

Then following the loss of Bathsheba's baby boy came the death of David's eldest son, Amnon, who was murdered in cold blood by his brother and David's third son Absalom for raping their sister Tamar (2 Samuel 13:23-28). And then, of course, as a result of all that had transpired in the King's family, Absalom rebelled against his Father and died at the hands of General Joab, during a battle in the forest of Ephraim, after getting caught by his hair as it became intertwined with tree branches, (2 Sam. 18:9-33).

After receiving the news of Absalom's death, David was overtaken with grief and deeply mourned the young man, wishing he had died instead. The grief that David suffered over the death of Absalom is drawn out in the continued repetition of his calling, "*O my son Absalom!*" (2 Sam. 18:33). Such pain was that of the King of Israel as he sorrowfully grieved the death of his beloved children in every case that he experienced.

---

<sup>25</sup> Bruce C Birch, 1&2 Samuel, in *The New Interpreter's Bible*, (Nashville: Abingdon Press, 1998), 1298.

The King's emotional outbursts seem not limited to Absalom's loss alone. David is also grieving the death of Bathsheba's son, the rape of Tamar, the murder of Amnon, the loss of the people's trust, and, ultimately, the knowledge that he is the one to blame. So, the prophet Nathan had declared to David that the sword would not depart from his house. . . . . The prophet had been devastatingly correct: David's sin had brought the king to his knees, his kingdom to the ground, and his son(s) to the grave. But even after all of this, there was still life for David by God's grace, and all was not lost.<sup>26</sup>

These biblical accounts support that it does not matter the age of the children or the parents. Regardless of how the death occurs, the loss of one's child/children is a harrowing event.

Mary. Mother of Jesus

And finally, we cannot forget Mary, the mother of Jesus, who witnessed her divine son enduring the pain and impending death on a Roman cross (Luke 23:33). There is no doubt concerning the severity of Jesus' suffering. Still, Mary's painful grief and loss must not be taken lightly. Though God chose her to be the earthly mother of the promised messiah, this young woman of great faith still had to wrestle with her grief and loss, along with her emotional investment in her eldest son.

Therefore, it is reasonable to trust that care is where skillful, loving caregivers prove their value. While standing at the foot of the cross, Mary was not alone, nor would she be alone after the Lord's resurrection and return to His place in heaven. Though Christ would arise from the dead, Mary still needed a support system that would not fail her.

---

<sup>26</sup> Tony W. Cartledge, *Smith & Hewlys Bible Commentary, 1 & 2 Samuel*, (Macon: Smith & Hewlys Publishing, 2001), 608.

Meanwhile, standing near the cross of Jesus were his mother and his mother's sister, Mary, the wife of Clopas and Mary Magdalene. When Jesus, therefore, saw his mother, and the disciple He loved standing beside her, he said to His mother, "Woman, here is your son." Then He said to the disciple, "*Here is your mother.*" And from that hour, the disciple took her to his own home. (John 19:25-27).

Although Mary birthed the Son of God, and witnessed first-hand how unique he was throughout his life on earth, her experiences of seeing his great power did not lessen her grief and sorrow when he died.

The grief process for a bereaved mother is both intense and lengthy. Certain factors must be considered by skilled caregivers, such as the intensity and duration of maternal grief: the age of the child at the time of death, circumstances surrounding the end of the child, and the role of the child in the family system. After the death of her child, a mother begins to grieve for what might have been, for the loss of the future, and for what will be no more. Her process entails learning to live without her child in her life. Therefore, the life and death of her child compose a bereaved mother's story, which continues to unfold as she works through her grief.<sup>27</sup>

Unsurprisingly, biblical sources offer fine examples of persons who long ago suffered the unwelcome misfortune of seeing their children expire before themselves. Over time, such grief has caused suffering time and time again in humanity. Therefore, historical and theological sources offer good arguments supporting the idea that God suffers along with the human family He created.

Be assured that every person who lives long enough will face times of grief and trial, and some of our troubles can be traced to our mistakes. In any case, we can spend our lives in brutal self-recrimination, or we can, like David, learn to accept the grace of God, who forgives our sins and offers us another chance. (Rom. 6:23). Grief must be worked through. It was not wrong for David to grieve the loss of his son, nor may we assume that his grief work was done when he acceded to Joab and went out to review the troops. Sorrow and loss are genuine and must be experienced, but they do not mark the end of life, only a new beginning. With faith, courage, and God's grace, believers can

---

<sup>27</sup> Rando, 1986.

face even the most profound agony of grief with hope and let that sorrow become their strength for days.<sup>28</sup>

### **Historical and Theological Reflections**

#### **Grief: A Biblical Example of Divine Suffering**

Expectedly, we become overly acquainted with human suffering in this life. No one is exempt. No race, creed, national origin, rich or poor, or people on any continent can escape the cold hands of suffering, primarily related to death and dying. It is all around us daily, and we all are among the millions who can testify to the pains and sorrows we endure from our personal experiences. Yes, we all sometimes encounter hurt in our lives. Many afflictions visit us long before we face the inevitable reality of our death.

However, for many people of the Christian faith, the certainty of suffering is not something they feel they bear alone, especially those who have endured the painful experience of having to bury their child. For many believers, their ability to continue with a purposeful life after such an ordeal is to lean heavily on their faith, with the assurance that the God of their salvation shares in their suffering because he, too, endured the death of His only begotten Son.

A sovereign creator who shares in their suffering brings peace that the believer cannot deny. Therefore, many in Christendom look to Old Testament scripture passages as typological evidence supporting the fulfillment of prophecy concerning Christ. For

---

<sup>28</sup> Tony W. Cartledge, *Smith & Hewlys Bible Commentary, 1 & 2 Samuel*, (Macon: Smith & Hewlys Publishing, 2001), 609-610.

example, Isaiah 53, verses 3 through 5, commonly entitled, *The Suffering Servant*, is believed to be the prophecy that speaks specifically concerning the suffering of Jesus over some 700 years preceding his incarnate birth.

He was despised and rejected by others; a man of suffering and acquainted with infirmity; and as one from whom others hide their faces, he was despised, and we held him of no account <sup>4</sup> Surely, he has borne our infirmities and carried our diseases. Yet, we accounted him stricken, struck down by God, and afflicted. <sup>5</sup> But he was wounded for our transgressions, crushed for our iniquities; upon him was the punishment that made us whole, and by his bruises, we are healed (Isaiah 53:3-5).

However, the idea of a God that suffers does not make sense among non-believers, professing atheists, other religious entities, and even Jewish circles. Especially those devout practitioners of Judaism cannot imagine the coming Messiah as one that suffers as a victim rather than one who reigns as the victor. It is impossible that he should suffer persecution at the hands of any man or that he should die as a criminal on a cross. Therefore, Christianity is an offensive religion that offers up its God as a weak, suffering sinner.

Moltmann states that:

In Israelite understanding, someone executed in this way was rejected by his people, cursed amongst the people of God by the God of the law, and excluded from the covenant life. 'Cursed be everyone that hangs on a tree (Gal. 3.13; Deut. 21.23). Anyone who, condemned by the law as a blasphemer, suffers such a death is cursed and excluded from the circle of the living and the fellowship of God. 'We have a law, and by that law, he ought to die because he has made himself the Son of God (John 19.7). One can only turn one's back on him. Of course, when Israel was occupied by the Romans, there were many freedom fighters during the revolts who

died on the cross. But they were martyrs for the righteous cause of the God of Israel and not rejected blasphemers.<sup>29</sup>

The foundation of faith in a suffering God is supported by what some theologians would conclude as minor investigations and cross-references between Old and New Testament studies. However, for many believers, Jesus Christ's sufferings recall the fulfillment of the Isaiah 53 passage and are recorded in the synoptic gospels (Matthew, Mark, Luke, and John). Christians receive these writings as acceptable evidence of God's suffering, which is voluntary on God's part.

Therefore, his suffering is motivated by his love (agapē | ἀγάπη) for the humanity that He created. From this view, the question arises, "Does the thought of a God that suffers suggest that The Almighty is showing an attribute that can be called The Weakness of God?"<sup>30</sup>

As I seriously consider this thought, I am convinced that since God demonstrated the ability to submit to human suffering in His divinity, He also showed how mighty He truly is and that there is no power greater than His love for his grieving creation. However, for the sake of argument, in the book *The Creative Suffering of God*, Paul S. Fiddes quotes the words of Dietrich Bonhoeffer, as he wrote from a Nazi prison on July 16, 1944. Bonhoeffer says that:

God lets himself be pushed out of the world onto the cross.  
He is weak and powerless in the world, and that is precisely  
the way, the only way, in which he is with us and helps us. . .  
The Bible directs man to God's powerlessness and suffering;  
only the suffering of God can help.<sup>31</sup>

---

<sup>29</sup>Jurgen Moltmann, *The Crucified God: The Cross of Christ as the Foundation and Criticism of Christian Theology* (New York: Harper & Row Publishers, 1973), 33.

<sup>42</sup> Paul S. Fiddes, *The Creative Suffering of God* (New York: Oxford University Press, 2002).

<sup>31</sup> Fiddes, 2002.

Considering Bonhoeffer's theory, I am uncertain whether God is motivated or driven to suffer by the power of God or the weakness of God. However, as a person of faith, I am satisfied in believing that when we suffer, God suffers.<sup>32</sup> In Keating and White's book, *Divine Impassibility and the Mystery of Human Suffering*, Gary Culpepper, in his essay, One Suffering in Two Natures, "*An Analogical Inquiry into Divine and Human Suffering*," suggests that God suffers along with humanity in our pain, grief, and suffering. He says:

The suffering and death of Jesus Christ, the Son of God, reveal the eternal identity of God and the mysterious truth about human suffering. He argues that according to the Council of Chalcedon, the suffering of the man Jesus can never be separated from the eternal life of the Son, and as such, from the perfection of the eternal life of the Trinity. This suggests to many Christians that God should be said to suffer, not according to his divine nature, but only in the human nature that the divine person of the son assumes.<sup>33</sup>

It is evident that every soul that has expressed boundless love and has suffered an extreme loss due to the death of a loved one, especially the end of a child, has also been under the overwhelming influence of the grieving process. Everyone grieves (mourns) at some time in life. This is a just product of the human condition. Mourning is enveloped in our suffering from which no one is exempt. So, now the driving question for consideration is, "Does God mourn just as humans mourn?" Since many Christians now

---

<sup>32</sup>Jurgen Moltmann, *The Crucified God: The Cross of Christ as the Foundation and Criticism of Christian Theology*, 73.

<sup>33</sup>James F. Keating and Thomas Joseph White: *Divine Impassibility and the Mystery of Human Suffering*, (Grand Rapids: Wm. B. Eerdmans Company, 2009), 97.

believe that God suffers, God must also mourn. Have you ever considered God as a mourner when your loved ones die?

#### GOD: The Divine Mourner

In his book, *The Suffering of God: An Old Testament Perspective*, Terence E. Fretheim argues that God does indeed mourn. According to Fretheim, anytime we read where God is forced to issue judgment upon a nation, God is likewise brought to a place of mourning. In the Old Testament, when judgment comes, the conclusion of an impending condemnation is usually death. Some cases throughout the scriptures support that God is participatory in lamentation over the deaths of those who force his judgment to arise. For example, in Isaiah 15:5, 16:9, and 16:11, God has brought judgment against Moab, but now He responds with his grief for the people in divine speech. . .

My heart cries out for Moab. Therefore, I weep with the weeping of Jazer. . . I drench you with my tears. My soul moans like a lyre for Moab and my heart for Kir-Heres.” And again, in Jer. 48:30-32, 35,36, he says: “I know his insolence, says the Lord. . . Therefore, I wail for Moab; I cry for Moab; for the men of Kir-Heres, I mourn. More than for Jazer, I weep for you.”<sup>34</sup>

Considering the human capacity to grieve a loss, scripture acknowledges that God does mourn and suffer pain for the hurts of humanity. Thus, it seems rational that since humans are created in the image of God, that God, by the suffering and death of Jesus Christ on Calvary, God made the divine choice of feeling our every hurt physically, spiritually, and emotionally. That being the case, I am persuaded that God chose to share

---

<sup>34</sup> Terence E. Fretheim, *The Suffering of God, An Old Testament Perspective*, (Philadelphia: Fortress Press, 1984),132-133.

in our pain from the very day that humanity, through disobedience, chose to deliver sin into the world (Gen.1:26, 3:1-24).

### Did God the Father Grieve the Death of His Only Begotten Son?

The idea of divine suffering related to Jesus Christ is certainly not a topic of debate among most Christian circles. But what about the suffering of God the Father? What is the school of thought surrounding God's divine suffering/grieving; as the heavenly father/parent of the only begotten divine son? Could God have possibly grieved over the death of Jesus in like fashion as humans grieve over the death of their children? This question is full of mystery. Few resources even discuss this thought as a possibility. However, at least two authors consider that God the Father shared in the suffering of the Son. In his book *The Crucified God*, Jürgen Moltmann quotes, "In the passion of the Son, the Father himself suffers the pains of abandonment. In the death of the Son, death comes upon God himself, and the Father suffers the death of the Son in his love for forsaken man."<sup>35</sup>

Also, in the book, *Theology of the Pain of God*, Kazoh Kitamori says, "God the Father who hid in the death of God the Son, is God in Pain. Therefore, the pain of God is neither merely the pain of God the Son, nor merely the pain of God the Father, but the pain of the two persons who are essentially one"<sup>36</sup> Nevertheless, there seem to be far more resources supporting the school of thought that God the Father is incapable of suffering or that suffering is foreign to God and that His nature will not allow Him to suffer.

---

<sup>35</sup> Kazoh Kitamori, *Theology of The Pain of God*, (Richmond: John Knox Press,1965), 192.

<sup>36</sup> Kitamori,115.

## Divine Impassibility vs. Divine Passibility

The idea of divine suffering is a familiar one. In his book, *The Passion of God*, Warren McWilliams argues with several supporting voices that God is passionate about suffering with humanity. He quotes J. K. Mozley's three motives for prompting God's involvement in suffering with his human creation. Mozley contends in this order,

- (1) God as love is the central theme of the Christian faith. To love necessitates the possibility of suffering; otherwise, God would be indifferent and unloving.
- (2) Divine immanence must complement divine transcendence. God must be sensitive to its suffering if he is actively engaged in the world.
- (3) The cross points back to the heart of God and reveals God's eternal nature.<sup>37</sup>

The general idea of impassability is not contemporary but was considered a common perspective in the patristic period when the early church Fathers established doctrines that promoted such philosophical influences.

Regarding *The Passion of God*, we must briefly discuss two terms in favor of and contrary to this passion. These are referred to as the passibility and the impassibility of God. First, let us talk about impassibility. As we continue thinking concerning God's capacity to suffer along with humanity, some scholars look deeply through systematic theology and contend that according to the doctrine of divine impassibility, *God is incapable of suffering as humans do, nor does he share in human suffering*. Impassibility

---

<sup>37</sup> Warren McWilliams, *The Passion of God: Divine Suffering in Contemporary Protestant Theology* (Macon: Mercer University Press, 1985), 4.

is "incapable of being affected or acted upon." Impassibility is a derivative from the Latin root *passio* (suffering), i.e., "God is without suffering or passion."<sup>38</sup>

And, of course, there is the doctrine of divine passibility, which argues that God can suffer. According to McWilliams, even though several scholars and theologians have studied God's passion, only Jürgen Moltmann uses the category of "passion" systematically. Still, others refer to God's pain, empathy, sorrow, sensitivity, suffering, pathos, or passibility.<sup>39</sup> Since the early nineteenth century, various theologians, Bible scholars, and theorists of religion have condemned the doctrine of divine impassibility, while more Christian scholars are affirming the doctrine of divine passibility because it is agreed that "The concept of divine suffering is not only the core of our faith but the uniqueness of Christianity."<sup>40</sup>

#### Reflection: Psychological/Medical

To completely comprehend grief, one must have more than just the experience of suffering itself. Everyone sometimes grieves in life, but most have no understanding of the grief they are experiencing nor the ability to define or identify the effects of their grief process. Research in psychology presents clear support and rationale for training persons to serve as grief counselors/ministers in the church setting. Such service is much needed, especially for those who grieve the death of a child.

---

<sup>38</sup> Van A. Harvey, *A Handbook of Theological Terms* (New York: Macmillan, 1964), 129.

<sup>39</sup> McWilliams, 4.

<sup>40</sup> Jung Young Lee, *God Suffers for Us: A Systematic Inquiry into a Concept of Divine Passibility*. (Leiden Boston, Netherlands: Martinus Nijhoff Publishers, 1974), 4.

Psychologists agree that when a child dies, the trauma of the related grief and loss weighs heavier on the parents than in any other relationships they may be a part of. One of the most extreme ordeals that one can conceive is having to endure the death of a child. Bereaved parent and psychologist Judith R. Bernstein agree from her own experience:

When a child dies, the ground on which we depend for stability heaves and quakes, and the rightness and orderliness of our existence are destroyed. Nothing in life prepares us; no coping skills are learned. Parents who lose their children are thrown into chaos. The loss of a child is shattering and unique among casualties.<sup>41</sup>

What is Grief?

Thomas Attig, in his book *"How We Grieve,"* addresses the fact that some medical Professionals refer to grief and bereavement relating to illnesses, diseases, and healing.

Attig says:

We are told that when we are bereaved, it is as if we have had an illness thrust on us. We are given medical analogies as we are told that our grieving is like healing or recovery. Attig borrows a process from Linnemann, described as "symptomatology and management" of acute grief that likens grieving to a psychiatric illness. He quotes Engel also, who suggests that grief is like a disease with a classic syndrome of symptoms and compares grieving to a healing process Attig adds the statement of one other professional in his argument. Parkes says grief is a functional psychiatric disorder with distinctive features and a relatively predictable course.<sup>42</sup>

(Following are definitions of grief provided by standard medical reference works.)

---

<sup>41</sup> Judith R. Bernstein, *When the Bough Breaks, Forever After the Death of a Son or Daughter*. (Kansas City: Andrews and McMeel, 1997), 3.

<sup>42</sup> Thomas Attig, *How We Grieve. Relearning the World*. (New York: Oxford University Press, 1996), 43.

Grief is keen mental suffering or distress over affliction or loss. 2. Mental suffering or distress in response to a threatened or actual loss, such as loss of a body part or function, death of another person, one's possessions, job, status, or ideas; see also mourning.<sup>43</sup>

Grief is often identified by a nearly universal pattern of physical and emotional responses to grief, separation, or loss. It is time-linked and must be differentiated from depression. The physical components are like fear, rage, and pain: Stimulation of the sympathetic portion of the autonomic nervous system can cause increased heart and respiratory rates, dilated pupils, sweating, bristling of the hair, and increased blood flow to the muscles, and increased energy reserves. Digestion slows. The emotional components proceed from alarm to disbelief and denial, to anger and guilt, to a search for comfort, and finally, to adjustment to the loss. How a grieving person behaves is greatly affected by the culture in which they have been raised.<sup>44</sup>

Grief is commonly classified as a combination of mental and physical responses to a significant loss, especially the loss of a loved one. The mental aspects include unhappiness, anguish, pain, guilt, anger, and resentment. The overaction of the sympathetic part of the autonomic nervous system causes the physical elements. This overreaction causes rapid breathing and heart rate, loss of appetite, a sense of a lump in the throat (GLOBUS HYSTERICUS), a fluttering sensation in the upper abdomen, and sometimes severe restlessness. Grief follows a pattern of recognizable stages: a sense of being stunned; refusal to accept the event; denial; a feeling of alarm; anger; guilt; and, eventually, consolation, adjustment, and forgetting.<sup>45</sup>

### The Five Stages of Grief

As we peer into further psychological reference, we find that the doctors/psychologists and specialists around the globe who are grief experts agree that grief can

---

<sup>43</sup> Marie O'Toole, ed. (1997). *Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing & Allied Health* (6th ed.). W. B. Saunders. pp. xv-xvi, Preface. ISBN 0-7216-6278-1.

<sup>44</sup> Douglas M. Anderson, ed. (2002). *Mosby's Medical, Nursing & Allied Health Dictionary* (6th UK ed.). Mosby Publishing, St. Louis, Missouri, USA: [Mosby](#). ISBN 0-7234-3225-2.

<sup>45</sup> Robert M. Youngson, *Collins Dictionary of Medicine* (New York: HarperCollins Publishers, 2005), s. v. "Title," accessed March 16, 2017, <http://medical-dictionary.com/grief>

be easily identified in the lives of those who suffer as they develop at least five stages.

*Elisabeth Kubler Ross*, a world-renowned psychiatrist and author from Zurich, Switzerland, offers some insight surrounding grief in its developmental stages.<sup>46</sup>

### Denial

It is common among grieving parents to experience their grief in stages. There are initially five stages of grief. Of these stages, the first is usually *Denial*; however, not everyone will necessarily go through all five stages, nor is any of the stages guaranteed to come in a prescribed order.<sup>47</sup> As for the denial stage, general disbelief hits the surviving parents that their child is gone. It is not that they don't know that the child is deceased, but rather the initial shock of such a loss leaves them numb with the mind locked on, "I can't believe he or she is dead." The person(s) says this because the tragedy is too much for their psyche.<sup>48</sup>

### Anger

*Anger* is a stage that presents itself in many ways: You may be angry at your loved one for leaving you or at yourself because you feel you lacked in taking better care of them. A parent might be angry at God because he took their child, or you may be angry because you did not see this coming, and when you did, you

---

<sup>46</sup> Elisabeth Kubler-Ross, and David Kessler, *On Grief and Grieving*, 98.

<sup>47</sup> See Appendix 2.

<sup>48</sup> Kubler-Ross and Kessler, 8.

could do nothing to stop it.<sup>49</sup> Some parents will be angry with doctors for not saving someone so dear to them. Some parents are angry because they are confined to living in a world where they can no longer see, feel, talk to, or find their beloved child.<sup>50</sup>

### Bargaining

*Bargaining* is another stage of grief that some survivors are driven to due to an illness that is said to be incurable.<sup>51</sup> Many parents will make promises and go to any length if they believe they can see their child spared. Distressed parents may say, *“Please, God, I will do whatever you want. If you heal my child, I will devote my life to helping others if you only do this for me.”* The bargaining, however, is never for the child’s eternal healing, i.e., the child (dying out of his diseased body and being revived in heaven, never to face death again). Still, the bargaining only calls for a revival and renewal of the child’s health.<sup>52</sup>

---

<sup>49</sup> See Appendix C.

<sup>50</sup> Kubler-Ross and Kessler, 11.

<sup>51</sup> See Appendix C.

<sup>52</sup> Kubler-Ross and Kessler, 17.

## Depression

Depression is the stage of grief common across the board among surviving parents.<sup>53</sup> The depression that parents feel after the death of a child is not a sign of mental illness, but it is an appropriate response to such a devastating loss. It is a feeling of life being pointless. In the fog of such depression, nothing is satisfying. The sunny days that you used to cherish become meaningless. You lose your will to get out of bed. Some lose extreme amounts of weight because their desire for food comes to a screeching halt. Clinical depression that follows the death of a child is expected; however, if left untreated, it can result in a worsened mental state for some.<sup>54</sup>

## Acceptance

And finally, there is the stage of *Acceptance*. This stage is quite common and is more likely to be better displayed by those who have agonized over their child's suffering from a painful and debilitating disease.<sup>55</sup> Some people confuse acceptance with the notion of the child's death being ok or all right with the parents, but this is not true. This stage is about accepting the new reality that has taken place. It is about (our loved one is physically gone, and this new reality is permanent.) This reality is not okay, nor do we like it, but we accept it and learn to live with it, hoping that we will see our loved ones again someday.<sup>56</sup>

---

<sup>53</sup> See Appendix C.

<sup>54</sup> Kubler-Ross and Kessler, 11.

<sup>55</sup> See Appendix D.

<sup>56</sup> Kubler-Ross and Kessler, 20.

Also, See King David's response after his infant son's death (2 Sam. 12:22.)

His response is an exceptional example of acceptance.

### **The Many Challenges of Grief and Bereavement**

Those who grieve a deceased child face numerous challenges along the way.

Many of these challenges are encountered daily in some cases. Some of these challenges tend to be purely psychological. They may weigh very heavily upon the parents' psyche, depending on how the child died, i.e., whether it was a death that followed a terminal illness or a death by suicide.<sup>57</sup> Sometimes grieving parents suffer senseless challenges, such as misunderstanding why they are grieving so long.

Some people reason that the grieving course is run by a timing process that says a person (s) must get over the loss and move on with their lives within a specific time limit, but nothing could be further from the truth. The truth remains that all people grieve differently, and there is no designated schedule set for the grieving to end. We must remember that the experience of the loss of a beloved person is something that we never really get over, but over time, the death is accepted in most cases; and the loss becomes tolerable.<sup>58</sup>

Melissa M. Kelley, in her book *Grief*, tells of a situation involving a young mother whose baby died within days of her birth.

Kelley quotes that the mother was devastated and sought support from a clergyperson, an acquaintance of hers. This clergyperson was initially

---

<sup>57</sup> Clinebell, Howard, *Basic Types of Pastoral Care and Counseling*: (Nashville: Abingdon Press, 1984). 245

<sup>58</sup> Kubler-Ross and Kessler, 25.

very sympathetic and kind to the mother, but after a couple of months, the clergyperson said to Kelley with exasperation, “*Why isn’t she over this already? She’s got to move on!*” But unfortunately, this minister was improperly trained and did not profoundly understand grief and how it works.<sup>59</sup>

It is not surprising that the death of a child generally can take a toll on relationships. Marriages have been known to become vulnerable to breaking following the death of a child because, in nature, men and women often grieve differently. Thus, sometimes confusion arises in the relationship. Men may sometimes seem uncaring and show a lack of emotion because some, while in their grief, sink themselves into their work, or they may try to medicate their grief with alcohol or drugs. In turn, the wife may reason that the husband, unlike her, is not grieving enough over the deceased child. Sometimes the damage to the marriage transitions into blame and guilt against one partner.<sup>60</sup>

In other cases, some parents sink into a deep dark depression that refuses to lift without the aid of medication and counsel. Unless anyone has suffered the death of a child, they will have a vague and very shallow understanding of how severe the grief is. I would go as far as to say that it is beyond explanation.<sup>61</sup>

Judith R. Bernstein makes a very valid point concerning the general lack of understanding of those who have not dealt personally with grieving the death of a child. Untrained persons lack the mental clarity of what the sufferer is up against. Bernstein quotes:

---

<sup>64</sup> Melissa M. Kelley, *Grief. Contemporary Theory and Practice of Ministry* (Minneapolis: Fortress Press, 2010), 37.

<sup>60</sup> Kirk H. Neely, *When Grief Comes: Finding Strength for Today and Hope for Tomorrow*, 96.

<sup>61</sup> Kubler-Ross and Kessler, 24.

Self-appointed experts, professionals, clergy, and well-meaning friends and family are ready with solace, exhortations, and ultimately the caution that it's time to "get on with your life," as a finite period, a year, two tops, and then "get on with it," the business of living your life. Put the tragedy behind you. The expectation says that you have been derailed, and now it's time to get back on track. When you're in the clutches of grief, it's easy to feel that you're abnormal, reacting too much or too little, or somehow doing it wrong. The uncertainty and confusion are compounded when friends and professionals suggest that there is a well-beaten path you should be following.<sup>62</sup>

I agree with Nicholas Wolterstorff, author of *Lament for a Son*. He says:

It's so wrong, so profoundly wrong, for a child to die before its parents. It's hard enough to bury our parents. But that we expect. Our parents belong to our past, and our children belong to our future. We do not visualize our future without them. So how can I bury my son, my future, one of the next in line? He was meant to bury me!<sup>63</sup>

I am convinced that this is the agreement shared by all loving parents, no matter if their children are alive or deceased. No other relationship compares to the parent/child relationship, and no further separation by death is more unbearable than that of a parent's life after giving up a child.

Concerning the Five Stages of Grief, other identifiers show themselves as the mourner goes through their grief journey.

### **Other Recognized Stages of Grief**

Grief or mourning has been known to appear in phases after children die. Following the loss of a child, some grief-stricken parents experience a *Phase or Stage of Numbing*, which can happen whether a child is terminally ill for an extended period and the death is expected or if the child is healthy and death is sudden and unexpected. The initial surprise of the child's permanent absence causes a feeling of despair that cannot be dismissed. The numbing

---

<sup>62</sup>Judith R. Bernstein, *When the Bough Breaks, Forever After the Death of a Son or Daughter*, 6.

<sup>63</sup>Nicholas Wolterstorff, *Lament for a Son*: (Grand Rapids: Wm. B. Eerdmans Publishing Company, 1987), 16.

phase is called (shock), the first phase after a loss. This first phase can last for hours, days, or weeks.<sup>64</sup>

### The Stage of Disbelief

This stage usually happens after the parent has processed the unwelcomed diagnosis, “the child is gone, Johnny is deceased, we did everything we possibly could, and he is no longer with us.” The tragic outcome causes the parents to go into shock, which seems like a bad dream. Some degree of disbelief persists for several months after the child departs for some parents.<sup>65</sup> The stages of disbelief and denial are the same. Still, the degree of intensity and longevity in this stage may differ according to the current mental condition of each grieving individual.<sup>66</sup>

### The Stage of Disorganization

Naturally, when a child’s condition is terminal, the illness will typically gain advancement, and the child’s condition will worsen. In this case, the parents' hope generally will turn into anguish. All at this point will become disorganized. During episodes like these, the parent’s optimism unravels, and upon the child’s death, the usual disbelief that the child has died is still present for many months following the loss. Disorganization is in the middle stage. It is the second and most prolonged phase that

---

<sup>64</sup> Judy Tatelbaum, *The Courage to Grieve, Creative Living, Recovery, & Growth Through Grief*, 26.

<sup>65</sup> John Bowlby, *Attachment, and Loss*, vol. 3, *Loss Sadness and Depression*, (New York: Basic Book Publishers, 1980), 116.

<sup>66</sup> Kubler-Ross and Kessler, 8.

mourners will encounter. It is sometimes called the phase of suffering and disorganization.<sup>67</sup>

The following bullet points are some of the symptoms of suffering and disorganization.

- Some may feel acute suffering, even hysteria at times.
- Some may have emotions such as bitterness, anger, self-pity, and guilt.
- Some may feel diminished self-esteem, needy, depleted, and overwhelmed.
- Depression, irritability, dejected in spirit, withdrawn, unresponsive.
- Restlessness, unable to concentrate, apathy, powerlessness, lacking confidence.
- A temporary sense of meaninglessness in life, insomnia.

These are just a few possible effects of suffering and disorganization. In addition, at times, problems with sleep will result from the great strain of the psychological work involved in grief. In standard times, we work out many of our psychic difficulties during sleep, but grief somehow creates an overload, causing more work than the psyche can comfortably handle during sleep or waking times.<sup>68</sup>

Another unique discovery during the mourning process with some parents facing the death of a fatally ill child, or those who suffer the recent unexpected loss of a child, is the development of the conflict in their relationship. This negative tension can show up in a relationship in anger, which leads to disagreements, disputes, and hurtful arguments that cause division between formerly close couples. Such possible conflicts and disputes may vary in meaning and importance, ranging from whether the sick child should be told

---

<sup>67</sup> Bowby, 116.

<sup>68</sup> Tatelbaum, 28.

his diagnosis to when is the right time to say to his siblings that he is not expected to live much longer.<sup>69</sup>

### The Stage of Reorganization

This stage is possible when the parents can mourn together, receiving solace and support from each other, seeing that they both are mourning the same source. Unfortunately, some couples' due to marital problems and overall changes in behavior in both parents after a child's death, in many cases, find themselves constantly amid conflict. As a result, neither can offer mutual support to the other, and they become the casualties of a breakup.<sup>70</sup>

Reorganization is known as the third and final phase of grief. As we begin reorganizing our lives after a loss, our sense of loss diminishes from intense sorrow to mild sadness. Our appetite, sleep, energy, and functioning are restored to normal. We become more interested in the world and increase our activities. We are again ready to reinvest in ourselves and our future. However, in the reorganization phase, aftershocks are common. Months after our loss, we may assume that we have recovered from our grief because we have more energy and feel a more remarkable ability to cope than during the two previous stages of grief, but this may not be the case. There may be times of aftershocks that react in the form of unexpected jolts of upset feelings or sudden reminders of our loss and grief.<sup>71</sup>

---

<sup>69</sup> Tatelbaum, 29-31.

<sup>70</sup> Bowby, 120-121.

<sup>71</sup> Tatelbaum, 46.

## Disenfranchised Grief

In any society, it is always important and of great necessity to acknowledge any loss experienced by those who grieve, especially those who mourn the death of a child.

However, in many cases, mourners grieve without the support system they need because their grief is ***Disenfranchised***. Disenfranchised grief is “*not openly acknowledged, socially validated, or publicly observed.*” Such losses related to pregnancy and childbirth, such as infertility, miscarriage, and stillbirth, are not consistently recognized as devastating losses for many, and therefore support for the grieving is not forthcoming. Sometimes the circumstances surrounding a loss may lead to disenfranchisement.

Unfortunately, because of their cultural beliefs or norms, many who endure the tragedy of child loss are robbed of their need for support systems through disenfranchisement. Kelly shares some thoughts from Kenneth Doka, author, and professor of gerontology:

Possible causes for disenfranchisement could be due to how one grieves. For example, in a culturally diverse setting, one group may not understand how another person or group expresses grief and therefore assumes no grief or need for support. Sometimes circumstances of a loss lead to disenfranchisement. When death is due to suicide, survivors may not disclose the facts of the death, fearing stigma; their particular grief may then be disenfranchised.<sup>72</sup>

However, as a grief ministry in an African-American church, we must carefully follow our well-established care tradition based on the Holy Scriptures' teachings. “So, let us not grow weary in doing what is right, for we will reap at harvest time, if we do not give up. So then, whenever we have an opportunity, let us work for the good of all, and especially for those of the family of faith.” Galatians 6:9-10 NRSV.

---

<sup>72</sup> Kelley, 12.

## **CHAPTER FOUR: CRITICAL EVALUATION**

In October of 2022, I had a brief meeting with members of the church (parents) that had lost children; to see if any would be interested in participating in a doctoral project study named; “Developing A Lay Ministry of Caregiving Skills to Parents Who Grieve the Death of a Child.” I explained in detail what the study would be about, building a grief ministry team specializing in aiding parents who have had children die. As a part of the recruitment process, before the end of the meeting, I asked all interested to sign a voluntary participant consent form. I explained that this was to acknowledge that everyone involved consented voluntarily to participate in the project without force and was not pressured to play a part. Also, they were informed that if they felt at any time that they did not want to continue for any reason, without question, they could withdraw from the project without pressure or penalty.

Surprisingly, the brief meeting was met by the bereaved parents with an overwhelmingly positive response to the idea. As a result, the incredible response was that these parents understood that the grief of losing a child differs from any other human relationship. In early January 2023, shortly after New Year, I chose a group of participants from among the church congregation.

The project was made possible through the agreed voluntary participation of an experimental training group that included fourteen people. All participants were members of Zion Hill Baptist Church except four. Two of the four participants included a couple who was a pastor and his wife from another church that had lost a twenty-something-

Year-old daughter in a tragic automobile accident. One of the four was a lady who had lost a son to murder, and the other was a father whose wife had a miscarriage and wanted to participate in the study.

My original plan was to select a maximum of fifteen participants who had experienced the loss of a child and separate them into two groups. Group One would be an experimental group receiving the grief ministry training and answering the surveys. Group two would be a control group that would not receive the training but would participate in the surveys to measure the quantitative results. However, due to the nature of the project, using a control group was insufficient since the training could not be withheld from any of the participants because they all had lost a child.

Therefore, there was a total of fourteen participants in the experimental group. The group included males, females, singles, and couples. The ranges of parents' ages at the time of their children's deaths varied from young to middle-aged adults. The children's stages in life at the time of death ranged from miscarriages to new births and from adolescence to adulthood.

The bereaved parents participated in meaningful discussions that sometimes became very emotional during the training sessions, but none of them opted to leave the sessions during the emotional outbreaks. All the participants were willing to share stories of their personal experiences and gave ample support and comfort to each other.

According to the participants, their weekly dialogue and the anticipated opportunities for giving comments gave them a sense of fulfillment. Each week they came eager to share their stories and memories of their loved ones with one another.

## MEANS OF EVALUATION

As the facilitator, I used qualitative and quantitative measures to evaluate. First, before I presented the pre and post-surveys, I presented to the group participants a series of questions. The first survey was an Exploratory Questionnaire that contained 18 questions that were not created to give a quantitative measurement for grief training, but to explore the similarities of the participant's grief experiences, seeing how they all have grieved a deceased child. The first four questions identified; (1) the participant's genders, (2) the participant's current ages, (3) the participant's ages when their child died, and (4) the children's ages when they died. These questions were to observe their knowledge about their grief journey and assess their attitudes toward grief ministry to determine whether they could see it as necessary.<sup>73</sup>

Also, I administered a series of brief pre-post-survey questions to measure how much their knowledge about grief and grief ministry has grown since their participation at the beginning of the project and if they believe they could assist others with the new knowledge and skills they have gained through the training.<sup>74</sup>

The pre-post survey contained ten questions. The first four questions identified (1) the participant's genders, (2) the participant's current ages, (3) the participant's ages when their children died, and (4) the ages of the children when they died. The additional six questions are statements that concern subjects taught in the team grief training. During each session, I taught for a maximum of two hours each week for three weeks. The fourth session examined how a grief ministry team could become operative in our congregation.

---

<sup>73</sup> See Appendix C.

<sup>74</sup> See Appendix D.

## Report and Analysis of Quantitative Results

First, to determine whether the grief measures were reliable, a Cronbach Analysis was performed. According to the following examples, The Cronbach reliability analysis indicates good internal consistency. Therefore, it is a reliable survey measure. At the same time, it is noticeable that items 8 and 10 do not correlate well with the rest of the survey and should be considered for removal. Removing these items will increase reliability by .16.

Secondly, to determine if there was a significant difference between pre and post-test measures of understanding grief, a paired-sample t-test was performed. Results indicated no significant difference between the pre-and post-measures. The program did not affect participants' knowledge and understanding of grief.

The conclusive findings concerning that there was no significant difference found between pre- and post-measures was because there was no control group involved. The original plan was to use in the project fifteen participant maximum. However, each will have already endured the loss of a child. These would then be divided into two separate groups. First, I planned to use Group (A), an experimental group. Group (A) would receive the four training/counseling sessions beginning with the pre-test and ending with the post-test surveys. Also, I would use Group (B), a control group. Group (B) would not receive the four training/counseling sessions) but would participate by taking the pre and post-surveys as well. Then, following the completion of the project, compare the measured results of the two groups. However, due to the nature of the project, there was a

vital issue to be considered. No participants involved were exempt from experiencing grief from losing a child.

Hence, there was no need for Group (B), a control group. The project requires only parents who grieve the loss of a child. Therefore, rather than showing dramatic variations, in the pre and post-test measurements, the results show a close parallel comparison among the participants, which is to be expected. As can be seen in the error bar graph, there is a substantial overlap between the pre-and post-scores.

According to this survey, the participant's answers do not change drastically from pre to post. In conclusion, according to the Assumption Checks, there is no significant deviation from normality for the survey. Therefore, the assumption of normality had been met.

## Pretest Cronbach Reliability

### Frequentist Scale Reliability Statistics

Estimate	Cronbach's $\alpha$	mean	sd
Point estimate	0.832	20.750	9.497
95% CI lower bound	0.651	16.096	7.016
95% CI upper bound	0.929	25.404	14.699

*Note.* Of the observations, pairwise complete cases were used.

### Frequentist Individual Item Reliability Statistics

Item	If item dropped	Item-rest correlation
	Cronbach's $\alpha$	
PreQ5I have heard about the 5 stages of grief.	0.799	0.631
PreQ6 I am familiar with the order of the 5 stages.	0.757	0.804
PreQ7, I can name the 5 stages right now.	0.733	0.896
PreQ8 I fully understand how the death of a child can impact a marriage.	0.848	0.381

### Frequentist Individual Item Reliability Statistics

Item	If item dropped	Item-rest correlation
	Cronbach's $\alpha$	
PreQ9 I fully understand how the death of a child can impact a parent's survival.	0.808	0.591
PreQ10 I am now confident about consoling others.	0.848	0.334

## Posttest Cronbach Reliability

### Frequentist Scale Reliability Statistics

Estimate	Cronbach's $\alpha$	mean	sd
Point estimate	0.901	23.563	9.605
95% CI lower bound	0.782	18.856	7.096
95% CI upper bound	0.961	28.269	14.866

*Note.* Of the observations, pairwise complete cases were used.

### Frequentist Individual Item Reliability Statistics

Item	If item dropped	Item-rest correlation
	Cronbach's $\alpha$	
PostQ5, I have heard about the 5 stages of grief.	0.908	0.548
PostQ6, I am familiar with the order of the 5 stages.	0.877	0.778
PostQ7, I can name the 5 stages right now.	0.853	0.917
PostQ8, I fully understand how the death of a child can impact a marriage.	0.893	0.665
Post Q9, I fully understand how the death of a child can impact a parent's survival.	0.872	0.802
Post Q10, I am now confident about consoling others.	0.891	0.686

## Paired Samples T-Test

To determine if there was a significant difference between pre and post-test measures of understanding grief, a paired-sample t-test was performed. Results indicated no

significant difference between the pre-and post-measures. The program did not affect participants' knowledge and understanding of grief.

### Paired Samples T-Test

Measure 1	Measure 2	t	df	p	Mean Difference	SE Difference
Grief Pretot	- Grief Posttot	-0.670	12	0.516	-1.615	2.411

*Note.* Student's t-test.

### Assumption Checks

#### Test of Normality (Shapiro-Wilk)

	W	p
Grief Pretot - Grief Posttot	0.959	0.746

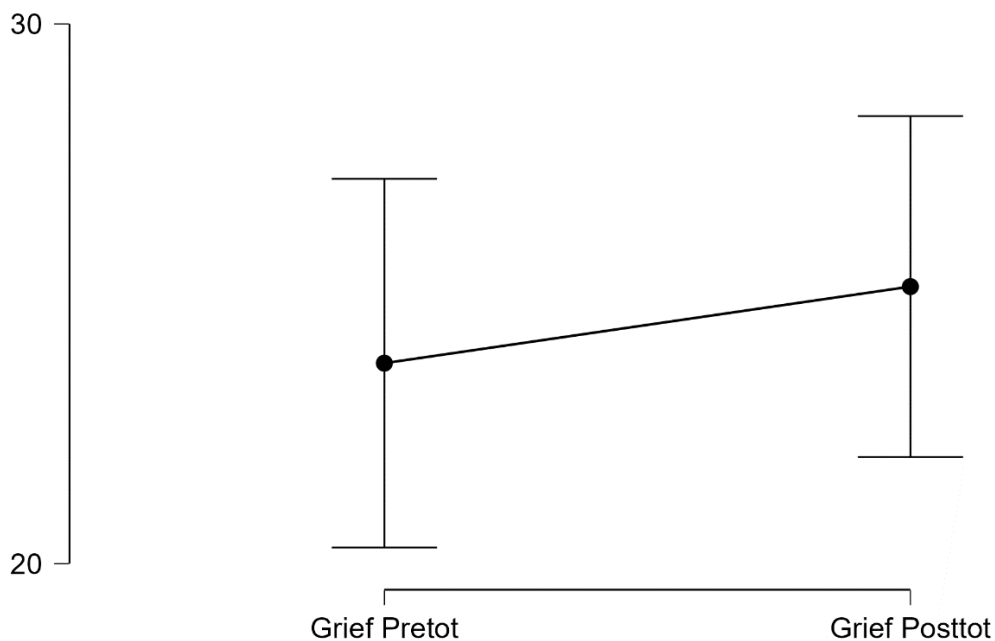
*Note.* Significant results suggest a deviation from normality.

#### Descriptive Statistics on Pre and Post Scores

	N	Mean	SD	SE
Grief Pretot	14	23.714	5.327	1.424
Grief Posttot	15	25.133	7.520	1.942

## Descriptives Plots

### Grief Pretot - Grief Posttot



As can be seen in the error bar graph, there is a substantial overlap between the pre-and post-scores. This is because the participants do not change from pre to post, according to this survey. Since there were no significant variations from pre to post-scores, it may be necessary in the future to repeat the process during quarterly team training sessions with other quantitative tests but with a series of different questions that are more relative to the stages of grief. Seeing how important it is for counselors to understand what clients are experiencing, new testing opportunities could reveal precisely what grief counselors comprehend.

### Example Questions:

1. Since you are familiar with the five stages of grief, would you say that this model is the only way to identify grief? Yes /No. If [yes], explain why you think so. If [no], what other models are you familiar with?

2. Does every client experience grief on the same level? Yes/No.
3. Does every grieving person complete all five stages of grief? Yes/No.
4. Do the five stages always appear in the same order? Yes/No.
5. What was the severity of your stages of grief on a scale of 1 to 10? [1] [2] [3] [4]  
[5] [6] [7] [8] [9] [10]

There is no guarantee that the questions above will cause a significant variation in measuring participants understanding of the grief process unless some receive additional training as a focus group and some do not receive additional training as a control group. However, as we develop new questions over time at quarterly meetings, and as the questions become more significant, there could be a considerable range of growth in the team members' understanding of grief and substantial improvement in how they interact with those they serve.

### Report and Analysis of Qualitative Results

There were some noteworthy discoveries that I found through qualitative means. During this study, I learned that those who have experienced the loss of a child are uniquely positioned to serve others with awareness, understanding, and sensibility, which are resources at their disposal to make them especially effective as grief caregivers. While there are commonalities among them, those who experience the loss of a child each have an exceptional story, which must be respected in caregiving.

Much of the qualitative results were revealed through the participants interacting with each other through roleplay. Roleplay is an effective tool for assisting the bereaved. (See Appendix 7. p.74). As we prepared to engage in roleplay, I asked volunteers to

participate and explained that I needed some counselors and some clients. Of the 14 participants, we had precisely what we needed. The whole group wanted to participate. Seven raised their hands to be clients; the remaining 7 agreed to be counselors. All 14 participants had experience as clients only because they had lost children, but only 2 of the 14 were experienced counselors. Participant # 2000 is a trained grief counselor, the youngest of the group (age 35), who also volunteered to reply to the (Guided Questions for Reflection). (See Appendix 7 p.83), and Participant# 1970 is a pastor with many years of counseling experience.

Due to their familiarity with grief, the acting clients naturally seemed to know how to respond to their counselors with heartfelt pain and personality, just as they did during the Participant Discussions (See Appendix 7). Just before each client began to roleplay, I assigned to each of them the stage of grief that I wanted them to act out. None of them used their own child's death as a part of the roleplay, but they all, after starting, immediately commanded the stages of grief that were assigned to them. Likewise, the counselors were not at a loss for responding, but each adequately addressed their client with gentleness' and understanding.

Also, during the Participant's Discussion on Grief, there were times when some of them became very emotional. During those times, I would pause and allow everyone to take a brief break. I also addressed the emotional participants to see if they wanted to be dismissed to go home or continue with the session. No one requested to go home, and we continued all sessions weekly until they were completed.

## **CHAPTER 5: CONCLUSION**

In conclusion, to examine the project results, my original plan was to recruit two separate groups of participants to measure statistical data developed during the training process: an experimental group and a control group. However, due to the nature of the project, since all grief ministry recruits had experienced losing a child, only an Experimental Group was necessary. (An Experimental Group is a group that would receive training and the opportunity to answer the pre/post-test survey questionnaires based on their experience and their training.)

A Control Group: (A group of participants that would have answered the survey questionnaires without receiving the training process.)

As a result, I learned that had I been allowed to follow the original plan of using data from a control group to compare it to data from an experimental group; it would have made a significant difference in the final statistical results.

Yet, I also learned that using the experimental group only was not a loss. As we trained, I discovered what I suspected all along. The participants' abilities to function as an effective grief ministry team for the church were revealed as they interacted with one another through roleplay and discussions. From these two activities alone, I learned and witnessed that since they all had felt the sting of losing their children, they all showed an uncommonly deep sense of empathy towards others that encountered the death of a child.

The test results from the fourteen participants show only a slight variation in the findings because all the parents had been through the same trial and had experienced this grief they knew so well firsthand. They all identified with the same mind and strong

agreement as they discussed the unbearable pain of losing their precious children that will never return to them in this life.

Every parent in the group was driven by a great desire and hoped to see their children again someday, alive and well. On a personal note, the joy that I feel every time I see my son in dreams that are so real awards me with a small sample of the bliss that my soul shall feel upon seeing him in eternity. As a grief ministry team, we will be limited in any immediate comfort we can share with grieving parents who suffer the unthinkable misfortune we also endured. Still, they will know that there is someone who cares and understands what they feel. However few or many, our limitations will always be a reality that cannot be denied.

But we will not be limited by our faith in The God who is our help.

<sup>3</sup> Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and the God of all consolation, <sup>4</sup> who consoles us in all our affliction, so that we may be able to console those who are in any affliction with the consolation with which we are consoled by God. <sup>5</sup> For just as the sufferings of Christ are abundant for us, so also our consolation is abundant through Christ (2 Cor. 1:3-4).

We pray that no other parents will ever have to bury their children in the future. However, all parents will not be exempt from this painful reality. Not only is the pain of losing a child real, but it is overwhelming. Therefore, I am sure the lessons we learned during this project and our experiences will help us achieve our learning goals. I believe this project training will be an applicable service source to bereaved parents wherever they may be found.

Finally, as long as there are grieving individuals in churches and communities, there will be opportunities for training other church grief ministry teams with the knowledge we have gained from this Doctor of Ministry program. The close social

networking of African-American families and the connections of people throughout the church community and across denominational lines will provide and ensure additional occasions for grief training.

In African-American church tradition, it is commonplace for pastors and church leaders to call upon their colleagues to preach or do workshops for specified occasions, even from diverse denominational backgrounds. As Christian churches, we sometimes have dissimilar world views surrounding our articles of faith, but we share a common bond on many more concerns as a people.

When we suffer the loss of a child or any family dear to us, as a people of faith, when we hear of the hurt and think of the pain that the survivors feel, we come alongside our brother or sister to aid them as best as possible. Throughout my 36 years of ministry, I have been blessed and quite fortunate to preach revival services, pastor's anniversaries, funeral services, and other special day services, and teach workshops in bodies of faith that are not of Baptist persuasion.

So it is, whatever our needs or concerns, regardless of our faith, God knows how to bring his people together and will use us for our good and his glory whenever necessary. I learned that through this project, the solidarity of the participants, the sharing of the stories, the opportunities to come together, and hearing the details of everyone's experiences proved to be practical tools for processing our grief as a group. Because of these things, we now understand that we are not alone in this grief.

## APPENDIX A

### PROJECT CALENDAR 2022/2023

- I. December 2022  
 19<sup>th</sup>, Choose an experimental group.  
 20<sup>th</sup>, Church approval of the experimental group.
- January 2023  
 8<sup>th</sup>, Present the project overview to the participants and congregation.  
 17<sup>th</sup>, Pre-test.

- II. 17<sup>th</sup>, Begin four weeks of sessions.

#### UNDERSTANDING PARENT’S GRIEF OVER THE DEATH OF A CHILD

- 17<sup>th</sup>, Session 1: Emotions/Grieving parent's emotional responses to a Child’s death.  
 (Lessons from Elisabeth Kubler-Ross and David Kessler on “The Five Stages of Grief”)  
 (Kirk H. Neely “When Grief Comes”)  
 (Including stories from participants who experienced the death of a child).
- 24<sup>th</sup>, Session 2: (Part 1) Marriage/How the death of a child affects a marriage.  
 (Lessons from Kirk H. Neely, “When Grief Comes”)  
 Functioning /Openly coping with parental grief.  
 (Including stories from participants who have experienced the death of a child).
- (Part 2) Surviving/ Openly coping with parental grief.  
 (Lessons from Judy Tatebaum, “The Courage to Grieve”)  
 (Including stories from participants who have experienced the death of a child).
- Grief team Roleplay, learning to aid those that grieve actively.

January 31<sup>st</sup>, Session 3: Bereavement Care and Counseling Grief Training

February 7<sup>th</sup>  
 Session 4: Examining how to live out this ministry in the congregation.  
 (Brainstorming/discussion among team participants and congregants).

III.

February 7<sup>th</sup>, Submit Post-test

February 18<sup>th</sup>, Compile and examine survey results.

**APPENDIX B****VOLUNTARY PARTICIPANT CONSENT FORM**

I have read the information in this consent form and fully understand the contents of this document. Furthermore, I have had a chance to ask any questions concerning this study, and they have been answered. Therefore, I agree to participate in this study.

---

Date:

---

  
Participant Printed Name

---

Date:

---

  
Participant Signature

You will receive a copy of this form for your records.

## APPENDIX C

### GENERAL SURVEY FOR PARENTS WITH DECEASED CHILDREN

Participant #\_\_\_\_\_

1. Please underline your gender.

*Male   Female*

2. Please circle your present age.

*16-19, the 20s, 30s, 40s, 50s, 60s, 70s, 80s, 90s, n/a*

3. What was (your) age when your child died?

*16-19, 20s, 30s, 40s, 50s, 60s, 70s, 80s, 90s, n/a*

4. What was your (child's) age at their death?

*Unborn, minutes, hours, days, months, 1-19, the 20s, 30s, 40s, 50s, 60s, 70s, n/a*

This scale is to respond to the following statements. Please circle your response.

*5=strongly agree, 4=agree, 3=neither agree nor disagree, 2=disagree, 1=strongly disagree n/a*

5. I had a great support system during my grief process.

5                      4                      3                      2                      1                      n/a

6. I had professional counseling.

5                      4                      3                      2                      1                      n/a

7. I experienced a sense of shock or numbness during my grief.

5                      4                      3                      2                      1                      n/a

8. My child's death seemed unreal to me for a while.

5                      4                      3                      2                      1                      n/a

9. Due to my experience, I can better understand what others might be suffering.

5                      4                      3                      2                      1                      n/a

10. I think about my deceased child every day.

5                      4                      3                      2                      1                      n/a

This scale is to respond to the following statements. Please circle your response.

*5=strongly agree, 4=agree, 3=neither agree nor disagree, 2=disagree, 1=strongly disagree n/a*

11. The death of my child has caused me to think more about my mortality.

5                      4                      3                      2                      1                      n/a

12. Overall, I was satisfied with how my church responded to my grief.

5	4	3	2	1	n/a
13. Overall, I was satisfied with how my pastor responded to my grief.					
5	4	3	2	1	n/a
14. I am <u>doing much better</u> now. But I want to <u>help someone</u> who knows this kind of grief.					
5	4	3	2	1	n/a
15. My participation in a grief ministry <u>could benefit</u> others in similar cases.					
5	4	3	2	1	n/a
16. A grief ministry team will be <u>vital to</u> our church members.					
5	4	3	2	1	n/a
17. Having already experienced the death of a child, <u>how likely</u> are you to fully commit to a grief ministry team in your church?					
5	4	3	2	1	n/a
18. I feel fulfilled when I help <u>others</u> who experience hardships along life's journey.					
5	4	3	2	1	n/a

## APPENDIX D

### (PRE-TEST) SURVEY FOR GRIEF TEAM PARTICIPANTS

Grief Ministry Participant #\_\_\_\_\_

1. Please underline your gender.  
*Male Female*
2. Please state your present age. Age\_\_\_\_\_
3. What was (your) age when your child died? Age\_\_\_\_\_
4. What was your (child's) age at their death? Please underline your response.  
*Unborn, minutes, hours, days, months, 1-19, 20s, 30s, 40s, 50s, 60s, 70s,*

This scale is to respond to the following statements. Please circle your response.  
5=strongly agree 4=agree 3=neither agree nor disagree 2=disagree 1=strongly disagree

5. I have heard about The Five Stages of Grief.  
*5=strongly agree 4=agree 3=neither agree nor disagree 2=disagree 1=strongly disagree*
6. I am familiar with the order in which The Five Stages of Grief transpire.  
*5=strongly agree 4=agree 3=neither agree nor disagree 2=disagree 1=strongly disagree*
7. I can name the Five Stages of Grief right now.  
*5=strongly agree 4=agree 3=neither agree nor disagree 2=disagree 1=strongly disagree*
8. I fully understand how the death of a child can impact a marriage.  
*5=strongly agree 4=agree 3=neither agree nor disagree 2=disagree 1=strongly disagree*
9. I fully understand how the death of a child can impact a parent's survival.  
*5=strongly agree 4=agree 3=neither agree nor disagree 2=disagree 1=strongly disagree*
10. Having experienced the death of a child, I am now confident about consoling others that endure this kind of grief.  
*5=strongly agree 4=agree 3=neither agree nor disagree 2=disagree 1=strongly disagree*

## APPENDIX E

### (POST-TEST) SURVEY FOR GRIEF TEAM PARTICIPANTS

Grief Ministry Participant #\_\_\_\_\_

1. Please underline your gender.  
*Male Female*
2. Please state your present age. Age\_\_\_\_\_
3. What was (your) age when your child died. Age\_\_\_\_\_
4. What was your (child's) age at their death? Please underline your response.  
*Unborn, minutes, hours, days, months, 1-19, 20s, 30s, 40s, 50s, 60s, 70s,*
5. I fully understand how the death of a child can impact a marriage.  
*5=strongly agree 4=agree 3=neither agree nor disagree 2=disagree 1=strongly disagree*
6. I fully understand how the death of a child can impact a parent's survival.  
*5=strongly agree 4=agree 3=neither agree nor disagree 2=disagree 1=strongly disagree*
7. Having experienced the death of a child, I am now confident about consoling others that endure this kind of grief.  
*5=strongly agree 4=agree 3=neither agree nor disagree 2=disagree 1=strongly disagree*

## APPENDIX F

### GROUP SURVEY EVALUATING THE RESEARCHER/PRESENTER'S PERFORMANCE

Participant# \_\_\_\_\_

1. Please underline your gender.

*Male   Female*

2. Please circle your present age.

*16-19, the 20s, 30s, 40s, 50s, 60s, 70s, 80s, 90s,*

Please answer the following using the scale below. Please circle.

*5=Strongly Agree, 4=Agree, 3=Neither Agree nor Disagree, 2=Disagree, 1=Strongly Disagree*

3. The presenter was well-prepared to teach/lead the sessions.

5                      4                      3                      2                      1

4. The presenter taught the course in a well-organized manner.

5                      4                      3                      2                      1

5. The presenter encouraged trainees to participate actively in the sessions.

6. The presenter had a genuine interest in the students.

5                      4                      3                      2                      1

7. The presenter displayed a thorough, in-depth knowledge of the course.

5                      4                      3                      2                      1

8. The presenter created a relaxed, non-threatening atmosphere.

5                      4                      3                      2                      1

9. The presenter encouraged students to express their thoughts, feelings, and ideas.

5                      4                      3                      2                      1

10. The presenter communicated effectively in class.

5                      4                      3                      2                      1

11. I would rate the teaching efficiency of the presenter as follows:

*5=Very good, 4=Good, 3=Satisfactory, 2=Acceptable, 1=Poor*

5                      4                      3                      2                      1

12. Say something briefly encouraging that you learned during any session.

---

---

---

---

---

---

---

---

## APPENDIX G

### SESSION SUMMARIES

While entertaining discussions concerning the grief-related experiences and training that we focused on during the four sessions, I also allowed opportunities for all participants that wanted to ask questions or share their personal grief experiences to do so. According to participant feedback, the weekly discussions were refreshing, and the information in the training was much needed. As we worked through the training, the discussions became highly anticipated. They were a natural part of each session insomuch that when it was time to dismiss, the participants expressed their unreadiness and requested a little more time during each session.

#### Discussions Concerning the Five Stages of Grief.

During each session, the participants shared their encounters with the five stages of grief. Beginning session one, I introduced the group to Dr. Elisabeth Kubler-Ross through her book, “On Grief and Grieving.” When I shared Dr. Kubler-Ross’s assessment of the five stages, *denial*, *anger*, *bargaining*, *depression*, and *acceptance*, the participants immediately began to remember and identify the stages they struggled with the most. It was interesting for the group to learn that almost everyone there except for two people had a brief encounter with doubt. Also, it appears that only three had an encounter with anger.

I opened the session with a prayer. Then, the folders were distributed, and all signed sheets from the packets were taken up.

### Understanding Grief Over the Death of a Child

The training was not a lecture but a dialogue that would allow me to hear from the participants as they commented during the sessions. As I began, I started by sharing my personal experience of losing a child and how devastating it was. In our discussion, I contributed a few teachable comments that revealed why mourning your child is a much more discreet encounter. Example: “When you bury your parents, you bury your past. But when you bury your children, you bury your future.” Therefore, one will always wonder about the future (what your child could have been). Some of you have lost older adult children, younger adult children, adolescents, children, and even miscarriages. Still, when you help others, your tragic experience becomes a source of strength and healing. Then we began the sessions with The Five Stages of Grief.

## APPENDIX H

### THE FIVE STAGES OF GRIEF

#### Participant Discussions on Denial

Denial- I began with a story on Denial. In the story, a woman had lost her husband and was in denial about his death until she identified the body with his wedding ring still on his finger. Denial is a state of shock, and it is a protective mechanism.<sup>75</sup> Denial often comes with one questioning reality. You find that telling your story to others and start to ask yourself questions about coming into reality.

Participant #2005 stated that people would say to her, you should be over this by now, but if that person has not lost a child, that person does not understand.

Participant #2002 stated that she never had a chance to properly grieve her daughter in the early years because caring for the grandchildren and family took preeminence over her feelings. As a result, she was in denial for a while.

Participant #1985 discussed how people would tell her it was all right, but she would reply that it was not. I reminded the group that people grieve in different ways and at different times during their grief journey. There is no specific time limit on when your grief journey will end or become less painful.

Participant #2001, a pastor's wife, talked about an incident with her mom, who had been hospitalized during the death of (her) daughter. Participant #2001 is her mother's caregiver. Her mom was trying to console her with scripture. However,

---

<sup>75</sup> Kubler-Ross, Elisabeth, and Kessler, David. *On Grief and Grieving*. New York, London, Toronto, Sydney: Scribner, 2005.) 10.

Participant #2001 became angry with her mom. Participant #2001 was angry that her child was gone.

I told Participant #2001 that being a woman of faith, her mom thought she was doing and saying the right things, but #2001 was not ready to hear any scripture then. I reminded the group that most women are more expressive in their grief than men because men grieve differently.

I shared an example of how I was ok one minute in my earlier grief journey, and the next minute I was crying out aloud. The grief just seemed to hit me at times without warning.

My wife and I had a counselor assigned by her company, but the counselor had no experience with grief. His area was counseling expertise was alcohol and drug abuse. In addition, the counselor was unmarried and had no children living or deceased. As expected, he was no help to us.

#### Participant Discussions on Anger

Anger- Anger has no limitations. One may be angry with their loved ones, friends, and family and blame others because their loved one has died. You realize that God can handle your anger once you allow yourself to come out of the anger stage.<sup>76</sup> For example, participant #2004 sees his daughter in his grandsons and gets angry when others say things he thinks are totally out of order.

---

<sup>76</sup> Kubler-Ross and Kessler, 11.

### Participant Discussions on Bargaining

Bargaining – I shared another story about a man bargaining with God and asking him to save his wife and what he would do for God to have his wife back. The husband reacted to guilt.<sup>77</sup>

Participant #2002 says that he bargained with God to let him keep his loved one, but God knew this could not happen.

I explained that when God does not heal on this side as we want him to, He just might be answering our loved one's prayers to take them home for permanent healing on the other side. God understands us. We are weak, and God knows this. He knows what we need.

Participant #1985 stated that people tell you to stop crying, which they don't understand. Crying is an essential part of the healing process. Before a loss, you may find yourself promising God many things to heal your loved one. After the loss, we question what we could have done differently to save our loved one.

### Participant Discussions on Depression

Depression – Involves an empty sadness that moves into a survivor's life on a deeper level than usual. Depression is a stage of grief that feels like it will last forever.<sup>78</sup>

Participant #2002 said that she never went through depression. I also agreed that by the Grace of God, I was not affected by depression either, but on the other hand, my wife and daughter suffered severe depression when my son died. I believed that they might not have made it through without prescribed medications.

---

<sup>77</sup> Kubler-Ross and Kessler, 17.

<sup>78</sup> Kubler-Ross and Kessler, 20.

I further stated that for some people, medication is a must. For so many, depression is a reality that cannot be denied. For them, there are no pep talks, bible verses, motivational speeches, or counseling that will help without the availability of prescribed medications. Participant #1970 stated that when his mom died, he became depressed and contemplated suicide. Unfortunately, people did not understand what he was going through.

He said he should have sought counseling. But thank God that after he lost another close loved one, he did not feel as depressed as before because he heard his daughter ask, “What are you sitting around here for?” She spoke in a voice that sounded like she was asking, are you waiting for depression to arrive? From our studies, we learned that depression is not a sign of mental illness, but depression is a normal part of the survivor’s processing of death.<sup>79</sup> So, first, there is normal depression, then clinical depression, where one will be prescribed medication.

Participant #2002 also described one of her dreams, which seemed so natural.

Participant #1980 says her dying friend had questions about her brother’s death and how her parents were doing. #1980 felt like her friend knew her time was near and was concerned about her parents. Participant #2001 agreed with Participant #1980.

#### Participant Discussions on Acceptance

Acceptance – Involves learning to live with a new normal. Acceptance is not about being all right or okay with s loved one’s death, but rather it is about coming to a place where the survivor can accept the new reality of their loved one being gone.<sup>80</sup> A time must come

---

<sup>79</sup> Kubler-Ross and Kessler, 20.

<sup>80</sup> Kubler-Ross and Kessler, 24-25.

for us to heal and find acceptance. Unfortunately, healing looks and feels like it will never come.

It takes a long time. We briefly discussed how Job comes to his mind when we think of the loss of children. Job lost ten children at one time. We cannot imagine why God would assign such a brutal hardship in Job's life, but we know at least two things. (1) God knew Job better than he knew himself. (2) According to the Word of God, "God will not put more on us than we can bear."

*<sup>13</sup> No testing has overtaken you that is not common to everyone. God is faithful, and he will not allow you to be tested beyond your strength, but with the testing, he will also provide the way out so that you may be able to endure it (1 Cor. 10:13).*

Participant #1965 said she accepted that her child had died but could not accept the people who came around claiming to have been a part of her child's life when she knew better. She could not correctly grieve for her daughter because she was preoccupied with caring for her grandkids. She felt she should not grieve before them to spare their feelings. She said that she is now grieving in her later years.

She had to overcome her hatred for others by telling her what to do. The (others) that she referred to were primarily relatives. She also stated that she adopted the daughter she now mourns, and this child became hers. I reminded her that because she had a real loving parent-to-child relationship and a genuine bond with her, the birth experience was not necessary. We know she was your great-niece, but the relational bond you had made you mother and child.

However, you sacrificed for her and raised her as your own. She was your daughter. As I began to wrap up the final thoughts of these discussions, I talked briefly

about how dreaming about my son helped in my healing process and how the dreams appearing so real helped me accept my son's death.

Sometimes, the discussions became very emotional as some participants cried together and comforted one another as they exchanged loving memories about their children. It was a joy to reflect on some of the funny things they recalled as they took a brief trip down memory lane. And then there were also times when participants shared things that brought tears that were not so joyous, such as when participant #2000 explained that her son had been deceased for sixteen years, and now the fellow that murdered him had been released.

She talked about how for many years, she struggled with forgiveness for his killer and how she wrestled with trying to persuade her other children to try to be forgiving. But, now that the defendant is out, she says that he has commented on Facebook that he has "no regrets" about what he did. Though his unremorseful comments have triggered something in her, she must convince her grandson that retaliation against this person is not the answer. Besides, she does not want to lose another child to prison or death due to what has happened in the past with her murdered son. So, she knows that the best she can do is to let God handle it His way.

Also among the group was a couple who suffered the loss of a beautiful twenty-four-year-old daughter that was so full of life due to an automobile accident. That day a young man was speeding recklessly on Dixon Blvd, crossed the median, and hit their child's driver's side of the car. The mother, participant #2001, said, "When the time came to go to court, she did not go because she did not want to see her daughter's killer." However, her husband went to court, and when he returned and told her the sentence the

young man was given, she didn't feel any better. But when he told her that the young man was very remorseful over what he had done, she asked God to remove her hatred and help her to forgive him.

Participant #2005 says that in his grief for his sister, he strangely felt what he believed to be his deceased mothers' presence when the morticians closed the casket on his sister. At that point, his acceptance of her passing became more real to her than during any day following her death.

### Grief Ministry Team Role Play

Tuesday, January 17, 2023

Denial – Participant #2002 was the client.

Participant #2000 was the counselor.

The Client told the counselor how she lost her child and could not accept his death. The client said, "I need help badly; you can talk to me about it all." The counselor began the meeting by assuring the client, "Listen, think I can help. I can identify with what you are experiencing because I went through the same thing. I somewhat understand." The counselor showed heartfelt empathy for the client, expressing patience and assurance that she would do everything possible to help her. Immediately the client appeared to show a brief sign of relief. The counselor then began to listen, allowing the client to express her emotions. Afterward, the counselor told her client it would take a while before she stopped looking for his phone calls and driving up in the driveway, but she would be ok. I am here to help for as long as you need me. I and the others said that they did a great job in their role-playing and that we all could relate.

Anger – Participant #1965 was the client.  
Participant #1975 was the counselor.

The client was angry about her child going out when she told her not to. Also, the client was angry with God because he took her child. The counselor was a good listener. She did not try to defend the deceased daughter, and neither did she try to defend God. Instead, the counselor allowed the client to express her anger without interruption and allowed her to vent. Even though the counselor could not identify with being angry when her child died, she immediately noticed that the client needed a sounding board to listen to what she had to say without trying to stop her or change her feelings in one meeting. After the client had her say, she began to ask the counselor, why, why has this happened to us? The counselor replied, “Honey, I don’t know. I don’t have any answers. But I know we are not the first and won’t be the last, but we will be alright. Listen, do what you have to do. Scream if you must; cry as much as you want. Question God when you pray. He is not afraid of our questions. He will be our help. Remember, He also had a son to die just for us.” Afterward, the client felt better. They embraced and wiped tears together.

In a brief discussion following the anger roleplay, participant #2000 said she could identify with Participant #1965 because she and her other children were furious when her son was murdered. Participant #2000 was never angry with God but was angry with the murderer for a very long time. Participant #1985 said she couldn’t talk to anyone who had not been through what she had been through. She was tired of hearing, “It is going to be all right” and “It is going to be ok.” Participant #2001 commented that people sometimes have to say something when they don’t know what to say. She talked

of a friend just sitting and being silent and letting her also vent, stating at the time that was just what I needed.

Tuesday, January 24, 2023 (Cont.)

#### Grief Ministry Team Roleplay

Bargaining – Participant #1980 was the client.

Participant#2006 was the counselor.

The client said, “The doctor just came in and told us that they have done all they can do.” “I just don’t know why this is happening to me.” “Why am I losing my child? When she was born, they said they thought she could beat the odds with the surgery.” The counselor said, well, dear, the whole church has been praying. I know that doctors do what they can and try to give you the forecast they see, but we know that God ultimately has the last word.

The client starts trying to bargain with God, praying for God to heal her baby. “Lord, please, I will go to church every Sunday and give up alcohol. I will do what you want me to do, God.” The counselor prays with her since she asks for prayer but does not pray a bargaining prayer. The counselor wants the child to be healed because she feels deeply for the client and her child. She also had lost an infant, so she was careful not to offer her any false hope. Instead, she does what she can to support this mother encountering this dilemma.

Depression – Participant #2001 was the client.

Participant #1985 was the counselor.

The client says, “I don’t want to eat. I want to sleep.” I don’t want to do anything. I don’t know if I can make it from day to day. (Crying)-I know that my child is not coming back. I miss her phone calls. She would call us 4 to 5 times a day. I have a son

who doesn't call as often as my daughter. The counselor said we both know your daughter would want you to get up and care for yourself. The client says, I know you are right, but I feel helpless right now. The counselor goes on to say Listen; I am with you. You are not alone. I understand your hurt. I volunteer in the grief ministry because I know what depression feels like when you lose a child.

The client replies, "Sister, I am glad you are here." Please bear with me for a little while. I've got to keep pressing forward no matter how I feel.

The counselor says, It is hard, and it takes time. Your child was extraordinary. Your daughter was a born-again believer. Think about how she lived and not the way she died.

Acceptance – Participant #2005 was the client.

Participant #1970 was the counselor.

The client tells the counselor, "I have accepted that my son is gone. It has been four years since my child has passed."

(The client's son was an adult, but he did not purchase for himself burial insurance, so the client had to cremate the body, and he has struggled with it ever since.)

The client is conservative and very traditional regarding the burial of his loved ones. The counselor says, yes, brother, it has been four years now. How are you doing? Are you still struggling over having to cremate your son? The client replied, yes. I have long accepted his passing, and I know I did the only thing I could afford since he was not insured. But I still feel bad about having to cremate his body. The counselor says I understand your displeasure over the situation. Brother, I've known you for years, and we are a couple of those old-school generation guys who only want to do things a certain way. However, you know that not everything in life goes how we want.

I also had to bury one of my young adult sons. The only thing is that I was fortunate that I was able to do the traditional burial. Brother, listen, what you have done for your son is not a crime or sin. The service was beautiful, the morticians did a fine job on the body so you could allow his friends and relatives to view him, and everyone remembers him as the fun-loving person he was. The burial was not the traditional method you desired, but he couldn't have had a more wonderful homegoing. The client replied you are right. I'm glad that we had this talk. I feel much better now and will accept what has been done.

Tuesday, January 24, 2023

## SESSION 2

### Part 1/ How the Death of a Child Can Affect Marriage

From Part 1, I wanted to briefly look at how some couples are affected by grief over the death of a child. Among the 14 participants in our classes, ten people were married. There were five couples, and I was interested in knowing how the death of their children affected their marriages. Fortunately, each of the five couples in our group had already been married for decades, and the deaths of their children did not cause such instability that would force their marriages into separation or divorce. Still, the training reminded the couples of some very intense times in the early days and months following their child's death.

From the book *Basic Types of Pastoral Care and Counseling*, I wanted them to consider all the possible problems that couples might encounter in their marriages before experiencing the death of a child. Clinebell lays some of the problems out in plain view.

He says, “The institution of marriage is being challenged as ever in human history with soaring divorce rates, family desertion, wife battering, child abuse, youth delinquency, suicide, and general marital boredom, pain, and unhappiness.”<sup>81</sup> As a grief ministry team, we must consider that marriages stand an even greater chance of dissolving when all these possibilities are compounded by losing a child.

## Part 2/ Surviving Openly Coping with Parental Grief

From Part 2, I reminded the group that those who have grieved the death of a beloved child know that the capacity to function following a child’s permanent departure becomes a challenging task. In some cases, grieving parents could struggle with an aggressively harsh and lengthy sadness that suppresses their will to live. This can be the result of severe clinical depression. However, as difficult as it is to endure, depression has elements that can be helpful in grief. It slows the mourner down and allows the person to take actual stock of the loss.<sup>82</sup>

For some parents, the need for medication is not uncommon. Such trauma can severely depress the healthiest mind. However, if a grieving parent needs meds, they must be prescribed by a medical professional and administered only as the prescription dosage required.<sup>83</sup> When it comes to being effective counselors, having a counseling degree does not guarantee they are equipped to help grieving parents. Finally, I reminded the participants that when counseling survivors, be careful never to compare the grief

---

<sup>81</sup> Clinebell, Howard. *Basic Types of Pastoral Care and Counseling: Resources for Ministry of Health and Growth*. Nashville: Abingdon Press, 1984) .245

<sup>82</sup> Kubler-Ross and Kessler, 24.

<sup>83</sup> Kubler-Ross and Kessler, 23-24.

over the loss of your parents with the loss of someone's child. Always remember that grief experiences are different.

Tuesday, January 31, 2023

### SESSION 3

#### Bereavement Care and Counseling/Grief Training

*“Blessed are those who mourn, for they will be comforted.” Matthew 5:4 NRSV.*<sup>84</sup>

##### A. Why is Bereavement Care so Important?

For decades studies have shown that many people become sick following the death of a loved one. Many more hospital patients have had a recent bereavement than the general population. And in psychiatric hospitals, about six times as many are recently bereaved than in the general population. Furthermore, in many physical and psychological conditions, the mechanics of grieving play a significant role.<sup>85</sup>

Grief is involved in all significant changes and profoundly misunderstands us in the death of a loved person. Every life event on the Holmes-Rahe stress scale involves some loss and grieving. In addition, there is documented evidence that psychosomatic illnesses are related to unhealed grief.<sup>86</sup>

##### B. What are some of the critical problems that can transpire due to unfinished grief?

Unfinished grief can take a heavy toll if ignored, denied, or blocked. In many cases, the dramatic worsening of such grief correlated with painful loss presenting

---

<sup>84</sup> NRSV. *The Harper Collins Study Bible*. Edited by Wayne A. Meeks Harold W. Attridge. (New York: Harper Collins Publishers, 2006.)

<sup>85</sup> Clinebell, Howard. *Basic Types of Pastoral Care and Counseling: Resources for Ministry of Health and Growth*. Nashville: Abingdon Press, 1984).219

<sup>86</sup> Clinebell, 219.

problems such as depression, marriage, family crises, sexual problems, job difficulties, substance abuse, psychophysiological illness, and religious problems.<sup>87</sup>

C. What do those who support bereavement care need to know about how grieving people heal?

When working with the bereaved, we must constantly be reminded that the grief wounds of different people will heal at different rates. Surprisingly, some may heal relatively soon, some may heal very slowly, and some may not. However, over time, they all will discover the ability to survive and function as they navigate through a period of predictable and unpredictable feelings. As we remember these important facts, we will be careful to master patience and never grow weary in well doing. Instead, we lovingly counsel while remembering our experience, never attempting to push or rush those we serve through their grief journey.

Tuesday, January 31, 2023

### SESSION 3

#### Bereavement Care and Counseling/Grief Training

#### SELF-EXAMINATION FOR THOSE WHO ASSIST GRIEVING PARENTS

When aiding the bereaved, grief counselors must always be aware of issues that could hinder their ability to serve effectively. The following are a few questions to ask yourself:

1. Am I trying to be with this person as much as possible?
2. Am I withholding my judgment and prejudices?
3. Are there past experiences of present discomforts that keep me from helping?
4. Is anything getting in the way of my helping now?

---

<sup>87</sup> Clinebell, 219.

5. Do I aid/assist this person to “own” their feelings and perceptions? If not, what can I do?
6. Do I help this person feel normal about their grief experience?
7. Have I allowed this person to tell their story?
8. Do I encourage this person to share without me interrupting?

Tuesday, January 31, 2023

### SESSION 3

Bereavement Care and Counseling/Grief Training

#### IMPORTANT HELPFUL INFORMATION FOR GRIEF COUNSELORS

1. Learn the nature and circumstances of the death.
2. Learn patterns of pre-existing relationships with the deceased.
3. Is there a family support network?
4. What about social networking, including a worshipping community?
5. Were there unreconciled issues regarding the deceased?
6. Were there other stressors at the time of the grief?
7. Did the bereaved see the deceased’s body before being taken to the mortuary?
8. Does the unexpectedness of the death create a source of guilt for the bereaved?
9. Is the bereaved capable of talking about the death?
10. Was the bereaved involved in the death?
11. How did the bereaved learn about the death?

Tuesday, February 7, 2023

### SESSION 4

Brainstorming Discussion Session

### “How to Live Out This Ministry In The Congregation”

In our final discussion, lasting about only 15 minutes due to the Post-Test Survey and the Presenter’s Evaluation Survey which followed, all the participants came to the same agreement and conclusion that they felt that because of their personal grief experience, they sensed being more equipped to serve grieving parents without any hesitation. Due to what they learned from the training sessions, they all now have a much better understanding of what they went through when their very own children died. They believed that the Five Stages of Grief lessons gave them enough valuable insight to help them recognize whatever stage of grief a person may be experiencing while counseling with them.

Also, they unanimously agreed that the role-play significantly impacted how they first thought they would do as grief therapists. The role play added overwhelming confidence to each of them as would-be counselors. Those who played the client roles and the counselor roles said that their new knowledge helped significantly with their belief in themselves concerning their counseling abilities. From my personal experience in counseling, as a pastor for 31 years, I reminded them that every opportunity to help someone also helps you.

Thank God for the small victories while realizing that not every opportunity guarantees success. Just like when a pastor preaches the gospel, he desires that all will come to know the truth and ask Jesus Christ into their lives, but not all people will come to Jesus by faith. So then, consider that there might be someone you can’t help or at least can’t see a hopeful change in. But do what you can. Ask God to use you as an instrument in His hands and make yourselves available for the Holy Spirit to use. Whether you feel

as if you succeeded or not, just be faithful. And remember that God does not necessarily always need us for our ability, but he wants our availability.

<sup>8</sup> Then I heard the voice of the Lord saying, “Whom shall I send, and who will go for us?  
<sup>9</sup> And I said, “Here am I; send me!” (Isaiah 6:8).

### Guided Questions for Reflection

For each session, I assigned a question for reflection for the group to think about over the remainder of the week. Then at the following session, we could discuss the questions and think about how these thoughts could be beneficial for helping others through their grief journey. I asked three volunteers to write their reflections on each week's questions. I did not request that all fourteen of the group do so because I knew the scheduled time would not allow too much additional work in the sessions.

Of the fourteen participants, I had one volunteer (Participant # 2000), the youngest, who agreed to write her reply for each question weekly. The older participants did not want a weekly writing assignment but agreed to entertain the questions with brief verbal responses each week. Unfortunately, I could not record all the verbal responses, but I have the written responses from our youngest participant, age 35. (Her loss was due to a miscarriage.)

## QUESTIONS FOR REFLECTION

### Week 1

- (1) What are some things you do to keep your child's memory alive?  
(Please explain)

*I value spending time in reflection. I think of how the tiny life could have grown and how different my life would have been had the little one lived. I think of that loss and how much I grew through the pain. Also, talking about it helps to keep the memory alive, and I know we will be together in the next stage of life.*

### Week 2

- (2) When you hear that someone's child has died, especially someone you know, does it stir your emotions to the point that you (feel) grief as well?  
(Please explain)

*Hearing that someone's child has died causes me to feel grief for the parent. Knowing and understanding what it's like to be in extreme grief. Empathy becomes more manageable when your own experience is there to help you guide grief-stricken parents.*

### Week 3

- (3) Does hearing of someone's grief stimulate your desire to reach out to them? (Please explain)

*Hearing of someone else's grief always makes me want to help, counsel, be a good listener, or reach out in any way I can. If I can do something to help ease their pain, I*

*think of it as a win-win for them and me, knowing that I contributed to someone's progress.*

#### Week 4

- (4) Do you believe that through your continuing recovery, you can offer encouragement and hope to others who grieve?  
(Please explain)

*I 100% believe that because of my grief experience, I can be a comforter and supporter that can offer encouragement. I've learned that the best way to understand what a person feels is to have had a similar experience for yourself.*

#### Week 4

- (5) Do you see your caring for grieving others as a vital ministry?  
(Please explain)

*Caring for those who grieve is a much-needed ministry. All too often, when someone loses a loved one, the crowds show up for a few days, but after the person is buried, life goes on for the crowd as though nothing ever happened. They don't seem to understand that life moves a little slower for the grieving person. It would be good if we could schedule a monthly visit with them for at least an hour if that is what they desire. Or, if they prefer, a brief phone call would be excellent.*

## Sources Consulted

- Anderson, A. A. *Word Biblical Commentary*. Edited by David A. Barker and Hubbard. Vol. 11. Dallas: Word Books Publishers, 1989.
- Attig, Thomas. *How We Grieve. Relearning the World*. New York: Oxford University Press, 1996.
- "AWOL". *Merriam-Webster.com Dictionary*, Merriam-Webster, <https://www.merriam-webster.com/dictionary/> Accessed 1 Sep. 2023
- Berstein, Judith R. *When the Bough Breaks: Forever After the Death of a Son or a Daughter*. Kansas City: Andrews and McMeel, 1997.
- Bonhoeffer, Dietrich. *Letters and Papers from Prison*. New York: SCM Press, Ltd., 1971.
- Bowlby, John. *Attachment and Loss, Volume III, Loss, Sadness, and Depression*. Vol. 3. New York, New York: Basic Books Inc. Publishers, 1980.
- Buechner, Frederick. *The Magnificent Defeat*. New York: Harper-Collins Publishers, 1966.
- Burge, Gary M. *John. The NIV Application Commentary*. Grand Rapids: Zondervan, 2000.
- Bush, Frederic. *Ruth/Esther. Word Biblical Commentary 9*. Dallas: Word Books, 1996.
- Cartledge, Tony W. "1 & 2 Samuel." In *Smith & Hewlys Bible Commentary*, 608. Macon: Smith & Hewlys Publishing, 2001.
- Chance, Bradley J. *Acts. Smith & Helwys Bible Commentary*. Macon, GA: Smith & Helwys Publishing, 2007.
- Craddock, Fred. *The Letter to the Hebrews: Introduction, Commentary, and Reflections*. Edited by Leander E. Keck. Vol. 12. Nashville: Abingdon Press, 1998.
- Dictionary, Medical for the Health Professions and Nursing. *The Free Dictionary*. 2012. <http://medical-dictionary.thefreedictionary.com/grief> (accessed March 16, 2016).
- Dictionary., Farlex Partner Medical. *The Free Dictionary*. 2012. <http://medical-dictionary.thefreedictionary.com/grief> (accessed March 16, 2016).
- Dr. Katherine Nader, DSW. *Gift From Within-PTSD Resources for Survivors and Caregivers*. December 12, 2001. <http://www.giftfromwithin.org/html/Guilt-Following-Traumatic-Events.html> (accessed March 13, 2017).
- Dunn, James D. G. *Romans. Word Biblical Commentary*. Dallas TX: Word Books, 1988.
- Dyregrov, Kari Dyregrov and Atle. *Effective Grief and Bereavement Support*. London and Philadelphia: Harper Perennial, 2008.

- Fairbairn, Andrew M. *Christianity in the Nineteenth Century*. London: Forgotten Books, (Circa 1800s; repr.,2018).
- Fairbairn, Andrew M. *The Place of Christ in Modern Theology*. Montana: Literary Licensing LLC, (1893; repr., 2014).
- Farmer, Kathleen A. Robertson. *"The Book of Ruth: Introduction, Commentary, and Reflections."* Edited by Leander E. Keck. Vol. 2. Nashville: Abingdon, 1998.
- Farmer, Kathleen A. Robertson. "The Book of Ruth." In *The New Interpreter's Bible*, 911. Nashville: Abingdon Press, 1998.
- Feigelman, William. *Devastating Losses: How Parents Cope With the Death of a Child to Suicide or Drugs*, 1st Edition. New York: Springer Publishing Company, 2012.
- Freeman, Stephen J. *Grief & Loss: Understanding the Journey*. Belmont, CA: Thomson Brooks/Cole, 2005.
- Fretheim, Terrence E. *"The Book of Genesis: Introduction, Commentary, and Reflections."* *New Interpreter's Bible*. Edited by Leander E. Keck. Vol. 1. Nashville: Abingdon Press, 1994.
- Friedman, John W. James, and Russell. *The Grief Recovery Handbook*. New York, NY: Harper Collins Publishers, Inc., 1998.
- Glaser, Darrell L. Bock, and Mitch, ed. *The Gospel According to Isaiah 53:Encounter the Suffering Servant in Jewish and Christian Theology*. Grand Rapids, MI: Kregel Academic & Professional, 2012.
- Hamilton, Victor P. *The Book of Genesis: The New International Commentary On The Old Testament*. Grands Rapids, MI: Eerdmans Publishing, 1990.
- Harvey, Van A. *A Handbook of Theological Terms. P.129*. New York: Macmillan, 1964.
- Hubbard, Robert L. *The Book of Ruth, The New International Commentary on the Old Testament*. Grands Rapids, MI: Eerdmans Publishers, 1988.
- Hurtado, Larry W. "Worship, NT Christian." *The New Interpreter's Dictionary of the Bible*. Edited by Katharine Doob Sakenfeld. Vol. 5. Nashville: Abingdon, 2009.
- James, Carolyn Custis. "The Book of Ruth, Loving God Enough to Break the Rules." In *The New Interpreter's Bible*, 36-37. Grand Rapids: Zondervan, 2008.
- Keating, James F. *The Suffering of God: Divine Impassibility and the Mystery of Human Suffering*. Grand Rapids: Fortress Press, 1984.
- Keating, James F. Keating and Thomas Joseph White. *Divine Impassibility and the Mystery of Human Suffering*. Grand Rapids, MI: Wm. B. Eerdmans Company, 2009.
- Kelley, Melissa M. *Grief. Contemporary Theory and the Practice of Ministry*. Minneapolis: Fortress Press, 2010.

- Kitamorah, Kazoh. "Theology of The Pain of God." 115. Richmond: John Knox Press, 1965.
- Kubler-Ross, Elisabeth, and Kessler, David. *On Grief and Grieving*. New York, London, Toronto, Sydney: Scribner, 2005.
- Lee, Eunmy. "Book of Ruth." *The New Interpreter's Dictionary of the Bible*. Edited by Katharine Doob Sakenfeld. Vol. 5. Nashville, TN: Abingdon Press, 2009.
- Lee, Jung Young. *God Suffers for Us: A Systematic Inquiry into a Concept of Divine Passibility*. Leiden Boston, Netherlands: Martinus Nijhoff Publishers, 1974.
- Lincoln County Farmland Protection Plan*. n.d.  
<http://www.co.lincoln.nc.us/DocumentCenter/View/5607> (accessed September 25, 2018).
- Toole, Marie O, *Mosby's Medical, Nursing & Allied Health Dictionary*, 9th Edition. New York: Elsevier Publishing, 2012.
- McWilliams, Warren. *The Passion of God, Divine Suffering in Contemporary Protestant Theology*. Macon: Mercer University Press, 1985.
- Meek, Will. "s.v. "Titled." *Psychology Today*, March 16, 2017.
- Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health. *The Free Dictionary*. Vers. Seventh Edition. 2003. <http://medical-dictionary.thefreedictionary.com/grief> (accessed March 16, 2016).
- Moll, Rob. *The Art Of Dying: Living Fully Into The Life To Come*. Downers Grove, Ill: IVP Books, 2010.
- Moltmann, Jurgen. *The Crucified God*. Minneapolis: Augsburg Fortress Publishing, 2015.
- Moltmann, Jurgen. *The Trinity and the Kingdom*. Minneapolis: Augsburg Fortress Publishing, 1993.
- Neely, Kirk H. "When Grief Comes." In *When Grief Comes, Finding Strength for Today and Hope for Tomorrow*, by Kirk H. Neely, 96. Grand Rapids: Baker Books, 2007.
- Newsome, Carol A. "The Book of Job." In *The New Interpreter's Bible*, 357-358. Nashville: Abingdon Press, 1996.
- Newsome, Carol A. "The Book of Job." In *The New Interpreter's Bible*, 350-351. Nashville: Abingdon Press, 1996.
- NRSV. *The Harper Collins Study Bible*. Edited by Wayne A. Meeks Harold W. Attridge. New York: Harper Collins Publishers, 2006.
- Oates, Wayne E. *The Revelation of God in Human Suffering*. Philadelphia: Westminster Press, 1959.

- Meek, Will. *Psychology Today*. October 18, 2012.  
<http://www.psychologytoday.com/blog/notes-self/201210/real-stages-grief>  
 (accessed March 16, 2017).
- Davis, Deborah L. *Stillbirth Yet Still Born: Grieving and Honoring Your Precious Baby*. Golden, Colorado: Fulcrum Publishing, 2014.
- Rando, Therese A. *Parental Loss of a Child*. Champaign, Illinois: Research Press Company, 1986.
- Robak, Rostslaw W. *Grief Therapy*. Edited by Michel Hersen and William Sledge. Vol. 1. Boston: Academic Press, 2002.
- Schiff, Harriet Sarnoff. *The Bereaved Parent*. New York, N.Y.: Crown Publishers, Inc., 1977.
- "Synopsis of the Four Gospels." Edited by Kurt Aland, 354. New York: American Bible Society, 1985.
- Tatelbaum, Judy. *The Courage to Grieve: Creative Living, Recovery, and Growth Through Grief*. New York: Harper and Row Publishers, 1980.
- "The Suffering Servant: Isaiah 53 in Jewish and Christian Sources." Edited by Peter Stuhlmacher and Bernd Janowski. Grand Rapids, MI: Wm. B. Eerdmans Publishing Company, 2004.
- U.S. Census Bureau. n.d. <https://www.Census.gov./data.html>. (accessed January 19, 2019).
- Wolfelt, Alan D. *Understanding Your Grief Support Group Guide: Starting and Leading A Bereavement Support Group*. Fort Collins: Companion Press, 2004.
- Wolterstoff, Nicholas. "Lament for a Son." In *Lament for a Son*, by Nicholas Wolterstoff. Grand Rapids: William B. Eerdmans Publishing Company, 1987.
- Youngson, Robert M. *Collins Dictionary of Medicine*. New York: HarperCollins Publishers, 2005.

