

URGENT CARE:
DEATH OF A CHILD



TABLE OF CONTENTS

Respond	QUICK GUIDE FOR ACTION Key points for caregiving ministry.
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Study	MINISTRY TO THE GRIEVING A pastor and his wife share principles for helping a family with their loss. <i>by Peggy and Clayton Bell</i> HOW I WAS HELPED IN MY GRIEF A bereaved mother describes effective ministry after her baby died. <i>by Lonni Collins Pratt</i> REPRESENTING GOD Words are not enough when the death of a child unleashes bitter anger at God. <i>by James D. Berkley</i>
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Care	WHEN A CHILD DIES Know what to do from the moment the terrible news arrives. <i>by Cinda Gorman</i> EFFECTIVE MINISTRY TO BEREAVED PARENTS Seven ways to help you respond to those who have lost their child. <i>by Emily Johns</i> MISCARRIAGE AND STILLBIRTH Do not downplay the event—the parents have still lost a child. <i>by James D. Berkley</i> GRIEF AFTERCARE Care begins before the funeral and continues during the following months. <i>by Kevin Ruffcorn</i>
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	FURTHER RESOURCES Books and resources to help your church minister after the death of a child.
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Leader's Guide

How to use "Urgent Care: Death of a Child" by Building Church Leaders.

Welcome to BUILDING CHURCH LEADERS: URGENT CARE. You've purchased an innovative resource that will help equip you and your leaders to minister in the crisis situations that often leave us speechless.

Urgent Care handouts give a succinct and practical overview of the issues relevant in your situation. We hope you use their hands-on advice, theological guidance, and careful warnings in order that you may offer the best ministry possible in the toughest of situations.

These tools are specifically designed for easy and quick use by church leaders in crisis situations. If you have an urgent need, select the article most relevant to the demands you face, and follow the article's guidance. If time is on your side, use these handouts to launch a discussion and training for leaders in your church.

Select & Copy

This specific theme is designed to help equip pastors and leaders who need to minister to the friends, family, and the congregation after the death of a child. Simply print and photocopy the handouts and distribute them as needed. (You do not need to ask for permission provided you are using the material in a church or educational setting, and are not charging for it.)

The following articles cover a variety of topics. For example, to read a firsthand account of a pastor's response to the death of a child, see "When a Child Dies." For advice on how to respond to mothers and fathers who have lost children, see "Effective Ministry to Bereaved Parents." To get the point of view of one bereaved parent, and how she received effective care, see "How I Was Helped In My Grief." We have also included the sermon "God Of Our Losses" by a pastor who lost children to early death. For an overview of action steps and important concerns that need to be remembered, see "Quick Guide for Action."

Pray

Ask God to equip your church to minister sensitively and with great hope—even in the saddest situations.

Need more material, or something on a specific topic? See our website at www.BuildingChurchLeaders.com.

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Quick Guide for Action

Key points for caregiving ministry.

Urgent care situations often require an immediate response from church leaders. This overview outlines major steps you should take in addressing the death of a child. These steps are explored in greater depth and detail in the remainder of this packet.

Immediate concerns

1. Get to the parents or arrange for someone to join them.
2. Arrange custodial care for children of the family.
3. Clear your schedule for a number of hours.

Keep in Mind

1. Expect intense grief.
2. Anger may accompany grief. That anger may be displaced at God or God's representative—you.
3. Miscarriages or stillbirths are often experienced as any other death of a child.
4. The survivors need a loving presence more than answers.
5. You will not be able to explain away the death or "fix" the situation.
6. You may need to attend to the physical health of family members.
7. Serious depression and suicide sometimes accompany the death of child. Early on, you will need to assess if the parent blames him or herself for this death.

What to Say

1. Get facts from the authorities to keep the family well informed.
2. Find a private place for the family to grieve.
4. Allow the family to express grief as long as they are not causing harm.
5. Work the family through the necessary steps after death. Be steady and in command of the situation, but let them make what decisions they can.
6. Be Christ in their presence. Care, love, accept, and forgive as he would.
7. Offer words of hope, such as, "You will make it through this, with God's help."

What Not to Say

1. Do not attempt cheeriness in the face of deep loss. Victory is in Christ, but that message is best heard at a later time.
2. Do not expect family members to act responsibly or rationally.
3. Do not attempt to cheer parents after a miscarriage or stillbirth with words that downplay the significance of the death, such as, "You can always have another."

Plan Ahead

1. Do not assume that life will return to normal for the family in a few weeks.
2. Prepare an aftercare program for the next year.
3. Contact the family on potentially tough days, such as birthdays and holidays.



Ministry to the Grieving

A pastor and his wife share principles for helping a family with their loss.

Romans 12:12–13

by Peggy and Clayton Bell

Whether you're a pastor or a friend, helping those who grieve requires special wisdom.

1. Although God's love and comfort come through people, comfort is still God's work. Although there is "one mediator between God and man, the man Christ Jesus," we ministers are called to "fill up in my flesh what is still lacking in regard to Christ's afflictions for the sake of his body, which is the church." (Col. 1:24). God alone is the God of all comfort, he is the source; we are the channels.

A competent physician knows how to clean a wound, apply antiseptic, suture where necessary, bandage, and then wait for the natural healing process. A doctor is not a healer. He aids the healing process that God controls and has built into the forces of nature. A good doctor knows his limitations and has the patience to wait for "nature" to heal.

The same is true with the wounds of grief. God is the healer and fellow Christians (whether pastors or laypersons) can mediate his comfort. Yet they also must know how to keep their hands off to allow God to do his own healing.

2. In ministering to grieving people, be convinced of the hope that is ours in Jesus Christ. Did Jesus Christ rise from the dead? Was he telling the truth when he said, "I am going there to prepare a place for you" (John 14:2)? Does his resurrection really give us the assurance of eternal life—as when he said to Mary and Martha, "I am the resurrection and the life. He who believes in me will live even though he dies, and whoever lives and believes in me will never die" (John 11:25–26)? Is there a real existence beyond this life known as "heaven"? Does God really forgive sins and accept sinners? Do we have a hope in Christ beyond this life?

The unequivocal answer of the New Testament to all of these questions is a resounding "yes." The caregiver can convey this hope on firm ground. The gospel of Jesus Christ is the bandage that binds up the wounds of grief, and the presence of the Holy Spirit is the balm that soothes and comforts raw nerves.

3. Accept the validity of the grief process. Is it wrong for a Christian to grieve? Are tears a contradiction of faith? Or is faith supposed to eradicate tears?

The psalmists often wept during sorrow. In the New Testament, after Stephen had been stoned, we're told, "godly men buried Stephen and mourned



deeply for him” (Acts 8:2). Even living that close to Christ’s resurrection, the early Christians deeply mourned Stephen’s loss. In 1 Thessalonians 4:13–18, we have the balanced teaching of the early church, that we “grieve, but not like the rest of men who have no hope.”

Whether grief comes from death, desertion, alienation of affection, or divorce, tears are natural. Tragically, some devoted Christians believe that grief is inappropriate for one who believes in the resurrection. The attempt to deny the reality of grief through the bravado of faith is terribly destructive. Anyone wishing to minister to those in sorrow must follow the biblical injunction to “mourn with those who mourn” (Romans 12:15), and to endure patiently the tears of those who must face massive new vacancies in their lives.

4. Make sure someone is there when needed. The question asked by people who must call on a person during bereavement is “What shall I say?” But words are not nearly as important as being there. A simple embrace and the words “I’m sorry,” or “I love you,” may be all you need to say. It’s important for the bereaved to feel that they’re surrounded by people who care deeply and who are available.

5. Give the bereaved opportunities to talk about their lost loved ones. Kaleidoscopes of memories and emotions flash across the screens of their minds, and it’s very important to the grieving process for them to articulate these memories. The sympathetic ear is often the best tool in grief therapy.

6. Touch is important as a means of communication. One grieving person told us that after her loss she didn’t hear much that I said, but when Peggy and I sat on her bed and held her hands and prayed, she received strength. During those early days when she would lie crying on her bed, Peggy would sit beside her and rub her shoulders and back, not only to relieve physical tension, but to communicate caring and emotional support.

7. Remember special times in the bereaved’s life. A phone call, a card, or some other response from friends lets people know they are thought of and supported on those days. Each event is a poignant reminder of loss and can reopen the wounds. It’s especially important that the bereaved be supported when such events reawaken grief.

8. Be ready to give readings to those who sorrow. A hand-written list of Psalms and other Scriptures for daily reading and meditation work well. I say hand-written for the same reason doctors hand write prescriptions. When a person is really sick you don’t give a patent medicine, but rather a personalized prescription for healing. Some people need the language of the psalmist to ventilate their own feelings in prayer. Others need the theology of the resurrection to undergird their hopes. Carefully evaluate how these can be blended together.



9. A bereaved person is vulnerable; be discreet and accepting. In the agony of sorrow, things may be said, feelings vented, or secrets divulged which the one ministering must absorb and turn over to the Lord. In grief, as in any other matter of pastoral concern, a cloak of confidentiality must be thrown around the relationship.

10. Be part of a ministering team. In my case, I'm extremely grateful to the Lord for a wife who shares my ministry with me. Peggy's perceptions and sensitivity have been great assets in ministering. She is able to do for widows what would be inappropriate for me to do. Others who are not able to share with their spouses this way will want to draw on wise and compassionate men and women of the church to complement what one person can do.

John tells us that in heaven God "will wipe every tear from their eyes" (Rev. 21:4). Until God does that, it's our privilege to be channels of comfort and hope for those who grieve. It's not easy. But it is God's work. He gives us the magnificent opportunity to lift our eyes and the eyes of others to that one who is life, and who promises reunion and the fullest measure of joy.

—For many years, Rev. Clayton Bell and his wife Peggy served congregations in the Presbyterian Church of the United States of America (PCUSA).



How I Was Helped In My Grief

A bereaved mother describes effective ministry after her baby died.

1 Thessalonians 2:7

by Lonni Collins Pratt

The nurse gently pulled me aside, away from the metal crib, away from my baby. She held me in her arms as another nurse examined Angie. I watched her reach over the crib and shut off the monitor. The arms around me squeezed tighter.

The other nurse turned away from the crib and faced me. "It's over," she whispered, her cheeks wet with tears. "I'm so sorry."

The memory of Angie's pale face remains with me today. She was just 11 months old, a victim of cancer. Angie's father, my estranged husband, was attending college in another state. The lonely two-week vigil beside her crib left me dazed and numb.

I pulled away from the comforting arms around me and wandered, looking for a place to grieve. I don't know who called my pastor, Jon, and his wife, Linda. They found me in the sunroom on the top floor of the hospital. I stared out the window, not blinking, not thinking, not feeling.

This was the first time my young pastor had ministered to grieving parents or conducted a funeral for a small child. But Jon's inexperience didn't matter to me; his compassion and concern were what I needed.

He didn't say much. He put his arms around both Linda and me and whispered, "She'll never hurt again." That's when the tears started, releasing months of bottled-up sorrow. They helped me sit down, and we wept together—the three of us clumped in a bundle of grief.

My pastor and his wife ministered to me when I needed most to know God's love. I was comforted knowing they felt the pain and anguish I felt. But their ministry began long before the day Angie died.

Facing Difficult Decisions

Angie had a cancerous tumour on her arm. Her surgeon suggested that if her arm was amputated, she might have a 10 percent chance to extend her life by a year. It was an excruciating dilemma. Her father and I would have given our own arms to have her with us another year, but we decided against the amputation.

My pastor didn't question our choice. He didn't judge me in the life-and-death choices I had to make. He simply acknowledged our struggle. "I can't possibly know what I would do in your situation," he said. "I know how difficult this decision is for you." And if others in the congregation wondered how we could refuse any treatment, any chance of extending our child's life, he kept those questions from reaching my ears.



When a child is sick, parents face heart-breaking choices. What if the amputation would have been God's tool for healing her? Had I sealed my daughter's fate? Pastor Jon never tried to answer my questions. He knew any answer would seem trite.

A few days after the funeral he called and said, "It must be some comfort to know her last days weren't spent with the additional pain of a major amputation. Your choice allowed her to go gently. I admire your courage."

I appreciated his thoughtful encouragement.

Understanding the Doubt

I could not understand how a loving God would allow a baby to suffer. Nor could I escape the daily, harsh reality of that suffering. Well-rehearsed religious phrases mean nothing to parents who sob over their screaming, pain-wracked baby.

I am grateful my pastor didn't tell me I shouldn't doubt. He didn't try to suppress my anger or frustration. "I don't know why Angela must hurt like this," he said once. "But, I know your questions are valid, and I believe those questions will drive you to God, not away from him."

Once, after Angela had fallen into a fitful sleep, Linda said, "God cries for this planet. This was never what he wanted."

I remembered her words recently when the pastor of the church I now attend said, "We keep hearing people ask, 'Why does God allow children to suffer or go hungry? Why does God allow war?' But God asks, 'Why do people allow such things? What have you done to yourselves?'"

Since no one has the answers, it's okay to say so. We can't put something in the place where awe, reverence, and humility belong. We are mortal, and we have limits.

Providing Practical Help

Shortly after I told my pastor about my long nights with Angie, several church women took turns spending the night with me. Some came only one night. I understood why they couldn't come back. It's never easy to encounter stark suffering.

Others became partners in our pain. They rocked my screaming baby, sang to her, prayed with me, or just made tea. Their presence seemed to calm both Angie and me. I began sleeping a little more, and the added rest helped me cope.

Rather than scolding me for having doubts, Jon and Linda and the women they recruited were themselves tangible proof that God loved Angie and me and that we weren't alone.

My friends didn't react to my anger or doubts. Instead they responded to my pain with friendship and support. They helped my questions draw me closer to God.

It doesn't always happen that way. About ten years ago, my friend Alice watched as the body of her 3-year-old daughter was pulled out of the pond at a church picnic. As her husband



cradled the blue body of his little girl, a well-meaning deacon said, “You just have to accept God’s will.” As far as I know, her husband hasn’t entered the door of a church since.

Doubting, grieving parents don’t need others to question their relationship with God. They need the space to express their doubts and anger. They need others who can share with them in their suffering.

Helping Grief Happen

I wanted Angie’s funeral to run smoothly. I didn’t want any emotional displays. And I did not want to see the body. The funeral director was instructed to close the coffin when I entered the building.

I did not trust myself. The pain was so strong, I was certain the sight of Angie in the coffin would send me over the edge of sanity.

I did not cry the first night I accepted visitors. I did not discuss Angie. I asked my friends about their families, jobs, vacations, about anything except the tiny casket in the next room.

The next evening Jon pulled me aside and said, “I understand you haven’t seen Angie.”

I looked at the carpet and didn’t reply. He took my hand. “I’ll go with you,” he said. “You should see her. She looks like a doll.”

It didn’t take much encouragement to get me to go with him. As I looked at her frail body, reality set in. My baby was gone. I wept freely into the clean handkerchief Jon gave me. Pastors and friends need extra handkerchiefs for times like that.

Being Real

A couple from my present church, Laura and Ron, were married eight years when their son, Christian, was born. They had struggled with fertility problems, so the baby was a miracle. If they cornered you, they would praise God exuberantly for their miracle baby. Christian was six months old when an inexplicable brain haemorrhage suddenly killed him.

Our current pastor is a qualified minister who has conducted many funerals. But something about their tragedy shook him as it did all of us. Laura and Ron smiled through their tears and talked about how thankful they were for the short time they had Christian. We knew they meant it.

But still it was evident our pastor struggled with their loss. He hesitated as he spoke; he forgot things; he was unusually quiet.

Laura told me later it was a great comfort to her knowing our pastor wasn’t unaffected. He did not just go through the motions mechanically. He didn’t hide his feelings, but neither did they rule him. In short, he was real. He showed Laura and Ron that grieving was acceptable.

At Angie’s funeral, Jon listened to me talk a long time about the day Angie learned to stick out her tongue. I told him about the nurse who taught her how to do it. I told him how delighted she was to perform her new skill for others.



There was nothing Jon could do as I talked. There was nothing he could say. But he didn't have to say anything. He simply stayed there; he listened; he encouraged me to talk. To me, he was being real.

Continuing Care After the Funeral

Grieving parents receive a lot of support during the first days following a funeral. This support dwindles quickly. That's why they need someone who will stay in touch with them.

Within two weeks, people stopped asking me questions. They stopped talking about Angie. But I found it impossible to shake off my loss in a few weeks or months. My worst period of grief set in about three months after Angie died, when most of my support had diminished.

Pastoral follow-up reassured me that the grieving process was normal. When silence otherwise engulfed me, it helped to know someone understood I still hurt. It helped to know prolonged hurting is normal. When I was encouraged to talk to others and pray about my feelings, I could work through my grief.

Other simple things helped as well, such as a call on Angie's birthday. A call on other holidays or on the anniversary of her death would have meant just as much. These are especially painful times. I needed the time and companionship of others. I didn't want people afraid to ask me how I was doing or if I needed to talk. Their prayers also gave me strength.

The genuine care of others eased my pain and helped me cope with a terrible loss. But I realized my pastor and my friends were only human. They were limited. Sustaining comfort could finally come only from God. He gave me peace of mind when I clung tightly to him in my grief. I could not expect my pastor to heal my wounded soul, but I'm glad he brought me to the One who does.

—Lonni Collins Pratt has authored books including Making Two Halves a Whole: Studies for Parents in Blended Families (David C. Cook, 2002).



Representing God

Words are not enough when the death of a child unleashes bitter anger at God.

Psalm 34:18

by James D. Berkley

The specific *pastoral* role in grief care is a subtle one. Even the caregiver's presence as one representing God can evoke both positive and negative responses. Chaplain Wayne Willis of Louisville's Kosair Children's Hospital tells of one particularly memorable experience:

"A little boy struck by a car was rushed to our hospital. When I arrived I could tell the boy wasn't going to make it, although they were still trying their best to revive him. The family was in a waiting room by themselves. Nobody was talking. They just sat there, each in separate, shocked grief. Even the air in the room seemed to be waiting for the inevitable death notice.

"I relayed to them what factual information I knew and went out of the room every ten minutes or so to get an update. But as I talked with several of the people, the father never said a word. He was a mountain of a man, and he sat still as death itself, hardly blinking an eye.

"Finally a doctor entered the room and said the boy had died. At that, the father bolted upright to his full six-foot-plus height. He clenched his fists and began striding across the room straight for me. I braced, waiting for my lights to go out.

"He got about halfway across the room and stopped. He screamed at the top of his lungs, 'Where's your precious God?!' Then he collapsed to the floor and sobbed the deepest sobs I've ever heard.

"I was relieved to be safe, but for a moment I honestly felt guilty as charged for being a stand-in for God, for having no answers about why little children get run over by cars. That day, part of my ministry was to serve as a lightning rod to discharge the anger and bitterness that grieving father had to let out. I'm not supposed to take such emotion-charged statements personally. They're not meant for me. They're a natural reaction to the shock of bereavement, to what life has dealt. Most people move beyond them, as did that father that day."

But not all the God-identifications are negative. Often people find strength and assurance by the mere fact a church caregiver is with them. It tells them God is with them.

It is often the little kindnesses that parents remember. "People come up to me months, even years, after their child's death and tell me, 'You may not remember me, but one thing stands out vividly from the awful night when our daughter died: your kindness in calling my mother. I just couldn't do it myself,'" Willis says. Bringing a cup of cold water, walking a father around the block when he "just has to get out of the hospital," picking up the purse the dazed mother forgot, offering a Kleenex—these simple, caring actions often mean more than a truckload of words. They broadcast: I care, and so does God.



The words we speak are also important, however. Therefore they must be chosen carefully, no easy task in an emotion-torn situation. “Some people understand ‘God language,’” Willis advises, “and with them I have immediate authority.” With such parents who share a common faith, pastors can speak of God’s love and care, of God’s faithfulness, of God’s own loss of a child, of God’s victory over death. These are great truths every Christian knows and spouts easily before the emotions hit. To make them a solid anchor in the storm of feelings at death is the difficult task of the caregiver.

We want to avoid the sense of pat answers and give the message: “It’s okay to break down. It’s okay to question. It’s okay to be angry at death. God’s bigger than all these struggles. God will still be there—loving us—when we quiet down and emerge on the other side of this tragedy.”

In this age, however, it’s not safe to think people understand God or God talk. “Working in a hospital,” Willis explains, “I’ve learned to assume a strong faith is missing for most people. They have little theological understanding through which to process this loss. When I feel that is the case, I look for clues to tell me when to talk of God and faith. The most innocuous opening I’ve found is to ask with a quizzical voice, ‘Would there be any kind of religious tradition you come out of?’ The quizzical tone tells them I don’t assume anything, and the question allows them to tell of a faithful grandparent or parent, even if they themselves have no operating beliefs. How they answer gives me clues on how to proceed.

“For those with some kind of faith history, I may ask, ‘How do you fit God into all this?’ That allows the opportunity to rail against the ‘unfairness,’ express the comfort they receive from God, ask questions that have them knotted inside, or work through any number of other thoughts and feelings. At this point, I become more than a kind person; I can minister as a Christian pastor.”

Willis, however, finds some people braced against him for the very reason he is a pastor. “People are suspicious,” he sighs. “If they have a negative idea of ‘preachers’ or ‘religious folk,’ this is one time they’re not going to disguise it. If they want to remain distant, or if they don’t want to talk, I resort to the role of a caring hospital staff person. They can use the cup of cold water, too, and it will probably do more good than any number of forced words.”

*—James D. Berkley is an author, editor, and pastor in
Bellevue, Washington.*



When a Child Dies

Know what to do from the moment the terrible news arrives.

Job 4:3-4

by Cinda Gorman

I was pushing my two elementary-school-aged boys through their bedtime routine when the phone rang.

“Cinda, this is Dr. Steele. I’m in the emergency room at Grossmont Hospital with Keith and Judy Meeker. Their son, Jarrett, hanged himself on a backyard rope swing this afternoon. He’s been pronounced dead. They asked that you or your husband be here.”

At the hospital, I got the story: Jarrett had come home from choir practice and was playing in the backyard while his sister napped. His mom had asked him to stop throwing rocks, so he began to swing on a nylon rope suspended from a eucalyptus tree. The rope was knotted at the bottom for a foothold, but a section above the knot was unwoven and created a loop. Judy went into the house to answer the phone and then returned outside to continue her yardwork. It was then that she felt the silence.

Jarrett’s lifeless body was hanging from the loop in the rope. She pulled him out, ran into the house, and phoned for help. She continued her efforts to revive him, carrying her son to the front yard so the paramedics could quickly find them. But it was too late, despite lengthy procedures in the ambulance and at the trauma ward. No one knew exactly how Jarrett’s slender body had accidentally slipped through the rope swing.

Much has been written about helping people through the loss of an infant, but little about the loss of an older child. This requires a specialized and careful pastoral response, as I learned by experience.

Caring for the Parents

The first task in pastoral care is ministering to the parents.

Help them talk about the child. The hospital’s “scream room” or “cry room” was ours alone that night. The stunned parents sat together on a couch, their 8-year-old son’s body on a gurney in another room. We talked about their recent fishing trip, about Jarrett’s gregarious, friendly style with other children, his learning disabilities that were improving, his love for God’s creation, and his relationship with his 5-year-old sister, Jennifer.

I didn’t press for details of the accident, because I knew the deputy coroner would soon come for a complete report.

Encourage them to spend time with the body. We went into the trauma room where Jarrett’s blanket-covered body lay. He looked like a sleeping child. I encouraged the parents to stroke his face and hair. Like any caring parent, his mother commented on his dirty socks.



The grandparents and an aunt and uncle arrived. Soon I was in a corner with my arms around Jarrett's father, a usually cool lawyer who now sobbed over his lost son. I provided tissues and a shoulder to cry on, saying quietly, "It is good to cry," while we shed tears together.

Discuss burial arrangements. After a while, we discussed the decisions they now faced. Should Jarrett's body be cremated or buried? This was a crucial decision, calling for mutual agreement. When they decided on burial, I encouraged them to find appropriate ways to involve their daughter in the decisions so she would not feel left out or abandoned during the next few days. They decided to include her in the trip to the cemetery to choose a plot.

Discuss memorial funds and gifts. I brought up the topic of memorial gifts during that first evening at the hospital. This might seem premature, but it was fortunate that we did that night. Media attention the next day provided an opportunity for Jarrett's parents to make a positive response in the midst of a tragedy. They had established a special fund by then, using the Deacons' Fund in the church as a collection point. The donations would be used to finance a week of "zoo school" at the San Diego Zoo for needy children. They chose an experience Jarrett had enjoyed.

Help the family return home. I accompanied Keith and Judy to the next painful stage—returning to the scene of the accident, their home. By now my husband had arrived at the hospital to finish the evening with them. He and I exchanged a few words in the hall and went back into the conference room for prayer. I left the Meekers after offering to return in the morning to help share the news with Jennifer, who was staying with friends that evening. Visibly relieved, they said this was one of the most troubling tasks on their minds.

Discuss available support groups. Later on, parents will need to know about support groups for families who have experienced the death of a child. Some in our area include Empty Cradle (for families who have lost a child under 2 years of age) and Compassionate Friends (for any parent whose child has died). In addition, local hospitals often offer seminars on grief, helpful to families in the months following a child's death. Groups of this type broaden the number of people with whom grieving families can feel a kinship.

The Meekers found the support they needed within the congregation. Judy's statement, "People in the church praying for me has been the only thing that keeps me going," is a testament to the love and care of the people of God in a crisis.

Caring for Siblings and Friends

I also discovered the importance of helping the brothers, sisters, and young friends of a child who has died deal with their loss.

Avoid misleading terms. While in the hospital's conference room, we talked about how and when to tell Jarrett's sister and cousin. Metaphors about "sleep" and "God needing Jarrett" can be destructive and frightening to children. Since children are literal thinkers, these terms could cause them to become afraid of going to sleep or to resent God for taking someone they love.

In the morning I notified Jarrett's school principal. We discussed the exact details of the accident so she could share the news factually with the school counsellor, teachers, and



students. I suggested she avoid using the words *hanging* or *hanged himself* since my older son's question had been, "Did he do it on purpose?"

By using "accidentally strangled," the counsellor could rule out suicide in the minds of Jarrett's classmates. A visit to the school later in the day reassured us about the sensitivity with which the staff dealt with Jarrett's friends. I assured the principal that the memorial service would be appropriate for children and that any parents who inquired should know that their children were welcome to attend.

Choose the discussion site carefully. As promised, I called on the Meekers that first morning to be there when they told Sister Jenny their sad news. Cradled in her parents' laps, she alternated between tears and amazingly perceptive observations. She said, "I wish I could just wake up and this would all be a bad dream." When we discussed that accidents sometimes happen even to children, she remarked, "Jarrett never got to grow old and be a grandpa."

While we chose Jenny's bedroom for this conversation for the sake of privacy, I now consider that a mistake. Her subsequent unpleasant dreams about things on the walls and dressers might have been because we shared such traumatic news in a place she called her own.

Many books help explain the concept of death to children. Most agree that a 5-year-old has a limited concept of the finality of death. This was not a problem with Jenny, as evidenced in her statements about her brother. We talked about Jarrett's body still being at the hospital, but that it would be buried in the coming days. (While not the case in this situation, some children take discussion of "bodies" to mean that the head is not included. Again, it helps to remember how literal children are in their understanding.)

Assure children that a full range of emotions is normal. It's okay to cry—or to laugh. Children in a grieving family need to be assured they can express a range of feelings even though many sad people surround them.

I told Jenny that in the next few days she would want to cry sometimes, and other times to laugh and play even when grownups were sad. Jenny later told her mother, "Pastor Gorman said I could laugh and play or be quiet and show sadness and tears, and it was all okay."

Include children in the funeral and memorial service. The death of a child also involves ministering to friends and their families. I found myself spending a great deal of time on the phone with other mothers who were suddenly facing the mortality of their children.

One way of reaching out to them was scheduling a specific time to be available at the mortuary. The funeral home provided information on questions that naturally curious children ask, such as, "How do they dig a grave?" After sharing the information with several children, my husband and I added thoughts about what we as Christians believe about resurrection. Parents seemed relieved to have assistance explaining the difficult topic of death.

Jenny's parents and I planned the memorial service the morning after the accident. We scheduled the service so classmates and teachers could attend. We decided to use taped music of the boys' choir Jarrett had been in. I planned to give a children's sermon, and friends would be invited to share some good memories of Jarrett. In addition, Jarrett's baseball team would take up a collection for the memorial fund.



For the children's sermon, I used toy caterpillars that unzipped into butterflies. I made up a story of two caterpillars discussing what it would be like to fly. One then spun a cocoon (a paper bag) and came out a butterfly. It couldn't come back and tell its friend what flying was like. Flying was beyond any description a crawling caterpillar would understand.

"In a similar way," I pointed out, "Jarrett can't come back to tell us what it's like where he is now. But we know it's a wonderful, happy place."

Keith and Judy prepared a display of Jarrett's models and baseball cards for the reception following the memorial service. This gave them some tangible way to share their son with their friends and to remember his many interests.

Schedule follow-up time. I stopped by the Meekers' home after the service. The eucalyptus tree in the backyard had already been removed, and the Meekers commented on the wonderful view they didn't know they had been missing. (Some experts may suggest this was a premature action of denial, but removing the tree was a decision the family could make and take action on.)

When a child dies, we grieve not only the loss of that child, but also the loss of the future anticipated for the child. Most of the memories center around holidays and particular sports, friends, and sites. For this reason I contact the parents around the holidays associated with children—Halloween, Christmas, and Jarrett's birthday. I noted these dates and the anniversary of his death on my calendar.

Christmas was the most difficult holiday, and the Meekers chose to celebrate it at a mountain cabin and to keep the holiday rather low-key.

Looking back, I would be more assertive about follow-up than I was. Distance made dropping by difficult, but I wish I'd have done it on a regular basis and with more pointed questions. Not until six months later was I able to encourage more formal counselling.

The divorce rate for parents who experience the death of a child is high, so monitoring family dynamics is critical. While Jarrett's death didn't threaten this couple's marriage, it did raise other issues in their extended family.

Judy has repeatedly said she had too little time alone with Jarrett at the funeral home. Now I would suggest that visitation by family and friends be scheduled at a time other than when the parents go to the funeral home. That way there would be no scheduled end to their time with the body. Providing appropriate time for parents to be with their dead child is a key function of pastoral care.

—Cinda Gorman and her husband Steve Gorman are co-pastors of Westwood First Presbyterian Church in Cincinnati.



Effective Ministry to Bereaved Parents

Seven ways to help you respond to those who have lost their child.

Lamentations 5:15

by Emily Johns

“I’m sorry—we never got him back,” the doctor said sorrowfully. Our 3-month-old son Michael was dead. An apparently healthy child who had cooed and laughed to the delight of his 3-year-old brother earlier in the morning, Michael had died of crib death—an occurrence for which there are few answers.

Death is inevitable, but the death of a child is acutely numbing. We learned a lot about how the mind works in grief. Perhaps our experience will help others respond to the death of a child.

1. Make your concern and love felt by your presence. After the death of a friend or family member, the tendency is to shut down and look inward. The bereaved want to be alone. Uncontrolled emotion is sometimes embarrassing, especially for men who feel that crying is unmasculine. Questions bombard the mind, making conversation difficult.

The bereaved need to have people around them, however, and they need to talk—even if the thoughts don’t make sense. We asked people not to come to our house, but several close friends came anyway. It was the best thing, for we began to open up and share. As we did so, things began to focus again.

2. Use the child’s name in conversation. Even though the child is dead, memories are real and alive in the parents’ hearts. Sharing your memories of the child can be comforting. Thus you confirm the reality of the child’s life and importance.

3. The nursery or bedroom, toys, and clothing are painful reminders of the loss of the child. It is best for the parents to put these away in their own time when they are ready to confront the loss, thus helping put closure to their experience.

Some parents are unable to put things away; they leave a room as it was when the child was alive—probably out of fear of forgetting the loved one. By acknowledging that the child was real and not being afraid to talk about him or her, you reassure the parents that forgetting is impossible. Memories are healthy and should be encouraged. Putting away material reminders of the child is a positive step in grieving and getting on with life.

4. Let your own emotions show when ministering to parents who have lost a child. Crying shows your empathy and reassures the parents it is all right to cry. Emotion reinforces the fact that the child was important to you too.

5. Avoid clichés. Do not say things like, “God needed another little flower in heaven.” God did not take the child away. His death was a result of living in a fallen world where death is a natural step for all of us. However, God allowed the death of the child. Now the parents need help in reaching into their store of deepest heartfelt faith for answers and comfort in the following days.



6. The grieving process comes in waves—some big, some small. Like the tides, they come at different times. At first the waves are close together, but in time they get farther and farther apart. When tears come 6 to 12 months after the child's death, be tolerant of the parents—let them cry and let them talk. Be a good listener. Tears are a healthy response to a devastating experience.

At times even now—years later—certain songs will bring tears to my eyes in memory of our son. I let them flow and remember what a good God I serve. He has gently helped my family through a crippling experience. He is the Great Physician of the body, mind, and soul.

7. Be aware of other siblings, for they also feel the loss of their brother or sister. Young children need outlets for the emotions they feel but are unable to display.

Our son was 3 when his little brother died. For several days his way of grieving was to play very, very hard—to the point of exhaustion. He asked a lot of questions which we tried to answer honestly in language he would understand. It is important not to make death unimportant by not discussing it at all or overly important by discussing it too much. It is OK for the child to see his parents cry, which shows that the deceased child was valued. This will be translated in his mind to mean that he is valued. Give the child space to play outside the home situation. Be careful not to take him away for long periods, for he will become confused.

One of the most meaningful cards I received when our son died had a little poem about a rose on the wall. It described how a little rose vine began to grow. One day it found itself wandering through a crack in the wall. It came into full bloom on the other side of the wall.

I equated the rose with my son. He never bloomed on the earthly side of the wall, but he now blooms in the Lord's presence.

The end of our story was a happy one: We now have another rose in our family garden named Audrey Rose. She is blooming beautifully on the earthly side of the wall.

—Emily Johns is an HIV/AIDS education specialist serving in South Africa.

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Miscarriage and Stillbirth

Do not downplay the event—the parents have still lost a child.

2 Corinthians 12:9

by James D. Berkley

“Please, don’t call it a miscarriage. My baby is dead!” These poignant sentences from a mother who had lost a child before birth sum up the feelings of parents deprived of expected children: they don’t want their loss downplayed.

The tendency of those around is to console with words to the effect, “Well, at least it’s not as bad as it would have been once you had a chance to hold your child.” Not necessarily true. Bonding occurs early. That child in utero is a real child. Hopes and dreams and characteristics become attached to it long before it’s born. When that child fails to make a grand entrance, the empty and darkened stage takes a lot of getting used to.

Caregivers are wise to treat a miscarriage or stillbirth as they would any other death. The parents and loved ones need to feel free to grieve. For those who have had a difficult time conceiving, this is an especially bitter time, signifying not only the loss of a child but possibly a sense of fundamental failure ever to be parents.

Children’s hospital chaplain Wayne Willis advises visiting the parents as soon as possible after the death and evaluating their reaction to the loss, affirming them, and helping them express their grief. Here are some of his guidelines:

- Attend to the father as well as the mother. Sometimes the father’s sense of loss is as great if not greater than the mother’s.
- Draw out the story of events and feelings leading to the loss, giving attention to matters likely to bear on the grief process, for example, marriage relationship or lack of it, planned or unplanned conception, normal or problem pregnancy, delivery (Death known before delivery? Normal delivery? Malformation?), and fantasies and fears attending the pregnancy and delivery.
- Work through the post-mortem process: seeing or holding the baby, bathing and dressing it, deciding on an autopsy, making burial or funeral plans, naming, taking pictures, retaining keepsakes such as a footprint or a lock of hair.
- Discern the parents’ interpretation of the cause of death, including their understanding of the medical explanation, their theological or philosophical understanding of it, their sense of personal responsibility, and their blame of themselves or others.
- Ascertain the quality of their support system: marriage, family, friends, support group, church, therapist, and work colleagues.



- Give any guidance as indicated, such as how to break the news to other children, how to handle inane comments, how to cope with others' awkward avoidance, and how to handle the anticipated stress on their marriage relationship.

The banal comments they might have to field include: "Don't worry; you can always have another" (Every child is unique; you cannot "replace" anyone); "God wanted another little angel" (That makes light of a tragedy and tends to paint God as a tyrant who toys with our lives); or "I know exactly how you feel" (Nobody can say that honestly).

The caregiver's most important care responsibilities: to accept and understand the depth of emotions in the parents and allow them to express them fully, and to encourage activities that promote acceptance—such as holding the child, taking pictures, or naming the baby. While these may accentuate sorrow at the time, they allow the deep wounds to begin to heal.

—James D. Berkley is an author, editor, and pastor in Bellevue, Washington.



Grief Aftercare

Care begins before the funeral and continues during the following months.

Lamentations 3:31–33

by Kevin Ruffcorn

Things were going pretty well. I had just completed the second funeral in the congregation to which I had recently moved. I thought I had accomplished my goal of providing spiritual comfort.

A comment two days later forced me to question that assumption.

I stopped by the house of a young widow. Three years earlier this woman's husband had died of a sudden heart attack. She observed, "The pastor and the church didn't minister to my greatest needs. Oh, the pastor saw me right after the death, and he met with me before the service. He said a few words at the funeral. But I never saw him again in regard to my husband's death. After the first week, no one from the congregation visited with us concerning our grief. My real struggles with my husband's death didn't begin until two weeks after the funeral, and by then, everyone was out of sight."

The memorial service, I began to understand, wasn't the place to terminate ministry. It was the place to begin a different but no less important one.

In an effort to minister more effectively to our church's families, we created a program of grief aftercare. I've found it has helped people deal with their grief in a fuller and healthier way.

Early Aftercare

Grief aftercare begins before the funeral service, when I tell the family it will take perhaps a year or longer to work through their grief. Occasionally family members say, "As soon as this funeral is over, we can put our lives back in order" or "Just a few more hours, and we can get on with life." I serve as a gentle reminder that death affects us longer than for a few short days.

Most people don't understand grief. They believe things will be back to normal in a month or two. Anything longer indicates they aren't handling the death very well, they aren't "good, strong Christians." Thus, breaking down in tears in the grocery store after hearing a song that reminds them of their loved one confuses and embarrasses them. To let people know such occurrences are normal may not take away the embarrassment, but it does help them realize they aren't going crazy or losing their faith. They are simply human.

The second step is a series of phone calls and visits. A week after the funeral, I usually visit the family. The extended family members usually have returned to their homes and jobs, and friends and neighbours have turned their attention back to their own struggles. The rush of funeral preparations is over, life is quiet, and the family is alone.



Often this is when the reality of their loss hits them. My visit provides the family with an opportunity to express new grief questions or to rehash the old ones.

Many times I hear expressions of loneliness. My visits don't take away the loneliness or fear, but they do allow the family to share their grief and to realize someone understands. Occasionally, I hear soft voices of denial. Such struggles are normal to the grieving and not a sign they are going crazy; affirming this comforts the bereaved.

My visit reminds the family that grief does not end at the funeral. Yes, they must get on with life, but they also need to bear the wounds of grief and to allow time for these wounds to heal.

Extended Aftercare

I make a second visit or phone call about three weeks later. One of the main purposes is to assure the family they have not been forgotten. They are still in my thoughts and prayers and also those of the congregation. Another purpose of this visit is to stress that I am available.

Often this is the watershed visit. I'm not sure why. Perhaps after several visits the family members finally believe I'm truly interested in them, rather than in simply doing my "professional pastor thing." Maybe it takes several weeks and visits for the family members to allow me to walk with them in the depths of their grief.

Or perhaps three weeks after the loss is simply the point at which people begin to deal with the deeper issues. People hit me with theological questions: "Where is God in the death of my loved one?" "Did God cause this death, did God allow it, or did he have no control over it?" "I'm afraid I'm losing my faith. How do I hang on?" "I'm not sure I believe in life after death. Is there some way I can be sure?"

Anger toward God may boil over: "Why would God allow this to happen?" "What kind of a loving God would do this to us?"

Some families don't seem to need much care. The family is close and they minister effectively to each other. These families, I've found, still appreciate a visit. Some use this visit to share memories. Other families express thanks to God for the blessing of their relationship with the deceased. Still others assure me that though struggles remain, they are picking up the pieces of their lives.

I usually try to make a third visit about three or four months after the funeral. By this time any significant difficulties in the grief process are apparent. I encourage the individual to seek additional professional help if symptoms include chronic depression, suicidal tendencies, or eating or sleeping disorders. At other times, the spiritual perspective is all that is needed.

Expanded Aftercare

Ministry to grieving families doesn't fall solely upon the pastor's shoulders. A few weeks after the funeral, I contact someone who has gone through similar circumstances and ask that member to visit the family. Having endured a similar situation, the visitor usually understands acutely which words hurt and which heal.



We offer a six-week training series on grief, active and reflective listening, and a theological understanding of suffering.

Here is what I expect of the visitors:

1. *A one-year commitment.* I suggest visits at least every four to six weeks during the year. (I first ask the grieving family for permission to have a member visit them. I point out that these visits would be opportunities to share their struggles.)
2. *Friendship and concern.* I stress the purpose of their visits is simply to be available as someone friendly to talk to. Discussion about the struggles of grief need not be the topic of every visit, but it should be legitimate at any time.
3. *Reports of problems or needs.* I ask the visitors to contact me if they have questions about topics raised or concerns about the manner in which the bereaved are handling their grief.

—Kevin Ruffcorn is the pastor of Desert Streams Lutheran Church in Surprise, Arizona.



Further Resources

Books and resources to help your church minister after the death of a child.

BuildingChurchLeaders.com. Leadership training resources from Christianity Today International.

- “Shepherding Others” Training Theme and PowerPoint
- “Spiritual Care” Training Theme and PowerPoint
- “Giving Help to the Hurting” Assessment
- “Counseling Church Members” Practical Ministry Skills
- “Funerals” Practical Ministry Skills

LeadershipJournal.net. This website offers practical advice and articles for church leaders.

PreachingToday.com. A website that offers practical advice, illustrations, and sample sermons for preachers—including several resources on grief.

All Our Losses, All Our Grievs: Resources for Pastoral Care by *Kenneth R. Mitchell and Herbert Anderson*. Explores the multiple dimensions of grief as a lifelong experience. (Westminster John Knox, 1983; ISBN 0664244939)

Holding On to Hope: A Pathway Through Suffering to the Heart of God by *Nancy Guthrie*. A meditation on the death of two children, using reflections gained from the Book of Job. (Tyndale House, 2006; ISBN 1414312962)

This Incomplete One: Words Occasioned By the Death of a Young Person, *Michael D. Bush, ed.* 15 Christian reflections on lives cut short. (Wm. B. Eerdmans, 2006; ISBN 0802822274)

The Last Thing We Talk About: Help and Hope for Those Who Grieve by *Joseph Bayly*. Reflections and advice from a pastor who lost three of his sons to death. (Chariot Family Publishing, 1992; ISBN 0781400481)