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Forgotten Grievers: Perspectives on Childhood Grief in the Baptist Church in Kenya

Esther Wambui Kiarie
Bethel University

BETHEL THEOLOGICAL SEMINARY

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FORGOTTEN GRIEVERS: PERSPECTIVES ON CHILDHOOD
GRIEF IN THE BAPTIST CHURCH IN KENYA

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ESTHER W. KIARIE
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CONTENTS

LIST OF TABLES

TABLE OF FIGURES

ABSTRACT

This project was aimed at developing a ministry care model for grieving children for the Baptist church in Nairobi, Kenya. Three Baptist churches with an active children's ministry were identified. A study of the spiritual support available to the broken-hearted and the biblical view of children provided this project's biblical and theological foundation. Special attention was given to Psalm 23, John 10:1-21 and Luke 7: 11-17. The researcher discovered that children grievers can receive spiritual comfort, care, and community support to facilitate effective coping and grief resolution.

The researcher then reviewed the literature on theories of child grief and bereavement, spiritual coping for grieving children, and the African conception of death and children to draw insights into how grieving children cope with loss. These three streams of literature converged and became the basis on which the researcher developed the research instruments.

Three churches and three categories of participants participated in this study. The adult grievers and the parents whose children had experienced loss in childhood received the survey questionnaires through email. Then the researcher conducted virtual interviews with the church ministers and the adult grievers at their convenience. The data were coded and analyzed to determine trends, themes, and patterns.

The following key findings for the development of a spiritual care model for grieving children were discovered. The church holds a critical role in the support of

grieving children. There is a need for children's workers, the congregation, and the community to be empowered with knowledge related to childhood grief to effectively support grieving children. Empowering children with information about loss and grief is critical in preparing them to better receive and cope with a loss if and when it happens. Short and long-term support is necessary for effective support of grieving children.

CHAPTER ONE: THE NEED FOR THE DEVELOPMENT OF A CARE MODEL FOR
GRIEVING CHILDREN IN THE BAPTIST CHURCH IN KENYA

The Baptist church in Nairobi runs various programs that support men, women,

and children. However, regarding grief recovery, the church structure revealed a lack of a

care model for children. The researcher undertook four tasks to develop a ministry care

model for grieving children. First, the researcher considered Psalm 23, John 10:1-21, and

Luke 7:11-17 concerning comfort, care, and community support for the broken-hearted.

Second, the researcher reviewed the relevant literature on childhood grief and

bereavement theories, spiritual coping for grieving children, and the African conception

of death and children to draw insights into how grieving children cope with loss. Third,

the researcher researched to better understand the ministry care accorded to grieving

children. Finally, the researcher developed a ministry care model for the Baptist church to

support children as they work through the grieving process.

Scripture develops and guides the Baptist church's beliefs and customs in Kenya.

The church believes in the Lordship of Jesus Christ and the sanctity of Scripture.[1]

Nevertheless, the interaction with children on psychosocial aspects aside from

evangelism and the teaching of the word of God was vague. For instance, in the 2021

Baptist Convention of Kenya Annual General Meeting held in the coastal town of

Mombasa, nothing in terms of a report on activities or future undertakings for children

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[1] Sam Turner, *Baptist Beliefs and Customs*, 2nd ed. (Nairobi: Kenya Baptist 2021 Media, 2017), 3.

was presented beside the men, women, and youth reports.[2] A discipleship program, *Wajumbe wa Yesu*, structured into the women's ministry which impacts selected children based on interest and availability is the only program that came close to ministering specifically to children, outside of the regular children program. There was a lack of awareness of children's needs which reflected an unresponsive attitude of the church to some of the most pertinent issues that children face, among which was grief.

Significance of Study

In this study, childhood loss was defined as the experience of being deprived of something of value.[3] It was considered significant if it included the loss of a loved one, parents' divorce or separation, and abandonment by a biological parent. Children account for 52 percent of the population of Kenya.[4] Of the 4 million people in Nairobi, there was no clarity on the exact proportion of children.[5] Further, despite the common experiences of loss and the impact this has upon the socio-cognitive functioning of children, the exact number of bereaved children in Kenya and by extension, Nairobi was found to be elusive.[6] Similar statistics were missing from the "Child Protection Information

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[2] Baptist Convention of Kenya, *Annual General Assembly: 50th Annual Session* (Mombasa: Nyali Baptist Church, July 21-22, 2021).

[3] Peter Wimpenny and John Costello, *Grief, Loss, and Bereavement: Evidence and Practice for Health and Social Care Practitioners* (London: Taylor & Francis, 2011), 6.

[4] Ministry of Labour and Social Protection, State Department for Social Protection and Senior Citizen Affairs, "Guidelines for Child Protection Case Management and Referral in Kenya," 2019, 3, accessed February 26, 2022, laboursp.go.ke.

[5] National Council for Population Development and United Nations Population Fund, *The State of Kenya Population 2020: Zero Harmful Practices-Accelerating the Promise of ICPD25* (Nairobi, Kenya 2020), 3.

[6] Maureen O. Ngesa, Sylvia Tuikong, and Kennedy Ongaro, "Treating Complicated Grief Among Orphaned Children in Kenya: Effectiveness of Complicated Grief Therapy," *Open Journal of Social*

Management System"[7] which has been in existence since May 2017 but had only been

able to reach 15 of the 47 counties in Kenya.[8] Given the paucity of data on bereavement

and children, childhood grief was derived from the impact of socio-economic and

political experiences children have had and continue to experience in Kenya.

Children orphaned by Human Immunodeficiency Virus (HIV) and Acquired

Immunodeficiency Syndrome (AIDS) were found to have elevated grief scores with a

prevalence of 66 percent.[9] This study defined childhood grief as a response to loss often

demonstrated by great distress affecting the whole person negatively.[10] In Kenya,

orphaned and vulnerable children were estimated at 2.6 million in 2012[11] with 1.8 million

orphaned by HIV and AIDS and one-third of all the orphaned and vulnerable children

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Sciences 8 (2020): 462-463; Betty Pfefferbaum, et al., "Trauma, Grief, and Depression in Nairobi Children After the 1998 Bombing of the American Embassy*," Death Studies* 30 (2006): 562; Judith Anyango Owaa, Pamela Raburu, and Peter J. O. Aloka, "Strategies for Adjustment to Loss and Grief Among Selected Kenyan Orphaned Secondary School Students," *Mediterranean Journal of Social Sciences* 6, no.4 (2015): 532-533.

[7] Ministry of Labour and Social Protection, State Department for Social Protection and Senior Citizen Affairs, "Children Protection Information Management System (CPIMS)," accessed February 26, 2022, socialprotection.go.ke/children-services/

[8] Njeri Chege and Stephen Ucembe, "Kenya Over-reliance on Institutionalization as a Child Care and Child Protection Model: A Root Cause Approach," *Social Sciences* 9, no. 57 (2020): 6.

[9] Ngesa, Tuikong, and Ongaro, "Treating Complicated Grief among Orphaned Children in Kenya: Effectiveness of Complicated Grief Therapy," 461-2.

[10] Nancy Hooyman and Betty Karmer, *Living Through Loss: Interventions Across the Lifespan* (NY: Columbia University Press, 2006), 16.

[11] Denise Stuckenbruck and Jini L. Roby, "Navigating Uncharted Terrain: Domestic Adoptions in Kenya," *Child and Family Social Work* (2017): 2.

falling between ten and fourteen years.[12] On account of children witnessing their parents'

deteriorating health, caring for their sick parents, dropping out of school for lack of food

and school fees, and having to enter into adult roles without any preparation, grief was

viewed to begin long before the demise of parents in an HIV and AIDS situation.[13]

Besides exposing children to traumatic grief in light of death caused by HIV and AIDS,

children were faced with other adverse effects like child poverty, which could potentially

move the trauma to the level of complicated grief.

By identifying the most vulnerable children among other variables, the prevalence

of deprivation was estimated at 45 percent of all children in Kenya in 2014 according to a

child poverty study conducted in collaboration between the Kenya Bureau of Statistics

and the United Nations Children Fund.[14] In urban areas, one in five children was reported

to suffer from deprivation in three or more dimensions. Among the forty-seven counties

studied, Nairobi presented the lowest child poverty prevalence which was at seven

percent.[15] Regardless of the level, child poverty was perceived to affect the development

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[12] Veronica C. Lee et al., "Orphans and Vulnerable Children in Kenya: Results from a Nationally Representative Population-Based Survey," *Journal of Acquired Immune Deficiency Syndrome* 60, no. 1 (2014): 1.

[13]Ministry of Gender, Children, and Social Development, Health, and Education Resource Centre, "National Plan of Action for Orphans and Vulnerable Children: 2007-2020," 10, accessed February 26, 2022, healtheducationresources.unesco.org.

[14] IIze Plavgo, Chris De Neubourg, and Ereblima Elezaj, "Child Poverty in Kenya: A Multidimensional Approach," *ResearchGate* (2017): 9.

[15] Plavgo, Neubourg, and Elezaj, 6.

of children physically, socially, and cognitively besides the psychological disruptions characterized by anxiety, uncertainty, and grief.[16]

Evidence indicated that child poverty influenced children's exposure to childhood grief through the COVID-19 pandemic.[17] The economic and social aspects of the pandemic, including parents' loss of employment, had adverse effects on children with the poorest being hit the hardest. Containment necessitated by the pandemic exposed children to domestic violence, abuse, increased anxiety and stress, and reduced access to vital family and care services.[18]

Frequent political unrest in Kenya created favorable conditions for childhood grief. For instance, in the early 1990s and 2007-2008, political unrest resulted in the loss of life, family separation, and displacement.[19] By the national government over-relying on live-in institutions to provide childcare and child protection,[20] many children were institutionalized, resulting in a wide range of stress factors, and posing an enormous challenge to their psychological well-being.[21]

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[16] Plavgo, Neubourg, and Elezaj, 6.

[17] Organization for Economic Co-operation and Development, "Combatting COVID-19's Effect on Children," Last modified August 11, 2020, accessed February 26, 2022, oecd.org/coronavirus.

[18] Organization for Economic Co-operation and Development, 3.

[19] Chege and Ucembe, 5.

[20] Chege and Ucembe, 1.

[21] Epaphrodite Nsabimana et al., "Effects of Institutionalization and Parental Living Status on Children's Self Esteem, and Externalizing and Internalizing Problems in Rwanda," *Frontiers in Psychiatry* 10, no. 442 (2019): 2; Corinna Csaky, *Keeping Children Out of Harmful Institutions: Why We Should Be Investing in Family-Based Care* (UK: Save the Children, 2009), 7.

In Kenya, adoption is utilized as an alternative care model toward ending institutionalization's negative impact on children. A national movement geared at deinstitutionalization was instituted in Kenya through a care reform pilot project in 2018.[22] Ironically, the loss is a central theme in adoption. Undoubtedly, children in need of care and protection benefit immensely by being adopted into a loving and caring family. Yet, it is also true that adoption becomes necessary because of the loss or separation from their biological family and so launching the subject of loss and grief. Not much attention is given to adopted children's sense of loss or the opportunity to process it through grief.[23] A study that indicated rupture and grief in adoption through the story of an adoptee stated that "adoptees face the inescapable truth that part of their story is and will remain missing and to some extent unknowable."[24] This knowledge affects especially the children abandoned at birth or when very young. Allowing adoptees to grieve can facilitate representations of losses and discontinuities and make possible a more integrated representation of the self.[25] In Kenya, therefore, children experience grief that needs to be acknowledged, validated, and grieved for restoration to occur.

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[22] Chege and Ucembe, 1.

[23] Ann Courtney, "Loss and Grief in Adoption: The Impact of Contact," *Adoption and Fostering* 24, no. 2 (2000): 33.

[24] Josephine L. Wright, "The Princess Has to Die: Representing Rupture and Grief in the Narrative of Adoption," *The Psychoanalytic Study of the Child* (2009): 76.

[25] Wright, 76.

Delimitations and Assumptions

This project was limited to the Baptist church in Nairobi Kenya under the Baptist Convention of Kenya (BCOK). Three churches were selected. They all had a congregation of between five hundred and one thousand and an active Sunday Bible teaching program for children. The research was also limited to adult participants from the age of nineteen years who had experienced significant loss between the ages of six and fourteen. A significant loss in this sense denoted the loss of a caregiver, parents' separation or divorce, and abandonment by a biological parent. The researcher was limited to the role of the outside observer in the churches that were the focus of this project. The researcher working through the senior pastor's office was invited to explain the project to the children's ministers and coordinators. The researcher was in no way compensated for this research by these churches. Further, the research was limited to the study of Psalm 23, John 10:1-21, and Luke 7:11-17 for insights into the care, comfort, and community support available to the broken-hearted. Regarding the African perspective, the research was limited to the conception of death and children.

The researcher made several assumptions in the project. It was assumed that the Bible and theology can give hope and comfort to the bereaved. Therefore, this project's biblical and theological review was critical in establishing the church's pivotal role in supporting grieving children. Additionally, the researcher assumed that the church cared about the support of grieving children and that the view of childhood grief by the church was significantly influenced by cultural beliefs and practices. The researcher further assumed that children experienced grief following the loss of valuable things or significant people in their lives and that they have the potential to recover and adjust to

living with their loss. Finally, the researcher assumed that the adult research participants would be able to recall their childhood grief experiences and that examining multiple churches for this research project would yield more reliable results than simply examining one church.

The Setting

The Baptist Convention of Kenya (BCOK) originated from the initiative of the Foreign Mission Board of the Southern Baptist Convention which gained access into East Africa in 1956 by going to Tanganyika (present-day Tanzania) and Kenya.[26] The first five Baptist churches in Kenya were established in Mombasa in 1956.[27] While Baptist work in Nairobi commenced in 1959, the Nairobi Baptist Association (NBA) started with seven churches in 1962.[28] Currently, BCOK oversees 3000 Baptist churches with an elected pastor being the moderator. For ease of management, BCOK works with 23 regional conventions and over 100 association fellowships. The autonomous nature of the Baptist individual churches adapts the congregational form of governance.

Church A was started in 1988. The origin of the church was a children's Bible club started by two missionary women from the United States of America. To draw the children to the Bible study, which happened every Saturday, the sessions always began with a ball game and ended with a snack, After the number grew to about one hundred children, the missionary women decided to invite the parents and a Sunday service was

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[26] Baptist Convention of Kenya, Annual General Assembly (Kenya: Mombasa,2021), 14.

[27] Baptist Convention of Kenya, Annual General Assembly (Kenya: Mombasa, 2021), 15.

[28] Baptist Convention of Kenya, Annual General Assembly (Kenya: Mombasa, 2021), 16.

launched. Emerging from a children's ministry, Church A began with five adult parents and one hundred children. Thirty-three years later, the church runs adult, youth, and children's programs with a congregation of an average of 450 children.

The second church selected as a research context was Church B operating in the same region as Church A. The beginning of this church was necessitated by a need and a vision of an American missionary owing to a lack of a place of worship in the nearby community. As a result of his efforts at planting a church in the area, the first Sunday service was launched in March 1988. It started with a congregation of 25 people largely from other Baptist churches who wished to support the new church plant. With a local congregation of 30 people, church B was formalized in 1989. The inaugural pastor serves to date. Currently, the church has an attendance of over 2,500 congregants, with 800 children included. The children fall under the family ministry, one of the five focus ministries run by the church.[29]

Church C was the third church utilized in the study. The church started in 1982 through the evangelistic efforts of three local men, two of whom are since deceased, while the third attends a different denomination. A position paper written by the pastors and deacon board on the women's role in the ministry indicated that the church began with a very strong emphasis on children's ministry, care, and concern for members and the neighboring community.[30] Among all the departments, the women's ministry grew

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[29] Ridgeways Baptist Church, "History of Ridgeways Baptist Church," accessed on February 26, 2022, ridgewaysbaptistchucrh.org.

[30] Kahawa West Baptist Church, *Position Paper on Women's Role in the Ministry of the Lord Jesus Christ at Kahawa West Baptist Church, and the Baptist World: A Reflection and Perspectives by the KWBC Leadership,* (Nairobi: The Pastors and Deacons Board, 2015), 1-12.

the most. Its strength included networking with other Baptist churches and commissioning women into a fellowship group that embraced the discipleship of children in the church. By 2015, the church had a congregation of eight hundred adults and about two hundred children with four active Sunday worship services. In paying attention to church transformation and strength, the church leaders agreed to focus on five key ministry pillars with the children's ministry being not just one of them but the priority. Currently, the church has a congregation of 300 children.

Importance

Researcher

This problem was important to the researcher based on the observation of the apparent lack of awareness and recognition of grief in children during a crisis in a family. The magnitude of this problem came to light through the holistic impact of unresolved grief in an individual's later life. The researcher observed the stark reality of childhood grief following the adoption disclosure to her eleven-year-old daughter. The difficult process of coming to terms with abandonment at birth, the loss of biological parents who may remain unknown, lost history, and an identity crisis continues to date. Further, the advent of the coronavirus period was challenging for children because it either caused or triggered grief, especially for those who had already experienced significant loss in their lives. While the church had set up care structures for families, most admitted to lacking the skills to identify or respond to grieving children. Conversations with the leaders of the children's ministry leaders in the three research settings exposed the truth of the ignorance of childhood grief but also led the researcher to believe that the church had the potential to offer care, refuge, and awareness for support to grieving children. The

researcher hoped that a future exists in which the church would take up its rightful position by giving holistic support to the bereaved. The researcher hoped that the development of a ministry care model would give the Baptist church the competence and confidence to comfortably address grief and support grieving children.

<center>*Ministry*</center>

The problem is of great importance to the ministry. When the world started grappling with COVID-19 in the year 2020, the church leadership tasked the researcher with the mandate of emotionally and spiritually supporting children. It was apparent that the impact of the pandemic on children was going to be immense because of its long-term ramifications.[31] Against the backdrop of national containment measures, activities pertinent to the psycho-social well-being and development of children were constrained, thus introducing grief in their lives.[32] With the disruption of their education, church attendance, socialization, and play, children suffered anxiety, frustration, and feelings of helplessness.[33] Even though a lot more could have been done by the church towards supporting children to process the uncertainty of the time, the consistency of virtual

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[31] George Areba Ongwacho, "COVID-19 Pandemic Impact on Kenyan Education Sector: Learner Challenges and Mitigations," *Journal of Research Innovation and Implications in Education* 4, no. 2 (2020): 129.

[32] Shweta Singh et al., "Impact of COVID-19 and Lockdown on Mental Health of Children and Adolescents: A Narrative Review with Recommendations," *Psychiatry Research* 293 (2020): 2; Kunal Chaturvedi, Dinesh Kumar Vishwakarma, and Nidhi Singh, "COVID-19 and Its Impact on Education, Social Life, and Mental Health of Students: A Survey," *Children, and Youth Services Review* 121 (2021): 1.

[33] Chaturvedi, Vishwakarma, and N. Singh, 1; S. Singh et al., 2.

"children's programs" including prayer and worship accorded predictability, hope, and refuge amid unsurmountable challenges.

Though the church in Kenya plays a pivotal role in the lives of over eighty percent who claim to be Christians, the involvement in matters of mental health is minimal.[34] Moreover, professional caregivers charge exorbitant fees for their services, while the African cultural perspective on children and grief largely contributes further to the inaccessibility of the much-needed support and care for grieving children.

In the exploration of this topic, the researcher found out that the church used the cell group format to reach out and support members in times of need.[35] Unfortunately, the success of the cell groups which accord a safe environment for personal sharing, prayer, Bible study, worship, and singing, benefitted largely the adults in the church.[36] The emotional needs of children, therefore, remained unattended thus rendering them vulnerable and exposing them to risky behavior as a way of coping. The researcher hoped that the care model for grieving children would not only establish a structure for support, but it would also bring awareness to the church of what happens to children who live with unresolved grief.

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[34] Kenya National Bureau of Standards, "2019 Kenya Population and Housing Census, Vol. IV: Distribution of Population by Socio-Economic Characteristics," accessed February 26, 2022, knbs.or.ke/publications/

[35] Harley Atkinson and Joshua Rose, "The Small-Group Ministry Movement of the Last Four Decades," *Christian Education Journal: Research on Educational Ministry* 17, no. 3 (2020): 551.

[36] Atkinson and Rose, 551.

Academia

This research attempted to break new ground because there was no scholarly work

found that had a focus on childhood grief and the response of the Baptist church in

Kenya. Some articles and dissertations focused on a pastoral care model for bereavement

in general and the church's response to mental health in other different denominations.[37]

Additionally, the admission by the clergy to the challenge of psychological problems and

the lack of relevant training led to the recommendation for collaboration between clergy

and psychological counselors to support the congregation in times of crisis.[38] To expand

the scanty scholarly resources related to children and grief, the researcher examined the

practical recommendations presented for adult grievers in the Kenyan context and

gleaned principles that could work towards spiritual support for grieving children. The

researcher worked to integrate a care model that has been proven in other contexts with

the Kenyan adult models recommended. Regarding the critical position the church holds

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[37] Mbaabu Kellyjoy Kathomi, Josiah Kinyua Murage, and George Kiarie, "Assessment of an Effective Pastoral Care Model for Helping Widows Overcome Grief in the ACK Kirinyaga Diocese, Kenya," *Journal of Arts and Humanities* 8, no. 4 (2019): 44; Benjamin Shikwati, Vhumani Magezi, and Rantoa Letsosa. "Bereavement Healing Ministry Amongst Abaluyia: Towards a 'Circle for Pastoral Concern' as a Healing Model." *In die Skriflig* 47, no. 1 (Jan. 2013): 1; Joseph M. Munyua, "Anglican Church of Kenya's Role in Handling the Mental Health Crisis: Towards a Wholesome Ministry," *International Journal of Recent Research in Social Sciences and Humanities* 9, no. 1 (2020): 35; Alice Wangari Maina, "The Church and Bereavement: A Study of Presbyterian Church of East Africa, Milimani South Presbytery, Nairobi County" (MA Thesis, University of Nairobi, Nairobi, 2017), 3, Research Archive, Digital Repository.

[38] Loice Noo Okello, Meresia Sirera, and George O. Otieno, "Perception of Clergy on Collaboration with Psychological Counsellors in Management of Mental Health: A Focus on the Anglican Church of Kenya, Nairobi Diocese," *Journal of Sociology, Psychology, and Religious Studies* 3 no. 1 (April 2021): 29-30.

in the community, by embracing the role of care for the bereaved the Baptist church would be a place of peace, comfort, and healing for grieving children.

Overview of Project

Several issues arose that needed to be explored. The first issue was to engage in the biblical and theological study of comfort, care for the broken-hearted, and community support for the grieving. This led to an exegesis of biblical texts and examination of insights from Bible scholars and theologians in commentaries, books, articles, and other works. The second issue was to review three streams of literature: theories of childhood grief and bereavement, spiritual coping for grieving children, and the African conception of death and children. These streams of literature consisted of books, articles, dissertations, and websites. After these streams of literature were explored and understood, the researcher was able to develop research instruments appropriate for the project. The next issue was to look at care models in the three Baptist churches and examine them using the research instruments. The researcher gathered the names and locations of representative congregations and the names of key leaders in the children's ministry. After access to the congregations was accorded, the researcher gathered stories of the current care models for grieving children in each congregation. The researcher conducted interviews with children ministers, adults who had experienced loss in childhood, and parents who had handled a grieving child. Data was also gathered through surveys and field notes in each congregation. Finally, the last issue was to develop a ministry care model for the Baptist church to support children as they work through the grieving process.

CHAPTER TWO: THEOLOGICAL REFLECTION ON GRIEF AND LOSS

A significant body of research affirmed the frequent use of spirituality and/or religion in times of loss and bereavement for comfort, coping resources, and meaning framework.[39] In this study, spiritual coping was defined as the use of Scripture to cope with loss through the process of adaptation by giving a new meaning to life following a loss. Considering the need for support in times of crises, a ministry care model that would give a voice and ultimately assist grieving children to move from despair to hope was envisaged. With spiritual integration into the journey of loss, it was hoped that children would find peace, comfort, and the strength to face life in the new reality.

The encounters of Jesus with children in the New Testament were not frequent nor extensive, but they were remarkable. Christ's theology of children was explicitly stated in the words "Let the little children come to me, and do not hinder them …" (Matt 19:14).[40] In that sense, the church was perceived and challenged to be a place where children were welcomed, included, and cared for by the community of faith. It was remarkable that the local church invested substantially in teaching children about their

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[39] Sturla Sagberg and Ingebrigt Roen, "Social Practices of Encountering Death: A Discussion of Spiritual Health in Grief and the Significance of Worldview," *International Journal of Children's Spirituality* 16, no. 4 (2011): 349; Jennifer H. Wortmann and Crystal L. Park, "Religion and Spirituality in Adjustment Following Bereavement: An Integrative Review," *Death Studies* 321 (2008):704; Nadia Lima et al., "Spirituality in Childhood Cancer Care," *Neuropsychiatric Disease and Treatment* 9 (2013): 1540; Lorraine Mangione, Megan Lyons, and Donna DiCello, "Spirituality and Religion in Experience of Italian American Daughters Grieving Their Fathers," *Psychology of Religion and Spirituality* 8, no. 3 (2016): 253.

[40] Unless otherwise noted, all Scripture citations are from The Holy Bible, New International Version, NIV, (Colorado Springs, CO: International Bible Society, 1984).

faith and their denomination. In contrast, however, was the stark reality of the lethargy of the church in matters of pain and crisis involving children in times of despair and hopelessness, or when events usually out of their control shattered their reality such as death, divorce or separation, or abandonment. Attention was drawn to the fact that the church often found itself unsure of how to help or what to say.

During a crisis, the church assumed that by offering pastoral care to the family (usually involving adults only), through small group fellowships children would somehow be included in the care. Without direct contact with a grieving child, however, the church was hard-pressed to verify whether children were reached by spiritual care at all. The church seemed to have nothing to say to a child about God's role during their pain. Maybe the church considered children too immature to grasp concepts of God or experience the presence of God. Or maybe the church was more familiar with spiritual care for bereaved adults and had never simply considered care for bereaved children. Whatever the reason, the calling of the church is to all people in times of crisis and pain, and this includes grieving children.

The Value of and Care Given to Children in the Jewish Tradition and Practices

Though the perception of children and childhood may have been different in the Jewish tradition compared to the current times, the Old Testament viewed children as a gift and sign of God's blessings.[41] Children were valued and thus cared for both in the

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[41] Judith Gundry-Volf, "To Such as These Belongs the Reign of God: Jesus and Children," *Theology Today (Ephrata, Pa)* 56 no. 4 (2000): 470; Leanne Ciampa Hadley, "Spiritual Support: A Pastoral Care Model for Children and Teens in Trauma" (D. Min. thesis, United Theological Seminary, Ohio, Trotwood, 2007), 39. ProQuest; Julie Faith Parker, *Valuable and Vulnerable: Children in the Hebrew Bible, Especially the Elisha Cycle* (Willston, RI: Brown Judaic Studies, 2013), 41.

family and the larger society. Since children were much desired, procreation was both a

blessing and a commandment in the Bible (Gen. 1:28; 9:7) because the world was

explicitly created to be inhabited (Isa. 45:18). Children were valued in multiple ways (as

the ones to carry on the family name, as the perpetrators of the cult of the ancestors, or as

part of the family workforce), and barrenness was as undesirable as having a disability or

a curse.[42] Many children were an abundance of blessing and a source of great joy (Ps.

127:3–5; 128:3–6). The value of children was illustrated by God to Abraham by making

children notably a central feature of His promise to Abraham to make him a "great

nation," though he was childless, and to make his descendants as innumerable as the dust

of the earth and the stars in the sky (Gen. 12:2; 13:16; 15:5). The Israelite community

believed in the God who chooses to either open or close the womb.[43] For instance, God

opened Sarah's womb well into menopause (Gen. 21:1–7) as well as Leah's womb (Gen.

29:31), while he closed Rachel's (Gen. 29:31). To have the capacity to conceive,

therefore, seemed to increase a woman's standing, or what Janice De-Whyte calls honor,

in the community.[44] While motherhood was considered a privilege to be coveted, it can

also be assumed that it gave the child the opportunity to be protected and cared for.

Perhaps this explains why the "humble" servant Hagar started to act with contempt

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[42] Kristine Henriksen Garroway, *Growing up in Ancient Israel: Children in Material Culture and Biblical Texts* (Atlanta: Society of Biblical Literature, 2016), 28; Joel S. Baden, "The Nature of Barrenness in the Hebrew Bible," In *Disability Studies and Biblical Literature* (NY: Palgrave Macmillan, 2011), 13-14.

[43] Garroway, 27-28; Baden, 14-15.

[44] Garroway, 32; Janice P. De-Whyte, *Wom(b)an: A Cultural-Narrative Reading of the Hebrew Bible Barrenness Narratives* (Boston: Brill, 2018), 3.

towards her mistress after conceiving with Abram (Gen. 16:4). Maybe her perception of herself as a woman who could conceive and be a mother changed. But even more convincing and relevant to valuing that leads to caring was her desperate behavior when faced with the possible death of her child while in the Desert of Beersheba (Gen.12: 15-16). To Hagar, the end had come when the water and the food ran out in the hot desert. Rather than watch her son die, she distanced herself and began to sob. The faithful God who hears the cries of his people in desperate situations heard the child crying and opened the eyes of the mother to see a well from where they could be nourished (Gen. 21:17-19).

The Old Testament underscores stories of "barren women." For instance, the stories of Sarah (Gen. 18: 9-15), Rebekah (Gen. 25:19-25), Rachel (Gen. 30:1), Hannah (1 Sam. 1), and the wife of Manoah (Judg. 13). According to De-Whyte, Hannah's narrative highlights the role of honor and shame in the context of infertility. It emphasizes that in the ancient world, childbirth was the coveted rite of passage for women."[45] The extent of Hannah's distress is apparent in the four questions asked by her husband Elkanah, while she was in her deepest agony. First, "Why are you weeping?" second, "Why don't you eat?" third, "Why are you downhearted?" and finally, "Don't I mean more to you than ten sons?" (1 Sam. 1:8). Hannah responded to her husband with silence. Perhaps the pain was too much to put into words at that point. Hannah was

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[45] De-Whyte, 146.

pinning not only a child but also for the honor, economic security, and fulfillment that motherhood accorded a woman even after the death of a husband.[46]

The stories of Sarah, Rachel, and Hannah demonstrate how important children were to the Jewish family. Even though there is not much written about what it was like to grow up as a child in the Israelite tradition, the depth with which children were desired and the concurrent joy accompanying the "privilege" of conception and the birth of a child revealed the value the community placed on children. Deuteronomy 6:1-9 commanded parents to teach their children the things God was instructing through Moses, telling them also how they were to do it effectively. These instructions "made them specifically Israelite" because the culture viewed children from a generational perspective.[47]

Since care is given to what is valued and children were valued by the ancient community of the time, this project contends that care, compassion, and respect were accorded to children in times of need. For instance, the value Hannah gave to her child Samuel was attached to the promise she made to God of taking the child to the temple to serve God for all his life. Each of these women eventually experienced restoration through the miracle of motherhood, which included love and care for children. Children were important to God as exposed in the Old Testament.

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[46] De-Whyte, 150.

[47] Garroway, 267.

The Spiritual Status of Childhood in the New Testament

In articulating the spiritual status of childhood as outlined in the New Testament, the inclination of Jesus towards children was acknowledged. Among the many meanings advanced by the history of Christian thought concerning childhood are the stories of Jesus for instance insisting to the disciples that "unless you change and become like little children, you will never enter the kingdom of heaven" (Matt. 18:2–3). Or where he welcomed children who had been brought to him for a blessing and said to his listeners "…for the kingdom of God belongs to such as these" (Mk. 10:14). Or where he claimed such a deep identification between himself and the children that "Whoever welcomed one of those little children in his name, welcomed him…" (Mk. 9:37).

Stephanie Paulsell contended that these stories offered a compelling picture of children as keys to the kingdom, thus giving them a privileged spiritual status.[48] While the church grappled with the question of where children stood as far as God was concerned, Jesus urged his followers to imitate not the powerful, not the political or ecclesiastical leaders, not even teachers nor scholars, but the little children. Except for the virtue of lowliness or humility as stated in Matthew 18:4, the Bible did not give any other reason about children that suits them for the kingdom. To interpret this silence, scholarship outlined numerous "special" gifts children possess. This included an ability to live in the present moment, which was considered a mark of eternity, a lived experience of basic dependence, which would give them a foundation for understanding their

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[48] Stephanie Paulsell, "Lost in the Mystery of God: Childhood in the History of Christian Spirituality," *Spiritus: A Journal of Christian Spirituality* 8, no. 1 (2008): 87-88.

relationship with God, and their ability to experience the full range of emotional life without repression, a strong aspect in one's journey of grief and bereavement.[49] These characteristics positioned children positively towards God. With Jesus welcoming children to himself in the synoptic Gospel stories and urging his followers to be like children, he gave childhood a spiritual content the church can model in terms of giving attention to children and including care and support in it.

Children in Antiquity, Grief, and God's Response

According to Kathleen Gallagher Elkins, the children in the Bible experienced loss in that "children in antiquity lived with violence that was both ordinary and catastrophic namely, slavery, war (which sometimes led to enslavement), sexual abuse, corporal punishment, and exposure to abandonment."[50] Biblical scholars suggested the presence of trauma in biblical narratives in Ezekiel, Lamentations, and Jeremiah texts with specific events like the destruction of the temple in 580 BCE and the subsequent forced exile of Judeans to Babylon (Isa. 40–48), which may have had an enduring effect on both individuals and communities.[51] Further, Kathleen M. O'Connor argued that as a result of Israel's long history of violence, invasion, and colonization by foreign empires, loss, trauma, and subsequent grief in the community, which included children could

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[49] Paulsell, 88.

[50] Kathleen Gallagher Elkins, "Children and the Memory of Traumatic Violence," in *T&T Clark Handbook of Children in the Bible and the Biblical World*, eds. Sharon Betsworth and Julie Faith Parker (London: T&T Clark, 2019), 183.

[51] Elkins, 185-186; Elizabeth Boase and Christopher G. Frechette, *Bible Through the Lens of Trauma* (Willston: Society of Biblical Literature, 2016), 13.

confidently be inferred.[52] Hermeneutically though, it was necessary to employ caution to

not anachronistically call an experience traumatic while it may not have been viewed in

the same way then.

By being created in the image of God, human beings love, just as God loves, and

become attached and so inevitably grieve as part of normal life. The anguish of a broken

heart is overwhelming to both adults and children. Thankfully, the God of the Bible was

seen to be emotional in that he wept (Jer. 9:1; Lk. 19:41), grieved (Jer. 4:19; Mk. 14:33),

cried out (Mk. 15:34; Mt. 27:46), just as much as he became indignant (Mk. 10:14) or

loved (Mk. 10:21). Further, Jesus in his incarnate self (Jn. 1:14) was susceptible to full

humanity in all its basic realities including loss and grief. He was for instance "deeply

moved" (Jn. 11: 33, 38) by the weeping of the people overcome by grief at the loss of his

friend Lazarus until "he wept" (Jn. 11:35). Thus, there is hope in crisis because God truly

understands suffering in that he is the "high priest who can feel sympathy" (Heb. 4:15).

In characteristic Hebrew mourning rites, these men, Job (Jb. 1:20), Jacob (Gen. 37:34–

35), Joshua (Josh. 7:6), David (1 Sam. 1:11), and Ezra (Ezr. 9:3) expressed their deep

grief by tearing their clothes as one among several other Jewish mourning rites, in their

varied experiences of calamity.[53]

A crucial aspect of coping with grief is the willingness of God to assuage pain and

suffering, offer comfort, and the assurance of ultimate healing or restoration. In the

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[52] Kathleen M. O'Connor, "Stammering Toward the Unsayable: Old Testament Theology, Trauma Theory, and Genesis," *Interpretation: A Journal of Bible and Theology* 70, no. 3 (2016): 303.

[53] Xuan Huong Thi Pham, *Mourning in the Ancient Near East and the Hebrew Bible* (London: Bloomsburg Publishing Place, 2000), 24.

Gospel narratives, Jesus identified and empathized with the hurting and responded

through compassion (Lk. 7:11–17; Jn. 11:1–44). Paul suffered tremendous heartache and

difficulty in his service to God (1 Cor. 4:11; 2 Cor. 6:4–5; 11:23–30; 12:7–10). Yet, he

overflowed with joy and hope for receiving God's comfort. He proclaimed, "Praise be to

the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all

comfort, who comforts us in all our troubles so that we can comfort those in any trouble

with the comfort we receive from God" (2 Cor. 1:3–4). Grieving children cry out for

recognition and help from those who wish to be like Christ. The writer of the book of

Hebrews confirms that those who "approach God's throne of grace with confidence, will

receive mercy and find grace to help in a time of need" (Heb. 4:16). Unresolved

childhood grief exposes children to the risk of "diverse psychological and behavioral

health problems including elevated rates of anxiety, depression, post-traumatic stress

reactions, conduct disorder, substance abuse, and functional impairment"[54] There was a

growing recognition of the need for the church to take a pivotal role in the care of

grieving children pointing them to the God who offers comfort, compassion, and love in

times of crisis.

The God of Comfort - Psalm 23

The book of Psalms consists of 150 Psalms songs, and prayers which were used in

public corporate worship and private devotions by the ancient Israelites. The poems

formed a hymnbook that gave voice to a range of human emotions using poetic language

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[54] Brook Griese et al., "Comprehensive Grief Care for Children and Families: Policy and Practice Implication," *American Journal of Orthopsychiatry* 87, no. 5 (2017): 540.

and rich imagery done in stark honesty.[55] The richness of the book of Psalms to the life of faith is captured in the diversity of emotions and perspectives. Even though Psalms were written in response to historical events, they have remained central in the life of the current believer. To demonstrate the capacity of Psalms to speak to the full cycle of human life, young children are taught to memorize them at their mother's feet or in Sunday Bible classes; believers sing or chant them in their weekly worship meetings; they have been utilized in times of trouble for words of hope and comfort, and the words have been uttered solemnly during the burial of loved.

Amidst several opinions on the structure of the book of Psalms, Tremper Longman noted that Psalms 1 and 2 which are at the beginning of the book serve as an introduction while Psalms 146-150 are a fitting conclusion to the book.[56] The authors of the book of Psalms agreed with Longman in the "purposeful placement" of the Psalms. They intimated that it gave the final form a function and a message greater than the sum of its parts, which invariably gave guidance on the canonical approach to the book.[57] Derek Kidner differed as he refuted what he called a "formal symmetry of a single and all-embracing plan" but preferred to see the structure of the Psalter as a "cathedral built and perfected over a matter of centuries in a harmonious variety of

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[55] Tremper Longman III, *Psalms*: *An Introduction and Commentary*, Tyndale Old Testament Commentaries (Downers Grove: InterVarsity Press, 2014), 10; James L. Crenshaw, *The Psalms: An Introduction* (Grand Rapids, MI: William B. Eerdmans, 2001), 1; Carroll Stuhlmueller, *The Spirituality of the Psalms* (Collegeville, MN: The Liturgical Press, 2002), 2; Nancy L. deClaisse-Walford, Rolf A. Jacobson, and Beth LaNeel Tanner, *The Book of Psalms*, New International Commentaries on the Old Testament (Grand Rapids: William B. Eerdmans Publishing Company, 2014), 17.

[56] Longman, 35.

[57] deClaisse-Walford, Jacobson, and Tanner, 32.

styles," and not one that presents a logical flow in the positions of every psalm.[58] The

structure of five books ending with a doxology was perhaps meant to confer upon the

Psalms, as the word of God, a similar authority as the Torah, which was also divided into

five books.[59]

Contents of Psalm 23

Psalm 23 is in "Book One" and it is categorized as a song of confidence or trust in

God as far as genre is concerned.[60] Traditionally, the Psalter was taken as comfort for

those who were nearing death. But there was also a general acknowledgment that Psalm

23 had a broader application to all who suffer difficulties in life.[61] This logically and

reasonably would be presumed to include children. The message of Psalm 23 written

using metaphor and simile presented God as the Shepherd and the psalmist (and thus all

God's people) as the sheep,[62] in an intensely personal and intimate relationship.[63] The

dynamic of the use of metaphor and simile for God was that the comparison revealed

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[58] Derek Kidner, *Psalms 1-72*, Kidner Classic Commentaries (Downers Grove: InterVarsity Press, 2014), 20.

[59] Longman, 36.

[60] Gordon D Fee and Douglas Stuart, *How to Read the Bible for All Its Worth*, 4th ed. (Grand Rapids, MI: Zondervan, 2014), 222; Richard S. Hess, *The Old Testament: A Historical, Theological, and Critical Introduction* (Grand Rapids, MI: Baker Academic, 2016), 419; Longman III, 133.

[61] Longman, 134; Gene Rice, "An Exposition of Psalm 23," *Journal of Religious Thought* 52, no. 1 (1995): 71-72.

[62] Fee and Stuart, 213; Lee Hosia Henley Sr. and Garnett Lee Henley, "The 23rd Psalm: An Exposition on Its Meaning and Prophecies," *The Journal of Religious Thought* 59, no. 1 (2006): 182; Rice, 71-2.

[63] Longman, 134; Craig C. Broyles, *Psalms*, Understanding the Bible Commentary Series (Grand Rapids, MI: Baker Books, 2012), 123.

God's nature making it easily understandable in a situation where God was beyond simple human comprehension. To that extent, God was also compared to a king (Ps. 47), a warrior (Ps. 98), and a mother (Ps. 131).

A cautious note however was that poetry called for reflective reading to avoid stretching the interpretation.[64] For instance, the Psalm was used multiple times as a tranquil Psalm without paying attention to the various challenging settings which the psalmist passed through, yet God intervened to provide protection and providence. Broyles Craig asserted that "Psalm 23 affirmed that the Lord would provide peace, but the echoes of what life could bring were quite disturbing. In other words, the Shepherd provided for and protected the sheep, but he did not fabricate a world free from hardships."[65] While it may seem indisputable that Psalm 23 was not written for the grieving, it was correct that the Psalms were composed in a way that allowed later users to pray for similar though not identical circumstances.[66] Psalm 23 was therefore used in this study as a means for reflection and identification with the psalmist's voice expressed in the first person so that child grievers could confidently take up the metaphor of the sheep while acknowledging the presence of the Shepherd God and his capacity to provide comfort and protection from the pain of loss.

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[64] Longman, 46; Tremper Longman III and Peter Enns, *Dictionary of the Old Testament: Wisdom, Poetry, and Writings: A Compendium of Contemporary Biblical Scholarship, Proverbs 3: History of Interpretation* (Westmont: InterVarsity Press, 2008), 578.

[65] Craig, 123.

[66] Longman, 50.

"Psalms 23" was David's testimony demonstrating his intimate awareness of God's comforting presence. The imagery and metaphors used in the Psalm pointed to David who was a shepherd as a young man (1 Sam. 10:11) and a king whom God had called to shepherd his people, Israel (2 Sam.5:2). Psalm 23 depicted how his life was hidden in God's as he moved in his intimate presence along different orientations of life as portrayed by various imageries. It is the personal care and attention of the Shepherd God for his flock that made this Psalm extraordinary and relevant for situations of crises like loss and grief. Further, when the various movements and orientations where the exclusive care was provided were carefully examined, then the comfort and blessings that the Psalm gave God's people became evident. Psalm 23 could as well have been the most beloved, most-sung, most-prayed, and most-studied poem in the Psalter.[67]

It was divided into two parts. The first part opened with a metaphor of God as the divine Shepherd and the psalmist as one of his sheep (Ps. 23:1–4), while the second part presented God as a host at his table and the psalmist as an honored guest (Ps. 23:5–6) who eventually became a dweller in his house. Tremper Longman III alluded to a sense of mutuality between the two metaphors without one interrupting the other because God the Shepherd could host the banquet and the personification of God's goodness and love in Psalms 23:6 could be read in the light of the Shepherd's image.[68] Conversely, Annang Assumang argued that when viewed rhetographically, then the banquet scene could not and should not be seen to return to the luxurious feeding on green pastures because the

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[67] de-Claisse-Walford, Jacobson, and Tanner, 197.

[68] Longman, 134.

environments were practically different.[69] The Psalm used imagery about God and a language that the universal heart of an individual could comprehend.

Psalm 23 opened with the well-known words "The Lord is my Shepherd, I lack nothing*"* (Ps. 23:1) with the metaphor of Shepherd being developed in the subsequent three verses (Ps. 23:2–4). David, the author of the Psalm was referring to God Jehovah, the Lord God of Israel, the "Almighty One" being his Shepherd. The metaphor of God as a Shepherd was first used by Jacob (Gen. 48:15) and then by Moses (Deut. 32:6–12) both of whom like David were shepherds.[70] The metaphor is also found in Genesis 49:24; Psalms 28:9; 80:1; Isaiah 40:11; Ezekiel 34:15; and Micah 7:14. On account of the extensive use of the shepherd metaphor for leaders in the Ancient Near East, (cf. 1 Kgs. 22:17; Jer. 23: 1–4; Ezek. 34:1–10), Psalm 23 has been described as royal.[71] The power and popularity of Psalm 23 were articulated to be "in its transposition, from the communal image of the Shepherd of the nation of Israel (Ps. 80:1) to the personal Shepherd. The stunning yet simple message being communicated was that the creator of heaven and earth, the grand cosmos Lord also cared for and shepherds the individual."[72] Those words were confirmed by the Lord Jesus Christ in his declaration in John 10:11, "I am the Good Shepherd." Philip Keller expounded it further by saying that the phrase

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[69] Annang Asumang, "The Presence of the Shepherd: A Rhetographic Exegesis of Psalm 23," *Conspectus: The Journal of the South African Theological Seminary* 9, no. 3 (Mar. 2010): 12.

[70] Joseph A. Alexander, *Commentary on Psalms*, Psalms Translated and Explained (Grand Rapids, MI: Kregel Publications, 1991), 115.

[71] Longman, 134-35; de-Claisse-Walford, Jacobson, and Tanner, 198.

[72] deClaisse-Walford, Jacobson, and Tanner, 198-199.

"immediately implies a profound yet practical working relationship between a human being and his maker."[73] It is one that did not deny that life would present its fair share of challenges. But the writer of Psalm 23 also portrayed a solid conviction of the Shepherd who profoundly intervened so that with confidence he could declare, "I lack nothing." It denotes the expressed confidence in the loving care of the Lord.

The Eastern shepherd occupied a unique position towards his flock in that the relationship obliged him to care for his "dumb creatures." The sheep knew him, and they answered his call.[74] On account of the helplessness and hopelessness that engulfs grieving people, the significance of the use of "sheep" (which were among the dumbest animals known) showed the depth of the need for tender, loving care from the divine Shepherd. It also exemplified the reality that sheep did not have the mental capacity to take care of themselves, so the Shepherd needed to do everything for them, or they would perish.[75] In dire need of comfort, Psalm 23 presented God's willingness to care for his people, children included, by providing pasture or by generously meeting their every need.[76]

A closer look revealed the profound difference between "The Lord is *the* Shepherd" and "The Lord is *my* Shepherd," phrases. The use of the first-person language by the psalmist introduced appropriation. The relationship immediately became personal

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[73] Phillip Keller, *A Shepherd Looks at Psalm 23* (Grand Rapids, MI: Zondervan Publishing House, 1970), 17.

[74] F. B. Meyer, *The Shepherd Psalm* (Washington, PA: Christian Literature Crusade, 1980), 21.

[75] Henley Sr. and Henley, 182.

[76] Fee and Stuart, 213.

and of unfathomable affection. J. Clinton expounded on "I lack nothing" by saying that

the psalmist seemed to suggest that God was the only necessity of life because when one

had God, the other necessities of life would be provided for.[77] Regarding loss and grief,

the divine Shepherd supplies all that a grieving child needs. The tasks of the Shepherd to

his sheep are well articulated by God's promise to the exiles in Babylon in Ezekiel

34:11–16. Significant to the topic of this study is God's promise to personally "search for

my sheep and look after them," indicating his initiative, passion, and willingness to care

and comfort the lost… bind up the injured and strengthen the weak" (Ezek. 34:16). The

tenderness of the Shepherd is vividly captured by the picture of the return from exile

when God will "gather the lambs in his arms and carry them close to his heart and gently

lead those that are with young" (Isa. 40:11). Gene Rice says, "The metaphor of Shepherd

thus reverberates with tones of selfless devotion, alertness, concern, tenderness, and

security."[78] This was viewed as a profound image of what a grieving child needed while

on the journey toward adaptation to loss.

Psalm 2–3 contained four poetic colas, each describing something the Shepherd

did for his sheep. Psalms 23:3 began with "He makes me lie down in green pastures; he

leads me beside quiet waters." A rhetographic perspective indicated that "green pastures"

imagery was rare in many places in the original setting.[79] In addition to the message of

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[77] J. Clinton McCann Jr., *A Theological Introduction to the Book of Psalms: The Psalms as Torah* (Nashville: Abington Press, 1993), 128.

[78] Gene Rice, 72.

[79] Asumang, 9.

food (green pastures) and water (quiet waters), it also conveyed an experience of

revitalization and regeneration thus the contentment of "lying down."[80] The picture of

God depicted here was not one of forcing the psalmist. But one of gently leading the

flock to the still waters where the sheep can then feed and drink. The Shepherd actively

sought out an environment in which the sheep could thrive (the green pastures).[81] The

"quiet," "still," or "peaceful," waters that the Shepherd "led" the sheep to were related to

a significant theological concept of *rest* (see Ps. 95:11; 132: 8, 13) in contrast to chaos or

distraction.[82] Based on the idea of movement in that it was the Shepherd "leading" the

sheep, the scene was not just about the drinking of the water, but also about ensuring that

the sheep found it easy to drink it as it gently flowed. This connoted protection from all

that was likely to harm the sheep.[83] It was not only that the Shepherd led the sheep to a

desirable destination, but it was also that in accompanying the sheep, the Shepherd also

ensured that the sheep were protected along the journey. Phillip Keller explained the real-

life of sheep from a Shepherd's point of view by saying that for sheep to lie down or be at

rest, they needed to have a "definite sense of freedom from fear, tension, aggravation, and

hunger.[84] In times of crisis, the awareness of the presence of the "Good Shepherd" right

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[80] Asumang, 9-10.

[81] de-Claisse-Walford, Jacobson, and Tanner, 199.

[82] Kidner, 127; Asumang, 10-11; de-Claisse-Walford, Jacobson, and Tanner, 199.

[83] de-Claisse-Walford, Jacobson, and Tanner, 199.

[84] Keller, 35.

beside, made all the difference. The presence threw a light of trust and hope in the whole scene, facilitating the boldness to abandon oneself to the Shepherd's care and comfort.

The fourth poetic cola pointed to the Lord who "guides along the right paths, for his name's sake" (Ps. 23: 3) while also restoring, revitalizing, and renewing the soul. With the confusion that comes with grief, divine guidance would be one of the most necessary aspects of the journey of recovery. A debate on whether God guides his people on the "paths of righteousness" or the "right path" was noted among scholars.[85] Derek Kidner intimated that both paths, in terms of sheep, meant the same thing but for the human flock, Kidner and Longman agreed that while God would desire to lead the sheep to the path of life, unfortunately, some could choose to take the path that leads to death (Prov. 4:26; 5:21; 11:5).[86] Henley Sr. and Henley clarified the personal choice by introducing the perspective that confirmed the Hebrew meaning of the word "path" suggesting that "the paths of righteousness" were etched tracks in Scripture that a believer could discern and follow so that the leading of God would find believer already on the track. This is so because the Hebrew word for "leads" meant "to follow and to sustain."[87] The believer seeking guidance could trust in God's guidance and sustenance while walking in the way of the Lord. When David was delivered from the hands of his enemies and the hand of Saul, he sang a song of praise to God acknowledging the gracious work of God along the way following his choice of taking refuge in Him (2

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[85] Longman, 135.

[86] Longman, 135; Kidner, 128.

[87] Henley Sr. and Henley, 184.

Sam. 22:29–31). To draw closer to an accurate interpretation of "He guides me along the right paths," (Ps. 23:3) and in acknowledging at least four interpretations, Andrew Abernethy asserts that there was a need to view the Psalter as a collective context so that similar collocations and the structural arrangement within it are considered.[88] Following the author's extensive examination of the phrase, Abernethy concluded that "The best translation of this phrase then was 'paths of righteousness,' connoting both confidences in God's moral guidance and in experiencing "God's righteousness" treatment through the twists and turns of life."[89]

The phrase "for his name's sake," was difficult to interpret because it raised two questions. Does the phrase describe "God's motive for leading or does it describe the follower's motivation for following God's path?" de-Claisse-Walford, Jacobson, and Tanner answered these two questions by pointing out that,

> This is not just about God's motivation but also God's character. God's very nature is to be faithful. God has promised through the sheer act of giving God's name to Israel, to guide and protect those who bear God's name. Thus, for the sake of his name, is a claim on God's promise and God's character. It is a statement expressing the psalmist's trust that God is completely committed to maintaining the relationship that He has established.[90]

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[88] Andrew T. Abernethy, "'Right Paths' and/or 'Paths of Righteousness Examining Psalm 23.3b within the Psalter," *Journal for the Study of the Old Testament* 39, no. 3 (2015): 317.

[89] Abernethy, 138.

[90] de-Claisse-Walford, Jacobson, and Tanner, 200; Henley Sr. and Henley, 184.

What a consolation for grieving children believers to entrust themselves by faith to a God who meets the needs of his children through leading and guiding and is committed to doing so righteously in the process of protecting his name.

<div align="center">*The Darkest Valley*</div>

Flowing from the confidence of divine guidance, the metaphor of the path continued, envisioning God's presence in the "darkest" times of life, "through the darkest valley" (Ps. 23:4). Yet the "fear-evoking danger of that valley was more than balanced by the courage-providing, fear-removing presence of the Lord."[91] Psalm 23:4 has often been used to console those about to die especially reading from the translations which view it as "the valley of the shadow of death" (ESV[92] and NASB[93]). But understanding this as "the darkest valley" (NIV), not only made the interpretation more accurate according to the Hebrew usage of the word, but it also broadened the interpretation to include other inevitable and challenging circumstances of life, including grief.[94] Derek Kidner agreed with this perspective but not before explaining that while the *shadow of death* was the literal meaning of the Hebrew word used, it may as well have been used as a superlative-'dark as death'—thus, in agreement with Longman III, widening the reference of the verse to include other crises.[95]

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[91] deClaisse-Walford, Jacobson, and Tanner, 197.

[92] English Standard Version, ESV (Wheaton, IL: Crossway Bibles, 2001).

[93] New American Standard Bible, NASB (Grand Rapids, MI: Zondervan, 1995).

[94] Longman, 135.

[95] Kidner, 128.

Observe the pronoun change to "you" in the phrase *for you are with me* (Ps. 23:4), replacing the more distant "he" and introducing a person-to-person address. The authors of *the Book of Psalms* concurred by saying that "it is precisely in moments of crisis that the Lord moves from an abstract concept (*he*) to a living God with whom one has a relationship (*you*)."[96] This was because in the "darkest valley" the shepherd was no longer leading the psalmist, instead, he walked alongside to escort him through it.[97] It portrayed the imagery of companionship. A call for caution concerning the Lord's presence was necessary so that it is presented both as an assurance demonstrating that the Lord's presence can manifest anywhere and a warning to avoid constructing it only in good times.[98] The presence of the Lord was present in *green pastures* (Ps. 23:.2), *quiet waters* (Ps. 23:2), *along the right paths* (Ps. 23:3), and also present in the *darkest valley* (Ps. 23:4). Of the rod and staff, David said that "they comfort me" (Ps.23:4). The Hebrew word for comfort meant "to sigh, be sorry, pity, protect, or chastise." The implication was that the same rod (a cudgel worn at the belt) and staff (used to walk with and to round up the flock) that defended (cf. 1 Sam. 17:35) and reached out to David in great comfort was also used to control him since his discipline was security.[99]

With the supporting presence and care of the Good Shepherd, the psalmist could now handle the fear in the "darkest valley" (Ps. 23:4). There was a conviction that the

[96] De-Claisse-Walford, Jacobson, and Tanner, 201.

[97] Kidner, 129.

[98] de-Claisse-Walford, Jacobson, and Tanner, 201.

[99] Kidner, 129; Henley Sr. and Henley, 3; Longman, 136.

hand that guided into the darkest valley, even though it was difficult to see the path, would guide through the valley and out of it. The psalmist trusts God's faithfulness and enduring presence, "You are with me" (Psalm 23:4). The same assurance can be applied to those traveling through the dark valley of grief.

Being the Lord's Guest

Even though the scenery in Psalm 23:5–6 dramatically changed from the imagery of the sheep to a human being lavishly feasted and served by Yahweh, the ideas illustrated in Psalms 1–4 did not change. There was as before, food, guardianship, peril, and the journey, and the gracious host did for the guest exactly what he had done for the sheep—provided food (*you prepare a table before me*) –Psalms 23:5, drink (*my cup overflows*)–Psalms 23: 5, and shelter (*in the presence of my enemies*)–Psalms 23:5.[100] The depth and intimacy experienced by the guest and the host, *in the house of the Lord* (Ps. 23:6), was one of full rapport between sheep and the Shepherd. "You prepare a table before me in the presence of my enemies. You anoint my head with oil, my cup overflows" (Ps. 23:5). This celebration happened as the enemies witnessed the generosity of the Lord within a royal covenant relationship that evoked royal anointing.[101] It was similar to the Old Testament where eating and drinking at someone's table created a bond and a covenant (Ex. 24: 8–12) as when the elders of Israel "beheld God, and ate and drank," and also the last supper (1 Cor. 11:25) - "This cup is the new covenant in my

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[100] Longman and Enns, 113; McCann Jr., 131.

[101] John H. Eaton, *The Psalms*: A Historical and Spiritual Commentary with an Introduction and New Translation (London: Bloomsbury Publishing Place, 2005), 124.

name."[102] A deeper understanding of hospitality was necessary to put Psalms 23:5–6 into perspective.

Hospitality in Ancient Israel

Ancient Israel had a specific conceptualization of the metaphor of God as a host which must have been the mental image the listeners attached to it as the listeners. Unlike the view and practice of "hospitality" in the twenty-first century that welcomes a neighbor, ancient Jewish customs called for the kind treatment of strangers or travelers irrespective of whether they were known or not. The hospitality extended beyond the one-time event to a long-term reciprocal relationship in which both parties presumed the other's assistance whenever they were in their counterpart's region (see Josh. 2:1–21; Jgs 4:17; 2 Kgs 4:8–10, 25-31).[103] Hospitality was always held up as a prized virtue. The hosts often emphatically pleaded with the travelers to consider being their guests, to the point of running after them so that they do not pass by.[104] For instance, Lot bowed down before the strangers he pleaded twice with, to come into his house as his guests (Gen. 19:1–13).[105] A hint of the same hospitality was seen in the early church (Heb. 13: 2 and 1 Tim. 3:2). Jesus is also heard criticizing the host who did not kiss him, anoint him with oil, or provide him with water to wash his feet in Luke 7:44–46.

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[102] Kidner, 130.

[103] Andrew E. Arterbury and William H. Bellinger Jr., "'Returning' to the Hospitality of the Lord: A Reconsideration of Psalms 23:5-6," *Biblica* 86, no. 3 (2005): 388.

[104] Arterbury and Bellinger, 392-3.

[105] Arterbury and Bellinger, 389.

God has prepared a lavish meal for his guest, the psalmist. His total attention and interest in the welfare of his guest was the central focus of the host extending beyond the current event to subsequent visits in the future. If the perspective advanced by Andrew Arterbury was to be considered, that the metaphor of God as host drew upon the common Israelite custom of hospitality, then the psalmist has reason to feel valued by God.[106] It likely brought to their minds ancient stories like that one of Abraham hurrying to go and meet three strangers, before whom he bowed and emphatically requested to come to his house, where he entertained them with "a little water for their feet, rest and something to eat" (Gen. 18:1–8).[107] This project argues that finding identity and value in God is not just significant but also crucial in times of loss and in the process of resolving it. In His unmatched hospitality, God invites grieving children in their suffering to His table to feast on His word and find comfort and rest.

Significance of Table

The new scenery of the banquet brought with it a dramatic change of mood which when rhetographically captured depicted "a change from the sense of fear and confusion to a combination of security and joyful celebration."[108] There could have been many questions about the kind of banquet table the poet had imagined, who the enemies were, and the cause of enmity. But that notwithstanding, "what is undeniable is that the Lord was a hospitable host," who provided plenteous nourishment (*my cup overflows*) and

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[106] Arterbury and Bellinger, 391.

[107] Crenshaw, 62.

[108] Asumang, 12.

honor, (*you anoint my head with oil*) for the psalmist in the face of hostile foes, who were no longer a threat to him because of God's presence that brought security and victory.[109]

A focus on the quality of the reception was illustrated by the reference to the anointing with oil and the filling of the cup to overflowing. Gene Rice explains the two prominent banquet events and points out that, "The anointing with oil tangibly expressed the acceptance, the cordiality and the care with which the psalmist was received in God's house, while the overflowing cup symbolizes the blessing and exhilaration of communion with God."[110] It is a witness to the infinite resources from God or the unlimited generosity God accords those that belong to him. The writer of Psalm 36:8 referred to feasting from the "abundance in the house of the Lord" and drinking from the river of God's delight. In Psalm 63:5, the psalmist was "satisfied as with marrow and fatness" (NKJV). Considering the reality of loss and subsequent grief, those who experience grief can have the awareness of the persistent presence of the God of comfort and his unlimited resources available to the broken-hearted.

Psalm 23:6 envisioned the psalmist leaving the house of God where he had enjoyed the presence and communion with God with certainty that he would not be abandoned. God's presence personified as goodness and love (or mercy) were going to follow him into the world, "all the days of his life." The Hebrew word for love (or mercy) was translated as "steadfast love" elsewhere (see Ps.17:7).[111] The pairing of love with

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[109] de-Claisse-Walford, Jacobson, and Tanner, 201.

[110] Rice, 76.

[111] Kidner, 130.

goodness was not erratic per se. It expressed God's determination to see goodness (the

gracious compassionate benevolence of God demonstrated in his creation and deliverance

from oppression and want) prevail.[112] Kidner asserted that the pairing suggested the

steady kindness and support that one could count on between firm friends.[113] It was

significant to note that the Hebrew translation of the word "follow" was "pursue."[114] The

two attributes (goodness and love) were not just dependable, but they vigorously pursue

with relentless grace until they accomplish their mission to provide a safe harbor to the

endangered psalmist.

The last verse of Psalm 23 is verse 6 "and I shall dwell in the house of the Lord

forever," did not refer to eternity or to the psalmist living in the house of the Lord without

ever having to leave. Translated in the original intention it reads, "I shall return to the

house of the Lord." With forever translated as "for the length of days."[115] The house of

the Lord was where God made his presence known among his people. Two authors

suggested that the accurate meaning of the metaphors was that the psalmist would live in

the light of God's presence for the length of his days because his destination after all was

God himself. It was the destination towards where he could be shepherded and pursued

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[112] Rice, 77.

[113] Kidner, 130.

[114] Kidner, 130; Rice, 77; Longman, 137; de-Claisse-Walford, Jacobson, and Tanner, 201; Eaton, 124; Arterbury and Bellinger, 393.

[115] Rice, 77; de-Claisse-Walford, Jacobson, and Tanner, 202; Longman, 137; Arterbury and Bellinger, 394.

by goodness and love.[116] Where his life was hidden in God's as he moved in His intimate presence.[117] To point grieving children to God is the ultimate goal of this study.

The Caring God – John 10:1-21

Although there has been vigorous debate related to the authorship of the Gospel according to John, there was a high possibility that it was written by John the apostle of Jesus Christ, the one "Jesus loved" (Jn. 21:20).[118] Keener noted that despite some differences related to purpose, all four Gospels fit the general genre of ancient biography based on a "life" of a prominent person written to praise the person or to communicate important aspects to the hearers. In addition, the Gospels also propagated particular moral and religious perspectives to be emulated.[119] In agreement with the other Gospels, the Johannine Gospel presented Jesus and his messianic mission based on the Old Testament fulfillment of God's promise. For instance, the Gospel's opening words "in the beginning" echoed the first words in Genesis 1, which recounted the creation of the world.[120] The Gospel of John's particular focus on Christological teaching and the life of

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[116] de-Claisse-Walford, Jacobson, and Tanner, 202; Longman, 137.

[117] Eaton, 124.

[118] Craig S. Keener, *The Gospel of John: 2 Volumes* (Grand Rapids, MI: Baker Academic, 2012), 83; Andreas J. Kostenberger, *John:* Baker Exegetical Commentary on the New Testament (Grand Rapids, MI: Baker Academic, 2004), 1; J. Ramsey Michaels, *The Gospel of John*, New International Commentary on the New Testament (WA: William B. Eerdmans Publishing Company, 2010), 31; Murray J. Harris, *John*, Exegetical Guide to the Greek New Testament (Nashville: B&H Publishing Group, 2015), 3.

[119] Keener, 10.

[120] Kostenberger, 13; Marianne Meye Thompson, *John: A Commentary.* 1st ed. The New Testament Library (Louisville, KY: Westminister John Knox Press, 2015), 27; Nathan N. Gunter, "For the Flock: Impetus for Shepherd Leadership in John 10," *Journal of Applied Christian Leadership* 10, no. 1 (2018): 9.

Jesus was exemplary, so much so that God the Father was, in the eyes of some, a "neglected" factor.[121] But Jesus refuted that mindset by reminding his hearers countless times that the son "can do nothing by himself …" (Jn. 5:19–20); that his words were words the Father had given him to speak (Jn. 12:49), and his works were only those the Father had given him to do (Jn. 4:34). Therefore, his authority was not of himself, but it rested on his obedience to the will of the Father in heaven. The Jesus presented in the Gospel of John has an intriguing mix of self-assertion, humility, equality with God, and submission to his Father, factors that drew many to himself and consequently to the Gospel. Two of the seven "I am's" of Jesus (which will be the focus of this study) included in the Gospel of John were that "I am the gate for the sheep" (Jn. 10:7) and "I am the Good Shepherd" (Jn. 10:11).

<div align="center">

The Good Shepherd

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The symbolic discourse in John 10 followed "Chapter 9" without a transition indicating that the audience being addressed by Jesus was the same.[122] Most likely, John extended the pastoral imagery of the Old Testament, of flock and Shepherd, which was familiar especially to his Jewish hearers in that God himself was already referred to as Israel's "Shepherd" and his people as the "sheep of his pasture" (for instance in Ps. 100:3).[123] John presented Jesus as not only the Good Shepherd who "lays down his life for the sheep" (Jn. 10:11) but also as the model whom other leaders should emulate in

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[121] Michaels, 24.

[122] Kostenberger, 297.

[123] Gunter, 9.

their leadership. Gunter confirmed this by accentuating the Greek word *Kalos* used as an

adjective by John before the Shepherd. He noted that it suggested further intent, namely

that "future shepherds were to follow the lead of the Good Shepherd."[124] The two things

that gave legitimacy to the Shepherd were that he entered the sheepfold "through the

door," (Jn. 10:2), which was the proper way, and "the gatekeeper opened the gate for

Him (Jn. 10:3), demonstrating that he was authentic and worthy to be trusted.[125] The

Shepherd was the authorized caretaker of the sheep. In contrast, any other person, in this

text referred to as "a thief and a robber" (Jn. 10:1) would have had to "climb in by some

other way" because they did not have the interest of the sheep at heart. Andreas

Kostenberger articulates the task of the Shepherd by saying that he had to guard his flock

against any threat with dedication, courage, and vigilance.[126] The sheep pen was both a

picture of exposure and vulnerability. In the architectural custom of the day, it would

likely have been either a circular or square enclosure with a high wall or fence and

perhaps topped with vines.[127] Since the only entrance would have been the door, the

watchman or Shepherd needed to be capable and diligent because once the sheep were

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[124] Gunter, 10–11.

[125] Michaels, 300.

[126] Kostenberger, 300.

[127] Christopher W. Skinner, "The Good Shepherd Lays Down His Life for the Sheep" (John 10:11, 15, 17): Questioning the Limits of a Johannine Metaphor," *The Catholic Biblical Quarterly* 80, (2018): 103.

inside the safety of the pen, he would lie down across the opening and serve as both the

protector and gate (Jn. 10:7) to the sheepfold.[128]

To account for the flock and to ensure none got lost, the Shepherd would call his

"own sheep by name and lead them out." Knowing the sheep by name "individually"

rather than collectively also portrayed the deep and personal relationship the Shepherd

enjoyed with the sheep. According to Borchert, the concept of naming was significant to

biblical writers because it was a declaration of the nature of living creatures; and even

more, it was the Shepherd who knew the names of the sheep and not the reverse. Take for

instance when Adam named the creatures, he identified each one's nature (see Gen. 2:18–

23).[129] Correspondingly, on account of the sheep knowing only one specific Shepherd,

they exhibited their singlemindedness in their devotion and attention in that they did not

listen to any other person. To the sheep, any other person was a stranger (Jn. 10:5) and

not worthy of being followed or obeyed. In the Gospel of John, Jesus called several

people by name with whom it is believed he had a close and personal relationship. He

called Peter (Jn. 1:41), Lazarus (Jn. 11:43), and Mary Magdalene (Jn. 20:16).[130] In the

same way, Jesus knows each of his children intimately and personally. Francis posits, that

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[128] Gerald L. Borchert, *John 1–11: An Exegetical and Theological Exposition of Holy* Scripture, New American Commentary (Nashville, TN: B&H Publishing Group, 1996), 302.

[129] Borchert, 302-303.

[130] Martin Francis et al., *The Gospel of John*, Catholic Commentary on Sacred Scripture (Grand Rapids: Baker Academic, 2015), 188.

this personal "knowing" is also described in Psalms 139:1, 4–5. Gerald Borchert

corroborates the intimacy in a relationship that begins with the initiative of God."[131]

On the aspect of the Shepherd leading his sheep all out which according to

Andreas Kostenberger was a delicate task, he noted that Jesus frequently referred to them

as sheep to illustrate their helplessness and need for guidance.[132] Regarding leadership,

Martin Francis noted that it demonstrated the significance of God's leadership and

guidance for the leaders that God has appointed in the church, who are respectively also

shepherds (see 2 Sam. 5:2; Ps. 78:70-72; Jer. 3:15, 23:4). As shepherds, human leaders,

are to care for God's people while remembering that they belong to God and are not the

possession of the leaders.[133] God reserved sole claim as the Shepherd of his people. In so

doing, the Godhead worked in triune unity whereby Jesus as the head of the church was

the "ruler" through the presence of the Holy Spirit, and he did so on behalf of God.[134] It is

also noteworthy that the phrase "his sheep" was not introduced to distinguish his sheep

from someone else's, but simply to emphasize that the sheep belonged to him as objects

of his love and care.[135] The importance of an image or a picture is its ability to

communicate its implications to those who can perceive it.[136] Unfortunately, the hearers

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[131] Francis, 190; Borchert, 372.

[132] Kostenberger, 301.

[133] Francis, 189.

[134] Quentin P. Kinnison, "Shepherd or one of the Sheep: Revisiting the Biblical Metaphor of the Pastorate," *Journal of Religious Leadership* 9, no. 1 (2010): 90.

[135] Michaels, 354.

[136] Borchert, 303.

of the image of the Shepherd and his sheep were unable to conceptualize the intended communication of Jesus and his followers (Jn. 10:6). Perhaps this answers the question of the ineffectiveness of church leadership acting as human "shepherds" whose voice the sheep do not recognize and so do not follow, just as they do not follow strangers.

The Shepherd's Heart

The metaphor of the Shepherd and sheep demonstrated the passion and depth of the Shepherd's concern for the sheep under his care. Keener noted that shepherds were known to have an intimate concern for their sheep (Jn. 10:11), an image applicable to God (Ps. 23:1; Ez. 34:2–6, 11-16).[137] Nathan H. Gunter expands this idea further by putting special emphasis on the Shepherd's heart motivation which caused him to "lay down his life for the sheep" rather than the practical tactics of leadership.[138] The selfless love of the Shepherd preceded his service to the sheep. The welfare of the sheep and not his own was his primary concern. Daily, the Shepherd took care of his sheep and led them out to the pasture. Ramsey Michaels contributed to this point by noting that because of that fact, which was also customary, the verbs (opens and leads) are in the present tense.[139] In other words, the exceptional performance of the Shepherd was indicated by his singular concern for the sheep entrusted to his care. With this same orientation and commitment, a lot can be accomplished by the church toward helping bereaved children. It moves leaders from a focus on competence to a focus on character. Translating to a

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[137] Craig S. Keener, *The IVP Bible Background Commentary: New Testament* (Downers Grove: InterVarsity Press, 2014), 278.

[138] Gunter, 8-9.

[139] Michaels, 354.

love-driven service to grieving children. The emphasis of the Shepherd on his sheep

becomes care and relationship. This calls for church leaders to re-examine their

motivation for service. Nathan Gunter puts it this way,

> Christian leaders' organizational leadership abilities or charismatic personalities
> will never be a sufficient substitute for hearts that beat passionately for the care
> and well-being of the people—not because the "sheep" will reciprocate. It is
> unconditional. Love for God's people should be a response to love received from
> the Lord and not from the sheep (1 Jn. 4:7–11).[140]

The Hopelessness of Sheep Without a Shepherd

Sheep on the other hand were completely dependent on shepherds, who provided

shelter and guidance and helped them when they got injured or sick.[141] While still

addressing the religious leaders in John 9:13–40, John introduced the contrast between

the rejection of the healed man by the Pharisees and his ejection from the synagogue,

with the way the benevolent heart of Jesus reached out to welcome him into the faith and

his flock (Jn. 9:35–38). The blind man was not only attacked by the religious leaders of

the day he was also abandoned by his parents who were afraid to be ostracized from their

participation in the synagogue (Jn. 9:18–23). That was indeed a hopeless and helpless

situation. The intention of the parable of the Good Shepherd told by Jesus in the presence

of the Pharisees was to protect the man who had just come to know and trust him and to

shame the Pharisees' actions because they instead attacked the man.[142] Jesus swung into

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[140] Gunter, 16.

[141] Keener, *The IVP Bible Background Commentary*, 280; Thompson, 220.

[142] Gunter, 13.

action to "guard his sheep" against the attacks of enemies. The Pharisees were equivalent to "thieves and robbers" in John 10:1 who were illegitimate and strangers to the sheep.

The Shepherd's Care

The story of the Shepherd and sheep portrays a side of the heart of Jesus that aligns well with the hurting. It is the heart that demonstrates a sheep-first love, understands grief, and feels with the grieving. Jesus arrived in Bethany, the village of Mary and Martha, four days after Lazarus had been buried (Jn. 11:17). With deep empathy, he spoke to Martha's pain first, "Your brother will rise again," (Jn. 11:23) before affirming her confession in John 11: 21–22 with the famous declaration "I am the resurrection and the life" (Jn. 11:25). Jesus first talked to the grieving heart of the woman who was the first to meet him before he eventually went to her home and brought her brother back to life.

Those going through pain and grief need genuine care and compassion which can only be given by one who knows and understands their hearts truly and deeply. Close to the subject of grief, Thompson referred to Jesus as the "life-giving Son of God" and notes that Jesus presented himself as both the "Good Shepherd" and the "door" by which the sheep went in and out of the sheepfold, to find security and pasture.[143] Further, the Shepherd generously provided pasture in abundance (Jn.10:10) illustrating the affirmation "out of his fullness we have all received" (Jn.1:16).[144] The phrase "His own sheep" accentuates the subject of grief because the sheep became his objects of love and

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[143] Thompson, 117-220.

[144] Thompson, 224.

care.[145] The Shepherd "goes on ahead of them" and the sheep "follow" because they "know his voice" (Jn. 10: 4–5). "Knowing" was the result of "learning" but it was also the result of being known.[146] How comforting for a grieving child to discover that God, the creator of heaven and earth "knows" them by name and that he is willing and able to care for and comfort those who are hurt. Because they hear his voice and follow him, the sheep are legitimized as "his p" (Jn.10:3–4).[147] Jesus is therefore not just the God of comfort as depicted by Psalms, he also takes care of those who are sorrowful and broken-hearted.

The God of Compassion – Luke 7:11-17

Although the pain of grief does not end in this part of life, the compassion of God (Lam. 3:31–33; 2 Cor. 1:3–4) for the hurting is both available and comforting. The literal meaning of the Greek word Paul used for comfort in the New Testament reference means "coming alongside."[148] It mirrored what both the Shepherds in Psalm 23 and John 10 did by personally and selflessly reaching out to their helpless and desperate sheep to help in times of need. Jesus empowered many people and moved them from a state of helplessness to wholeness. He restored emotional health and dignity making individuals,

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[145] Michaels, 354.

[146] Michaels, 355.

[147] Michaels, 356.

[148] Charles R. Swindoll, *Insights on 1 and 2 Corinthians* (Carol Stream, IL: Tyndale House Publishers, 2017), 290.

like the widow of Nain in Luke 7, acceptable in the community.[149] On account of the amount of material Luke presented on women and widows, he seemed to have been concerned about the poor and oppressed. To be specific, forty-two passages in the Gospel of Luke, focus on either women or a female motif.[150] Jesus showed compassion to the women and children, the lowly in society, and even to his disciples, by inviting them to himself (see Lk. 18:16).[151]

Among other perspectives, Joel Green asserted a broad consensus that the Gospel of Luke was a narrative with a biographical genre.[152] It was unique in at least two ways: first, it was the longest Gospel, and second the only Gospel with a sequel, uniting with the book of Acts so that they were two volumes but one book despite their canonical placement. Therefore, the author of Luke not only introduced Jesus and his ministry to his hearers but also showed how that ministry related to the early church era.[153] Although neither the Gospel of Luke nor the Acts of the Apostles name their author, a combination of both external and internal evidence pointed to Luke, the physician, and a possible

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[149] Mary Jane Gorman, *Tending Body, Heart, Mind, and Soul: Following Jesus in Caring for Ourselves* (Nashville: Abingdon Press, 2006), 38.

[150] Lisa M.M. Moore, "Widow as The Altar of God: Retrieving Ancient Sources for Contemporary Discussions on Christian Discipleship" (PhD diss., Marquette University, Milwaukee, WI, 2019), 113, Dissertations, Theses, and Professional Projects.

[151] Gorman, 38.

[152] Joel B. Green, *The Gospel of Luke*, New International Commentary on the Old Testament (Grand Rapids: William Eerdmans Publishing Company, 1997), 93-94.

[153] Darrell L. Bock, *Luke: 2 Volumes,* Baker Exegetical Commentary on the New Testament (Grand Rapids: Baker Academic, 1996), xxv. Green, 94. Even though Luke-Acts is considered one book, the researcher will largely refer to Luke alone but occasionally reference the book of Acts.

Hellenistic Jew, as the author of both.[154] Regarding purpose and theology, the Lukan

narrative was viewed as theological in substance and focus, centered on God, with the

central theme being salvation. Green noted that it was not by accident that one of the

earliest references to God in the Gospel was made by Mary when she declared "God my

savior" (Lk.1:47).[155] Jesus was the main character in the Gospel of Luke, portrayed as a

prophet and even more as the long-awaited Davidic Messiah, the Son of God. Among the

many questions, his followers struggled with was how he, Jesus, the exalted Messiah, fit

into God's plan with the prospect and experience of his heinous suffering.[156]

Life Meets Death

Luke is the only evangelist to include the narrative of the Widow of Nain, (Lk.

7:11–17),[157] which started with a change of time (soon afterward) confirming a

relationship with the previous account of the healing of the centurion's slave and change

of topography (Jesus went to a town called Nain).[158] In normal Lukan writing, the

ministry to a centurion (male recipient) and his household was first highlighted before he

portrayed Jesus' compassion to a widow (female recipient).[159] The pericope illustrates

public reaction to Jesus' healing ministry and describes the crowd's perception of Him as

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[154] Bock, xxvii; Green, 103-104.

[155] Green, 104.

[156] Green, 105; Bock, xxv.

[157] Moore, 113.

[158] Bock, 8; Green, 287; Walter Vogels, "A Semiotic Study of Luke 7:11-17," *Eglise et Theologie* 14, no. 3 (1983): 280.

[159] Green, 288.

a great prophet (Lk.7:16).[160] Some writers have suggested that because of the texts'

consistency and systematic approach, perhaps Luke had in mind the Old Testament story

of Elijah who raised the only child of a widow (1 Kgs. 17:17–24). The similarity of that

account with the current account of the raising of the only son of the widow in Nain and

the crowd's exclamation "a great prophet" seemed to give Jesus a similar standing with

Elijah and Elisha (1 Kgs. 17:17–24; 2 Kgs. 4:8–37).[161] Using semiotic language, a

dramatic turning point occurred when the "entering" group met the "leaving" group, each

with their projects yet with the group leaving town not knowing that their story was about

to remarkably change in a moment owing to how Jesus felt about the sorrow of the

widowed woman.[162] For purposes of this research, it was significant to note that the

healing of the young man and the restoration of the woman were all initiatives of Jesus.

This account focused on Jesus' care for the needy and his power over death. He acted

compassionately towards the grieving widow by choosing to raise her dead son over

defiling himself by touching a dead body.[163]

The Town and the Funeral Customs

Nain was a Galilean town located six miles to the Southeast of Nazareth. Though

it was presented as a town, the community mourning the widow's son was found more in

a village-like atmosphere than in a town. The sheer number of witnesses illustrated in the

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[160] Bock, 8.

[161] Moore, 114; Thomas Louis Brodie, "Towards Unravelling Luke's Use of the Old Testament" Luke 7:11-17 As an *IMITATIO* of 1 Kings 17. 17-24," *New Testament Studies* 32, (1986): 247, 259.

[162] Vogels, 282.

[163] Bock, 8.

text was remarkable.[164] A large crowd was following Jesus as well as another large crowd, the widow. A funeral procession in the context of Luke's Gospel would proceed out of the city gate to bury the dead, where family cemeteries were located. Archaeological and historical information indicated that the procession was headed outside for burial to access rock graves located outside the city.[165] Funerals usually occurred at the end of the day and often on the day of the death. For this woman, the excruciating pain of loss was not just about the death of an only begotten son, which made her childless, it was also that she was a widow for a period that is not clear from the text. Darell Bock appropriated her situation by saying that she not only lacked a family now, but she also was an "orphaned parent."[166] In a manner of drawing attention to the importance of community support in times of distress, the town shared in her grief. This was the sad setting that greeted Jesus at Nain.

The Widow as the Central Focus of the Account

It would seem like the direct beneficiary of the miracle of Jesus was the young man who for whatever reason was dead and was called back to life by Jesus. Nevertheless, and in line with the topic of this study, the central focus and recipient of the miracle was the grieving widow. First and foremost, in a social context in which females were typically identified in connection with males, the dead man was presented as "the only son of his mother" (Lk. 7:12)." Joel Green encapsulated it well when he wrote,

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[164] Green, 289-288.

[165] Vogels, 275.

[166] Bock, 8.

The focus of attention was on *her*; She was a widow. The crowd was with *her*. Jesus saw *her*, had compassion on *her*, and finally gave the dead man brought back to life to *her*. She who was husbandless and sonless and in mourning, she who epitomizes the "poor" to whom Jesus came to bring good news, (Lk. 4:18–19) was the real recipient of Jesus' compassion ministry. The healing in this instance should be interpreted as the restoration of this woman within her community.[167]

Grieving children can be considered "poor" while in a state of confusion, anxiety, and anger occasioned by loss. It is for these that Jesus came, that he may offer compassion to them. The greatest miracle of compassion in this account according to Green was not the raising of the widow's son from the dead as it was the restoration of the dignity of the widow and her place in the community.[168] Further, Edward asserted that "only son," *monogenēs,* was an epithet of majesty and divine sonship and it also referred to an only human child (see also Lk. 8:42; 9:38).[169] Being that an only child was an especially beloved child, the loss must have been especially agonizing. In Joel Green's words, the widow was relegated to a status of "dire vulnerability," without a visible means of support and certainly deprived of her access to the larger community and any vestiges of social status within the village.[170] From this insight, it is clear why Edward said that "the footsteps of the funeral procession fell heavy and mournful in grief and

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[167] Green, 288.

[168] Green, 288.

[169] James R. Edwards, *The Gospel According to Luke*, Pillar New Testament Commentary (Grand Rapids: William Eerdmans Publishing Company, 2015), 193.

[170] Green, 289.

with heavy hearts."[171] Thankfully, when Jesus offered compassion by raising her dead

son, the woman was restored to "life."

The Lord Reached Out With Compassion

Crucial to grieving is not only the reference to Jesus as "Lord" in Luke 7:13 but

also that Jesus showed empathy by first addressing the woman's pain by telling her

"Don't cry" (Lk. 7:13). This can be compared to the account of the death of Lazarus

when before Jesus declared that he is the "life and resurrection," he empathically

addressed Martha's pain first (Jn. 11:23). Luke is the only synoptic writer to use the title

"Lord" before the resurrection and he did it close to twenty times (Lk. 7:19; 10, 1, 39, 41;

11:39; 12:42a; 13:15), compared to Matthew (21:3) and Mark (11:3) who used it once

each.[172] It indicated the authority Jesus had in his earthly ministry some of which was

displayed in this account. Weeping for the dead was not unusual in biblical times (see

Gen. 50:1; Deut. 21:13; 2 Sam. 3:32; Mk. 5:38–39; Lk. 7:32; Jn. 11:31,33; 20:11,13,15;

Acts 9:39). What is notable in this account is that the one who met the funeral procession

at the gate was more than a rabbi, he was the "Lord" who out of his initiative showed

particular compassion on the widow. Given the reality of the loss circumstance, it could

have been considered absurd for Jesus to tell the widow "Don't cry." The Greek word for

cry [*klaiein*] also appears in the blessing of Luke 6:21 "Blessed are you who weep

[*klaiein*] now, for you will laugh."[173] Jesus demonstrated how as the Lord of Life; he was

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[171] Edwards, 193.

[172] Bock, 8; Vogels, 275.

[173] Edwards, 194.

the true fulfillment of his commandments. He had the power to change the "crying" into "joy."

Jesus then approached the open plank and touched the bier in which the dead man lay (Lk.7:14). According to Jewish law, the touching of a human corpse was forbidden because it would have brought defilement (see Num. 19:11). Nevertheless, Jesus chose to heal over defilement. After the pallbearers stopped on his touch, he addressed the dead young man directly, with authority, as the Lord, and said, "Young man, I say to you, get up!" (Lk. 7:14). Jesus called the dead man to rise, just as he was going to do with Jairus's daughter (Mk. 5:41, Lk. 8:54) and Lazarus (Jn. 11:43). Jesus is Lord over death (Jn. 5:25; 11:25–27, 42), and the restorer of all who are broken-hearted. When Jesus gave the woman's son back to her mother, he turned her "wailing into dancing" (Ps. 30:11).

With awe and praise, the crowd exclaimed "A great prophet … God has come to help his people" (Lk. 7:16). The Greek word for "come to help" (*episkeptesthai*) was the first (Zec. 1:68) and last word (Zec. 1:78) of Zechariah's song in the infancy narrative.[174] The Lukan narrative often expressed the reaction to God's work in terms of awe and respect (Lk. 1:65; 5:26; 8:25, 37; Acts 2:43).[175] The crowd first acknowledged the healer and then the God who sent him. God is not an observer or a passerby when his people are facing a crisis. Rather, he gets involved by visiting, even intruding, into his creation in grace to "redeem" (Lk. 1:68) and raise a "horn of salvation" (Lk. 1:69) for his people

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[174] Edwards, 194.

[175] Bock, 8.

"from heaven" (Lk. 1:78).[176] That is truly an encouraging message for all who are
overwhelmed by the weight of loss.

God's Compassion Through Community Support

Owing to the existence of varying types of communities, community, in this study
will denote a group of people with common beliefs governed by the person, way, and
words of Jesus, who in collaboration are called to emulate him in supporting those who
grieve and are broken-hearted.[177] The difference between a Christian community and an
ordinary gathering was highlighted by Nigel Wright who said, "Christian communities
are spiritual because, by the Spirit, Christ is present within them. They possess a
dimension of spiritual vitality that makes them places of spiritual energy and communion
and have the potential to transform those who participate in them by connecting them
through the Spirit to the living God."[178]

The role of the Spirit of God in bringing God's people together into a family or
community of believers was unmistakable in Acts 2. Through a powerful demonstration
of the Spirit on the day of Pentecost, many repented, were baptized, and then, they
received the gift of the Holy Spirit (Acts 2:38). It resulted in the emergence of the first

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[176] Edwards, 194.

[177] Sally Guttmacher, et al., *Community-Based Health Interventions* (Hoboken: John Wiley &
Sons Incorporated, 2010), 4; Roy Kearsley, *Church, Community, and Power* (Abingdon: Taylor & Francis
Group, 2009), 3; David Sines, et al., *Community and Public Health Nursing* (Hoboken: John Wiley & Sons
Incorporated, 2013), 24; Institute of Medicine, Board on Population Health and Public Health Practice, and
Committee on Valuing Community-Based, Non-Clinical Prevention Policies and Wellness Strategies, *An
Integrated Framework for Assessing the Value of Community-Based Prevention* (Washington D.C.:
National Academies Press, 2012), 23-24.

[178] Nigel G. Wright, *Vital Truth: The Convictions of the Christian Community* (Eugene: Wipf and
Stock Publishers, 2015), 122.

church (Acts 2:42–47) where in *koinoni*a, they interacted, shared, and were together in a way that "exposed each to the other where the real needs of real persons became apparent" and were taken care of.[179] Girand added that the church in the Book of Acts came into being in a context of poverty and deprivation. Yet, without recorded hesitation, they plunged into life together of costly sharing by giving to "everyone who was in need." In the community, everyone was accepted regardless of their status or physical appearance. They all found a "home" in the church.[180] The potential of the church to transform, minister to the needy, and be a place of healing and restoration still exists in the church of the twenty-first century. The same Spirit of God is available to create, form, and sustain the Christian community.[181]

Paul exhorted believers to show sincere love by "rejoicing with those who rejoice" and "mourning with those who mourn" (Rom. 12:15). The subject matter of the passage in which Romans 12:15 is found begins in verse nine and it focuses on love in action. Paul used the term *agape* to express the unique love (Rom. 12: 9) that was the foundation of all the relationships[182] among believers and which according to Kruse was extremely rare in non-biblical Greek literature because it occurred only nineteen times in

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[179] Robert C. Girand, *Brethren Hang Together: Restructuring the Church for Relationships* (Grand Rapids, MI: Zondervan Publishing House, 1982), 170.

[180] Girand, 170.

[181] Wright, 120.

[182] Douglas J. Moo, *The Epistle to the Romans*, New International Commentary on the New Testament (Grand Rapids: William B. Eerdmans Publishing Company, 1996), 423.

the entire LXX.[183] Paul seemed to suggest that it was not just a demonstration of love but also a compelling by the love of God that spurred believers to identify with others in the body of Christ. Moo clarified further by saying, "Paul seems to be referring to a well-known virtue. Paul considers love so basic that he does not exhort his readers to love but to make sure that the love he presumes already exists is genuine."[184]

Following the imperative to be sincere in their love, believers were then exhorted to identify with others in both their joys and their sorrows (Rom. 12:15). Paul made a similar point in 1 Corinthians 12:26 where he said, "If one part suffers, every part suffers with it; if one part is honored, every part rejoices with it." He emphasized the mutual and intimate relations of the members of the body of Christ which stimulate believers to identify with others so deeply that for bereaved children, their sorrow becomes "our" sorrow.[185]

The church is also called to "love your neighbor as yourself" (Matt.19:19, 22:27–39; Lk.10:25–28). Houston observed that these Scriptures pointed to what a Christian was to be and do.[186] According to Pond, when the church obeys Matthew 18:1–6 and 10, it seeks to live a life of service and in so doing models Jesus in living out kingdom

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[183] Colin G. Kruse, *Paul's Letter to the Romans*, Pillar New Testament Commentary (Grand Rapids: William B. Eerdmans Publishing Company, 2021), 379.

[184] Moo, 423.

[185] Moo, 427; Thomas R. Schreiner*, Romans*, Baker Exegetical Commentary on the New Testament (Grand Rapids: Baker Academic, 2018), 633; Kruse, 383.

[186] Rickey L. Houston, "Loving your Neighbor: A Guide to Developing and Sustaining Community Service Projects" (D. Min. thesis, Liberty University Baptist Theological Seminary, Lynchburg, Virginia, 2013), 5, Doctoral Dissertations and Projects.

priorities.[187] Since the church was created for the mission and not the mission for the church, it is pertinent for the church to continually evaluate its outreach to those in need both in and out of the church walls to assess if the great commission was being obeyed and implemented.[188] The church that develops the community in which it was established, pointing it to Christ, "loves deeply from the heart," and could be said to be a healthy church.[189]

Community support in times of loss and mourning in the Jewish traditional law was viewed as a societal activity. In the account of the widow of Nain, participation by the community in the funeral procession (Lk. 7:12) was not just a social expectation, but a rabbinic requirement.[190] The biblical Israel community had established mourning rites and funeral practices. The anger experienced in confronting loss, especially death was demonstrated in various ways which Wolowelsky postulated also acted as cathartic in calming the agitated mourner.[191] When Job lost everything except the servants who came to bring him the bad news, he got up tore his robe, and shaved his head (Job 1:20), as a manifestation of the deep anguish he was experiencing. It was impossible to comfort Jacob when he was told about the death of his favorite son, Joseph. He wept

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[187] Kim Pond, "A Study of Childhood Grief and the Church's Response," *Christian Education Journal* 9, no. 1 (May 2012): 48.

[188] Pond, 48; Houston, 5.

[189] Houston, 5.

[190] Joel B. Wolowelsky, "Communal and Individual Mourning Dynamics within Traditional Jewish Law," *Death Studies* 20, no. 5 (1996): 472-3.

[191] Wolowelsky, 473.

uncontrollably (Gen. 37:35) which was another mourning rite in the biblical Israel era.

Other mourning rites highlighted in the Bible were a) sitting on the ground, dirt or ash

heap as Job did in chapter two verse eight and Lady Babylon in Isaiah forty-seven verse

one; b) fasting (For example in Judg. 20:26; 1 Sam. 31:13; 2 Sam. 1:12); c) shaving the

beard (For example in Isa. 15:2; Jer. 41:5); d) beating the breast (For instance in Isa.

32:12; Nah. 2:8) e) walking about bowed down (For instance in Ps. 35:14; 38:7); and f)

walking barefoot (2 Sam.15:30).[192] The burial was usually followed by seven days of

mourning (Gen.50:10; 1 Sam.31:13; 1 Chro.10:12) in which the community participated

by expressing sorrow and compassion and extended generosity to the bereaved as a way

of support.[193]

The crowd that accompanied the widow of Nain was most plausibly made up of

relatives and friends with the widowed mother most probably walking in front of the bier

on which the son was being carried.[194] An Old Testament example of support in times of

intense grief is found in the Book of Job. In his moment of deep grief, a "community" of

three of his closest friends agreed to go and "sympathize with him and comfort him" (Job

2:10–11). The significant theme in the book of Job according to John Hatley is the

righteous sufferer.[195] Job suffered severely yet he held onto his innocence tenaciously.

Even though he did not agree with the opinion of his three friends who believed that he

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[192] Thi, 27.

[193] Thi, 27.

[194] Vogel W.F., 275.

[195] John E, Hatley, *The Book of Job*, New International Commentary on the Old Testament (Grand Rapids: William E. Eerdmans Publishing Company, 1988), 22.

must have sinned for God to have afflicted him, their noblest intention was to help Job

bear his sorrow (Job 2:12–13). Hartley articulates the quality of the relationship between

Job and his three friends and writes,

> Friends often solemnized their relationship with a covenant, promising to care for each other. Under all kinds of circumstances, the relationship between Job and his three friends gives adequate evidence of being based on a covenant (Job 96:14–15, 21–23,27). Such a relationship was characterized by loyal love. Motivated by love and their commitment these men came to console and comfort Job.[196]

Scripture demonstrates how much these friends empathized with Job to the extent of not

just throwing themselves into mourning rites but also sitting with him for seven days and

seven nights (Job 2:13).

Community support for the grieving was so important that according to Edwards

even the study of the Torah, a most inviolable pursuit in Israel was suspended for

funerals, allowing all people associated with the deceased to accompany the body to the

place of burial, outside the city.[197] To further support the bereaved, after the burial, Joel

Wolowelsky noted that a mini-synagogue would be set up in the home of the mourners

with a *halakhic* minimum requirement of ten persons to run services that were held at

least twice or thrice a day.[198] Community support in Jewish society was, therefore,

holistic encompassing not just physical and emotional but also spiritual support.

By reaching out with compassion, the church can become "salt and light" (Matt.

5:13–16) to a hurting world. To ensure that the light carried by individual Christians

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[196] Hatley, 75.

[197] Edwards, 193.

[198] Wolowelsky, 473.

penetrated the crevices of the darkness present in society, Houston suggested that it

needed to move beyond the barrier of the church walls and the roofs of the sanctuaries to

reach the hurting community with the message of hope and healing.[199] There was a need

for the church to "reconnect" with the community. Not in the manner of "having left" but

as the ecclesia, learning to see a community with a fresh set of eyes and faithfully

responding to God's call of being "called out."[200] Holly Catterton Allen proposed a

paradigm shift termed "intergenerational ministry," which occurs when a congregation

intentionally seeks to live out being the body of Christ by bringing the generations in the

church together in mutual service and sharing.[201]

But even more relevant to the problem in this project was the view of multi-

generational ministry which postulated the need for the church to honor and so ensure

programming for all generations so that as the church provides ministry, even the

children plus all the other generations are included.[202] This theory discouraged age-group

segregation where different generations in the same church congregation seldom did

anything together. Instead, it recognized that faith communities are perhaps the only

places where people from different generations could interact regularly making it

possible to offer support even to grieving children.[203] The opportunity therefore for the

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[199] Houston, 1-2.

[200] Houston, 92.

[201] Holly Catterton Allen, *Intergenerational Christian Formation: Bringing the Whole Church Together in Ministry, Community, and Worship* (Downers Grove, IL: IVP Academic, 2012), 17.

[202] Allen, 19.

[203] Allen, 30-32.

community to help a child face reality and handle the deep emotions occasioned by a loss was viewed as a privilege to be treasured.[204]

Conclusion

The problem this project addressed was related to the lack of a care model for grieving children in the Baptist church in Nairobi, Kenya. Unresolved grief cannot be ignored or wished away, especially when it affects children. The church was identified as an easily accessible structure and one that plays a pivotal role in the lives of its community. The Baptist church in Nairobi has the role of establishing spaces of peace and comfort, especially for grieving children who would not otherwise access similar services elsewhere.

A significant body of research affirmed the use of spirituality or religion to facilitate adjustment and a new meaning to life after a loss. Childhood grief was real in the Bible even though not explicitly mentioned. The children of the Bible most likely experienced loss and subsequent grief as part of society especially in the Old Testament when faced with violence, abuse, and fear-provoking situations. Nevertheless, both the" Old and the New Testaments" viewed children as a gift from God and as a key to the kingdom of God respectively. The Bible, therefore, positioned children positively towards God, thus challenging the priority of the church regarding ministry to children.

There is hope for grieving children in the church because God understands suffering and he experienced all manner of grief in his true human nature while on this

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[204] Pond, 48.

earth. It was also noted that God was willing and available to restore and heal all those who were hurt by extending comfort, care, and compassion. The twenty-third Psalm of David presented God the Shepherd in an intensely personal relationship with his sheep whereby the life of the sheep which was open to all kinds of losses was hidden in God's and where the sheep experienced the comforting presence of God. While the psalmist acknowledged the reality of dire challenges in life through the Psalm's portrayal of different imageries, it also appreciated the presence of the Shepherd and his capacity to provide comfort and protection from the pain of loss. The personal care and attention of the Shepherd to the flock made the Psalm extraordinary and relevant for situations of crisis as well as the comfort and blessing that come along.

The symbolic discourse in the Johannine Gospel presented the Shepherd as God and sheep as his people, mirroring the imagery in the Old Testament. It reiterated the intimacy in the relationship between the Shepherd and the sheep with the sheep being the objects of his love and care. John demonstrated the passion and depth of the Shepherd's concern for the sheep under his care, which in essence included grieving children. The motivation for the Shepherd's remarkable concern, according to John, was his heart—his love-driven service to his sheep which when contrasted with the service of the hireling, was viewed to be his primary concern. The church was challenged to identify a passionate lesson of motivation fueled by selflessness.

The pericope of the Widow from Nain found in the Lukan narrative portrayed a picture of Jesus' compassion in restoring the dignity and status of those engulfed by the reality of loss and grief. The remarkable transformation happened when life represented by Jesus met with death. His exalted status as "Lord" did not prevent his "heart from

going out to" the "human" grieving woman and his hand to the "defiling" death. It was because he was "Lord," even though unknown to many, that he was able to transform the life of the grieving woman. The additional community support accorded to the widow was remarkable. Considering that the widow had no other close relative available and seeing the part that the "crowd" played in support underscored the significance of community compassion.

Biblically, God promises comfort, care, and compassion to the broken-hearted. God calls the church to be available and accessible to minister to the hurting so that the body of Christ remains holistically healthy. The church has been called to "imitate" (Eph. 5:1) God who is undeniably moved by sorrow and grief by seeking to care for the grieving and to extend that help to children. A care model for grieving children was envisioned to give a voice to this population which could rightly be called disenfranchised. Christians can accomplish a lot for grieving children if they would make the Bible their guide and teacher on how to support, encourage and walk with children on their journey of grief recovery.

CHAPTER THREE: CHILDHOOD GRIEF AND BEREAVEMENT, SPIRITUAL
COPING AND THE AFRICAN CONCEPTION OF DEATH

Based on the parameters of this project, the researcher engaged with three distinct

streams of literature: childhood grief and bereavement, spiritual coping for grieving

children, and the conception of death and children from the African perspective.

Childhood Grief and Bereavement

Having established the biblical foundation for grief, it was necessary to examine

the subject of loss and grief in the lives of children. This section was divided into three

subsections: first, the researcher reviewed the literature concerning the reluctance of

society to engage in the subject of loss with children, then the researcher focused on the

impact and characteristics of childhood grief found in the literature, and finally, explored

theories of childhood grief and bereavement as depicted in the literature.

The Reluctance of Society to Engage in Loss-Talk with Children

Regardless of loss being an unavoidable fact of human existence, numerous

studies have indicated the reluctance of adults, even those closest to children, to engage

in loss-talk and its consequences, across many sectors. A study that provided an

opportunity for 10- and 11-year-old students to discuss the concepts of "grief" and

"grieving" in an educational setting, established that death-education was absent in most

school curricula around the world. Further, the findings showed that many teachers

reported a pedagogical challenge related to whether it was morally right to discuss issues

of loss in the classroom, majorly because the subject caused discomfort and emotional stress. This was despite evidence of children managing to overcome loss anxiety following the opportunity to talk about it.[205] A child who experienced multiple losses of significant people within seven years beginning with the first loss happening at three years of age reported having a feeling of "something frightening" having happened yet not aware of exactly what because of the surviving parent maintaining silence.[206] In another study, adolescents whose parents were in hospice care reported feeling unsupported by their social network and experiencing distress that persisted into adulthood because of not being given clear and honest information during appropriate time points during their parent's illness or at the time of death.[207] Nancy Boyd Webb contributed to the inexplicable reluctance of adults to discuss issues of loss with children by noting that,

> The contemporary child views, through television, hundreds of losses both real and fictionalized which make imprints on the minds and psyches of the watching children thus increasing the children's exposure to loss. However, with a lack of true and accurate information about loss, children are likely to lack mature understanding.[208]

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[205] Polyxeni Stylianou and Michalinos Zembylas, "Dealing with the Concepts of 'Grief' and 'Grieving' in the Classroom: Children's Perceptions, Emotions, and Behavior," *OMEGA-Journal of Death and Dying* 77, no. 3 (August 2018): 240-41.

[206] Francine Cournos, "Mourning and Adaptation Following the Death of a Parent in Childhood," *Journal of the American Academy of Psychoanalysis* 29, no. 1 (2001): 137-138.

[207] Danice Kopchak Sheehan, et al., "Telling Adolescents That a Parent Has Died," *Journal of Hospice and Palliative Nursing* 21, no. 2 (2019): 153.

[208] Nancy Boyd Webb, *Helping Bereaved Children: A Handbook for Practitioners*, 3rd ed. (NY: Guilford Publications, 2010), 4.

Besides the apathy on the part of adults related to discussing loss with children, grieving parents reported "forgetting in the hours and days following the loss" the need to support their grieving children owing to the intensity of the loss they were experiencing. On the other hand, children reported being "lost in the chaos and feeling like they were expected to be strong for their parents." Many grappled with the guilt of expressing the need for support for fear of upsetting their parents."[209] Yet, a lack of parental support for grieving children was reported to be problematic for children coping with grief.[210]

It goes to show therefore that meaningful relationships can produce not just growth for grieving children but also within such relationships children can interact with adults on whom they can rely when grief becomes a reality.[211] Support within the home and the church where such relationships exist can be structured to provide information about life losses to children and offer support to those working through grief while presenting the God of comfort and compassion who not only eases the pain of the loss but also relates to it.

Scholarship established that withholding loss and grief talks from children was not protecting them from negative thoughts as was the claim of many adults.[212] On the

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[209] Kelly R. Rossetto, "Bereaved Parents' Strategies and Reactions When Supporting Their Surviving Children," *Western Journal of Communication* 79, no. 5 (Oct-Dec 2015): 534-5; Kari Dyregrov and Atle Dyregrov, "Siblings After Suicide: The Forgotten Bereaved," *Suicide and Life-Threatening Behavior* 35, no. 6 (2005): 720; Cournos, 138.

[210] Rossetto, 534.

[211] Pond, 1-2.

[212] Ines Testoni, et al., "Beyond The Wall: Death Education at Middle School As Suicide Prevention," *International Journal of Environmental Research and Public Health* 17, no. 7 (2020): 2399; Shelley Kim Watts Pond, "A Study of Childhood Grief and The Church's Response," (PhD diss., Biola University, California, 2011), 2, ProQuest Dissertations and Theses: The Humanities and Social Sciences Collection; Sheehan, et al., 153; Sarah-Jane Renaud, et al., "Talking to Children About Death: Parental Use

contrary, children were interested in life and loss discussions because they recognized them to be inextricable aspects of their lives on account of their personal loss experiences of close relatives and friends or their pets and the frequent reference to it by the media.[213] Even children under the age of seven tended to handle information about loss remarkably well when prepared before and then told the truth about it.[214] In a situation where parental or family support was minimal because the whole family had been affected by loss, social support from outside the core family was recommended.[215] A study that conducted a death-education course for high school students confirmed the relevance of death education in the school curriculum. The students reported their appreciation for having a special setting to express their fears, doubts, and ideas with the outcome contributing to reduced anxiety, better communication among peers, and different perspectives on life and its sense of loss.[216]

These studies reveal that children are willing to discuss their emotions and fears about losses in a familiar and supportive environment like a church. Though it was not always the case, the losses experienced and handled well, not only brought about life changes but also resulted in growth demonstrated through resilience in subsequent losses.

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of Religious and Biological Explanations," *Journal of Psychology and Christianity* 32, no.3 (2013): 181; Polyxeni Stylianou, and Michalinos Zembylas, 241.

[213] Polyxeni Stylianou and Michalinos Zembylas, 241.

[214] Laurel Hilliker, "An Enlightened (And Relieved) Death Educator: The Value of Truth Telling with Children," *Illness, Crisis, and Loss* 21, no.4 (2013): 362.

[215] Dyregrov and Dyregrov, 720.

[216] Ines Testoni, et al., "Enhancing Existential Thinking Through Death Education: A Qualitative Study Among High School Students," *Behavioural Sciences* 10, no. 7 (2020): 120.

Further, with the current secularized society's faith in the afterlife quickly dissipating, the

church presents an opportunity to introduce discussions on existential themes and beliefs

about the afterlife which have already been established as a remedy to the anxiety

brought about by loss.[217] Since the first loss experience for children sets the tone for

processing future losses, telling children the truth about an apparent or real loss was

deemed indispensable.[218] To prepare children for that crucial experience as well as for the

subsequent losses throughout life, Laurel Hilliken recommended daily "teachable

moments," of talking about loss while relating it to what is familiar for children below the

age of seven years.[219] One study advocated for parents to talk to their children about

death without using confusing euphemisms while asserting that inadequate and

unrealistic communication about death caused children to have difficulty working

through their grief.[220] Examples of common and wrong euphemisms used to explain loss

to children were "lost" or "gone away."[221] When children are not told about loss and grief

in everyday, age-appropriate terms, their imagination tends to be far worse than reality.[222]

Edgar Jackson exemplified this by stating,

> Because in their early years of lives, children live mostly with strong feelings of
> love and disappointment, security and insecurity, anger, and apprehension, they
> are sensitive to the emotional meanings they attach to the things that are said and

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[217] Ines Testoni, et al., 113.

[218] Hilliker, 361.

[219] Hilliker, 361-3.

[220] Sarah-Jane Renaud, et al., 2399.

[221] Wimpenny and Costello, 20.

[222] Pond, 3.

done around them. It is much safer to be doubly careful to make sure that they understand the meanings of events as they experience them than to leave them to their own devices as far as interpretation and imagination are concerned.[223]

Adults need to know that children can cope with loss. This is true if using age-appropriate language, children are given accurate information on the causality, irreversibility, and universality of loss. Wimpenny and Costello summarize it by saying that children need to know that "bad things happen to good people."[224]

Over the years, various experts have had different viewpoints on the capacity of children to tolerate the sadness and despair that accompanies loss and mourning. Martha Wolfenstein argued that children, before adolescence, did not have the "ego strength" to mourn and to voluntarily give up their internal attachment to the person or object they loved and needed.[225] Later scholars challenged this view by illustrating that children were able to mourn after a loss, provided that they were given a specific type of emotional support by adults which assists to understand the reason for the loss coupled with affection, reassurance, and comfort to cope with the loss.[226] John Bowlby, a

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[223] Edgar N. Jackson, *Telling a Child About Death* (NY: Hawthorn Books, Inc. 1965), 11-12, quoted in Pond, 3.

[224] Wimpenny and Costello, 20.

[225] Martha Wolfenstein, "How is Mourning Possible," In *Handbook of Childhood Death and Bereavement*, eds. Charles A. Corr and Donna M. Corr, (NY: Springer Publishing Company, 2004), 111; John E. Baker and Mary Anne Sedney, "How Bereaved Children Cope with Loss." in *Handbook of Childhood Death and Bereavement*, eds. Charles A. Corr and Donna M. Corr, (NY: Springer Publishing Company, 2004), 109.

[226] Robert A. Furman, "Death and The Young Child: Some Preliminary Considerations," in *Handbook of Childhood Death and Bereavement*, eds. Charles A. Corr and Donna M. Corr (NY: Springer Publishing Company, 2004), 111; Erna Furman, "A Child's Parent Dies: Studies in Childhood Bereavement," in *Handbook of Childhood Death and Bereavement*, eds. Charles A. Corr and Donna M. Corr (NY: Springer Publishing Company, 2004), 111.

developmental psychologist, concurred with the adult support by highlighting social factors likely to hinder a child's ability to cope with and that determine their reaction to loss. Bowlby stressed the significance of family support in times of loss as well as providing accurate information to facilitate children to grieve appropriately.[227] The spiritual care model that this project will develop will hopefully be a conduit and a means to keep children informed on matters of loss and grief, thus assisting them to work through their experiences of loss.

Characteristics of Childhood Grief and Its Impact

Most children have experienced or will experience some form of loss in their lives. The literature regarding childhood loss and grief not only addresses the necessity of disclosing loss to children but also reports on the capacity of children to grieve. Bowlby enumerated psycho-social factors that affect children's grief reactions and argued that children mourned effectively if a) they had a secure relationship with the person or object lost, b) they receive prompt and accurate information about the loss, c) are allowed to participate in the social rituals that follow the loss, and d) have the comforting presence of a parent or a parent-substitute in the days following the loss.[228]

According to attachment theory, children's reaction to loss depends on the significance of what was lost and their relationship to it.[229] Strangely, a child could exhibit a mild reaction to a loss considered significant, for example, the loss of a parent,

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[227] John Bowlby, "Attachment and Loss: Retrospect and Prospect," *American Journal of Psychiatry* 52, no. 4 (1982): 673.

[228] John E. Baker and Mary Anne Sedney, 109.

[229] Baker and Sedney, 109.

if no emotional attachment existed. The loss of an attachment relationship, by contrast, "went beyond that of a meaningful relationship" in that it was particularly intense and severe in its depth of grief.[230] Nonetheless, children's experiences of grief seem to oscillate from one state to another and seem to lack consistency. The grief ranges from great distress to looking like they are not interested[231] especially in the period immediately after the loss because children tend to "work" on their psychological task of grieving gradually,[232] as they reinterpret the loss with each new developmental step.[233] This sometimes predisposes children to psychological complications given that for many years after the loss occurred, various powerful reactions would be revived, reviewed, and worked through repeatedly at successive levels of subsequent development.[234] It was therefore viewed as imperative for the care model to be developed as an outcome of this project to encapsulate the insight of supporting grieving children over an extended period based upon their development as well as dealing with possible triggers along the way.

Another unique strategy used by children and adolescents to cope with loss was the attempt to cling to what is familiar and the use of fantasy to ensure continued bonds with the lost person or object. Instead of children and adolescents "decathecting" (or

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[230] Baker and Sedney, 110.

[231] Wimpenny and Costello, 20.

[232] Baker and Sedney, 112.

[233] Karen Schultz, "Bereaved Children," *Canadian Family Physician* 45 (1999): 2915.

[234] Institute of Medicine, Committee for the Study of Health Consequences of the Stress of Bereavement, and National Developmental View to Loss and Grief Academy of Sciences, *Bereavement: Reactions, Consequences, and Care* (Washington DC: National Academies Press, 1984), 101.

disconnecting) a lost relationship or object as adults did, research reported that "decathexis" instead happened, through holding onto the lost person or object so that the continuing bonds aid in the resolution of loss.[235] Francine Cournos described a personal experience by writing "I could certainly recite the fact that my mother was dead and never returning. However, that belief existed side-by-side with the fantasy of remaining in an ongoing relationship with her."[236] Treating a dead person or object in a sense as if still alive is a denial used as an acceptable and common defensive strategy by children and adolescents to ward off painful feelings of the loss, while gradually coming to terms with it.[237]

Children's reactions to loss also had developmental implications. The impact of the loss was highly determined by the developmental stage during which it occurred. A correlational study whose purpose was to examine the relationship between characteristics of bereaved children and their subsequent behavioral manifestations reported a strong relationship between age and bereaved children's behavioral manifestations.[238] The findings highlighted the importance of understanding developmental implications when working with bereaved children. A child's developmental stage affects their understanding of loss and how they experience and

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[235] Cournos, 140; Baker and Sedney, 112.

[236] Cournos, 141.

[237] Institute of Medicine, *Stress of Bereavement*, 120.

[238] Liz Ener and Dee C. Ray, "Exploring Characteristics of Children Presenting to Counseling for Grief and Loss," *Journal of Child and Family Studies* 27 (2018): 860; Baker and Sedney, 115.

make sense of it.[239] This does not only point to children's cognitive understanding of loss but also children's degree of separation-individuation, the developmental maturity of the child's ego defenses and ego functions,[240] verbal ability, and the circumstances of the loss.[241] The defense mechanisms children use to help them avoid the pain of loss, which are also subject to their developmental stage, include regression, denial, fantasy, and self-limited exposure to overwhelming emotions.[242] The understanding of loss grows over time as children develop cognitively and are better able to articulate and express their feelings and thoughts while seeking to adjust to the new normal without the lost object or person.

Researchers did not seem to agree on the specific reactions children exhibit at different developmental stages. On loss-related to death, for instance, Baker and Sedney posited that children at approximately six and seven years of age were unable to comprehend the finality and irreversibility of loss, especially death. Children at this developmental stage believed that "people they loved could not simply cease to exist."[243] Other researchers on the other hand claimed that children around the same age begin to comprehend the finality of death but believed that it only happened to other people[244] or

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[239] Ener and Ray, 4; Institute of Medicine, 99; Karen Schultz, 2915.

[240] Baker and Sedney, 115; Schultz, 2915.

[241] Peter Wimpenny and John Costello, 20.

[242] Institute of Medicine, 120; Schultz, 2915.

[243] Baker and Sedney, 116.

[244] Institute of Medicine, 101; Karl S. Rosengren, Isabel T. Gutierrez, and Stevie S. Schein, "Cognitive Dimensions of Death in Context," *Monographs of the Society for Research in Child Development* 79, no. 1 (2014): 54.

they related loss to a consequence of violence or aggression and also developed an

intense interest in the rituals surrounding it.[245] Regardless of the differing views, children

at different developmental stages grieve intensely in the face of loss, albeit in a manner

different from adults. Ambler and McCoyd acknowledge the tendency of "adults to

disenfranchise children's grief in detrimental ways by ignoring, minimizing, and or

otherwise not recognizing this different manner of expression as true grief and

mourning."[246] Younger children ask many questions regarding loss. Researchers

recommended giving clear and true information about the loss[247] that is grounded on

concrete realities[248] as well as involving children in the funeral as long as the children are

protected from adults' uncontrolled emotional outbursts which would most likely be more

disturbing than the loss itself.[249]

After the age of ten, it was believed that children attained a conceptual

understanding of loss as irreversible, inevitable, and universal, similar to that of adults.[250]

While understanding the concept of loss for children above nine or ten years was seen as

positive for the process of grief and eventual healing, Wimpenny, and Costello stated that

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[245] Wimpenny and Costello, 20.

[246] Carolyn Ambler Walter and Judith L. M. McCoyd, *Grief and Loss Across the Lifespan: A Biopsychosocial Perspective* (NY: Springer Publishing Company, 2015), 65.

[247] Wimpenny and Costello, 19; Schultz, 2016.

[248] Walter and McCoyd, 65.

[249] Walter and McCoyd, 65.

[250] Baker and Sedney, 116; Institute of Medicine, 101.

the inevitability and the finality of loss, especially death could elicit fear in children.[251]

Schultz postulated that for older children, acknowledging and accepting a loss involved

talking about the complete picture of the loss, including the funeral, separation, or

abandonment of the object or the person and the relationship with the object or the person

so that all emotions are expressed.[252] Furthermore, with adolescence being a uniquely

highly sensitive developmental stage where individuals sought a coherent, integrated, and

stable sense of self separate from the identity imposed by family, a significant loss was

likely to initiate complications.[253] Adolescents in grief were, therefore, described as going

through double tragedy in that grief became "an unanticipated rite of passage that

disrupted the earlier image and demanded that the adolescents step into a radically altered

sense of self."[254] Of greater importance in the support strategy for grieving children,

accordingly, was the need for a care model to be cognizant of not just the developmental

aspects of children's perception of loss but also the individual cognitive development of

each child.[255]

Theories of Childhood Grief and Bereavement

Theories of grief and bereavement provided explanations for phenomena and

manifestations of grief and grieving. The different approaches varied widely concerning

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[251] Wimpenny and Costello, 20.

[252] Schultz, 2016.

[253] Louis Weinstock, et al., "Its Complicated-Adolescent Grief in the Time of Covid-19," *Frontiers in Psychiatry* 12 (2021): 2.

[254] Weinstock, et al., 2.

[255] Baker and Sedney, 116.

basic principles, levels of analysis, and degree of specificity. There was extensive

modification noted in research evidence in terms of how the human experience of loss

was understood and how the goals and outcomes of interventions were conceptualized.

The terms grief and mourning were repeatedly used in this section. Grief had already

been defined as the experience of the reaction to loss. Mourning however was defined as

the process that one went through in adapting to the loss.[256]

Among the most appealing and influential approaches in the bereavement field

proposed during the latter part of the twentieth century were the phase models (for

example, Bowlby, 1980. Parkes, 1972/1996) which were fundamental to attachment

theory, and the task models (for example, Worden, 1982, 1991, 2002, 2009).[257] Freud,

being the earliest theorist to write on grief in his paper *Mourning and Melancholia* (1917)

extensively influenced professional grief intervention for nearly a decade. Freud argued

for the centrality of "grief work"[258] and defined 'mourning' as grief and 'melancholia' as

depression.[259] This view described grief work as a "reality test" by which survivors

through a cognitive process come to realize the finality of the loss, amidst an

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[256] J. William Worden, *Grief Counseling and Grief Therapy: A Handbook for The Mental Health Practitioner* 4th ed. (NY: Springer Publishing Company, 2008), 17.

[257] Margaret Stroebe and Henk Schut, "The Dual Process Model of Coping with Bereavement: A Decade On," *OMEGA, Journal of Death and Dying* 61, no. 4 (2010): 274.

[258] Christopher Hall, "Bereavement Theory: Recent Developments in Our Understanding of Grief and Bereavement," *Bereavement Care* 33, no. 1 (2014): 7.

[259] J. William Worden, "Theoretical Perspectives on Loss and Grief," in *Death, Dying and Bereavement: Contemporary perspectives, Institutions, and Practices*, eds. Judith M. Stillion and Thomas Attig (NY: Springer Publishing Company, 2014), 91; Margaret Stroebe, "Coping with Bereavement: A Review of the Grief Work Hypothesis," *OMEGA* 26, no. 1 (1993-02): 20.

unwillingness to abandon the attachment to the lost object yet seeking to break (by a process called decathexis) the ties to the loss.[260] This emotional rearrangement involved three elements: (1) freeing the bereaved from bondage to the deceased; (2) readjustment to new life circumstances without the deceased; and (3) building new relationships.[261]

Freud saw this separation as involving the intense process of confronting painful emotions such as guilt and anger to be free (also known as cathexis) from the energy or "libido" that had bound the survivor to the lost object. The view stressed that if the bereaved failed to engage with or complete their grief work, the grief process would become complicated and increase the risk of mental and physical illness and compromise recovery. Conversely, by engaging in "grief work" the survivor would "move on" as quickly as possible to return to a "normal" level of functioning.[262] Similar to Freud's view of grief work were Erich Lindermann's and John Bowlby's. Both stressed that "normal grief" leading to detachment from the lost object required repeated but not continuous dwelling on the lost object, ("paining" through it) and the lost relationship.[263]

John Bowlby emphasized the biological rather than the psychological function of grieving but similarly argued for an active working through of loss, referring to the "cognitive act" of redefining self through the process of rearranging representations of the

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[260] Hall, 7; Stroebe and Schut, 275; Stroebe, 20; Worden, *Death, Dying and Bereavement*, 91.

[261] Hall, 8.

[262] Hall, 8; Stroebe, 20; Stroebe and Schut, 275.

[263] Stroebe, 21.

lost object to align with the new normal.[264] Bowlby's attachment theory was seen to be particularly significant to the research problem of this project because it was formulated from observational studies of children in World War II as they were separated from their parents in war zones and taken to safer areas for better care.[265] Bowlby theorized that children form attachments or strong affectionate bonds towards a few specific individuals to cater to the need for security and safety. When the attachment figure is threatened or disappears, the response is one of intense anxiety and strong emotional protest.[266] The grief stages Bowlby advanced were reminiscent of what he recognized in children suffering from "separation anxiety" or "caregiver separation" on being taken away from their parents; namely, shock, numbness and denial, yearning and protest, despair, and gradual recovery.[267] This view postulated that the attachment style that a child exhibited (secure, anxious, avoidant) influenced the impact of loss.[268] In the case of permanent loss where regaining proximity back to the attachment figure was not possible, Bowlby claimed that the response would be dysfunctional because reunion could not be achieved. But an active working through of the loss still needed to be done, as it was an essential part of grief and grieving.[269]

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[264] Stroebe and Schut, 198; Stroebe, 21.

[265] Walter and McCoyd, 13.

[266] Worden, *Grief Counseling and Grief Therapy*, 14.

[267] Worden, *Grief Counseling and Brief Therapy*, 13-14.

[268] Walter and McCoyd, 14.

[269] Worden, *Grief Counseling and Grief Therapy*, 14.

Bowlby's attachment theory claimed that the most damaging of all the effects of childhood deprivation was the difficulty of such children to become successful parents, meaning that the impact was likely to be enduring and that it lasted up to adulthood.[270] This seemed to explain the grief experienced by adopted or fostered children owing to the separation of the child from an attachment figure, especially in infancy or childhood. The disruption of the instinctual need for the love of a caregiver by an infant poses disastrous consequences for the child's emotional development.[271] One of the first empirical studies of grief, influenced by Bowlby's attachment theory[272] was conducted by Colin Murray Parkes who presented four phases of mourning namely, numbness that occurs close to the time of loss, yearning for the lost object or person, disorganization, and despair observed by the griever's level of dysfunctionality and lastly reorganization as the griever begins to pull together.[273] The phases describe a process of adjustment, which like a "wave in the sea," demonstrates that mourners oscillate from triggered intense reactions to feeling better for an unspecified time until gradually it grows less intense and longer between the episodes.[274]

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[270] Stroebe, 128-130.

[271] Marga Vicedo, "The Social Nature of The Mother's Tie To Her Child: John Bowlby's Theory of Attachment in Post-War America," *The British Journal for the History of Science* 162, no. 3 (Sep. 2011): 401-2.

[272] Caroline Pearce and Colin Murray Parkes, "Bridging the Divides in Bereavement Research: A Conversation with Colin Murray Parkes," *Mortality* 22, no. 3 (2017): 182.

[273] Worden, *Grief Counseling and Grief Therapy*, 37-38.

[274] Pearce and Parkes, 185.

Transformational changes observed in the field of grief and bereavement challenged long-held opinions about grief leading to even some opinions being discarded. Research findings failed to support several earlier beliefs related to grief and the mourning process. For instance, the view that grief had an emotional trajectory of predictable stages, phases, and tasks that lead to "recovery" from a place of distress and it is experienced in seriatim was challenged.[275] Further, concerns regarding the adequacy of grief work in explaining adaptive ways of coping with bereavement and its exclusiveness have also been challenged in light of the evidence of alternative ways of coming to terms with bereavement.[276] An examination of non-western cultural patterns of grieving shows that the Western theoretical framework is not universal.[277] Given the complexity of grief and bereavement, scholarship postulated that the stage models failed to recognize the possibility of other sources of stress other than loss and to address the multiplicity of physical, psychological, social, and spiritual needs experienced by grievers, their families, and intimate networks.[278] The process of adaptation to loss was not dependent on a set of stages, phases, or tasks. Instead, it took a qualitatively distinct path through bereavement, with the need for a closer understanding of both patterns of complication and resilience in working with different contexts. This insight will be considered in the development of a care model for grieving children.

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[275] Hall, 7; Stroebe and Schut, 275; Worden, *Theoretical Perspectives on Loss and Grief*, 37.

[276] Stroebe and Schut, 275; Hall, 8.

[277] Lorna Montgomery and Valerie Owen-Pugh," Therapeutic Interventions For Bereavement: Learning from Ugandan Therapists," *International Social Work* 61, no. 6 (2018): 997.

[278] Hall, 8. Stroebe and Schut, 277.

As a more recent perspective, Sturla Sagberg and Ingebright Roen argued that regarding grief being a dual (or multi-dimensional) process, a paradigm change was occurring from a focus on stages of grief towards the emphasis on mastery, resilience, and coping.[279] One marked change pointed to the dual view developed from a cognitive stress theory that rested on the tenet that significant losses in life invoked stress and every individual responded to grief subjectively.[280] Grief was described as a process of oscillation between two contrasting modes of functioning. In the 'loss orientation,' the griever engaged in emotion-focused coping, exploring, and expressing the range of emotional responses associated with the loss. While in the 'restoration orientation', the griever engaged with problem-focused coping that called for a focus on the many external adjustments required by the loss, including a temporal reprieve from it (which was considered recuperative) while attending to ongoing life demands. There was a consensus that coping could differ from one moment to another, from one individual to another, and from one cultural group to another, thus confirming flexibility and openness in the use of different theoretical approaches in the successful adjustment to bereavement.[281]

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[279] Sagberg and Roen, 351.

[280] Erica Hill Sirrine "Continuing Attachment Bonds to The Deceased: A Study of Bereaved Youth and Their Caregivers" (PhD diss., University of South Florida, Tampa, 2013), 22. Open Access Theses and Dissertations.

[281] Hall, 9; Stroebe and Schut, 277.

Continuing Bonds

A deeper look at the subject of continuing bonds was necessary because it was one of the popular methods used by children to resolve grief. The concept of a continuing bond, popularized over the twentieth century, launched the idea of a cognitive-based ongoing inner relationship with the lost person or object and challenged the notion of relinquishing the affective bonds from the dead or lost objects for "recovery" to occur.[282] It was a movement away from the idea that successful grieving required "letting go" to "move on" with life within a specified period. Some approaches argued for both the need for continuing bonds with the lost person or object and the potentially healthy role the maintained bonds had on the griever. This is what Christopher Hall had in mind when he said that "death ends a life, not necessarily a relationship. Rather than 'saying goodbye' or seeking closure, there existed the possibility of the deceased being both present and absent."[283]

The tasks of mourning suggested by Worden concur with the idea of continuing bonds according to the fourth task. The tasks are 1) to accept the reality of loss; 2) to process the pain of grief; 3) to adjust to a world without the deceased (including internal, external, and spiritual adjustment); and 4) to find an enduring connection with the

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[282] Worden, *Grief Counseling and Grief Therapy*, 50-52; Phyllis R. Silverman, Steven Nickman, and J. William Worden, "Detachment Revisited: The Child's Reconstruction of a Dead Parent," *American Journal of Orthopsychiatry* 62, no. 4 (1992): 495; Phyllis R. Silverman and J. William Worden, "Children's Reactions in the Early Months After the Death of a Parent," *American Journal of Orthopsychiatry* 62, no. 1 (1992): 100.

[283] Hall, 9.

deceased while embarking in a new life.[284] Findings from various studies which

specifically sought to hear from children concurred on the need for children to maintain a

connection with the lost object or person for a healthy bereavement process. In one study,

children eventually came to accommodate the loss rather than "recover" from it. The

accommodation was seen as a set of activities involving the whole individual whereby

children engaged in a conscious process of constructing inner representations of the lost

object or person that was consistent with the child's cognitive development and family

dynamics. As the child grew and matured and the intensity of the loss lessened, the

cognitive representations changed as the child cumulatively sought to gain both the

meaning of the loss as an experience and the lost person or object.[285] The findings of the

study of 125 children conducted by Silverman and Worden indicated that when children

experienced extreme grief after losing an attachment figure like a parent, they would not

just be dealing with the death of a person but also the death of a way of life.[286] Finding a

sense of the deceased in the current life was therefore very important to facilitate children

to go through the bereavement process gently and to eventually accept the finality of loss.

To complete task four as envisioned by Worden, Attig says the following:

> We can continue to "have" what we have "lost," that is, a continuing, albeit
> transformed, love for the deceased. We have not truly lost our years of living with
> the deceased or our memories. Nor have we lost the influences, the inspirations,
> the values, and the meanings embodied in their lives. We can actively incorporate

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[284] Worden, *Grief Counseling and Grief Therapy*, 39-50; Hall, 9.

[285] Silverman, Nickman and Worden, 495-502.

[286] Silverman and Worden, 102.

these into new patterns of living that include transformed but abiding relationships with those we have cared about and loved.[287]

It was noted that for some, working towards loosening a bond or relinquishing it, was necessary. This introduced what Stroebe, Schut, and Boerner called individual differences in the effective versus ineffective use of continuing bonds in coping with bereavement.[288]

Spiritual Coping for Grieving Children

Having established that the impact of loss on the lives of children could not be underestimated, the researcher focused on determining whether and how spirituality can be utilized as a coping mechanism for grieving children. This project used a basic definition of spiritual coping as the use of Scripture and prayer to cope with loss through the process of adaptation by giving new meaning to life. In describing what entails spirituality, the literature reviewed seemed to either interchangeably use it with the term religion or distinguish between the terms. The intricacy of these terms was noted by Peter C. Hill et. al., in the paper "Conceptualizing Religion and Spirituality." The writers posited that "both spirituality and religion were complex phenomena, multidimensional in nature and any single definition was likely to reflect a limited perspective or interest."[289] For instance, it was claimed that religion could take several forms across

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[287] Thomas Attig, *How We Grieve: Relearning the World* (Cary: Oxford University Press, 2010), 189.

[288] Margaret Stroebe, Henk Schut, and Kathrin Boerner, "Continuing Bonds in Adaptation to Bereavement: Toward Theoretical Adaptation," *Clinical Psychology Review* 30 (2010): 259-260.

[289] Peter C. Hill, et al., "Conceptualizing Religion and Spirituality: Points of Commonality, Points of Departure," *Journal for the Theory of Social Behaviour* 30, no. 1 (2000): 52.

different faith traditions, denominations, cultures, and situations with religious coping being multi-faceted to include intercessory prayers in times of suffering, songs of worship and praise during special occasions, religious forgiveness following transgressions, purification rituals after committing a sin and rites of passage like the sacrament of confirmation in the Roman Catholic practice.[290] On account of the elusiveness of the definition of these terms individually, this project used the terms spirituality and religion interchangeably and adopted the definition that pointed to spirituality being "the desire to connect with a force that goes beyond the individual."[291] As far as this project was concerned, that force was visualized to be God in His triune nature.

The universality of loss was exhibited in the frequency with which it confronts people (which includes children) across different cultures, cadres, and countries either directly or indirectly. Despite this truth, both believers and non-believers found the subject of loss, especially through death, one that caused fear and anxiety. The Bible acknowledged this through the writer of Hebrews 2:15 who stated that "… and free those whom all their lives were held in slavery by their fear of death." The experience of loss in life—of people, relationships, possessions, places, projects—in a world of impermanence calls for the construction of new meaning to regain a functional level of health. It has been said that "although loss and grief may be universal and biological, both the story of

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[290] Kenneth I. Pargament, "The Sacred and the Search for Significance: Religion as a Unique Process," *Journal of Social Issues* 61, no. 4 (2005): 675.

[291] Kenneth I. Pargament, Harold G. Koenig, and Lisa M. Perez," The Many Methods of Religious Coping: Development and Initial Validation of the RCOPE," *Journal of Clinical Psychology* 56, no. 4 (2000): 521.

the loss and the changed relationship to that which has been lost is personal."[292] The loss

was viewed as one of the most common and yet very stressful events that a child could

experience. Ironically, the universality of loss, especially through death did not help

children or any other individual to deal with it. Moreover, friends and relatives often

found it difficult to help the survivors of loss during the process of grief. The enormity by

which loss interrupted life, without warning, caused confusion, intense pain, and a host of

other emotions. Neimeyer, Klass, and Dennis presented a case study in which an adult

Christian's grief was described as follows, "Brad (not his real name) struggled mightily

to wrap his heart and mind around the enormity of his loss. He contended with the image

of a universe and a God made suddenly more random or cruel than he had imagined."[293]

Anecdotally, if the loss is this difficult for an adult, it was envisioned to be even more

challenging for children who were considered more vulnerable and less verbal about their

feelings while going through the experience.

<center>*The Uniqueness of Spiritual Coping For Loss and Grief*</center>

An expanding body of literature presented compelling results indicating a link

between spirituality/ religion and loss and grief as a coping strategy that had been utilized

effectively to address a variety of painful life situations and to successfully facilitate the

process of grieving.[294] The literature reviewed showed that spiritual coping for loss and

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[292] Robert A. Neimeyer, Dennis Klass, and Michael Robert Dennis, "A Social Construction Account of Grief: Loss and the Narration of Meaning," *Death Studies* 38, no. 8 (2014): 486.

[293] Neimeyer, Klass and Dennis, 486.

[294] Pargament, Koening and Perez, 520; Neimeyer, Klass and Dennis,486; Carrie Doehring, "Searching for Wholeness Amidst Traumatic Grief: The Role of Spiritual Practices that Reveal Compassion in Embodied, Relational and Transcendent Ways," *Pastoral Psychology* 68 (2019): 241; Kenneth I. Pargament, Kavita M. Desai, and Kelly M. McConnell, "Spirituality: A Pathway to

grief was two-sided. It had the potential to be either adaptive in the response to loss, or also a source of struggle, as the bereaved attempted to make sense of and create meaning from the loss.[295] It was possible that based upon their developmental phase, children could struggle with a "loving God" taking their dear parent to "heaven" at the point that the parent was crucially needed. Fortunately, religion/spirituality was viewed to be important for most cultures, especially during the experience of loss.

Consistent with spirituality being adaptive in the response to loss, Peter Capretto, drawing from chaplaincy and focusing on empathic language, established the significance of talking through grief. The researcher claimed that empathic theological language in the context of trauma and loss invited the griever and the caregiver to enter a common space where the language was woven into a tapestry of personal narrative and meaning-making helping grievers towards successful adjustment.[296] Another study that determined the role of spirituality/religion in the process of healing for survivors of homicide experimented with thirty-nine families at different time points for sixteen years. The results of the experiment were two-pronged in that some survivors experienced spirituality/religion as a source of comfort and strength during the process of healing, while others went through a

Posttraumatic Growth or Decline," in *Handbook of Posttraumatic Growth: Research and Practice*, eds. Lawrence G. Calhoun and Richard G. Tedeschi, (Florence, NY: Taylor and Francis, 2006), 122; Peter Jen Der Pan, et al., "Development and Validation of a Christian- Based Grief Recovery Scale," *British Journal of Guidance and Counselling* 42, no. 1 (2014): 103.

[295] Neimeyer, Klass, and Dennis, 486; J. Irene Harris, et al., "The Effectiveness of a Training Focused Spiritually Integrated Intervention for Veterans Exposed to Trauma," *Journal for Clinical Psychology* 67, no. 4 (2011): 425.

[296] Peter Capretto, "Empathy and Silence in Pastoral Care for Traumatic Grief and Loss," *Journal of Religion and Health* 54, no. 1 (2015): 339-340.

spiritual crisis occasioned by complicated spiritual grief for being unable to make

meaning of a senseless act like homicide and viewed God as responsible.[297] Regarding

the reality of hopelessness experienced in grief, hope was particularly presented as a

motivator for positive change in dire circumstances when people had to grapple with the

reality of loss. Edwards and Jovanovski after differentiating hope from optimism

recognized that people with high levels of hope tended to demonstrate increased levels of

well-being. Conversely, those with low levels of hope exhibited poor health outcomes.[298]

The hope for a reunion with the deceased in the afterlife strengthened the faith of

spiritually inclined grievers, thus buffering the effects of loss and offering a sense of

divine consolation while extending the support of fellow believers.[299] Allen indicated that

people acquired hope from their benevolent relationship with God while seeking

proximity to God. People also derived strength and self-confidence from connecting with

God as an exalted attachment figure and viewing God as profoundly stronger, wiser, and

omnipotent.[300]

     Loss and grief were seen to exert major demands on children's coping repertoires.

Moreover, the success with which children coped with loss-related stressors appeared to

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[297] Shannon K. Johnson and Marilyn P. Armour, "Finding Strength, Comfort, and Purpose in Spirituality After Homicide," *Psychology of Religion and Spirituality* 8, no. 4 (2016): 277-279, 286.

[298] Thomas M. Edwards and Aliona Jovanovski, "Hope as a Therapeutic Target in Counselling-In General and Relation to Christian Clients," *International Journal for the Advancement of Counselling* 38, no. 2 (2016): 77-79.

[299] Laurie A. Burke and Robert A. Neimeyer, "Spiritual Distress in Bereavement: Evolution of a Research Program," *Religions* 5 no. 4 (2014): 1088.

[300] Jon C. Allen, "Hope in Human Attachment and Spiritual Connection," *Bulletin of the Menninger Clinic* 77, no. 4 (2013): 306-311.

some extent to influence their susceptibility to developing bereavement–related

psychopathology.[301] An experimental study that examined the effect of spiritual

intervention programs for bereaved children in residential homes across thirteen countries

confirmed that spirituality may have contributed positively to institutionalized bereaved

children's healthy functioning in terms of wellness and well-being.[302] Significant to this

project was the study conducted on 56 parentally bereaved children aged between seven

to thirteen years who had lost their parents within the previous six months. The results of

the study suggested that the deleterious effects of parental loss might have been

mitigated, to some extent, by the children's intrinsic practices of among others, spiritual

beliefs and religious practices observed within a therapeutic relationship. Additionally,

the study also observed that spirituality/religion might have differentially contributed to

the children's positive functioning.[303]

These findings suggested that spirituality was unique as a coping mechanism.

Beyond a means of coping, spirituality/religion was also viewed as a way of "being" that

was foundationally rooted in every aspect of the individual's living and dying process.[304]

Pargament, Desai, and McConnell investigated the significant connection between

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[301] Kathryn H. Howell, et al., "Individual and Psychosocial Mechanisms of Adaptive Functioning in Parentally Bereaved Children," *Death Studies* 39, no. 5 (2015): 297.

[302] Sanita P. Pandya, "Spirituality for Wellbeing of Bereaved Children in Residential Care: Insights for Spiritually Sensitive Child-Centered Social Work Across Country Contexts," *Child and Adolescent Social Work Journal* 35, no. 2 (2017): 181-182.

[303] Howell, Shapiro, Layne and Kaplow, 296-297; Thema Bryant-Davis, et al., "Religiosity, Spirituality and Trauma Recovery in the Lives of Children and Adolescents," *Professional Psychology: Research and Practice* 43, no. 4 (2012): 308-309.

[304] Burke and Neimeyer, 1088.

spirituality and growth and stressed three potentially critical "growth-related" spiritual

ingredients namely, a) spirituality may provide people with an important source of

support and empowerment in stressful times, b) spirituality may play a critical role in the

meaning-making process and c) in response to critical stressors, spirituality may foster

life-changing transformations of goals and priorities. For instance, the effort to perform

religious good deeds following life crises had been correlated with higher levels of

healthy growth.[305]

Some bereaved people reported a struggle with considering spirituality/religion as

a coping mechanism or a source of comfort in times of grief. Johnson and Armour termed

that experience as bereavement distress caused by complicated spiritual grief leading to a

spiritual crisis. In their study, the crisis was especially reported among the survivors of

violent homicide compared to those individuals whose loss was caused by natural

causes.[306] It was not surprising that during the process of grief, some people question

their faith in the face of their embedded theological assumptions. Grievers wondered why

a "loving God could allow such a terrible thing like death to happen." Terri Daniel

acknowledged this viewpoint and posited that "because loss and grief shake the

foundations of our cognitive, cultural, spiritual and religious assumptions, successful

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[305] Pargament, Desai, and McConnell, 121.

[306] Johnson and Armour, 277.

coping with grief often requires a radical overhaul of those ideas," to avoid a negative response that has the potential to lead to abandoning spirituality altogether.[307]

Some of the characteristics of spiritual crisis reported in a study conducted with a five-member focus group were listed as being, "the way the bereaved questioned" God's character; the negative feelings towards God in the form of anger and confusion; the inability to make spiritual sense of the loss and feeling misunderstood and abandoned by the spiritual community causing some to move to a new church. At an extreme, some reported a temporary or permanent loss of faith that culminated with walking away from God.[308] A spiritual crisis was also observed in some grievers not willing to let go of the pain of loss due to a warped perspective that conceived God as either rewarding those that are "good" or punishing those that are "evil," thus inviting an emotionally crippling journey that inhibited healing.[309]

Surprisingly, a spiritual crisis was sometimes reported to result in spiritual growth. A changed worldview of loss, life, and God, even amid intense emotional upheavals, could increase spiritual awareness and growth. Terri Daniel developed this insight further by writing, "Rather than clinging to assumptions about how things are supposed to be, the ability to bend, move, and flow with events allows one to work with pain, rather than resist it or attribute it to outside forces." The author suggested that when

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[307] Terri Daniel, "Grief as a Mystical Journey: Fowler's Stages of Faith Development and Their Relation to Posttraumatic Growth," *Journal of Pastoral Care and Counseling* 71, no. 4 (2017): 220.

[308] Laurie A. Burke, et al., "Complicated Spiritual Grief II: Deductive Inquiry Following the Loss of a Loved One," *Death Studies* 38, no. 4 (2014): 272-275.

[309] Daniel, 224.

the griever is open to experiencing the inspiration as well as the wretchedness that comes with loss, the outcome could inevitably be spiritual growth.[310] Notably, the spiritual crisis did not necessarily indicate weak or immature faith.[311] On the contrary, it communicated that even people with a solid faith in God could struggle tremendously when faced with the reality of loss. Moreover, people who could easily be said to have abandoned their faith because of walking away from God or ceasing to participate in organized religious activities on account of their loss sometimes returned later, perhaps when the pain of their loss had lessened, with a revitalized or renewed commitment.

<div align="center">The Grounds for and Role of the Church in Bereavement Care</div>

For many people, the search for God takes place within faith institutions, the church being one of them. The community of faith has been called to healing through the "prayer offered in faith… because it is powerful and effective" (Jas. 5:15–16). McKnight Scot interpreted James 5:13–18 as a stand-alone paragraph that focused on sickness, prayer, healing, and confession. In emphasizing the need for righteous people to pray for healing, he posited that the phrase "righteous" person referred to those whose behaviors conformed to God's will.[312] The mission of the church concerning all those going through loss and grief was viewed to be presenting the compassion of Jesus and Christian hope while walking alongside all those who might struggle and need support.

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[310] Daniel, 224.

[311] Burke, Neimeyer, Young, Bonin, and Davis, 277.

[312] McKnight Scot, *The Letter of James* (Grand Rapids: William Eerdmans Publishing Company, 2011), 297.

Churches generally do an exemplary job of responding to the bereaved following a significant loss. In a situation of death-related loss, for instance, prompt announcements of the loss are made on all the platforms the church uses to connect to congregants; the Bible study group plans for evening prayers and fellowship meetings at a convenient venue; members take turns to make refreshments and bring food for the bereaved family; The congregation sends sympathy messages to strengthen and encourage the bereaved' and finally, within about seven days of the loss, the funeral is planned and executed by the church leadership. For a few days afterward, visits to the bereaved are made. Then, people get busy with their lives; things seem to return to normal, and the bereaved often face the ongoing challenges of mourning and grieving with little attention or support. Many wonder what to talk about if they make a call for fear of creating additional pain. Days pass and it becomes more and more awkward to call or make a visit. Places of employment provide up to about a week for funeral-related leave. Then the church is confused that the bereaved are still struggling while everyone else moves on. Beyond the immediate support that churches give to the bereaved in the congregation and the community, based on the intensity of the pain that people experience after a loss, longer-term support was viewed to be extremely important.

Unfortunately, in the process of walking with those who are hurting and experiencing intense emotional pain, the community of faith too often was seen to contribute to or perhaps even perpetuate the hurt rather than the healing. A focus group that was reported to have been experiencing complicated grief explored their relationship with the faith community during their mourning period and had the following to say, "In terms of the community of faith, the grievers felt misunderstood, condemned, and judged

by the people they looked to for support." Some of the spiritually painful occurrences were when fellow believers claimed God's goodness, intention, and reasoning in a situation where the survivors did not feel like it meshed with their current lived experiences. They reported that they avoided fellow church members because they "doubted whether the average congregant would hear their pain or could handle their grief." Sadly, most made a radical decision to start all over again in a new environment where they felt safe and anonymous.[313]

The need for the church to understand and play the role of care effectively for the healing of the bereaved congregation cannot be overstated. Moreover, the church often faces a flood of loss and grief among both the congregants and the surrounding communities. This project underscored the importance of a comprehensive approach to grief by the church owing to the reality that the World Health Organization estimated that around 80 percent of the population in developing countries depend on either traditional or faith healers for their health care needs.[314] That meant that in low-and middle-income countries (LMICs), like Kenya, faith leaders constitute a key part of the mental health care system, whether they recognize it in that sense or not.[315] Faith leaders are religious leaders who base their treatment on God's power to heal sickness by utilizing prayer

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[313] Burke, Neimeyer, Young, Bonin, and Davis, 277.

[314] W. Mbwayo, et al.," Traditional Healers and Provision of Mental Health Services in Cosmopolitan Informal Settlements in Nairobi, Kenya," *African Journal of Psychiatry* 16, no. 2 (2013): 134.

[315] A.S. J. Van der Watt, et al., "The Perceived Effectiveness of Traditional and Faith Healing in the Treatment of Mental Illness: A Systematic Review of Qualitative Studies," *Social Psychiatry and Psychiatric Epidemiology* 53, no. 6 (2018): 555.

among other practices.[316] The services of the church and/or faith leaders in times of crisis

were widespread given their perceived affordability and accessibility. The mental health

treatment gap in LMICs is more than 85 percent with a shortage of health personnel who

were precisely 500 specialists serving a population of over 5 million people.[317]

Consequently, mental health care has been described as inadequate, inefficient, and

inequitable in Kenya.[318]

Significant losses are some of the most stressful experiences children or

adolescents go through. In a recent seven-year controlled follow-up study that sought to

determine the long-term impact of sudden parental death on children and adolescents

aged between seven and seventeen years, research results indicated that parental death

increased the incidences of depression and post-traumatic stress during bereavement.[319]

In justifying the reasons and the role of the church in bereavement care, the researcher

explored the state of childhood mental health in Kenya. Children and adolescents account

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[316] Kenneth Ae-Ngibise, et al.," Whether You Like It or Not People with Mental Problems Are Going to Go to Them": A Qualitative Exploration into the Widespread Use of Traditional and Faith Healers in the Provision of Mental Health Care in Ghana," *International Review of Psychiatry* 22, no. 6 (2010): 559.

[317] Christine W. Musyimi, et al.," Forming a Joint Dialogue Among Faith Healers, Traditional Healers and Formal Health Workers in Mental Health in a Kenyan Setting: Towards Common Grounds," *Journal of Ethnobiology and Ethnomedicine* 12, no.4 (2016): 1.

[318] Elijah Marangu, et al., "Assessing Mental Health Literacy of Primary Health Care Workers in Kenya: A Cross-Sectional Survey," *International Journal of Mental Health Systems* 15, no. 55 (2021): 1-2.

[319] Steven Pham et al., "The Burden of Bereavement: Early Onset Depression and Impairment in Youths Bereaved by Sudden Parental Death in a 7-Year Prospective Study," *American Journal of Psychiatry* 175, no. 9 (2018): 887.

for almost 90 percent of LMICs.[320] Though Kenya is a middle-income country with

children and adolescents accounting for around half of the population of approximately

51 million, there was limited mental health data available focusing on this specific

population.[321] Even more, compounding was the lack of the same data from LMICs, thus

rendering that aspect of health invisible at the population level.[322] Dealing with loss takes

a toll on the mental health of a child because of feelings of sadness, anger, loneliness,

helplessness, and hopelessness which can be overwhelming. Yet empirical evidence

indicated that just like the worldwide rate, ten to twenty percent of children and

adolescents in LMICs were affected by mental health problems.[323] In Sub-Saharan

Africa, one in every seven children and adolescents had significant mental health

difficulties with one in ten (95%) having a specific psychiatric disorder.[324]

    With the above statistics, the role, and involvement of the church in bereavement

care viewed as a subset of mental health can be rationalized. Moreover, to enhance

mental health in the community, the need for dialogue, collaboration, and integration of

the informal (church seen as an example) and formal health workers to bridge the

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[320] Christian Kieling, et al., "Child and Adolescent Mental Health Worldwide: Evidence for Action," *The Lancet* 378 no. 9801 (2011): 1515.

[321] Marangu et al., 2.

[322] Holly E. Erskine, et al., "Measuring the Prevalence of Mental Disorders in Adolescents in Kenya, Indonesia, and Vietnam: Study Protocol for the National Adolescent Mental Health Surveys," *Journal of Adolescent Health* (2021): 1.

[323] Kieling et al., 1515; David Musyimi Ndetei, et al., "The Prevalence of Mental Disorders Among Upper Primary School Children in Kenya," *Social Psychiatry and Psychiatric Epidemiology* 51, no. 1 (2016): 64.

[324] Melissa A. Cortina, et al., "Prevalence of Child Mental health Problems in Sub-Saharan Africa: A Systematic Review," *Pediatrics and Adolescence Medicine* 166, no. 3 (2012): 276; Ndetei et al., 64.

treatment gap was strongly underscored.[325] Musyimi et al. used the qualitative approach

to identify barriers and solutions for dialogue formation between the informal and formal

health workers in mental health and presented one of the four dominant themes as a basic

understanding of mental health problems.[326] While this project sought to explore

childhood grief in the Baptist church in Nairobi, Kenya, and recommend a spiritual care

model for supporting grieving children, a large body of evidence suggested that a great

proportion of clergy lacked formal training and felt ill-equipped to manage mental and

emotional health problems among their congregants.[327] Several studies, therefore,

recommended basic mental health education for clergy and lay leaders in churches to

appropriately respond to individuals and families (including children) experiencing

mental health crises.[328]

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[325] Musyimi, Forming a Joint Dialogue Among Faith Healers, 1-2; Dejene Tilahum, et al., "Training Needs and Perspectives of Community Health Workers in Relation to Integrating Child Mental Health Care into Primary Health Care in a Rural Setting in Sub-Sharan Africa: A Mixed-Method Study," *International Journal of Mental Health Systems* 11, no. 15 (2017): 2; Christine W. Musyimi, et al. "Mental Health Treatment in Kenya: Task-Sharing Challenges and Opportunities Among Informal Health Providers," *International Journal of Mental Health Systems* 11, no. 45 (2017): 1.

[326] Musyimi, Forming a Joint Dialogue Among Faith Healers, 1.

[327] Matthew Stanford and David Philpot, "Baptist Senior Pastors" Knowledge and Perceptions of Mental Illness," *Mental Health, Religion, and Culture* 14, no. 3 (2011): 281; Jacqueline R. Burse, et al., "Ministers' Perceptions of Mental Health Services in Faith-Based Communities," *Social Work and Christianity* 48, no. 2 (2021): 138; Krystal Hays and Jennifer Shepard Payne, "Lived Experience, Transparency, Help, and Humility: Four Characteristics of Clergy Responding to Mental and Emotional Problems," *Journal of Pastoral Care and Counselling* 74, no. 1 (2020): 5; Laverne Williams, Robyn Gorman, and Sidney Hankerson, "Implementing a Mental Health Ministry Committee in Faith-Based Organizations: The Promoting Emotional Wellness and Spirituality Program, *Social Work in Health Care* 53, no. 4 (2014): 417.

[328] Jennifer Costello, Krystal Hays, and Ana M. Gamez, "Using Mental Health First Aid to Promote Mental Health in Churches," *Journal of Spirituality in Mental Health* 23, no. 4 (2021): 382; Williams, Gorman, and Hankerson, 417.

It was noteworthy to highlight religious/spiritual coping strategies and practices that the grieving utilize for support during the bereavement process. A leading religious coping scholar used a functional view to define religious coping and noted that it is the "degree to which religion is a part of the process of understanding and dealing with critical life events."[329] Harold G. Koenig defined religious coping as the use of religious beliefs or practices as a way of adapting to the physical, psychological, and social challenges caused by a crisis like a loss. Koenig listed some of the practices that had been used to facilitate adaptation to a difficult situation as reading inspirational materials like the Holy Scripture, reading books on religious topics, use of worship, singing hymns, prayer, and Scripture study.[330] While a large body of research linked spirituality to effective coping with loss, most studies paid attention to adults. Andrews and Marotta took a different path by setting out to determine how spirituality, successfully used by adults as a way of coping, could be used by grieving children. In a qualitative phenomenological inquiry, the researchers explored specifically if meaning-making, linking objects, and containment could be used by grieving children to successfully adjust to a loss. The results indicated that even though how and when children use the three themes could be different, grieving children utilized all of them to make meaning, link with the deceased and, find "spiritual" comfort through significant relationships that

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[329] Kenneth I. Pargament, et al., "The Religious Dimensions of Coping: Advances in Theory, Research, and Practice," in *Handbook of the Psychology of Religion and Spirituality*, eds. R. F. Paloutzian and C. L. Park (NY: Guilford Press, 2005), 482.

[330] Harold G. Koenig, "Religion and Spirituality in Coping with Acute and Chronic Illnesses," in *APA Handbook of Psychology, Religion and Spirituality (Vol. 2): An Applied Psychology of Religion and Spirituality*, eds. Pargament K. I., Mahoney A. and Shafranske E. P. (American Psychological Association, 2013), 278.

served as containment of the intense emotions associated with grief.[331] Another

researcher who focused on children's spirituality postulated that loss was an opportunity

for growth, wholeness, and holiness if viewed and experienced from a spiritual

perspective. The author also underscored the significance of relationships which

ultimately grieving children model as a coping strategy. Activities and practices that help

children respond to loss included creating a sacred place where items of value that linked

the child to the loss were kept; journaling or storytelling to manage loss; humor and

laughter that facilitate inner peace; music, art, drama, drawing, play, family, and church

rituals.[332]

A more technical approach to supporting grieving children maintained that

expressive therapies such as bibliotherapy (defined as using books or literature to foster

growth) and play provided a natural, safe, and healthy environment for grieving children

to channel and give voice to the wide range of feelings experienced.[333] While greater use

of spiritual coping strategies and the specific coping strategies used were significantly

related to greater personal growth, the role of religious rituals in childhood grief also

stood out as advanced by Hidalgo in a correlational study conducted with 97 children,

eight to eighteen years of age. According to the study, children who participated in

religious rituals soon after the loss (for this study it was death), used fewer religious

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[331] Catherine R. Andrews and Sylvia A. Marotta, "Spirituality and Coping Among Grieving Children: A Preliminary Study," *Counseling and Values* 50, no. 1 (2005): 38-44.

[332] Gerry Cox, "Children, Spirituality, and Loss," *Crisis and Loss* 8, no. 1 (2000): 65-67.

[333] Catherine Alexandra Bergeson, "Supporting Children's Grief After a Death: A Guide for School Psychologists" (Ed. S. thesis, Brigham Young University, Utah, 2012), 1-2, Theses and Dissertations.

coping strategies later, compared to children who did not participate. The assumption was that the rituals may have helped deal with grief and loss. Conversely, children who did not participate in the rituals after their experience of loss may have needed to use more religious coping strategies to be able to accept and make sense of the loss.[334] Other evidence-based spiritual/religious coping strategies utilized by both children and adolescents include congregational support, pastoral care, spiritual positive reframing of events to instill hope, optimism, and meaning in the face of difficult circumstances, and altruistic activities related to helping others.[335]

There is no doubt that spirituality /religious factors contribute to successful outcomes in the overall health of a human being. Children, like adults, require meaning and connection to make sense of a loss. In summary, therefore, the relationship that children have with God, and their primary and secondary attachment figures, including peers and familiar objects may be the most significant components for effective coping and adjustment to loss.[336]

The Conception of Death and Children from the African Cultural Perspective

The last stream of the literature review focused on African culture. It assumed that African cultural beliefs and practices had an impact on how childhood grief was perceived and how children were handled after a loss. In this section, the researcher

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[334] Ivette M. Hidalgo, "The Effects of Children's Spiritual Coping After Parent, Grandparent or Sibling Death on Children's Grief, Personal Growth and Mental Health" (PhD, Nursing thesis, Florida International University, Florida, 2017), 132-133, FIU Electronic, Theses, and Dissertations.

[335] Bryant-Davis, et al., 309.

[336] Andrews and Marotta, 45.

examined how children and death were perceived, the impact of cultural funeral rites and rituals on bereavement, and the African cultural conception of childhood grief. While any loss has the potential to cause significant emotional distress, loss through death in Africa, including the beliefs and practices around it, were deeply entrenched in the culture compared to other losses. That explained the specific focus on death in this stream.

In this paper, the term culture simply meant a "way of life." Viewed from a sociocultural perspective, therefore, culture referred to a people's "body of knowledge, belief, behavior, goals, social institutions, together with tools, techniques, and material constructions."[337] In this light, one can talk about European culture or African culture. The fact that culture was dynamic was incontestable. The possibility of the traditional African culture therefore to have been infiltrated by elements of "modernity" was acknowledged. But Iteyo's comment on this surreptitious process was that the divide in terms of what is traditional and what is modern may not always be succinct.[338] In that case, there was a possibility that the African traditional culture influenced the way contemporary Christians viewed grieving children and the support they may or may not be given.

In the traditional African culture, children did not just belong to their birth parents. There was a widely accepted culture in many African societies of "collective childrearing" in which members of the community, beginning with the extended family

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[337] D. A. Masolo and H. Odera Oruka H., *Philosophy and Cultures*, eds. (Nairobi: Bookwise Publishers, 1983), 57.

[338] Crispinous Iteyo, "Belief in the Spirits of the Dead in Africa: A Philosophical Interpretation," *Thought and Practice: A Journal of the Philosophical Association of Kenya* 1, no. 1 (2009): 154.

participated in different aspects of nurturing, socializing, and educating children.[339] The

African adage "a child belongs to the community,"[340] encapsulated that interrelated

culturally shaped belief to the extent that in Cameroon, for example, children could have

many "mothers", "fathers", "brothers" and "sisters" by having shared in the responsibility

of care and to whom the children would be obligated throughout their lives.[341]

This was the philosophy of communalism, a dominant view within the African

culture. It stressed that an individual's identity and survival depended on the union with

other human beings within an identified locality.[342] As opposed to individualism where

the needs of the individual superseded those of the group, the communalism spirit

identified an individual in, by, and through the community to which they belonged. Elza

Venter simplified it by saying that "in the traditional African culture, the community

always came first. The individual was born out of and into the community and therefore

would always be a part of the community."[343] Bearing in mind the significance of

communalism in African traditions, it was likely that it influenced the way death and

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[339] Heidi Verhoef, "'A Child has Many Mothers,' Views of Child Fostering in Northwestern Cameroon," *Childhood* 12, no. 3 (2005): 369-371.

[340] Hilda Tafadzwa Mugadza et al., "The Concept of a Child Within Sub-Saharan African Migrant Homes: Reconciling Culture and Child Rights," *Child & Family Social Work* 24, (2019): 522.

[341] Verhoef, 369.

[342] Ogbujah Columbus, "African Cultural Values and Inter-Communal Relations: The Case with Nigeria," *Developing Country Studies* 4, no. 24 (2014): 209; Polycarp Ikuenobe, "Relational, Autonomy, Personhood, and African Traditions," *Philosophy East and West* 65, no. 4 (2015): 1005; Amasa Philip Ndofirepi and Almon Shumba, "Conceptions of "Child" Among Traditional Africans: A Philosophical Purview," *Journal of Human Ecology* 45, no. 3 (2014): 236.

[343] Elza Venter, "The Notion of Ubuntu and Communalism in African Educational Discourse," *Studies in Philosophy and Education* 23 (2004): 149.

childhood grief were viewed. Traditional African world view and practices were rooted in this principle. Surprisingly, even parents living as migrants in Australia underscored the significance of the African traditional beliefs and values through which they viewed their children and intended to pass on, irrespective of being in a location with a different social-cultural and political context.[344] Since culture was associated with the way of life of a people, to understand loss, death, and childhood grief, it was significant to comprehend the traditional African traditional view of these constructs.

The African Conception of Death

Events related to death were considered key cultural events in Africa. The African tradition perceived death as a rite of passage. Culturally, Africans believed that the dead continued to live among the living since death only accorded the deceased a different form of life and not the absolute end of existence. Death according to the culture did not end life or the personality of an individual, but it introduced a different state to not just the deceased, but also in the way those alive interacted with the departed. Among those who held this belief were the Luo ethnic group in Kenya, the Zulu in South Africa, the Bakonzo of Uganda, and the Ameru who live on the slopes of Mount Kenya. The dead not only continued to "live" among the living as "ancestors" (which was a goal of life for the Luo's of Kenya) but also exercised either negative or positive authority over them depending on the execution of the rituals and ceremonies during the mourning period.[345]

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[344] Mugadza et al. 521.

[345] Maureen O. Ngesa, Sylvia Tuikong, and Kennedy Ongaro, "African Cultural Burial Rites and Complicated Grief Among Orphans: A Case of The Luo Ethnic Group in Siaya County, Kenya," *African Journal of Clinical Psychology* 3, no. 2 (2020): 2; Lesiba Baloyi and Molebogeng Makobe-Rabothata," The African Conception of Death: A Cultural Implication" (Paper from the 21st International Congress of the International Association for Cross-Cultural Psychology, Grand Valley State University, MI, 2014);

The Igbo of Nigeria believed that no deceased simply died. Death was either caused by humans or gods and the spirit of a deceased Igbo would need to be brought home to join the ancestors to ensure the protection of the family.[346] Mukaria and Mukaria posited that the Ameru attitude towards the dead was determined by the character of an individual in life. Some funeral ceremonies were therefore revered while others were despised.[347] Similarly, the rituals practiced depended on who had died and sometimes how they had died. For instance, the Zulu women who lost their spouses were required to wear black garments as a sign of mourning and respect for the deceased, as well as bury their spouse with cow skin wrapped around the coffin symbolizing the importance and status of the "head" of the family.[348]

To give a befitting send-off to the deceased, the Luo of Kenya engaged in public mourning, which included the deafening screams and wails of both the women in the family, the community, and hired mourners.[349] The significance of this ritual was to call

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Shikwati, Magezi, and Letsosa, 3; Elizabeth Mukiri Mukaria and Andrew Mukaria, "The Traditional Understanding of Grief among Ameru in Kenya," *Jumuga Journal of Education, Oral Studies and Human Sciences* 2, no. 1 (2019): 1-9; Otumbo Manase Ogola, "A Study of the Neo-Traditional Death and Burial Rites Among the Luo Community in Rarieda: A Christian Response," (M.A. thesis, Africa International University, Kenya, 2015), 8, Academia; Alexander Paul Isiko and Maate Yakobo, "The Socio-Cultural Perspectives of the Bakonzo of Uganda About Death," *Journal of Humanities and Social Sciences* 24, no. 4 (2019): 57.

[346] Innocent A. Nwosu, et al., "Socio-Cultural Context of Death and Mourning Practices in Rural Igbo Communities of Nigeria," *Journal of Humanities and Social Sciences* 22, no.8 (2017): 50-53.

[347] Mukaria and Mukaria, 4.

[348] Hlonelwa Ngqangweni, "' Gender' and Constructions of Spousal Mourning Among the Amaxhosa in the Eastern Cape" (PhD diss., Rhodes University, South Africa, 2013), 79, Open Access Theses and Dissertations.

[349] Froma Walsh and Monica McGoldrick, *Living Beyond Loss: Death in the Family*, 1st ed. (Norton, 1991), 119.

for community support in the mourning process.[350] Every culture had norms about which kinds of emotions 'were permissible' as expressions of grief and the duration for which those emotions could be expressed.[351] Among the Basoga of Uganda and indeed in numerous other African societies, death was attached to such sacredness that a "bad" or untimely one (like death from suicide) was believed to cause harm to the family. While a "good" or a timely one (from natural causes) offered the possibility of reincarnation and influence in the world of the living.[352] The African conception of death was largely influenced by history, social context, and sometimes religious affiliation from culture to culture. Additionally, there were many often complicated ceremonies connected with funerals in the traditional African culture.

The Impact of Funeral Rites and Rituals on the Bereaved

How funeral rituals and rites were conducted was a key cultural event in Africa. Due to the communalism philosophy, funerals in Africa involved people beyond the immediate or extended family. The attendance ranged from an entire neighborhood or village, including family members who may have migrated to either other parts of or even out of the country. As an introduction to funerals in Africa, Michael Jindra and Joel Noret noted the tremendous resources that funerary events consumed regarding expensive

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[350] Ngesa, Tuikong, and Ongaro, *African Cultural Burial Rites*, 3.

[351] Philip D. Kuehn, "Cultural Coping Strategies and Their Connection to Grief Therapy Modalities for Children: An Investigation into Current Knowledge and Practice" (MSW, St Catherine University and the University of St. Thomas, Minnesota, 2013), 10, SOPHIA.

[352] Alexander Paul Isiko and Paulous Serugo, "Death and Morality: Perspectives on the Moral Function of Death Among the Basoga of Uganda," *EUREKA: Social and Humanities* 5 (2021): 115; Rebekah Lee and Megan Vaughan, "Death and Dying in the History of Africa Since 1800," *The Journal of African History* 49, no. 3 (2008): 345.

coffins of Southern Ghana and the mourning period in which several cows would be consumed by the Luo of Kenya.[353]

The fear of not performing funeral rituals and rites appropriately and having the deceased come back to "punish" the living was real. Therefore, there was a particular obsession with giving the dead a proper burial.[354] This fear may have been observed and inadvertently passed on to grieving children who unfortunately were not given a voice or supported through the funeral rituals and rites. To demonstrate commitment to the cultural requirements of death and funeral rituals, for instance, employees took leave to be able to adequately participate, appease the deceased, and ensure that the relationship was good. The study of complicated grief and cultural burial rites of the Luo's in Kenya by Ngesa, Tuikong, and Ongaro indicated that children participated in the Luo burial rites without exhibiting any significant evidence of complicated grief.[355] It was however not clear if any care or response was directly given to grieving children even if they would be experiencing "normal" grief. Nevertheless, even though not directly related to children, there was evidence showing that traditional funeral rites and rituals could assist with grief processing.[356] Nwoye corroborated it by positing that mourning and funeral rituals "made a system grounded in 'ecologically sound rituals and ceremonies' thus facilitating

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[353] Michael Jindra and Joel Noret, An Introduction to Funerals," in *Funerals in Africa: Exploration of a Social Phenomenon* (NY: Berghahn Books, 2011), 1; Ogola, 12.

[354] Ngesa, Tuikong, and Ongaro, African Cultural Burial Rites, 2.

[355] Ngesa, Tuikong, and Ongaro, African Cultural Burial Rites, 9.

[356] Augustine Nwoye, "Memory Healing Processes and Community Intervention in Grief Work in Africa," *Australian and New Zealand Journal of Family Therapy* 26, no. 3 (2005): 147.

experiential healing."[357] Similarly, the Shona of Zimbabwe used jokes told by a close

family friend as a therapeutic strategy to relieve the family of their grief immediately

after the death had occurred.[358] In the development of a care model for grieving children,

it may be significant to consider the functional role of funeral rites and practices which

still play a prominent role in the current view of death and funerals in different African

cultural settings.

<p style="text-align:center">The African Conception of Childhood Grief</p>

Research showed that the conception of children and childhood varied in different

African societies and could not be universalized because it was best understood within a

cultural context.[359] Nonetheless, in terms of death, there was a widespread belief that

children were to be protected from all its ramifications as well as a view that children

were not concerned about death. Many African cultures viewed women (especially those

that had lost their spouses) and children equally regarding the capacity to withstand the

emotional upheavals occasioned by death. Among some West African ethnicities, for

instance, children and pregnant women were not allowed to attend a burial in case they

would be affected by what would have caused the death.[360] The Shona culture from

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[357] Nwoye, 148.

[358] John Chitakure, "Death Rituals Among the Karanga of Nyajena, Zimbabwe: Praxis, Significance, and Changes" (PhD thesis, University of South Africa, South Africa, 2020), 1-2, Institutional Repository.

[359] Ndofirepi and Shumba, 233-234.

[360] Chitakure, 214.

Zimbabwe proscribed children and women from taking part in the funeral procession "lest the corpse makes them blind."[361]

In Sub-Saharan Africa, a child was generally viewed as vulnerable requiring the collective responsibility of the extended family and the community to provide "ongoing monitoring and supervision through various traditional systems that enforced pre-established cultural beliefs and values."[362] The African cultural practices assigned the child's welfare within a string of kinship and other relationships within the community with "every child being everybody's child." Yet, during loss and grief, children were kept away from ill and dying members of the family and excluded from the rituals surrounding the burial of the deceased even when the deceased was a parent.[363] According to Heijen and Swartz who worked with vulnerable children affected by HIV and AIDS in South Africa, grief was a big burden for children from especially indigenous cultures and resource-poor communities. The authors' argument pointed to the adverse effects of loss on children's psycho-social development, health, and survival as well as the challenge of being marginalized from the grief process in the name of protecting grieving children. It was called the culture of "silence."[364] Silence by the adults who were expected to disclose

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[361] Chitakure, 135.

[362] Mugadza et al., 520.

[363] Amanda Richter and Julian Muller, "The Forgotten Child of Africa: Voicing HIV and Aids Orphans' Stories of Bereavement: A Narrative Approach," *Hts Teologiese Studies-Theological Studies* 61, no. 3 (2005): 1007.

[364] Ingrid Van de Heijen and Sharlene Swartz, "Bereavement, Silence, and Culture Within a Peer-led HIV/AIDS-Prevention Strategy for Vulnerable Children in South Africa," *African Journal of AIDS Research* 9, no. 1 (2010): 41-42.

loss to children illustrated the discomfort associated with death talk in several African societies, thus further exacerbating the experience of grieving children. In the study conducted by Heijen and Swartz, the 10-13 years old grieving children who went through the thirteen sessions of the *Vhutshilo* loss and grief program in the South African context, appreciated the opportunity as having been the first time they had been allowed or invited to speak about their losses. Even though there was intense pain associated with telling their grief stories, the children recognized the relief that catharsis brought.[365] Likewise, Malawian children under ten years were excluded from death rituals and would not be told about a loss even one of a significant person. Similarly, death in Zulu terms was associated with "pollution," so children were understandably kept away from death and excluded from associated rituals.[366]

The importance of traditional beliefs and customs in Africa could not be underestimated. Whether these traditions and customs influence how grieving children are currently handled was going to be determined by data analysis. The results were going to be considered in formulating a care model for grieving children in the Baptist church in Kenya. Nevertheless, the African culture seemed to not have considered grief as a normative childhood experience because it often isolated children in matters of loss and grief.[367]

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[365] Heijen and Swartz, 42-44.

[366] Heijen and Swartz, 45-46.

[367] Fatima Aboobaker, "Supporting Foundation Phase Children Experiencing Disenfranchised Grief," (Med. South Africa: University of Pretoria, 2016), 1. Open Access Theses and Dissertations.

It is also possible that the African view of childhood grief demonstrated a lack of knowledge and misinformation regarding children and loss. An empowered society can take control of different situations present in everyday life. Some scholars recommended community education as a way of mitigating knowledge gaps and demonstrated significant positive change in the level of mental health literacy and reduction in stigmatizing attitudes following awareness and training.[368] One study that trained community mental health workers as a solution to a shortage of human resources found that after the training, the mental health workers demonstrated improved knowledge, confidence, and attitudes toward matters related to mental health.[369]

To the extent that children experienced grief but lacked support in giving expression to their emotions, they could be said to be disenfranchised.[370] When the needs of grieving children are not recognized or adequately addressed, the risk of such children developing mental health challenges including depression and post-traumatic stress disorder (PTSD) was seen to be very high.[371]

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[368] Charmaine J. Hugo et al., "Community Attitudes Toward and Knowledge of Mental Illness in South Africa," *Social Psychiatry and Psychiatric Epidemiology*," 38, (2003): 715; Angus YK Lam, Anthony F. Jorm, and Daniel YK Wong, "Mental Health First Aid Training for the Chinese Community in Melbourne, Australia: Effects on Knowledge About and Attitudes Toward People with Mental Illness," *International Journal of Mental Health Systems* 4 no. 18 (2010): 1.

[369] Goodman Sibeko et al., "Piloting a Mental Health Training Programme for Community Health Workers in South Africa: An Exploration of Changes in Knowledge, Confidence, and attitudes," *BMC Psychiatry* 18, no. 191 (2018): 1.

[370] Aboobaker, 1.

[371] Ann-Sofie Bergman, Ulf Axberg, and Elizabeth Hanson, "When A Parent Dies- A Systematic Review of the Effects of Support Programs for Parentally Bereaved Children and Their Caregivers," *BMC Palliative Care* 16, no. 39 (2017): 1-2.

Conclusion

The three streams of literature have woven together to confirm that children inevitably encounter loss, are affected by it, and can be linked to spiritual coping for a healthy resolution and the ability to adjust to the new way of life. Because of being perceived as vulnerable, society assumes that children should be shielded from the harsh realities of life. However, withholding significant information about a loss to especially affected children was perceived to be more damaging than protective. Further, some African cultures exacerbate that position because there was a reluctance from within to engage children in death talk, and children were often prohibited from involvement in rituals and rites related to loss. Training and education on relevant information concerning children, loss, and support were recommended and demonstrated to work in empowering communities to support grieving children. While spirituality/religion can cause a crisis, it can also be a unique coping mechanism that can contribute positively to childhood grief recovery and healthy functioning after loss.

CHAPTER FOUR: RESEARCH METHODOLOGIES

This research was conducted to better understand the care experience of children who had gone through grief. To collect relevant information and data, the mixed-methods approach was employed. The researcher used both quantitative and qualitative methods to collect data. It was determined that these methods, with the primary tools being interviews, surveys, and the researcher's field notes would provide the clearest path toward the development of a spiritual care model for grieving children.

Research Methodology

Quantitative Research Method

The researcher believed that quantitative research was necessary to gather sufficient data to represent the perspectives and opinions of both adult grievers and parents whose children had experienced loss. According to Myers, Quantitative research is "helpful in gathering particular kinds of data like demographic data to clearly understand the contextual setting of ministry."[372] It involved looking at amounts or quantities, of one or more variables of interest.[373] Ahmad et al. noted that the quantitative research method tests objective theories by establishing a relationship among variables. Through a deductive process, quantitative research can predict or control phenomena

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[372] William R. Myers, *Research in Ministry: A Primer for the Doctor of Ministry Program*, 3rd ed. (Chicago III: Exploration Press, 2000), 22.

[373] Paul D. Leedy and Jeanne Ellis Ormrod, *Practical Research: Planning and Design*, 9th ed. (Upper Saddle River, NJ: Merrill, 2010), 94.

through focused data collection and analysis of numerical data, which is divided into

categories or ranked.[374] To help "produce a set of cumulative generalizations based on the

critical sifting of data" the quantitative research was conducted as an introductory phase

(Appendix B) for the adult grievers and as the only research design for gathering data

from the parents whose children had experienced a significant loss.[375]

<div align="center">Qualitative Research Method</div>

This project employed the qualitative research approach because of the necessity

to study the nature[376] of childhood grief by "empowering individuals to share their stories

so that the silenced voices" of the grievers could be heard.[377] The approach was

determined to lend itself well to case studies and the development of a care model for

grieving children. The qualitative research approach was deemed adequate in that it could

assess beyond "what works" towards "what works for whom, when, how, and why"

focusing on intervention improvement rather than accreditation.[378] The information

gathered was used to "organize the multiple forms of data into categories or themes to

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[374] Sharique Ahmad, et al., "Qualitative v/s Quantitative Research," *Journal of Evidence-Based Medicine and Healthcare* 6, no. 43 (2019):2829-30.

[375] Silverman, 5.

[376] Busetto, Wick, and Gumbinger, 1.

[377] John W. Creswell and Cheryl N. Poth, *Qualitative Inquiry and Research Design: Choosing Among Five Approaches,* 4th ed. (Los Angeles: Sage Publications, 2018), 45.

[378] Lorraine Busetto, Wolfgang Wick, and Christoph Gumbinger, "How to Use and Assess Qualitative Research Methods," *Neurological Research and Practice* 2, no. 1 (2020): 2.

make sense of it."[379] Qualitative research was done through interviews and field

observations.

<p align="center">*Case Study*</p>

To study the three Baptist churches' support for grieving children in their

congregations, the researcher specifically adopted the case study method because it was

appropriate for an in-depth discussion of the issue at hand.[380] Creswell and Poth noted

that "the case study approach is a type of design in qualitative research in which the

investigator explores a real-life, contemporary bounded case through a detailed in-depth

data collection involving multiple sources of information and reports a case description

and case themes."[381] According to Myers, "case studies are always narrative descriptions

about specific practices of ministry and problems that such ministerial practice is trying

to address."[382] The researcher intended to code the data received through both

quantitative and qualitative approaches and organize it into themes, patterns, and major

ideas to present it in a descriptive narrative of a case study.[383]

Research Participants

To acquire an in-depth understanding of the concept of childhood grief, this study

requested the participation of adults who had gone through loss in childhood. For the

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[379] Creswell and Poth, 49.

[380] Leedy and Ormrod, 137; Robert K. Yin, *Case Study Research and Applications: Design and Methods*, 6th ed. (Sage Publications, Inc, 2018): 15.

[381] Creswell and Poth, 96-97.

[382] Myers, 71.

[383] Myers, 67.

spiritual support and cultural perspective on childhood loss, Baptist church ministers in charge of children's ministries, and parents whose children had gone through loss in childhood participated. All these participants signed a consent form to confirm voluntary participation.

Adult Grievers

The inclusion criteria for adults who had gone through loss in childhood were being above 19 years of age at the time of participation, having experienced loss between 6 and 14 years of age, and having experienced loss related to at least one of the following: death of a caregiver, parents' separation, or divorce, and abandonment by a biological parent. The participants were recommended by the three churches the researcher was working with. Only 25% (see Table 4.2) turned out to have been affiliated with the Baptist denomination during their childhood experience of loss.

Baptist Church Ministers

This study worked with three Baptist church ministers who narrated the support the Baptist church gave to grieving children. The three churches were in the same association fellowship according to the structure of the Nairobi Baptist Association. To be selected, the churches were required to have an active Sunday Bible teaching program for children. Two churches namely church and C were represented by the senior pastors whose obligation was to superintend over all the programs of the church as opposed to Church B which was represented by the children's minister who exclusively worked with children in the church. The churches represented by the senior pastors did not have a children minister on staff.

Parents Whose Children had Experienced Loss in Childhood

The third category of participants in this study were parents whose children had experienced loss in childhood at the age of between six and fourteen years. The type of loss experienced by the children was limited to the description earlier documented. All the parents identified were current Baptist church members because they were recommended by the three Baptist church representatives. The researcher hoped to explore church support, the influence of the African culture in handling a grieving child, and the impact of parental grief on how a grieving child is recognized and supported.

Research Instruments Design

Survey

The researcher utilized a survey to get as many perspectives as possible on childhood grief from both the adult grievers and parents whose children had gone through loss. The questions (Appendix C and H) consisted of three parts: demographic information to ensure a valid cross-section of participants, Likert scale statements, multiple choice questions, and open-ended questions.

Survey Given to Adult Grievers

Regarding the adult grievers, the demographic data gathered ensured that all the participants identified had experienced a significant loss directly related to death, separation, divorce, or abandonment. To capture the aspect of childhood grief, the loss needed to have happened at the age of between six and fourteen years. This is what Palinkas et al. referred to as "purposive sampling." The authors advised that besides meeting the study criteria, the participants needed to be available and willing to participate in the study and have the ability to communicate experiences and opinions in

an articulate, expressive, and reflective manner.[384] Creswell and Poth clarified further by noting that this kind of sampling is done because the individuals identified can purposefully inform an understanding of the research problem and central phenomena in the study.[385]

A series of Likert scale statements were provided to identify the response the church accorded the grievers and its perceived effectiveness. A Likert scale is a checklist employed to evaluate a phenomenon of interest thus simplifying it and more easily quantifying people's behaviors or attitudes.[386] The behaviors and attitudes quantified by the Likert scale were specifically related to the type, relevance, and effectiveness of the support extended by the church to the individuals. The participants were to indicate the degree to which they agreed with each statement by responding with strongly disagree, disagree, agree, or strongly agree. The researcher omitted the "neutral" response to prevent respondents from "straddling the fence."[387]

Finally, the multiple-choice questions were designed to analyze specific support received, and specific rituals engaged in following the loss.

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[384] Lawrence A. Palinkas, et al., "Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementing Research," *Administration and Policy in Mental Health* 42, no.5 (2015): 534.

[385] Creswell and Poth, 158.

[386] Leedy and Ormrod, 189-190.

[387] Leedy and Ormrod, 190.

Survey Given to Parents of Children Who Had Experienced Loss

The questions developed for the parents whose children had experienced a loss (Appendix H) consisted of four parts: the demographic data which sought to procure information on the characteristics of the child, Likert scale statements that focused on support accorded, open-ended questions about the child's response to the loss and a multiple choices question that requested for a list of rituals the child was involved in after the loss.

The demographic data gathered focused on the age of the child at the time of loss, the type of loss, and the ethnic group the child was from. The researcher determined that the response to the ethnic group question would tally with the parent's view of cultural influence on childhood grief.

The Likert scale statements were designed to give attention to the disclosure of loss, the reaction of and parental support of the child to the loss, the support from the church, and the influence of culture on the parent's perception of childhood grief. The parents indicated the degree to which they agreed with each of the 14 statements by responding strongly disagree, disagree, agree, or strongly agree. The researcher did not offer a "neutral" response option to the questions asked for the reason mentioned earlier.

The open-ended questions about how the child responded to the loss and the multiple-choice question about the involvement in rituals were asked. The open-ended items intended to gather data that could be coded and analyzed, while the multiple-choice questions provided frequencies and percentages of the responses listed. The researcher intended to analyze this qualitative section of the research in conjunction with the interviews and field observations.

Interviews

Interviews were administered to adult grievers and church ministers. They were both conducted using a semi-structured guide consisting of seven questions for adult grievers (Appendix D) and church ministers (Appendix F). The researcher believed interviews to be an "effective way of soliciting and documenting individuals' perspectives, feelings, opinions, values, attitudes, and beliefs about their personal experiences, as well as presenting information about childhood grief.[388] Given the sensitivity of the topic at hand, web-based interviews allowed the interviewees "time and space to consider and respond to provide in-depth reflections." Additionally, it also created a "non-threatening and comfortable environment" providing greater ease for the participants to feel safe to discuss the topic at hand.[389]

Regarding adult grievers, it was hoped that an interview would help explain and bring an in-depth perspective to some of the quantitative responses already received through the questionnaire. The data gathered through the interview guide (Appendix D) was going to be analyzed in conjunction with the data received from the survey questions and the field observation notes. The necessity of an interview following the survey already conducted was determined to ensure that as much as possible, all pertinent information was captured. Leedy and Ormrod cautioned that the simplicity of the Likert scale sometimes caused valuable information to be lost.[390] The seven interview questions

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[388] Johnny Saldana, Patricia Leavy, and Natasha Beretvas, *Fundamentals of Qualitative Research* (Cary: Oxford University Press, Incorporated, 2011), 32.

[389] Creswell and Poth, 160.

[390] Leedy and Ormrod, 190.

were designed to encourage personal reflection. They analyzed the specific loss

experienced, the adjustment process, the role of the church in the adjustment, handling

subsequent losses, and how the church could improve support to grieving children.

Likewise, for an accurate understanding of the care the church accorded grieving

children, interviews were determined to be the clearest way of gathering data that was

unique to the experiences and insights of church ministers. The seven questions contained

in the interview guide (Appendix F) were designed to analyze four streams in the specific

church's children's department: the population of children ministered to by the children's

department, the list of programs for children, the specific program for grieving children

and the perceived performance of support towards grieving children.

Field Notes

The researcher took field notes as one of the other domains which contributed to

valuable data. The data generated by the researcher were viewed to be necessary because

of the sensitivity of the topic. The researcher found it important to observe and "see" the

participant's behavior during interpersonal interactions to compare what the participants

were doing with what they were saying. The notes taken had the "advantage of capturing

what was going on in a given setting at a specific moment."[391] In elaborating on

participant observation, Leedy and Ormrod insisted that the effectiveness of this method

depended on the researcher being a:

> careful observer, interviewer, and listener who needed to take extensive notes
> (written either on-site at the time the event was going on or in private later) in the

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[391] Myers, 38; Tim May, *Qualitative Research in Action,* ed. (London: Sage Publications, 2002), 134.

forms of dialogues, diagrams, maps, and so forth. Lengthy conversations and significant events can be recorded using audiotapes and videotapes.[392]

The purpose of employing these three distinct research processes was to triangulate the data gathered to ensure the trustworthiness of the study. Creswell pointed out that triangulating information provided validity to the findings by corroborating evidence to ensure the accuracy of data.[393] In the data analysis, it was hoped that triangulation of the multiple sources of data collected "will all converge to support a particular hypothesis or theory."[394]

Data Collection

Survey

Both the adult grievers and parents whose children had experienced loss participated in different surveys. They were all referred to the researcher by church representatives from the three churches. As an initial step, the researcher contacted each participant for an introduction as well as to determine the information presented by the church representative concerning participation. A recruitment letter (Appendix A) was sent to each participant for consideration before participation. The content included an introduction of the study, an explanation of how participation was going to happen, possible risk factors participants could experience, the precautions the researcher was going to take to minimize risk factors, and steps taken to ensure the confidentiality of the information collected.

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[392] Leedy and Ormrod, 139.

[393] Creswell and Poth, 256.

[394] Leedy and Ormrod, 99.

Informed Consent

The sample of adult grievers who voluntarily indicated interest to continue with the process was presented with the consent form (Appendix B). Besides indicating the reason for participant selection and the purpose of the study, the consent form expressly stated that participation was voluntary and that participants could stop it at any time if or when intense emotions were triggered. To manage that foreseeable risk, the researcher offered two contacts where any participants in need of counseling during and after the participation could go. It also indicated the two levels of participation, namely the survey first and the interview later. Concerning confidentiality, the consent form indicated how data would be kept confidential both in its primary form and in reporting, who was going to have access to it, and the duration of time the researcher was going to hold it before destroying it. Returning a signed consent form was considered an indication of the participant's willingness to proceed. The questionnaire (Appendix C) was sent through e-mail and then followed. It was accompanied by a note that emphasized the significance of individual participation and contribution to the proposed care model. To support internet connectivity for participation, the researcher gave a small gift to the participants.

The second survey questionnaire (Appendix H) was sent through e-mail to parents whose children had experienced loss between the ages of six and fourteen years. The parents were purposively identified through the representatives of the three churches. The researcher also sent a recruitment note (Appendix A) similar to the one of adult grievers before sending the consent form (Appendix G) to the parents who expressed interest in proceeding with voluntary participation. The consent form indicated the average length of time it was going to take the parents to respond to the 14 questions. Additionally, the goal

of the study, the outcome, and the steps the researcher was going to take to ensure the

confidentiality of the information collected were stipulated. It was expressly stated that

the participants could withdraw from participation without any repercussions at any time

if so wished. Lastly, the survey questions were sent only to parents who reverted to the

researcher with a signed consent form. It was clarified that there were no right or wrong

answers to the questions asked because they involved personal reflections.

<div align="center">Interviews</div>

Virtual interviews were conducted with both adult grievers and the children's

ministry pastors. This happened remotely through the use of video conferencing software

which allowed for synchronous exchanges. Roberts, Pavlakis, and Richards noted that

synchronous video exchanges were preferred for establishing rapport in comparison to

other virtual techniques while offering privacy to participants talking about a sensitive

matter. Additionally, rapport building was intimated to be enhanced by the prior

exchange of email messages which the researcher ensured by engaging with the two

groups of participants via e-mail before conducting the interviews.[395] Because of the

benefit of interviews enabling knowledge to be constructed based on the understanding of

the subject's point of view, multiple perspectives held by different individuals were

discovered thus bringing in the most needed in-depth aspect to the study.[396]

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[395] J. Kessa Roberts, Alexandra E. Pavlakis, and Meredith P. Richards, "It's More Complicated Than it Seems: Virtual Qualitative Research in the COVID-19 Era," *International Journal of Qualitative Methods*, 20 (2021): 2.

[396] Creswell and Poth, 163-164.

Interviews with Adult Grievers

For adult grievers, the virtual interview gathered data that was coded and analyzed. Broom writes that interviews combine complexity and subjectivity in that they allow the respondents to figure out what events meant, how they adapted, and how they view what happened to and around them.[397] The interviews were conducted after the completion of the quantitative questionnaire earlier sent through e-mail. The interview guide (Appendix D) consisted of eight open-ended questions which were expected to "establish an in-depth understanding of the experience of childhood loss and grief and the meanings of the account.[398]

Interviews with Church Ministers

Likewise, the ministers and pastors in charge of the children's ministry in the three churches the researcher was working with were taken through a semi-structured interview (Appendix F) following their consent (Appendix E). The virtual interview aimed at determining the extent to which the churches were involved in the support of grieving children in their congregations. Before the interviews and the e-mail exchanges utilized to send the consent forms, the researcher made physical visits with the respective church ministers to give information on what to expect throughout the process of the study and participation.

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[397] Alex Broom, "Using Qualitative Interviews in CAM Research: A Guide to Study Design, Data Collection, and Data Analysis," *Complementary Therapies in Medicine* 13, no. 1 (2005): 67.

[398] Broom, 67.

After being given assurance of confidentiality and information concerning the recording of the sessions, the children's ministers were encouraged to freely share their thoughts. The researcher also clarified that the participants did not have to answer any question they found uncomfortable and were even allowed to terminate the interview if they so wished without any repercussions on their part. The researcher promised to share the ministry care model developed with the respective churches represented to strengthen and/or improve support for grieving children in these churches.

Field Notes

The field notes taken included "activities and interactions in the interview sessions, the frequency and duration of certain behaviors, and more subtle factors like dressing and nonverbal cues." The strategy was expected to collect data that would help the researcher in writing a descriptive narrative of the case being studied.[399]

All the data received from the interviews, survey questionnaires, and, field notes were analyzed and coded. The researcher coded the data by identifying patterns and themes, words and phrases that repeatedly occurred throughout the data.

Participants

Churches

The researcher contacted three Baptist church ministers from Nairobi in October 2020 to introduce the study and to ensure that the research could be conducted in the respective churches. The three ministers gave the researcher a good reception by demonstrating a willingness to dialog with the researcher. After the initial conversation

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[399] Myers, 38-39.

with each minister individually, it became apparent that by the three churches having an

active children's program, they all fit the parameters of this project. Church A started in

1988 and was ministering to 450 children. Church B was established in 1982 and had a

congregation of 800 children, while Church C was founded in 1988 and had 300 children.

> The research instruments were developed in spring 2022, approved by Bethel's
> Institutional Review Board in July 2022, then data collection commenced in
> August 2022. Once the church leadership in each church gave written permission
> for research to be conducted and recommended potential participants, the
> researcher contacted the participants by writing a virtual letter to introduce the
> study and confirm voluntary participation. To all those who were ready and
> willing to participate in the study, the researcher sent the consent forms, then the
> survey questions via email and, /or convened virtual interviews based on the
> categories represented.

Survey Participants

The participants among whom the survey was conducted comprised adults who

had experienced loss in childhood between the ages of six and fourteen years as well as

parents who had handled grieving children who had gone through loss while in the same

age bracket. The demographics of the participants were important in verifying the

validity of this study.

According to Table 4.1, the sample of adult grievers consisted of 67 percent male

participants and 33 percent female.

Table 4.1 Gender (N=12)

Male	Female
67%	33%

Regarding the denominational affiliation at the time of loss and at study time,

Table 4.2 indicated that 58 percent of adult grievers were drawn from the Baptist church

and 42 percent from other denominations, at the time of the study. Conversely, only 25

percent of the participants belonged to the Baptist church at the time of experiencing loss, while 75 percent belonged to other denominations.

Table 4.2 Denominational Affiliation (N=12)

	Baptist	Others
At Study Time	58%	42%
At the Time of Loss	25%	75%

To ensure that the adult grievers experienced loss in childhood, the survey required an indication of the age at which the loss had occurred. The group was divided into three categories. In the first category of ages six to nine were five participants, ages ten to twelve were four, and ages 13-14 were three participants (Table 4.3).

Table 4.3 Age at the Time of Loss (N=12)

6-9 Years	10-12 Years	13-14 Years
5	4	3

Because of the inclusion criteria, the participants were requested to indicate the type of loss experienced. The results revealed that eight participants (67%) had lost a significant person through death, three (25%) had experienced parental divorce or separation and 1 (8%) had experienced abandonment by a parent (Table 4.4).

Table 4.4 Type of Loss Experienced (N-12)

Death of a Significant Person	Parental Divorce or Separation	Loss related to Abandonment
8, 67%	3, 25%	1, 8%

The participants were also required to indicate the ethnic groups they came from to explore the cultural influence on issues of loss. The range represented in this regard included 67 percent, 8 percent, 17 percent, and 8 percent from diverse ethnic groups.

Parents of children who had experienced loss between the ages of six and fourteen years were the other participants involved in the survey. All the parents identified were

members of a church at the point of participation. To verify the validity of the research,

the respondents were requested to respond to the gender of the child presented (Table

4.5), the age of the child at the time of loss (Table 4.6), and ethnic group backgrounds

whose range is demonstrated in Table 4.7. Regarding the type of loss experienced, 85

percent was the death of a significant person and 15 percent was parental separation. Any

material lacking responses to these three questions or which a child was not between six

and fourteen was discarded. Likewise, any type of loss that was not found to be within

the losses described was also discarded.

Table 4.5 Gender (N=7)

Male Female	
29% 71%	

Table 4.6 Age at the Time of Loss (N=7)

6-9 Years	10-12 Years	13-14 Years	
3	3	1	

Table 4.7 Ethnic Group Background (N=7)

BG 1	BG 2	BG 3	BG 4	
3	2	1	1	

Interview Participants

The two groups invited for individual virtual interviews were the adult grievers

and the church ministers. For adult grievers, the interviews lasted between 20 and 30

minutes, while the church pastors' interviews lasted for 30-45 minutes.

The child grievers had to complete the survey first before engaging in the

interview. For an in-depth understanding of experiences expressed in brief responses as

required by the survey, the researcher convened interview sessions with each participant.

The sample included eight male and four female participants as represented in Table 1.1.

The demographics of child grievers were important in verifying the validity of the

research.

The minister's group that was interviewed represented the views of the Baptist church regarding bereaved children and it was proposed by the senior pastors from the three Baptist churches the researcher was working with. Churches A and C nominated the senior pastors of the church because they did not have children ministers on staff. Church B was represented by the children's ministry pastor in charge of children's programs in the church. All the interviewees were men. This was because the leadership structure of all three churches was male-led.

Conclusion

This project employed mixed methods combining qualitative and quantitative research methods with the primary tools being interviews, surveys, and observational field notes. To clearly understand the contextual setting of ministry, the researcher determined that quantitative research was going to gather sufficient data to represent the opinions and perspectives of adults who had experienced loss in childhood and parents whose children had experienced loss in childhood, both between the ages of six and fourteen years. To make meaning of the data gathered, the researcher noted numbers and quantities of the variables of interest while comparing them among the different categories of participants. For an in-depth understanding of the concept of childhood grief and to give a voice to the adult grievers and the church ministers, the researcher employed the qualitative research method through interviews. The data collected was organized into categories or themes to make sense of it.

The participants included in this study were 22 in total. They represented three categories which were, twelve adults who had experienced loss in childhood (67% male

and 33% female), seven parents whose children had experienced loss (71% female and 29% male), and three Baptist church ministers.

Data collection commenced with surveys gathering data from adult grievers and parents whose children had experienced loss in childhood (n=19). Virtual interviews were used for adults who had experienced loss in childhood and church ministers (n=15) and sessions were conducted using video conferencing followed by the transcription of the data recorded. The researcher's field notes which included an analysis of the sites visited were also included as a data collection tool.

Before the collection of data, the researcher sent a letter of invitation to each participant and an informed consent form. This was after receiving approval from Bethel University for the study and the data-gathering tools.

CHAPTER FIVE: DATA ANALYSIS AND FINDINGS

The researcher designed this project to explore childhood grief and develop a care

model for grieving children for the Baptist Church in Nairobi. The research was

conducted through surveys, interviews, and field observations to collect relevant

information and data.

A coding system was developed to generate themes and see trends in the

interviews conducted with adult grievers as well as church ministers. The responses from

each question were put in a list and then color-coded before being organized into relevant

themes. Percentages and frequencies were utilized in the analysis of surveys.

Surveys

The survey questions were emailed to the purposively selected adult grievers and

parents whose children had experienced loss in childhood. Seventeen survey forms were

emailed to potential adult grievers but only twelve with adequate information were

returned. Likewise, eight forms were sent through email to the parents of grieving

children but only seven were adequately completed and returned. The survey

incorporated demographic, Likert-scale, multiple choices, and open-ended questions.

Demographics

The first section of the survey sought demographic data. These results were given

in Chapter 4 of this study in Table 4.1-4.4 for adult grievers and 4.5-4.7 for parents

whose children had gone through grief at the age of six and fourteen. These data were considered to be representative based on the inclusion parameters of childhood grief described in this project.

Likert-Scale Questions for Adult Grievers

The Likert-scale questions given to adult grievers contained seven statements. The participants were asked to indicate the response that best described their experiences by checking any of the four choices: Strongly Disagree (SD), Disagree (D), Agree (A), or Strongly Agree (SA). However, the first statement which was gauging the level of church participation offered the following four choices: Very Involved (VI), Moderately Involved (MoI), Minimally Involved MiI), and No Involvement (NI). A brief description of each option was included to ensure the same understanding for all respondents.

The first question asked was "What was your participation in the church at the time of loss?" Over half (58%) of the research participants reported being very involved in their church at the time of loss, 25 percent reported being moderately involved and 8 percent reported minimal involvement and no involvement (Table 5.1).

Table 5. 1 Church Participation (N=12)

VI	MoI	MiI	NI
7	3	1	1

The second statement asked was "I received support from the church following my loss." While over half (58%) of the research participants indicated that they had received support following their losses, 17 percent equally disagreed and strongly disagreed with having received support from the church (Table 5.2).

Table 5. 2 Received Support (N=12)

SD	D	A	SA
2	2	6	2

The third statement asked was "This support was useful to me at that time of loss." The participants who indicated useful support were 67 percent. Those that did not agree with the statement were 33 percent (Table 5.3).

Table 5.3 Useful Support (N=12)

SD	D	A	SA
2	2	8	0

The fourth statement asked was "This support extended beyond the funeral day or for a prolonged period." The participants who refuted the statement by indicating that the support was not long-term were 67 percent; while 33 percent acknowledged that the support did extend for a longer period or beyond the funeral day (Table 5.4).

Table 5.4 Prolonged Support (N=12)

SD	D	A	SA
3	5	3	1

The fifth statement asked was "As I reflect on the experience, I can see how the support I was given was geared towards my age, and comprehension level, at the time of loss." 75 percent of the participants indicated that the support accorded to them was not geared towards a child's age and comprehension level. Only 25 percent stated that the support considered a child's age and comprehension (Table 5.5).

Table 5.5 Age-Appropriate Support (N=12)

SD	D	A	SA
0	9	2	1

The sixth statement asked was "I believe that the rituals that followed the loss allowed me to accept the loss." 75 percent of the participants felt that the rituals did not

help in the acceptance of the loss. Only a quarter (25%) of the group of participants

concurred with the statement and agreed that the rituals helped with the acceptance of the

loss experienced (Table 5.6).

Table 5.6 Acceptance Due to Rituals (N=12)

SD	D	A	SA
1	8	1	2

The seventh statement asked was "I feel the church's response and the rituals

allowed me to understand loss as a natural part of the life cycle." 67 percent of the

participants took exception to the statement and expressed that rituals and the church

response did not assist with understanding loss as a natural part of the life cycle. On the

other hand, 33 percent of the participants agreed that they did (Table 5.7).

Table 5.7 Acceptance Due to Church Response and Rituals (N=12)

SD	D	A	SA
1	7	4	0

Multiple Choices Questions

Two checklist-type multiple-choice questions were superimposed into the survey

to clarify some demographic and Likert scale questions. The respondents had the choice

of checking as many as were true for their experience. After receiving the survey

questions from the participants, the researcher listed the responses on a blank Word

document and using simple descriptive statistics determined both the frequency and the

percentages of the responses.

The first question sought to clarify the specific support received after the loss.

This was a follow-up question asking whether the church's support had been

forthcoming. The question asked was "The support I received included. . ." All (100%) of

the research participants reported receiving prayer at home and in church. A majority

(87%) reported receiving home visitation and burial planning. Over half (63%) stated that

they received support with home chores and a half (50%) received financial support

(Table 5.8).

Table 5.8 Spiritual Support Received (N=8)

Support Options	Frequency	Percentage
Prayers at Home and in Church	8	100%
Home Visitations	7	87%
Burial Planning	7	87%
Home Chores Support	5	63%
Financial Support	4	50%
Other	0	0

The four participants who "Strongly Disagreed" or "Disagreed" stated that they did not

receive any support from the church and passed on this question.

The second question sought to determine if the involvement in rituals after loss

may have facilitated healing. The question asked was "I was involved in the following

rituals that happened after the loss." All (100%) of the participants who responded to this

question indicated that they were involved in the funeral service and the burial ceremony.

85 percent of the participants stated that they were involved in the memorial service, 33

percent in the viewing of the dead body, and 29 percent in overnight vigils at home

during the period before the funeral (Table 5.9).

Table 5.9 Involvement in Rituals (N=7)

Rituals	Frequency	Percentage
Funeral Service	7	100%
Burial Ceremony	7	100%
Memorial Service	6	85%
Viewing the Body	4	33%
Overnight Vigils at Home	2	29%
Other	0	0

Five participants passed on this question. Three indicated that their loss was
abandonment, one was parental separation, and one chose not to respond.

Interviews with Adult Grievers

The adult grievers participated in an interview after completing the survey. The
interview was conducted virtually with each participant at their convenient date and time.
With the help of an earlier prepared semi-structured guide (Appendix D), the researcher
asked each participant a series of scripted questions with an occasional additional
question based on their responses. The researcher set up twelve interviews with each of
the adult participants who had gone through loss in childhood. The interviews lasted
between thirty and forty-five minutes.

After the virtual Zoom interviews were complete and recorded, the audio file was
uploaded into Microsoft 365 to be converted into text with each speaker individually
separated. The full transcript was then saved into a Word document and edited for
corrections. Using Microsoft Excel, the researcher coded the transcripts by looking for
repeated phrases or topics which later were used to generate themes. The themes
generated from the interview transcripts associated with the adult grievers are as follows:

Age, Expected or Unexpected Loss and The Effects

Since the impact of loss on children is highly determined by the developmental
stage during which it occurs, the researcher looked at the age of each participant at the
time of loss, whether the loss was sudden or anticipated, and the effects thereafter. The
ages of the participants at the time of loss were divided into three categories (See Table
4.3). The first group comprised five participants who were between the ages of six and

nine when the loss was experienced. The next group of four participants fell in the category of ages ten to twelve and the third group of three participants was in the group of ages thirteen to fourteen years.

As to whether the loss was expected or not, 75 percent of the adult grievers indicated that the loss they experienced was sudden. One participant said, "He just left …I just realized one day that he did not come home." Another participant said, "My dad slit my mum's throat with a big knife, and she fell next to me." A third participant whose loss was sudden said, "My father died in a house fire while he was drunk. He passed out. Everyone managed to escape except him." One of the participants who indicated that the loss was anticipated said, "My dad had been diagnosed with cancer and he was in the hospital for a very long time."

The effects of loss for each participant varied. It seemed to correspond to the degree to which the participant understood the loss. For instance, one participant who was between six and nine years old when the loss occurred said, "On the burial day I was playing with my friends." Another participant in the same age bracket who witnessed the violent act that caused the loss said, "I don't think I fully understood the meaning of what had happened." A participant in the ten to twelve years bracket claimed to have understood what had happened even though it took ten years to acknowledge and accept it. Another participant in the age bracket of thirteen to fourteen said, "I grieved destructively. I became rebellious, got pregnant, and got a baby."

The immediate effects of loss were seen to be more intense in the groups of ten to fourteen years. Some of the effects expressed were deep bitterness, extreme sadness, deep

disappointment, and depression. One participant who had suffered abandonment by one of the parents said, "I do not consider myself as having a father. I dropped his name. I am a child of a single mother." Another participant who had a close relationship with the subject related to the loss said, "I was deeply disappointed. It was his fault." A participant whose subject of loss had died said, "It took me ten years for the loss to register. I did not talk about my father most of that time." Another participant who lost a step-parent said, "I was bitter with men because this was a second father who had walked away from me. I felt rejected and unworthy."

Another pattern seen with 25 percent of the participants was that those who vividly remembered the loss and the circumstances surrounding it were also deeply affected. Two participants clearly remembered their losses twenty years later with a remarkable level of clarity. One of the participants at the age of eleven when the loss happened did not just remember the date but also the day of the week it occurred, the people around him at the time it was disclosed to him, and exactly what was told to him. The other participant, who at the age of six vividly remembered the circumstances of the violence surrounding the loss of a significant person reported a mental block as soon as he was removed from the scene where the loss occurred. The third participant, who was eleven years when the abandonment occurred demonstrated intense emotions in recounting the loss experience in detail.

Grief was seen to have been difficult for those who experienced multiple losses in close succession while they were in the process of coping with another loss. Four

participants or 33% of the sample reported varied profound impacts due to the multiplicity of the losses experienced.

One of them demonstrated immense anger and deep bitterness at the point of the interview. The participant acknowledged difficulties in anger management and challenges in self-esteem. The researcher recommended counseling and offered resources that the participant could use for help. The other three confirmed that spirituality facilitated them to grieve, forgive and resolve their loss and grief.

Regarding the multiplicity of losses, one participant in the category of thirteen to fourteen years reported parental separation, rejection by a parent, suicide by a parent, and neglect by a significant person. Concerning the effects of the losses, the participant said, "We became the family that the villagers pointed a figure at, especially after my mum committed suicide and tried to poison her children. My stepfather and his new wife neglected us to the extent of not giving us food. We became beggars in the village." Another of the participants in the age bracket of six to nine years said, "After my mother died, I was shipped to my uncle's house, but my aunt did not like me; then I was taken back to my grandmother. I used to be very sad. I cried a lot. I would hold my mum's photograph close to me when I am crying." A participant who grew up in abject poverty because of being abandoned by a parent who had been the only provider felt rejected and expressed disgust using very strong words. He said, "He did not care whether we ate or not, or how we were living. He was as good as dead."

Perceptions of Specific Support and Its Relevance

Spiritual coping has been commended as having been effectively utilized to address a variety of painful situations, including loss. Over half (67%) of the participants

acknowledged receiving useful spiritual support of varied kinds from the churches they belonged to (See Table 5.9), even though 83 percent indicated an affiliation with a church. Equally significant was that 58 percent of the participants indicated having been very involved in their churches because they attended services and other activities every or almost every Sunday. Those that indicated moderate involvement because of their irregular attendance were 25 percent of the sample.

Regarding the specific support granted by the church to the participants in their childhood grief (see Table 5.7), all eight (100%) participants who responded to this question indicated that they benefitted from prayers from the church at this time of great need. Presence ministry in the form of home visitations and help to plan for the burial followed the prayer support closely at 87 percent. Financial support was the least accessible support (50%) according to the participants who indicated support.

Summary of Support Received

Over half (67%) of those who received spiritual support considered it to have been useful to the adults in the family, rather than to the children (Table 5.9). Some of the feelings expressed regarding the support were, "Their focus was primarily on the widows. They did not even address us, children, by name." This participant remembered being handled with "care" by the Christian friends that visited the family during the loss and hearing a lot of "it is going to be all right" statements. According to the participant, the Christian adults felt sorry for the children "so much so that they did not know what to say. "No one talked about the loss." Another participant stated, "The church supported mainly my mum." For another participant, the spiritual support accorded was tremendous

except that "the elephant in the room" was not addressed. According to the participant, while the logistical support from the church was generously and consistently availed, nobody was "bold enough to directly talk about the loss." Because of not dealing with the core of the matter, the silence facilitated the participant's repression of the loss and it remained unresolved. The participant later suffered depression accompanied by rebellion and poor life decisions.

One participant lauded the spiritual support received and said that it was geared toward the child's developmental age. The participant said, "We received tremendous support from the Christian community and the embassy staff. I was taken for therapy." It was noted that the participant was at the time of loss residing in a foreign country where the support received was contextual. For the other participant who indicated the usefulness of spiritual support, it was received three years after the loss was experienced.

Other sources of support received were from relatives and the community at an equal measure of 17 percent each. A participant who lost a significant parent and was rejected by the surviving one indicated that even though the support was not developmentally relevant, the community accorded the family support during the funeral and burial rites. Another participant whose parents separated said, "My mother got to be supported by her sister-in-law who opened her house to us, and we got to stay there for a few months." A participant who was dealing with the abandonment of a parent said that the surviving parent received support from the community in the form of a friend with whom "they used to pray together." The truth is that the church attempted to offer spiritual support, but it did not focus on children and the exploration of their meaning of

loss. One participant made a concise statement about spiritual support and its relevance and said, "Many people think that once you have helped parents to settle the bills related to the loss, that is it. They forget that people go through grief outside the bills." The participants discussed what could have been better in that support by recommending relevant spiritual support.

Table 5.10 Summary of Support Received (N=12)

Support	Participants	Percentage
Spiritual	8	67%
Relatives	2	17%
Community	2	17%

Suggestions For Relevant Spiritual Support

When asked to suggest ways in which the church would be better placed to support grieving children, adult grievers recommended strategies that were categorized into short- and long-term support. Short-term support defined practices and procedures immediately after the occurrence of the loss, like before the funeral in the case of loss-related to death. While long-term support defined activities that continue for a prolonged period. For instance, beyond the funeral. To ensure a deliberate and sustained focus on grieving children, 92 percent of the participants recommended a structured program to be integrated into the children's ministry pillar rather than include it in the overall church support program. Table 5.10 enumerates the activities suggested for inclusion in the grieving children structured program.

Table 5.11 Suggested Spiritual Support (N=12)

Short-Term	Long-Term	Frequency	Percentage
Home Visitations	Home Visitations	6	50%
	Setting up a Child-Friendly Space	5	42%
Moral and Financial Support		4	33%
	Counseling	4	33%
	Training Children Workers	4	33%
Prayers	Prayers	3	25%
	Awareness of Childhood Grief	**3**	25%

Home visits were the highest suggested activity (50%) to be implemented both in the short- and long term. Three participants used the term "the ministry of presence" to describe it as being physically available to a hurting child. One participant said, "Show love-surround that child. Be deliberate in focusing on children in times of bereavement." Another one said, "Interact with children." Even though Scripture is viable as a source of comfort and peace in challenging times, in the short term, being present may mean being silent with or listening to the grieving child while praying quietly. One participant put it into perspective by saying, "Visit and just sit or play games with the child if necessary." Another participant said, "Stop assuming children feel nothing. Allow children to grieve without belittling their feelings or thoughts."

Establishing a space where children can feel safe to process feelings and thoughts was suggested by 42 percent of the participants. It was hoped that in the child-friendly space, children would be able to process their feelings and thoughts and be listened to emphatically and non-judgmentally to deal with the grief being experienced. One participant said, "Create a safe place where children can talk. Educate them on what to expect. Listen to the challenges they could be facing." Three participants recommended group support within which grieving children can identify with others going through or

having gone through loss. Counseling by either professional counselors or trained child workers was also recommended. A participant who benefitted from counseling said, "The church should establish a counseling center." Moral and financial support for grieving families in the short term was suggested. One participant stated, "It is good for the church to get involved in the financial and other needs of the family." Only 25 percent of the participants suggested prayers as a spiritual support strategy. Yet, all (Table 5.7) of those who had strongly indicated that they received spiritual support during their childhood loss said prayers were part of the support. It seems like this discrepancy can be drawn from the fact that 50 percent of the participants who participated in prayers during their time of loss also confirmed that the support was not geared toward the children but rather toward the adults in the family.

The Uniqueness of Spiritual Support in Resolving Grief

The significance of talking through grief in a spiritually supportive environment using empathic language was deemed to have facilitated successful adjustment to loss in the lives of some of the participants. Of the twelve participants interviewed, 67 percent claimed to be functioning well in their everyday lives owing to the spiritual intervention accorded to them through their churches or institutions of learning. The uniqueness of spirituality in their specific contexts with the characteristics that fostered healing were demonstrated in varied ways as shown in Table 5.12.

Table 5.12 The Uniqueness of Spirituality (N=8)

Activity	Positive Characteristics
1. Spiritual Counseling	Empathic, non-judgmental, and confidential
2. Discipleship and Mentorship	Accountability
3. Community	Loving and healing relationships

The participants who went through spiritual counseling stated that talking in confidence with a spiritual person who listened fully without judging allowed them to finally grieve, forgive and resolve their loss. One such participant said, "I was loved by Christian friends who were leaders in my high school Christian Union. I shared my story and they prayed for me." Another participant who experienced multiple losses and received counseling from the pastor in a church he joined after surrendering his life to God said, "The pastor understood me well because he was from the village. He counseled me and many times I stayed in his house. Now the loss is just a memory."

Discipleship and Christian mentorship following a prolonged period of emotional distress and turbulence helped one participant to come to terms with the loss. The participant stated that the journey to grief resolution began at the point of spiritual transformation when he "embraced God as a father" and began to process forgiveness of the father who had murdered his mother. He said, "I started by having conversations with my pastor and I had many sessions which lasted for a month. I had never come to terms with what I was going through. That is the first time I got some form of counseling." Within an environment of accountability, the participant was able to "forgive his father" and the "incident no longer had a hold on him because he could talk about it without crying."

Community support was mentioned as a unique spiritual support to those who go through loss. A participant stated how love, care, and compassion were given through a small group in the church. Healthy and meaningful relationships formed in the group were a source of comfort and healing. The participant said, "I was introduced to a Bible

study group, then to a cell group in the church. Being around people was important

because I got to understand what was going on in my life. The healing process began

there."

<div align="center">*African Cultural Perspective by Adult Grievers*</div>

This study sought to determine if African cultural beliefs and practices had an

impact on how childhood grief was perceived and how children were handled after loss.

At least three themes related to African culture emerged. These were a) Children do not

grieve, b) Being unaware of how children grieve, and c) The conspiracy of silence around

issues of loss.

Children Do Not Grieve

At least 67 percent (Table 5.9) of the participants claimed that the support

accorded to the family was majorly towards adults rather than children. Some participants

advanced their thoughts to explain this status quo. One participant said, "When you lose a

loved one, they think the children don't understand what is happening. I think they

thought I and my siblings were all right, but I don't think so." Another participant who

directly pointed to the prominent African perspective that children are too young to

grieve said, "I think that they just assumed that we were kids and we would somehow get

over it. So, it did not come down to dealing with us as children." Still, on that thought,

another participant said, "I think people thought I was a kid. That I would outgrow, or I

will forget. That is why they took away the photographs of my mum from me." Perhaps

that is why a participant indicated that "They handled me with care. I think they felt sorry

for me. They hugged us a lot and told us to be strong and to take heart." This behavior

and mindset illustrated by the remarks of the participants confirmed a rife African

cultural perspective demonstrated through the literature review.

Being Unaware of How Children Grieve

As a way of protecting children from the ramifications of loss, the African culture

isolated children from situations and information that could elicit grief. It is therefore

possible that this perspective ensured that society remained oblivious to how children

grieve if at all they grieved. To emphasize this thought, a participant said, "As Kenyans,

we think children don't understand what is going on. Maybe because they saw us

laughing. I used that as a distraction. It was a way of trying to convince myself that it was

not happening."

The Conspiracy of Silence Around Issues of Loss

In the African culture existed a widespread belief that children were to be

protected from the pain of loss. The consequent behavior following a loss was keeping it

vague or away from children. Some participants reported silence from the adults on the

reality of the loss the family experienced. The effects thereafter clearly demonstrated that

withholding loss and grief talks from children was not protecting them as was assumed

by the parents or other adults in the lives of the children and as was already confirmed by

research. One participant who developed nightmares and the fear of death two years after

the loss and at the point of comprehending the reality said, "I woke up every night to go

and check on my mum. I used to check if she was breathing." Being in the age bracket of

six to nine years, he claimed that the truth of what the loss meant was withheld from him

even though he attempted to find out. He said, "I did not understand that I will never see

my dad again. I was not given a straight answer." He said he thought that "Maybe there was a chance that he would see his dad again."

Another participant still in the six to nine age bracket developed nightmares and fear of death, one year after he understood the meaning of the loss he had experienced in ignorance. At eight years old, the participant did not know what or the nature of the condition the parent was suffering from because the truth was withheld from him in the name of protecting him. This was even though he noted the lengthy hospital stays, the adverse physical effects on discharge, and the amount of medicine the parent used to take. The participant said, "I never really thought that he was dying. I thought it was a normal sickness from which he was going to recover." So, during the period of nightmares and extreme fear of death, whenever the surviving parent got ill, the inner dialogue as expressed by the participant would be, "Oh my God, cancer has come back again." This fear extended to when the parents slept more than usual.

Sometimes the truth of the loss was not fully expressed. One participant said that he did not understand the reality of the loss because the disclosure done by the surviving parent was "sugarcoated," since "I was still young." According to the participant, it became impossible to accept and resolve the loss, nine years after it happened. The participant said, "For the loss of my dad, I have never had closure. At times, I still don't believe that it is true. I am in denial up to date." The participant also claimed that subsequent losses have been challenging to face and resolve.

Parents Whose Children Had Experienced Loss in Childhood

The survey questions sent through email to parents whose children had experienced loss between six and fourteen years old consisted of demographic, Likert-scale, open-ended, and multiple-choice questions. The demographic questions focused on the child who had gone through loss and was like the demographic questions found in the adult grievers survey questionnaire. The Likert-scale questions contained twelve statements that sought the opinions of the parents concerning the grieving experience, and support accorded to their grieving child as well as personal beliefs about childhood grief. Open-ended and multiple-choice questions offered an opportunity for the participant to clarify a response further.

Likert-Scale Questions

The Likert-scale questions asked the participants to indicate the response that best described their experiences with their grieving children by checking any of the four choices: Strongly Disagree (SD), Disagree (D), Agree (A), or Strongly Agree (SA).

The first statement asked was "I ensured that my child got to know about the loss as soon as it happened." Over half (71%) of the parent participants said that their children got to know about the loss as soon as it happened. Only 29 percent acknowledged that their children did not get to know about the loss as soon as it had happened (Table 5.13).

Table 5.13 Loss Disclosure (N=7)

SD	D	A	SA
0	2	2	3

The second statement asked was "My child seemed to understand the loss because of the reaction exhibited." Over half (71%) of the parent participants indicated that their children understood loss owing to the reactions exhibited. 29 percent, however, disagreed with the statement (Table 5.14).

Table 5.14 Understanding of Loss (N=7)

SD	D	A	SA
0	2	2	3

The third statement asked was "The church's support started as soon as the loss was known." Regarding the support from the church and if it started as soon as the loss was known, 71 percent of the parent participants indicated that it did while 29 percent said that it did not (Table 5.15).

Table 5.15 Church Support (N=7)

SD	D	A	SA
1	1	2	3

The fourth statement asked was "The church deliberately included the child in the support activities conducted at home and in the church." For an intentional focus on the child by the church in terms of support, 57 percent said that it happened while 43 percent indicated that it did not (Table 5.16).

Table 5.16 Deliberate Inclusion of Child (N=7)

SD	D	A	SA
2	1	3	1

The fifth statement asked was "The child was included in the funeral and burial rites." Almost all the participants (83%) indicated the involvement of their children in the

burial and funeral rites. Only one participant (17%) disagreed with the statement (Table 5.17).

Table 5.17 Child Involvement in Funeral and Burial Rites (N=6)

SD	D	A	SA
1	0	1	4

There was a non-response from one parent whose loss was parental separation and not loss through death.

The sixth statement asked was "My child asked questions about the loss." Over half (83%) of the parent participants said that their children asked questions about the loss experienced. 17 percent strongly disagreed with the statement (Table 5.18).

Table 5.18 Loss Questions from Child (N=6)

SD	D	A	SA
1	0	2	3

There was one non-response to this statement.

The seventh statement asked was "I recall that a specific individual or individuals from the church or elsewhere talked to my child about the loss before the funeral or not long after the loss happened." 71 percent of the participants agreed with the statement by indicating that their children benefitted from short-term support. However, 29 percent expressed disagreement with the statement (Table 5.19).

Table 5.19 Short-term Attention on the Child Griever (N=7)

SD	D	A	SA
1	1	2	3

The eighth statement asked was "I recall that a specific individual or individuals from the church or elsewhere talked to my child about the loss after the funeral or several days after the loss." 57 percent of the parents' participants said that their children were

not given long-term support. Participants who agreed with the statement were 43 percent

(Table 5.20).

Table 5.20 Long-Tern Attention on the Child Griever (N=7)

SD	D	A	SA
2	2	2	1

The ninth statement asked was "I believe a child who has experienced loss

grieves." Regarding the views of parent participants on childhood grief, all (100%) stated

that they believed children grieve (Table 5.21).

Table 5.21 Parental View of Childhood Grief (N=7)

SD	D	A	SA
0	0	1	6

The tenth statement asked was "My view and opinion about childhood grief

originates from my ethnic background." 67 percent of the parent participants refuted the

suggestion that their ethnic backgrounds could have influenced their view on childhood

grief. 33 percent on the other hand agreed with the statement (Table 5.22).

Table 5.22 Influence of Ethnic Background on Grief (N=6)

SD	D	A	SA
0	4	2	0

There was one non-response to this statement.

The eleventh statement asked was "Being in grief as a parent affected the way I

responded to my grieving child." All the parent participants (100%) agreed that their grief

may have affected their response to their grieving children (Table 5.23).

Table 5.23 The Effect of Parental Grief (N=7)

SD	D	A	SA
0	0	3	4

The twelfth statement asked was "I think that as a parent, I could have done more to support my child during the loss." All the parent participants (100%) agreed that they could have done more to support their children during the period of loss (Table 5.24).

Table 5.24 Improvement in Parental Support (N=7)

SA	D	A	SA
0	0	3	4

Open-Ended Question

Parents were presented with an open-ended question to clarify their children's reactions following the loss disclosure. The researcher listed on a Word document all the responses received and discusses them below.

The prompt stated, "Please clarify briefly how your child responded to the loss." This question was meant to elucidate the reaction exhibited by the child following the loss, as had been asked in an earlier question.

Four parents indicated that their children exhibited depression after the significant losses experienced. These were expressed through the words like "crying a lot," "poor performance," and "confusion." One parent wrote, "The young child cried so much." Another one wrote, "The loss affected the KCPE (Kenya Certificate of Primary Examination) performance.

Three respondents expressed that their children displayed denial following the loss. One parent wrote, "She was in disbelief and was very quiet." Another parent wrote, "The child was in denial for a very long time."

Two respondents indicated that the children were traumatized by the significant loss experienced. One parent wrote," The child was traumatized so much because she was attached to the dad."

The theme of bitterness toward God was expressed by one respondent. The parent wrote, "My daughter was very bitter with God. She could not understand why God had done this to her."

Finally, the theme of rejection emerged from the loss related to parental separation and abandonment. The respondent wrote, "She felt rejected, unloved, and unappreciated."

Multiple Choices Question

One checklist-type multiple choices question was included in the survey to further clarify the previous question on the burial and funeral rites that the child may or not have been included. The respondents had the choice of checking as many as were true for their experience. After receiving the responses from the participants, the researcher listed the responses on a blank Word document and using simple descriptive statistics determined both the frequency and the percentages of the responses.

The question was "Which specific rituals among these listed were your child involved in after the loss." The two rituals in which the children were involved in equal measure (83%) were the funeral service and the burial ceremony. The memorial service was the next ritual in which children were involved, at 67 percent. Half the parents (50%) indicated that their children were involved in the viewing of the body and 17% said they involved children in overnight vigils at home before the funeral day (Table 5.25). It was

noted that the adult grievers' responses to this same question revealed the exact order of

responses as that observed here.

Table 5.25 Rites Child Involved In (N=6)

Funeral and Burial Rites	Frequency	Percentage
Funeral Service	5	83%
Burial Ceremony	5	83%
Memorial Service	4	67%
Viewing the Body	3	50%
Overnight Vigils at Home	1	17%
Others	0	0

One parent passed this question because the loss experienced was related to parental separation and not death.

Interviews with Church Ministers

The researcher conducted three interviews with the three ministers from the

Baptist church, two of whom were senior pastors in their churches but without a

children's minister at the interview point, and one who was a children's minister working

under a senior pastor. The researcher asked each man a series of scripted questions with

an occasional additional question based on their responses. The interviews lasted between

forty and sixty minutes. Table 5.26 is provided below to show the churches, the ministers,

and the number of years each had served in their respective churches.

Table 5.26 Church Ministers

Baptist Churches	Religious Title	Years Served
A	Senior Pastor	7
B	Children's Pastor	14
C	Senior Pastor	6

After the virtual Zoom interviews were complete and recorded, the audio file was

uploaded into Microsoft 365 to be converted into text with each speaker individually

separated. The full transcript was then saved into a Word document and edited for

corrections. Using Microsoft Excel, the researcher coded the transcripts by looking for repeated phrases or topics which later were used to generate themes. The themes generated from the interview transcripts associated with the children ministers are presented below.

General Overview of the Children's Ministry in the Churches

All three ministers from churches A, B, and C were seen to be passionate about children and abreast of what was happening in the children's department. The three churches indicated that children began to be involved in the children's ministry activities at the age of three years and went on until the age of about fourteen to fifteen after which there was a transition to the youth church. Churches A and C did not report any concrete structure for children under the age of three years beyond attending services and other activities with adult congregants and risking the challenge of a parent having to walk out every time the child's behavior was disruptive. On the other hand, church B indicated that the church had built a "creche" or a children's room where parents with children below three years could attend Sunday services and other activities in a soundproof and child-friendly space with large screens, to be able to follow services synchronously with other congregants.

Regarding the number of children, the three churches ministered to on Sunday and in any other activities planned for children, Church A indicated a number between 350 to 400, church B 600 to 700, and church C 300 to 350. The churches also reported that the children's activities on Sundays when most children were brought to church by their parents were such that they corresponded with the adult activities. All the churches,

for instance, had two similar Sunday children's services to correspond with the two adult services of the day. The church A pastor who disclosed that the church had been founded through a children's ministry said children brought a lot of life to the church. He said, "Children bring out the aspect of hope in the future. They love the church. They come even when it is raining."

Specific Children Programs in the Churches

It was apparent that the three key leaders embraced a high view of children because of the impressive array of children's programs and activities spread out throughout the year. These programs were scheduled not just every Sunday but also during the school holidays and specific occasions like Easter and Christmas holidays. For instance, church B reported having four additional programs besides the regular Sunday Bible teaching sessions. Church A had eight while church C's pastor talked about four. While most of these programs were set up for children's spiritual growth, some also dealt with children's social and emotional aspects. For instance, to correspond to the transition from childhood to adolescence, church B had structured a rite of passage program for children ages fourteen to fifteen. The program focused on relevant areas of interest such as transitions in life, personal grooming, self-esteem, good use of social media, and self-confidence, among others. Church A talked about a month-long discipleship program for children the same age which facilitated them to make a firm commitment to God as they prepare to go to boarding schools and be away from church for at least three months during the school semester. Table 5.27 presents the various children's activities in the three churches throughout the year.

Table 5.27 Specific Children Programs

Church	Activities	Time of the Year	Age of Child
A	Sunday School	Every Sunday	3-14 Years
	Vocational Bible School	Annual	3-14 Years
	Easter program	Easter Holidays	3-14 Years
	Children Prayer Days	Twice a Year	3-14 Years
	Children Fun and Sports Day	Once a Year	3-14 Years
	Christmas Program	Christmas Holiday	3-14 Years
	"Wanjumbe wa Yesu"	Every Sunday	7-14 years
	Grade 8 Transition Program	End of Grade 8	14-15 years
B	Sunday School	Every Sunday	3-15 Years
	Pre-Teen Program	Every Other Month	10-12 Years
	Ropes program (A Rite of Passage Program)	Once a Year	14-15 years
	Initiation Program (For Boys Only)	Once a Year	13-15 Years
	Easter Program	Easter Holidays	3-15 Years
	Vocational Bible School	Christmas Holidays	3-15 Years
	Children Camp	August Holidays	7-15 Years
	Christmas Carol Week	Christmas Holidays	3-15 Years
C	Sunday School	Every Sunday	3-14 Years
	Easter Program	Easter Holidays	3-14 Years
	Vocational Bible School	Christmas Holidays	3-14 Years
	"Wajumbe wa Yesu" Program	Every Sunday	7-14 Years

Support Accorded to Grieving Children

All three churches A, B, and C demonstrated an effort toward the support of

grieving children. Two churches (A and C) rated themselves as average and below

regarding their performance at supporting grieving children. Church B however indicated

a rate above average because their approach to grief was "holistic." According to the

church B pastor, this approach was new in that it had been in use only in the last three

years. The pastor said, "We pray and comfort the adults and also sit with the children

because just as adults grieve, we believe children also grieve." The pastor described

generally what would happen in a session with grieving children. There would be

interaction with the child(ren), allowing them to express their feelings about the loss, ask

questions, and reveal their fears. The pastorate on the other hand would "answer the

questions asked as truthfully as possible, reassure the children, pray with them, and then point them to the hope found in God." This process usually commenced immediately after the occurrence of a loss.

To help the parents understand childhood grief and the bereavement reactions their grieving child(ren) could exhibit, the pastor of church B indicated that parents' education was integrated into the support and disseminated as the need arose. Bereavement reactions were communicated based on the developmental stage the child was in at the time of loss. The pastor said, "We encourage parents not to be in a hurry to take children back to school after the experience of loss especially if they are not ready to resume work themselves." In recognition that the parents would also be grieving at the same time, the pastor from church B requested parents to seek help for children who exhibited adverse reactions.

Pastors from churches A and C acknowledged that they did not have a structured program for grieving children. The efforts in place toward the support of grieving children were enumerated as being home visits in the short-term following the occurrence of a loss, prayer, comfort meetings held at home and in church, and involvement in funeral arrangements and the service. To clarify further, the pastor of church A said, "We don't have a well-structured support program for grieving children. But on a small scale, the pastor reaches out to the children in the process of reaching out to the parents." During the prayers for family, this pastor intimated that children would be requested to join in. The pastor of church C indicated that the support given to grieving children was "short-term" because it only lasted just about a week after the occurrence of the loss.

Taking the example of loss through death, the pastor said, "The support given to grieving children is done within the family structure and it lasts only in the first week when they are mourning. However, we drop the ball immediately after the burial."

Suggestions of How the Church Can Better Support Grieving Children

The pastors of the three churches A, B, and C, agreed with the child grievers on the need to integrate a structured program in the children's ministry pillar to better support grieving children. The need for materials on childhood grief also emerged. It was suggested that the structured program needed to take into consideration pre-loss awareness and education to prepare children before any loss experience as well as a long-term perspective. There was also a consensus on the involvement of lay people besides the clergy, in the support of grieving children, following training, awareness of childhood grief, and support of grieving children. Table 5.28 shows suggestions presented for how the church can better support grieving children. Since it was clear that the best way to work with children was within the family, the three church pastors strongly recommended the inclusion of parents in the support of grieving children. Likewise, involving Sunday school teachers who were already volunteers working with children in the church was seen to be inevitable.

Table 5.28 Suggestions for Better Support

People to Involve	Relevant Support
Clergy	Develop a comprehensive support program for grieving children and materials to go with it. Integrate the model into the Children's Ministry Program Advocate for support by creating awareness
Parents and community members	Bring awareness on childhood grief and how to support grieving children.
Sunday School Teachers and other Interested People	Train lay people on childhood grief and support of grieving children

Regarding the perceived effectiveness of the program, the pastor of church C emphasized the need for the clergy to work with other lay people because of the already busy schedules the office runs. It was noted that such a program would even be more effective if childhood grief would be made a course in seminary so that churches can be able to recruit trained pastors. The pastor said, "We are not prepared in Bible school to work with children." To demonstrate this point, the pastor of church B where the support program for grieving children seemed to be more relevant and functional for at least three years acknowledged that the change in his perspective on children and grief had been occasioned by "his eyes being opened" through a children-related graduate program he was enrolled in.

Additionally, better support was seen to be determined by the commitment of ministers to the children's ministry rather than viewing the position as a "stepping-stone" to the adult church. The pastor from church B pointed this out when he said, "Pastors who sign up as children ministers always seem to transition to other positions because it was their way of getting into the system." This point seemed to be confirmed by the relevance and functionality of the current support program for grieving children in church B as enumerated by the minister who had served in the same position for fourteen years. To clarify his longevity in the service to children, the pastor said, "For me, I am not looking at being a youth pastor or any other pastor for that matter. My calling is to serve children. I strive to nurture other people who can take up the ministry should anything happen to me."

The challenge of finding ministers who were ready and willing to be children ministers was also demonstrated by the fact that two of the churches (A and C) had not had a minister for more than a year despite their efforts to advertise the position. Additionally, recruiting children's workers from the church congregation was mentioned as a potential challenge to the effectiveness of children's programs in the church. The pastor of church B clarified this point by noting, "You will stand in front of the church and call out for volunteers to come and work in the children's ministry and only a minimal number show up. But in any other ministry in the church, especially where it involves being at the front line in the church, they are right there."

The partnership between the church and parents in the support of grieving children was underscored. The pastor from church B indicated that even though the church was slightly above average in the support of grieving children, the hindrances to reaching children were largely by parents. He said, "Many parents rejected the attempts by the church to reach their children during a loss. They seemed to want to protect their children from interacting with the topic of grief because of the pain it could bring to the children." The pastor, therefore, felt that even though the program at the beginning would aim at walking the grief journey with the child, that was not the case for most children because the parents usually "whisked them away." Most according to the pastor of church B would be returned to school too early having not fully resolved their grief even when their parents were not ready to return to work. In finding a solution to this challenge, all three pastors agreed that it was inevitable to involve the parents by way of awareness, and training to be able to better support grieving children.

The need for resources enough to effectively run the children's ministry was cited as another significant aspect of better support for grieving children. The church was accused by the three pastors of not taking the children's ministry seriously in terms of resource allocation. Consequently, the children's program and its effectiveness were seen to be affected negatively because of the lack of resources to facilitate implementation. This challenge was seen to even be demonstrated by the quality of children's sanctuaries in comparison to youth and adult sanctuaries. This was expressed by the pastor of church C who when responding to better support for children said, "A church also needs to budget for children."

The African Cultural Perspective by Church Ministers

Two pastors from churches B and C brought an African perspective to the topic of childhood grief. The pastor from church B said, "Because of our African context, we don't like to speak about loss. Yet we have no problem exposing our children to loss through the television and other technology." This introduced the incongruity of the cultural perspective on one hand and the exposure to "undefined loss situations" through technology for the children on the other hand. The pastor of church C brought in another cultural perspective and said, "Children are usually ignored because when people see children playing, they are assumed to be all right. So, the focus is given to the adults." This agrees with the claim in the literature review that the African culture did not view children as capable of grieving. Due to the fear and mystery of loss, especially one related to death, the African perspective tends to shun loss. When responding to the question of better support for grieving children, the pastor of church C said, "There is always the fear of opening a wound and not knowing what to do with a child who could

become emotional. One feels like they have made a mistake. Yet without realizing that it could have been a door the child was opening for help and support." It is therefore possible that whether in a great or small way, the African perspective could be influencing the way the grieving children are viewed and handled.

Field Observation

Finally, it was important for the researcher to document the observations of the church visits and the virtual interviews done with twelve adult grievers and three church ministers. The field observations were a means of validating the other two streams of data. It was significant for the researcher to test how the experience of the church visits and the interviews of different sample sets lined up with the themes developed from the survey and interviews.

Children's Church Structures

The researcher made scheduled visits to the three churches for the purpose of meeting the contact persons and presenting further details about the project. It was observed that the church personnel received the researcher well. Regarding an acceptable and adequate children's church, all three churches seemed to have prioritized children because of the quality and the space the structures occupied in the church compound. This contrasts with churches where children's church would often be "under a tree" or a "roof" on a Sunday morning Bible lesson session, thus threatening the safety of the children. Two of the churches (Church A and C) already had a school ministry in place and had dedicated some classrooms to children every Sunday. Church B had built an

acceptable structure for children and was constructing a more permanent building to host both the youth and the children's churches, at the point the researcher visited the church.

Availability of Pastors for Interviews

The researcher noted that it took several days, sometimes up to two weeks, to schedule an interview with the pastors. They all eventually acknowledged having an extremely busy life with too many activities to attend to. This was especially true for pastors in churches A and C who also did not have a children minister on staff. When asked what the church can do better in the support of grieving children, the pastor in church C specifically stated, "Stop giving the pastor everything to do-visitations, counseling, prayer- involve lay people." The researcher noted that the children's program in those churches was not as organized as the one in church B where every ministry including that of children was headed by a pastor. It also did not go unnoticed by the researcher that the level of "stress" seemed to have the potential to influence the quality and outcome of ministry activities. Even though it was not one of the questions asked, the researcher wondered how these, and perhaps other ministers, managed stress to improve productivity.

Interviews with Children Grievers

The researcher observed how the adult grievers were behaving during the virtual Zoom interviews in the process of interpersonal interactions. While it is true that virtual sessions lack facial expressions, gestures, body posture, and other body language tactics to assist in understanding the complete message being communicated, the researcher believes that the tone of voices heard during the interviews communicated certain

messages based on the information the participants were conveying at any time. Because the experience of loss is painful, participants exhibited different feelings based on how many times the feeling was repeated or the way it was communicated. The feelings communicated by adult grievers during the interview as "observed" by the researcher included anger, rejection/hopelessness, and shame/disappointment.

Anger

One participant broke out into a verbal anger outburst directed at the significant parent who had abandoned the family. The researcher counted over thirty times in an interview that lasted forty-five minutes in which the participant used phrases or words that expressed bitterness and hate. An example of such a phrase was "I am very bitter; He is as good as dead." Or when the participant referred to the neglect associated with the parent in question and said, "…and he was not bothered at all." Since the researcher considered it significant to respond to the participants based on what they introduced in the interview, this participant was encouraged to seek counseling services to deal with the bitter feelings and be empowered to rise above the painful negative experiences of life.

Rejection and Hopelessness

The theme of rejection was implied in two experiences of abandonment. One participant was unable to positively locate any kind of support received after the abandonment of one parent and the consequent abandonment of the other because of moving away to find a job. The experience of double losses seemed to have taken a heavy toll on the participant who was the last born of three children in the family. The tone of voice exhibited deep sadness and a sense of rejection by the people who took up

the role of care in the absence of the significant parent. Twice when the researcher enquired about the support received after the abandonment, he first would chuckle sarcastically as if the question was "a joke." The researcher assumed that it was his way of muffling the reality of rejection.

The second participant who also seemed to communicate rejection and neglect following the experience of abandonment exhibited sadness and frustration in the voice while narrating the extent of neglect that included a lack of basic needs. This participant had not only been abandoned and neglected by a significant person but also had lost another significant person through suicide. Nevertheless, the neglect and rejection by a stepmother following the loss of a mother seemed to have affected the participant immensely.

Shame and Disappointment

Shame was the other feeling detected from female participants who were perceived to have had a close relationship with the male object of loss. Two female participants reported having been disillusioned by the persons of the male gender who had divorced and died respectively. The participant whose situation was related to the separation of parents blamed the father for the loss and struggled with trusting people after that. The participant indicated feeling "different" from other children. As if "something was wrong."

The second participant whose significant person had died felt disillusioned by life and by God. Following the loss of one of the closest persons in her life, the participant reported she "cared less" after that. She "let herself go." It is like she lost her self-worth.

The participant got involved in everything her Christian background had taught her not to do. Depression, a pregnancy, and a baby and counseling stopped her from spiraling deeper.

Conclusion

Listening to the voices of adults who experienced loss in childhood as well as parents whose children had experienced loss in childhood and the children's ministers confirmed the fact that loss is part of being human. Listening through interviews and reading the survey responses revealed the struggle and pain of loss but also the need for support at this very challenging time.

For the adult grievers, the pain of loss was mirrored in the outcome of the interviews and surveys which covered a large chronological period of between forty years since the loss had been experienced to less than ten years. How long it took for the individuals to accept and resolve their different losses depended on if support was accorded and the quality of that support. Half of the participants credited spiritual support accorded at different periods of their grief journey as having helped them to come to terms with their losses. The other half regrettably admitted to still struggling with the reality and pain of their losses long into their adult life.

By parents preferring to "protect" children from loss by not disclosing the actual loss or the circumstances around it, children will continue to carry grief into their adult life with little success in a productive life. Since the loss in the family rendered parents unable to offer adequate support to their grieving children, the church was seen to be a key site in providing the necessary support.

The results of the interviews with the children's ministers confirmed that the church viewed children as important members of the congregation. Each congregation had a vibrant children's program in place. It was clear that the church was attempting to offer support. However, according to the actual "grieving children" interviewed, the support accorded was not targeted to the child, and it turned out to be short-term. The church acknowledged the lack of skills in supporting children and the lack of a well-thought-out structured program specifically focusing on grieving children. Because children need to be listened to, there is a need for a care model to facilitate children's workers in the church to meaningfully respond to grieving children. The next chapter defines the proposed ministry care model for grieving children.

CHAPTER SIX: THE CHILDHOOD GRIEF SUPPORT MODEL

Based on the data analyzed in the previous chapter, and the themes presented in chapters two and three the researcher developed a spiritual care model (Fig 6.1) to be used by the Baptist church in Kenya for the support of grieving children. The data revealed that childhood grief not only affects children if not resolved, but it also presented a significant intervention challenge for child workers in the church and the community at large. Two churches (Churches A and C) among the three churches that participated in this project acknowledged incompetency and lack of knowledge in the support of grieving children. While it was clear that all three churches (A, B, and C) were not complacent concerning care toward grieving families, 67 percent (churches A and C) lacked a formalized approach to the care of grieving children specifically. Therefore, for the Baptist church in Kenya to successfully support grieving children, an intentional move toward establishing a formalized program into the operational structure of the church was deemed necessary.

A review of the relevant literature suggested that children whose loss experience is unrecognized and whose grief is unattended remain in a crisis that is likely to bring future mental health problems. Considering that all the participants interviewed in this project were from the city of Nairobi, it is possible that the losses experienced were

compounded by the daily stresses of schoolwork, making and maintaining friendships, and the hectic pace of life. Moreover, children's emotional needs were observed to be neglected in situations where the adults in their lives were also grieving thus being unable to attend to their children as was strongly acknowledged by the parents who handled grieving children interviewed in this project.

Spiritual support as a means of coping after a loss was supported by research which indicated that it contributed to reduced symptoms of depression, greater self-esteem, and overall greater life satisfaction.[400] Nevertheless, the success of spiritual support in facilitating grieving children to cope and recover from the pain of grief was hinged on the knowledge that children grieve and they do so in a unique, personal, and developmentally appropriate process.

The compelling argument of the church being undeniably well-positioned to make a positive impact on the support of grieving children was entrenched in the impressive effort of the church and the actual number of children being impacted in their ministry to children. Based on the quality of programs being implemented and the number of children being ministered to in the three churches analyzed, it was clear that the children's ministry was being accorded the attention it deserved. However, the simultaneous acknowledgment of grieving children in the congregation and the deficiency of child-friendly and relevant grief programs in most of the churches that participated in the study were concerning.

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[400] Thema et al., 306.

The strategy of utilizing the church to offer a spiritual perspective on grief is not just a practical approach; it is also scriptural. God calls the church to journey alongside those who grieve by "mourning with those who mourn" (Rom.12:15), and "comfort those in need of comfort with the comfort which they have received from God" (2 Cor. 1:4). Believers have also been called to "carry one another's burdens" (Gal. 6:2), "love one another" (Jn 5:12; 1 Pet. 3:8), "comfort one another" (1 Thess. 4:18; 2 Cor 1:3-4), "encourage and build one another up" (1 Thess. 5:11) and "pray for one another" (Jas. 5:16).

The spiritual care model developed in this project will shift from the pastorate as the only office expected to offer care (as had been the case according to the children ministers interviewed) to embrace the lay members of the church interested in giving support to children in the church and the community at large. Having already successfully worked with grieving adults, this program expects the church to effectively support grieving children by following an inclusive perspective and an updated strategy. Comprehensive and long-term care will be provided by the members of the congregation (henceforth referred to as spiritual caregivers) interested and willing to work with children. Focused recruitment of adults who experienced grief in childhood and are interested in being spiritual caregivers is recommended as part of the team. Before the implementation of the program, the spiritual caregivers will be recruited and trained to understand childhood grief and how best to support grieving children as lay people.

For effective support to grieving children, the congregation and the community will be empowered on relevant topics related to childhood grief to be advocates for the

support and identification of grieving children both in the church and the surrounding community and to counter the universal African cultural belief that "children do not have the capacity to grieve." All three churches (A, B, and C) involved in this study were located in residential areas from where most of the church membership was derived. In a situation of loss, all three ministers confirmed that relatives and friends were usually the first support that a grieving family received, way before the church arrived on the scene. This is in line with the African tradition of mourning in most ethnic groups, including those explored in this project. Grieving families heavily relied on community involvement following a loss. For instance, in a loss related to death, this support included help with household chores, and presence while planning the memorial and burial events. As indicated in the literature review, community involvement in times of loss and grief emanated from the communalism philosophy, a dominant view in the African culture where an individual was identified in, by, and through the community to which they belonged.

In addition to the involvement of the community in the support of grieving children, the church has been called to the community beyond the church gates. The review of the literature indicated that similar to Jewish mourning practices, a healthy church develops the community around where it is located. Empowering the community ensures that their involvement is both relevant and significant to those who need it most. The Ancient Jewish customs called for the kind treatment of strangers. Hospitality was not just an event but a long-term relationship and a prized virtue. God as a host in Psalms 23:5 not only prepares a lavish meal for his guest but his total attention and interest is in

the welfare of his guest. The involvement of the congregation and the community in this model of care will not just be significant, it will also be necessary for the comprehensive support of grieving children.

The spiritual care model (Fig. 6.1) proposed in this project will offer meaningful, relevant, and timely Gospel truths to grieving children in a way that connects the children to "the God of all comfort" (2 Cor. 1:3). In line with the suggestions from the participants and the literature reviewed, the implementation of the spiritual care model will focus on preparing children for loss, equipping spiritual caregivers for effective intervention and, availing grief awareness for the congregation and the community to counter myths and incorrect beliefs related to childhood grief. As seen in Figure 6.1, the spiritual care model includes people, program aspects, and grief training and support.

Proposed Spiritual Care Model for Grieving Children

Goal

The spiritual care model's goal will point grieving children to God the Good Shepherd who offers comfort, care, and compassion in times of crisis. It is hoped that the children's relationship with God, already established and cultivated through the children's ministry, will be a worthy prerequisite to viewing and understanding God as a Shepherd who knows what they need in their time of crisis. To implement the model (Fig. 6.1), willing and available members of the congregation, henceforth referred to here as spiritual caregivers will be recruited and trained to be able to walk with grieving children within a trusting relationship in which the children will feel safe to share their grief stories.
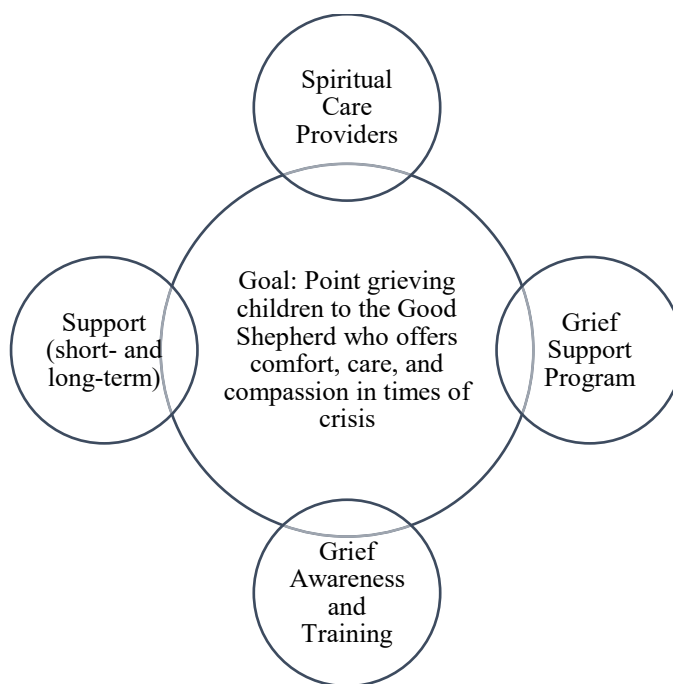
Figure 6.1 Proposed Spiritual Care Model for Grieving Children

The achievement of the perceived goal will sequentially adopt two integral

aspects namely grief education and grief support. As drawn from the interviews with

adult grievers and church ministers as well as the survey of parents with grieving

children, grief education will not just act as a catalyst but also a necessity for grief

support. The model, therefore, envisions the empowering of spiritual caregivers with

comprehensive information on childhood grief, and the general congregation and

community with basic awareness of childhood loss and grief. To proactively prepare

children for the inevitable experiences of loss, awareness of loss and grief will be

integrated into the already existing children's ministry program. Ronald Edwin Hughes in

examining pastoral care for the congregation wrote, "A pastoral care ministry should be proactive and not simply reactive to issues that come up."[401]

Grief support will involve spiritual caregivers, the congregation, and the community. The spiritual caregivers will be involved in comprehensive and long-term support. The empowered congregation and community will be involved in the identification of grieving children and will most likely be the first responders following a loss.

Grief Education and Awareness

While grief and loss are experienced by all individuals, understanding the grief journey and having the skills to navigate the journey differs for each individual. Cultural values can also create barriers to talking about and learning about grief. Providing education and training for children's workers, congregation, and community can increase awareness and strengthen ministry to children who have experienced loss. In addition, educating children about grief can prepare and help children for the losses they may face.

Equipping Spiritual Caregivers

The interviews with church ministers confirmed a lack of knowledge in helping and supporting grieving children in the church. This was also corroborated by 75 percent of the adult grievers who indicated that the "useful" support received following the loss experienced failed to match the age and comprehension level of the grieving child. To

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[401] Ronald Edwin Hughes, "Shepherding the Flock: C.A.R.E.- A Model for Pastoral Ministry" (D. Min thesis, Liberty University Baptist Theological Seminary, Georgia, 2015), 80, Open Access Theses and Dissertations.

prepare spiritual caregivers for effective ministry, therefore, this model proposed a deliberate intention towards equipping caregivers with relevant knowledge to be able to successfully serve grieving children and reduce the frustration that can occur when not adequately prepared. A glean from the review of the literature indicated that when children are allowed to share their feelings, emotions, and thoughts related to the loss being experienced, within a trusting relationship then there is hope for a resolution and ways of coping with the new reality.

With the suggestion from both the adult grievers and the church ministers to integrate the spiritual care model into the children's ministry, it is hoped that the nurturing and educational environment already present will enable children to receive comfort from God and respond to their losses with an overall trajectory of faith. Because of redirecting children to Christ, the Good Shepherd (Jn 10:11), it is hoped that the spiritual care model will facilitate victory over despair, making comfort inevitable.

Educating the Congregation and the Community

The researcher recognized the futility of working with children in exclusion. The involvement of significant people in the lives of children like parents and other adults was seen to be necessary for the success of this model. While total reliance on God for guidance, comfort, and care were viewed as paramount, having a basic understanding of childhood grief was not only necessary but also inevitable. An empowered congregation and community members were envisioned as being able to appreciate that children grieve and have the knowledge of what to do and how to support the children. Providing awareness of matters related to children was a suggestion of the church ministers

interviewed. The ministers acknowledged incompetence in the skills necessary for the support of grieving children. Additionally, reviewed literature demonstrated a significant change in the literacy levels of those trained in a specific area thus gaining competency, confidence, and an appropriate attitude.[402]

In the only church where a close-to-formal program for grieving children existed (Church B), the church minister noted that one major challenge to the effectiveness of the program was parents who hindered their children from getting help. Further, the same church minister exposed the ignorance of parents and teachers to childhood grief by stating that children would "quickly" after the loss be expected to go back to school or "normal" life even if their parents would still be at home mourning. Additionally, the adult grievers reported that immediately after a loss, the first responders were usually relatives and the community surrounding the grieving family. This is in line with the African mourning process as demonstrated by the literature reviewed. Not including community support would be to the detriment of the effectiveness of this model.

This model proposed some awareness sessions to help the congregation and the community appreciate that children do grieve, can share their grief, and deserve to be supported through their journey of grief. In consideration of the participants, the church was given the option of either holding grief awareness seminars or integrating grief-related teachings and preaching sessions into the pulpit program.

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[402] Lam, Jorm, and Wong, 1; Goodman Sibeko et al., 1.

Before the implementation of the grief support program, this project proposed that the services of a professional with an education that specifically focuses on children can be utilized for the training of spiritual caregivers and general awareness of the congregation and community on matters related to children and grief. This could be done through a series of seminars. Pond suggested that this kind of trainer would be required to know the spiritual and emotional developmental aspects of children, as well as the different ways in which children progress through and express their grief.[403] Such knowledge is seen to not only counter the negative views concerning children and grief but also prepare the spiritual caregivers to offer better support and be able to tackle different aspects of childhood grief both through prayer and technical knowledge.

Educating Children on Loss

Preparing children for loss before it happens was seen as a proactive step. It is common knowledge that when an individual is prepared for a possible challenge or crisis, they are better able to cope when or if it happens. This project assumes that children who are familiar with the reality of loss and grief and understand that God invites all people to bring their sorrow and pain to him for comfort and strength will most likely receive the news of loss and cope better. A review of the literature on the reluctance of society to engage in loss-talk revealed through several studies that children appreciated being given a friendly environment to express fears, doubts, and ideas about loss. Children indicated that engaging in loss-talks before a loss happened contributed to reduced anxiety, better

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[403] Pond, PhD diss, 256.

communication among peers, and a different perspective on life and its sense of loss. Further findings indicated that pre-loss-talks with children resulted in a constructive impact on two levels. First, on account of being allowed to discuss grief and grieving, the children were better able to define emotional responses to loss and normalize them. Secondly, the children overcame their anxiety about loss and were able to share relevant personal experiences.[404]

This is the premise the researcher used to propose for the integration of loss and grief sessions in the children's ministry program as a pre-loss proactive initiative. By talking to children about loss and grief in the Sunday school program, the teachers will get the opportunity to show children how Jesus experienced many losses in his life. Like when he lost his cousin John the Baptist who was beheaded by King Herod and his head was offered to his daughter as a gift for entertaining his guests well (Matt. 14:1-12; Mk. 6:14-29; Lk. 9"7-9). Children will also learn that expressing sadness and crying is normal and it is an important part of the grieving process. After all, Jesus wept when he was told about the death of his friend Lazarus (Jn. 11: 33-35). It will also be an opportunity to involve children in actual praying as a step toward trusting God for peace and strength in difficult circumstances of life.

Grief Support

The literature reviewed emphasized the significance of talking through grief either with parents, lay people, or professional therapists to eventually find a resolution for

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[404] Stylianou and Zenbylas, 240.

grief. Two recent studies drew attention to the critical role support plays for bereaved

children. As alluded to earlier in this project, support for bereaved children cannot be

overemphasized because it alleviates possible mental ill-health and increases the

children's psychological functioning. In a study of 39 parentally bereaved children, It was

discovered that the caregivers' use of positive emotional words in the interaction with

bereaved children resulted in children being less likely to experience depression, anxiety,

and avoidant coping.[405] Another study that systematically reviewed 1700 studies not only

agreed that support for bereaved children was necessary but also that when parents are

supported, they do demonstrate an enhanced capacity to support their grieving

children.[406]

The Spiritual Caregivers

The spiritual caregivers will be the principal support providers in this grief

program. The caregivers will be available to navigate the grief journey with the grieving

children while recognizing the uniqueness of every child and their way of dealing with

grief. The children will be guided to explore their feelings and thoughts concerning the

loss and the new phase of life. For grieving children to experience comfort practically,

the spiritual caregivers will be required to listen to their grief stories, share relevant

Scripture with them, and pray with them.

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[405] Britney M. Wardecker, et al., "Caregivers' Positive Emotional Expression and Children's Psychological Functioning After Parental Loss," *Journal of Child and Family Studies* 26 (2017): 3491.

[406] Bergman, 1-2.

With the integration of the grief support program into an already active children's ministry where children have been introduced to God the Father, the role of the spiritual caregivers will be to help children find love, hope, and healing within that close and personal relationship with God. It is hoped that the inner assurance of the consistent presence of God the Shepherd in all situations of life whether bad or good will bring a brilliant light breaking through the dark clouds of despair giving grieving children the ability to make sense out of loss and find ways of coping with it.

The spiritual caregivers will need to be cognizant of two important aspects of children. The first one is that children, especially those under ten years, have a short concentration span and so cannot be expected to sit for a lengthy period to share their grief. Secondly, children are unique in the way they grieve, and it is often different from the way adults express grief. Therefore, the empowered spiritual caregivers will be available to sometimes join in with what the child(ren) is doing and creatively use the circumstance to interact with the child around grief. For instance, for some children, grief will be expressed through play. This truth was demonstrated by some adult grievers who said that they felt "misunderstood" in their grief because engaging in play was viewed as if they were not capable of grieving. Two church ministers (church A and C) also alluded to that fact by indicating that children would be "left out" of the most needed support because of being seen playing and thus being construed to be fine. To reach the child(ren), the spiritual caregiver will be required to join in the play (with the permission of the child) or whatever else the child is engaged in, and creatively introduce the topic of the present grief while being careful to not overwhelm a child with a "lengthy" session.

The Grief Support Session

As suggested by the child grievers in the data received, home visits will be the channel through which grieving children will be supported by spiritual caregivers. The researcher envisions three steps in every session through which grief support will be implemented. These will be the opening, sharing, and blessing steps (Table 6.1).

Table 6.1 The Process in Each Grief Support Session

Process Steps	Activities
1. Opening	Reaching out to children
2. Sharing	Children share grief story
	Caregiver shares relevant Scripture
3. Blessing	Praying with and for children

The opening step will include the arrival and initial conversations between the child(ren) and the spiritual caregiver. The sharing step will combine the grief story told by the child and the spiritual caregiver's intentional sharing of relevant Scripture pointing to God's comfort and care in times of trouble. The Blessing step will be prayer time. Care and comfort will be provided by the implementation of the four activities within each session integrated into the three steps as demonstrated in Table 6.1. The session activities will include:

1. Reaching out to grieving children.
2. Inviting the grieving children to share their grief stories by asking questions that reveal their struggles, hopes, and expectations.
3. Pointing grieving children to God the Good Shepherd who cares, comforts, and extends compassion to the hurting.
4. Praying with and for the children asking God to be with the children in their grief.

Reaching Out to Grieving Children. At the beginning of each session, the caregivers will reach out to children experiencing grief in the very first step called "opening." Loss leaves a person feeling abandoned and alone. Based on those feelings, it is common practice to observe grievers withdraw and isolate themselves from life, people, and God. Children are not an exception. The children grievers interviewed in this project indicated that while the support from the church was evident following the losses experienced, it focused largely on the family at large and adults specifically. To be able to effectively minister to children, therefore, this model recommends a deliberate orientation toward grieving children by drawing them out and walking alongside them for as long as that support is necessary. For instance, during a home visit by a spiritual caregiver, a good beginning will be one where the caregiver immediately inquires, followed by an effort to be with the child(ren) even if no verbal exchange happens at the beginning of that process perhaps because of the immediate profound intensity of the loss. Children may take a while to warm up to the spiritual caregiver. This is because trust is necessary for a relationship to thrive, and it takes time to establish it. Further, soon after a loss happens, children have to navigate through the myriad of thoughts, questions, and emotions within. Some, especially younger children, are likely to have a limitation of vocabulary to express themselves. By being present albeit in silence, the child(ren) will hopefully understand that the caregiver is willing and is available to listen when ready to talk. Therefore, silence is an aspect of this relationship that the spiritual caregiver will need to be comfortable with as the journey of grief begins. There should be no expectation for either the grieving child or the spiritual caregiver to say anything verbally before such a time is reached.

As the spiritual caregiver who would most likely be a familiar face to the child(ren) walks alongside and trust is established in the relationship, the child(ren) will soon get to realize the significance of the embodied presence in combatting their sense of loneliness. By the spiritual support caregiver being ready and willing to walk alongside the grieving child(ren) for as long as necessary, the caregiver will be communicating their belief in the innate spirituality of the child(ren) and their faith in God to bring light in the darkness accentuated by loss. It will be like the spiritual caregiver is assuming the intermediary position between the child and God, thus helping minister God's comfort, care, and compassion. Slowly by slowly depending on the uniqueness of one child from another, the feeling of safety will facilitate the child(ren) to be vulnerable and to share their story of grief with the spiritual caregiver thereby opening a channel of communication and support.

Sharing The Grief Story. Expressing grief by giving it words helps make meaning of a chaotic situation and it is an essential component for adaptation to loss.[407] This is in line with what a participant suggested in chapter five by saying, "Stop assuming children feel nothing. Allow children to grieve without belittling their feelings or thoughts." The possibility of an individual finding a new way to live and cope with their loss is determined by their sharing as opposed to blocking grief. Even though children are known to benefit from sharing their grief, no child should be forced to talk when not ready to do so. Pond explains this fact by saying that "children need time to comprehend,

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[407] Liz Rolls, "Narrating Time: Minimising the Disruptions and Discontinuities of Children's Experience of Death," *Illness, Crisis and Loss* 18, no. 4 (2010): 323.

analyze, and even mull over their losses as well as the emotional roller coaster they experience after a loss. They may not be ready to put their feelings into words immediately after the experience of loss."[408] This reality, however, does not negate the need for support and ongoing attention from adults who have a relationship with the grieving child(ren).

The spiritual caregiver is not obligated to always respond to a grief situation verbally. There is a need to understand that silence does communicate empathy to a grieving child who is not ready to share yet. Sometimes, depending on where a grieving child is on the "journey" of grief, a compassionate gesture like a hug, holding the hand, or even a hand on the shoulder is all that is needed. As a spiritual caregiver, silent prayer in moments of silence serve the child(ren) well. The wisdom to know what and when to verbally respond or when to use non-verbal language to sensitively show love and care to a grieving child(ren) is crucial for the spiritual caregiver.

The risk of minimizing the pain of grief is common and possible. For believers, it could be, for instance, stating that the grieving child should not feel bad because the object of loss is "in a better place." While such a statement intends to soothe and encourage the bereaved, it minimizes the pain of grief because it robs grievers of the dignity deserved during the grief journey by denying the reality of the loss and the feelings the griever is going through. It amounts to disrespecting personal grief and the uniqueness demonstrated by every individual at this time of crisis. In the journal "when

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[408] Pond, PhD diss., 57.

children grieve" Susan Black lists some phrases that need to be avoided in a grief support situation. The author says that it is unacceptable to a) suggest that a grieving child has grieved long enough b) tell a child that it is time to move on c) make comments like it could have been worse and d) expect children to go through a short grieving period and completely recover.[409]

The significant role and characteristics of the spiritual caregiver in the success of the grief process were underscored by Leanne Ciampa Hadley who developed a pastoral care model for traumatized children and teens. In the process of analyzing data, the author indicated that "it became apparent that the work of pastoral care required a relationship between the child seeking help and the one offering care."[410] The qualities of the spiritual caregiver suggested by Leanne Ciampa Hadley that seemed to be relevant for this model were a deep faith in God's ability to bring healing and strength in times of crisis, a belief in the innate spirituality of children, the ability to create a relationship with children and the ability to create an atmosphere where children feel accepted and cared for.[411] With great empathy, respect, and trust in the child, the spiritual caregiver will use probing questions to help children articulate their pain. There cannot be any implied judgmental attitude in the way the caregiver seeks clarification and understanding of what the child(ren) is saying during the process of sharing their grief story. Questions asked in

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[409] Susan Black, "How Teachers and Counselors Can Reach Out to Bereaved Students," *Research: American School Board Journal* (2005): 29.

[410] Leanne Ciampa Hadley, "Spiritual Support: A Pastoral Care Model for Children and Teens in Trauma" (DMin Thess.,United Theological Seminary,Trootwood, Ohio, 2007), 151, ProQuest.

[411] Hadley, 152.

a non-judgmental attitude could be like, "How do you feel about that?" and "Is that difficult for you?" or "What happened to make you believe that?"

The core values advocated by the person-centered approach of Carl Rogers who described the faith he saw in his psychotherapy clients are striking in their similarity to the values this grief support program prescribes. The three components of the person-centered approach are unconditional positive regard, congruence, and empathy.[412] Unconditional positive regard ensures that the client is given complete acceptance by the caregiver who holds the belief that the "child(ren) can connect to God and receive all the spiritual resources necessary for the moment." The caregiver, therefore, allows the child to take the lead by being receptive to the child's course of action. Congruence according to Carl Rogers demands that the caregiver be genuine and present their true self and empathy allows the caregiver to place themselves in the client's position to feel the loss in the same way the "child(ren)" is feeling it.[413] Eventually, the child(ren) expresses their unique understanding of their situation and can face even the most uncomfortable experiences of loss. By allowing the child to chart their course in this process, the spiritual caregiver demonstrates their belief in the ability of the child(ren) to find God's care, comfort, and compassion.

Pointing Children to God. Pointing grieving children to God is also located in the sharing phase. Several researchers as demonstrated in chapter three of this project

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[412] Callum Jones, "Is Person-Centered Counselling Effective When Assisting Young People Who Have Experienced Bullying in School?" *Counselling and Psychotherapy Research* (2020): 659.

[413] Jones, 659.

supported the truth that spirituality contributes to decreased negative psychological effects of loss and increases self-esteem offering overall greater life satisfaction. The church is placed in an ideal position in society to help grieving children find hope and a new life. With no pre-made curriculum for what should happen in the sessions between the child(ren) and the spiritual caregivers, this project proposes reading and exploring simple and significant Bible truths illustrating God's love, care, and comfort as a way of pointing children to God. While God does not need human help to miraculously intervene in difficult situations, he chooses to use those available to touch the lives of his children. By pointing children to God, the spiritual caregiver will be ushering God's presence in which children can feel safe and comfortable enough to explore their deep feelings about the loss experienced and to find the spiritual strength needed at that difficult time.

The spiritual caregivers will use Scripture like Psalms 23 and John 10 to help children visualize God as the Good Shepherd who not only knows what they need but also walks with them throughout the journey of grief. For younger children under the age of nine years, the use of Bible picture books, and drawing materials as tools to help communicate as well as express themselves will be helpful. Other tools that help children to express themselves in times of grief and to maintain a relationship with the object of loss (or continuing bonds) are photographs, pets, toys, and items of clothing, just to mention a few.[414] This contributes toward a child-friendly environment which is a suggestion made by 42 percent of adult grievers that helps with feeling safe to talk and

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[414] Andrews and Marotta, 43.

express grief. To build the faith of the children, spiritual caregivers will work toward making specific grief-related Scripture practical so that the children can directly see how Scripture speaks to different situations. For instance, "The LORD himself goes before you and will be with you; he will never leave you nor forsake you. Do not be afraid; do not be discouraged" (Deut. 31:8). According to Thema Bryant-Davis et al., The foundation of faith in the lives of children is established from the interaction children have with their spiritual environment that nurtures a sense of trust or mistrust.[415] In this case, therefore, the faith of the grieving children which is likely to be determined by their developmental stage will have been established through the children's ministry in the church. Faith for younger children begins at the point they are intuitive and imaginative yet believe in an all-powerful being. As a child grows older, faith takes an interpersonal quality, nurturing a sense of relatedness with God who now becomes a friend and influences their perspective of the world.[416]

Praying with and for the Grieving Child. This constitutes the last step of the process labeled the blessing phase. The spiritual caregiver now will have the opportunity to offer a blessing through prayer with and for the grieving child. It is a time to ask God to be with the child and to open their "spiritual eyes" and hearts to God's love, care, and comfort. The grieving children will also be allowed to talk to God from their hearts. Children will be facilitated to know that God is present and that the child can talk to Him

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[415] Bryant-Davis et al., 307.

[416] Bryant-Davis, et al., 307.

whenever they are ready to do so. After all, they are friends. The older children who can read will be encouraged to pray through Scripture. For instance, Psalms 18:6 "In my distress I called to the LORD; I cried to my God for help. From His temple he heard my voice; my cry came before Him, into His ears" can be used to talk to God and tell Him the sad feelings being experienced and then ask Him to make them happy again.

Congregation and Community Support

The first responders in a situation of loss in the family are arguably relatives and friends. According to African mourning practices, mourning was primarily a community activity in which members were obliged to participate. In the Luo ethnic group for instance, when a death occurred in a homestead, obligatory weeping and wailing by close relatives of the deceased started in the home. Soon after, the whole neighborhood, and indeed the village, would respond to the wailing and weeping making it a community activity.

In the current times, that pattern of events continues albeit with a few modifications and uniqueness in different ethnic groups. Commonly though, the community around the grieving family was always available to respond immediately after a loss happens by condoling with the grieving family, offering help in the household chores, hosting guests, and ensuring a level of comfort for the family. It was this same group of people who would plan and attend the memorial and funeral services with the help of the church. Often, way before the church got to know about a loss, the community around would have known and reached out to the family. The involvement of the church

in any particular loss and grief situation would be on account of some of the community members also being church members.

Yet, while the congregation and community were incredible in their availability to offer help and support to grieving families, this support would frequently be short-lived. This was confirmed by 67 percent of adult grievers and 57 percent of the parents whose children had experienced loss in childhood. The congregation and the community would assume that life is back to "normal" as soon as the grieving family began to get back to their daily activities and when the severity of grief seemed to have reduced. Then the people would get busy with their lives leaving the bereaved, including children, to face the ongoing reality of grief alone.

This project envisions an empowered congregation and community that views grief accurately and understands the value of support both in the short- and long-term. Most specifically, the empowered people will not only offer the necessary support to grieving families, but it will also be an opportunity to advocate for grieving children and guide families to where comprehensive help will be available. In doing so, the challenge of grieving families being a hindrance to grieving children's help will be sorted out. For a holistic and effective process towards the support of grieving children, the congregation and the community are uniquely positioned to offer crucial support and there is a need for their involvement.

The Short- and Long-Term Aspects of Support

Children grieve differently. The age of a child also impacts their understanding of loss and the grief journey. A child's experience of loss needs both short-term and long-

term support. This agrees with 67 percent (Tables 5.3 and 5.4) of the adult grievers who

acknowledged that though the support received from the church was useful, it was

transient. In the short term, the grievers remembered immediate support accorded in that

it was given in the first few days after the occurrence of the loss. The long-term extended

care though was nonexistent. Even though 67 percent indicated that the support was

useful, 75 percent (Table 5.5) demonstrated that it was only useful to the grieving adults

in the family and not age appropriate for grieving children. Therefore, this model

proposes that the church considers a working plan that will blend both immediate comfort

support and extended care often needed by grieving children coming to terms with their

losses and who require time to comprehend all that has occurred. To be able to do so,

spiritual caregivers will need to understand that the pain of grief does not end as quickly

as it appears. Grieving children start a grief "journey" which culminates with the

acceptance of loss and a new phase of life without the object of loss.

In recognition of the uniqueness of every individual's grief journey associated

with the capacity to deal with and resolve their grief, this project proposed a one-year

grief support framework (Table 6.2), combining both short and long-term support as was

the plea of adult grievers. This period was deemed adequate for spiritual caregivers to

offer support to children because it included support for possible grief triggers. Research

indicated that grief triggers or reminders of the painful loss experienced exist. Grief

triggers occur during holidays, anniversaries of various types, or any other event that

would remind children of the loss. Since the events would typically happen for the first

time within the one year following the loss, grief triggers can be of great concern with

their impact on the bereaved and their grief resolution trajectory.[417] A child who may

have seemed to have adjusted to life after a loss might experience intense feelings around

dates related to important events associated with the loss. Within the year, the journey of

grief in the first two months will comprise a minimum of three home visits to take into

consideration the turmoil and pain that accompanies loss soon after it occurs. For further

clarification, the adult grievers who had experienced loss related to death noted that

support seemed to be most needed after the funeral when people that had surrounded and

supported the family ceased to visit. It is expected that within the first two months, the

child, through the support and guidance of the spiritual caregiver, would be at a place of

having learned how to cope and work through the new perspective to life day by day.

Between the third and the twelve months of the grief journey, the spiritual caregiver will

make at least one visit following the suggested schedule (Table 6.2) for follow-up and

evaluation sessions. It will be significant for spiritual caregivers to recognize the

uniqueness of grief work. According to Linda Goldman, understanding children from

developmental phases and having a sense of the distinctive personality of each child

opens a window to work with the hearts and minds of children.[418] Although grief

resolution is a highly personal concept this care program assumes that by the end of the

year following a loss, grieving children would have relevant information that would help

them view grief as a normal part of life. Additionally, it is hoped the children would also

[417] Donna M. Wilson, Leah Underwood, and Begona Errasti-Ibarrondo, "A Scoping Research Literature Review to Map the Evidence on Grief Triggers," *Social Science and Medicine* 282 (2021): 1-5.

[418] Linda Goldman, *Life and Loss: A Guide to Helping Grieving Children* (NY: Routledge, 2013), 27.

have learned ways of living with their grief and accepting their new life without their

object of loss.

Table 6.2 Suggested Annual Grief Support Framework

Number of Home Visits	Monthly
Three home visits	Within the first two months of the loss
Minimum of one home visit	During months 3-5 after the loss
Minimum of one home visit	During months 6-8 after the loss
Minimum of one home visit	During months 9-12 after the loss

Determining Grief Resolution

While grief is a natural process that takes time to resolve it is as unique as each

child. Yet, research has determined that grieving children who have difficulties taking the

"normal" trajectory of resolving grief end up having complicated grief. According to

Goldman, the intensity, frequency, and duration of normal grief symptoms are good

indicators of underlying complications leading to prolonged or unresolved grief.[419]

Grieving children can have conflicting issues inhibiting the free and open expression of

grief like preoccupation with the memories of the loss, feelings of self-blame, anger,

nightmares, difficulty in accepting the loss, regression, and concentration problems

among others. The inhibition causes the child not to progress on the journey of resolving

grief thus making the process "frozen in time."[420]

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[419] Linda Goldman, *Breaking the Silence: A Guide to Helping Children with Complicated Grief-Suicide, Homicide, AIDS, Violence, and Abuse* (London: Taylor & Francis Group, 2001), 7.

[420] Goldman, 7.

Nevertheless, differentiating between normal and complicated grief for children has been seen to be challenging. As children develop, the parts of the brain involved with emotion and cognition also continue to mature thus forming the basis for regulating emotions and understanding the loss and its long-term consequences. This dilemma is compounded by the parent's reaction to the loss, different family practices concerning the disclosure of loss, and different manifestations of grief across cultures.[421]

In this project whose main caregivers are lay people in the church who will not necessarily be trained in psychological assessment, complicated grief will be interpreted based on the level of functioning of the grieving child in the process of grief support. To determine if a grieving child needs to see a therapist therefore, the focus will be given to the ability of the grieving child to accept the reality of the loss, cope with the emotional ramifications and adjust to the new phase of life which involves living without the object of loss.[422] The involvement of parents, teachers, and other significant people in the life of the grieving child will be crucial in the assessment of complicated grief.

Conclusion

The reality and inevitability of loss will not spare children. More and more, children are finding themselves faced with the losses of significant people through death, abandonment, separation, or divorce. With few options for care, children experience deep sadness, hopelessness, and despair which becomes a mental health challenge into

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[421] Atle Dyregrov and Kari Dyregrov, "Complicated Grief in Children," *In Complicated Grief: Scientific Foundations for Health Care professionals*, eds. Margaret Stroebe, Henk Schut, and Jan Van Den Bout, (London: Taylor & Francis Group, 2012), 70.

[422] Stroebe, Schut, and Bout, 70-71.

adulthood if not addressed. It is the conviction of this researcher that God calls the community of faith to care for children who are overwhelmed by their experiences of loss. Not having the plan to assist grieving children is no longer feasible for the Baptist church.

 Based on the data collected in this project, a spiritual care model for grieving children in the Baptist church was proposed to be integrated into the children's ministry curriculum. The successful implementation of the suggested program will be cognizant of the varied ways children grieve, their developmental phases, possible grief triggers, and the belief by the spiritual caregivers that children can believe and trust God to help resolve the pain of loss. By giving specific attention to grieving children, it is hoped that this program will bring renewed hope and a new life to children who have experienced grief. To empower spiritual caregivers, the congregation, and the community with information to enable the effective implementation of the model, relevant training has been recommended. Basic childhood grief awareness will open a window of understanding the uniqueness of every child in the way they grieve and will clarify the role each of the groups involved will play in the support of grieving children. Additionally, it is hoped that by exposing children to pre-loss awareness, the reality of loss when it happens will be easier to acknowledge and accept thus leading to the most needed resolution to loss.

CHAPTER SEVEN: EVALUATION AND PERSONAL REFLECTION

This project set out to explore the problem of the lack of a care model for grieving children in the Baptist Church in Nairobi, Kenya. In response to the problem, the researcher engaged relevant Scripture, reviewed relevant literature, conducted a qualitative case study research, and developed a ministry care model for the support of grieving children in the Baptist church.

This chapter will be a reflection on that process. It will focus on the overall evaluation of the project, personal reflections related to academic and ministry growth as well as recommendations for future research.

Evaluation

Writing this project gave the researcher a great opportunity for growth. The knowledge of and appreciation for children and grief was multiplied by reading about and hearing from real people who experienced grief in childhood. Hearing from church ministers through in-depth interviews revealed the reality and the challenges of ministering to grieving children while simultaneously accentuating possible remedies to the support of such children by the church. Parents whose children had experienced loss in childhood demonstrated the challenge of a grieving parent helping a grieving child. It also became apparent that lack of knowledge in childhood loss and subsequent grief made parents and other children workers lack the skill-set necessary to support grieving

children. This project consolidated and brought to perspective the many papers and topics

written in this course over the years. The researcher wrote papers that required sound

exegesis for accurate interpretation, theological papers that enlightened and inspired the current ministry involvement, and most importantly, papers whose outcome was contextual projects emanating from practical ministry classes. The writing of this thesis called for the consolidation of all the skills acquired and the production of a project that was on a higher level.

<p style="text-align:center">*Strengths of Research Design and Implementation*</p>

Biblical/Theological Foundation

The researcher believed that the biblical and theological foundation for this project was very strong. Psalms 23, John 10, and Luke 7 all provide God's compassion and care in a way that children in distress can understand and comprehend. The significance of children and their spiritual status were both demonstrated in the shame associated with childlessness in the Old Testament and the inclination of Jesus towards children as expressed in the New Testament.

Direct Interaction with Participants

Based on the research problem this project set out to respond to, the researcher received understanding that was authentic and personal because of interacting with the participants directly through interviews and site visits. Mwita noted that the integration of human touch, which is possible through qualitative research design, accorded the researcher the opportunity to understand feelings and experiences as well as the magnitude of the problem being explored.[423] The researcher believed that valuable

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[423] Kelvin M. Mwita, "Strengths and Weaknesses of Qualitative Research in Social Science Studies," *International Journal of Research in Business and Social Science* 11, no. 6 (2022): 621.

information, insights, and knowledge received from the narrations of the participants will extensively benefit the Baptist church in Kenya.

Data Source from Different Types of People

The different views received from adults who had experienced loss in childhood, church ministers, and parents whose children had experienced loss in childhood enhanced a better understanding of childhood grief and ensured comprehensive findings. This was confirmed by the authors who wrote "the use of triangulation in qualitative research" and noted that the use of multiple data collection methods or collecting data from different types of people resulted in three methodologic observations from the data derived. The first was that comparing the data led to an iterative process whereby the phenomena was explored more deeply; secondly, the combined data led to an enhanced understanding of the context of the phenomena and thirdly, the convergence of the data enhanced the trustworthiness of the findings.[424]

Weaknesses of Research Design and Implementation

Virtual Interviews

While virtual interviews worked positively in terms of openness and self-disclosure based on the subject of discussion, the researcher admitted that some depth of the phenomena may have been lost for lack of visual and physical clues presented by the interviewee. It is not possible to know how the findings of this study could compare with

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[424] Nancy Carter, et al., "The Use of Triangulation in Qualitative Research: Methods and Meanings," *Oncology Nursing Forum* 41, no. 5 (2014): 546.

a study where the interviews of the participants are physical, and the researcher can discern body language as an additional method of data collection.

A similar study in the future can use face-to-face interviews and compare findings with the findings of this study.

Unequal Representation of Gender and Type of Loss

To respond to the lack of a care model for grieving children in the Baptist church in Kenya, the researcher collected data from adult grievers who had experienced losses related to death, divorce, or separation of parents and parental abandonment, as one group of the three categories of participants in the study. While the study confirmed the reality of childhood grief by listening to the adult grievers' perceptions, meanings, and interpretations of their losses, 67 percent experienced loss related to death. The other two types of losses, namely parental separation/divorce and abandonment were represented by only 25 percent and 8 percent of participants respectively. Further, 67 percent of the participants were of the male gender and only 33 percent female. The researcher proposes further research focusing on a sample selection that equally represents the types of losses experienced and gender to compare with the findings of this study.

Unconscious Biases of Researcher

The researcher acknowledges the likelihood of unconscious biases that may have affected her perception of the data and research. Because of having walked with children in grief in the ministry and being an adoptive parent to an adopted child dealing with grief at the point of conducting this study, the researcher may have been biased in her perception and interpretation of the data collected. While the researcher included all the

data considered relevant, some good data may have been left out. It would be good for another researcher to replicate this study and compare the findings with those presented by this study.

Personal Reflection

This project has been a great opportunity to grow as a student and a ministry worker. The knowledge of and appreciation for children and grief was multiplied by reading about and hearing from real people who experienced grief in childhood. This project consolidated and brought to perspective the many papers and topics written in this course over the years. The researcher wrote papers that required sound exegesis for accurate interpretation, theological papers that enlightened and inspired the current ministry involvement, and most importantly, papers whose outcome was contextual projects emanating from practical ministry classes. The writing of this thesis called for the consolidation of all the skills acquired and the production of a project that was on a higher level. The researcher's academic growth in the process illuminated the characteristics of perseverance, diligence, and creativity. This enabled the humble reality of completing the writing of this thesis.

The impact of these characteristics on the effectiveness of the ministry was noted by the researcher as a ministry leader. Oftentimes, the thesis writing journey demanded that the researcher sacrifice family and personal time as well as social life and even sleep time to keep a deadline. Yet it was in such times that key discoveries which tremendously impacted the writer personally and the project, were made. Despite the challenges, the

researcher persevered to see the logical conclusion and outcome of this project.

Sometimes the hurdles and difficulties experienced by ministry leaders require the same

level of perseverance. Finishing well is not just about the outcome of a project, it is also

about the step-by-step resolve to not give up. It is a journey full of overwhelmingly

challenging moments. In ministry, perseverance sometimes calls for patience as one

keeps praying, pursuing, or waiting for an important endeavor to happen.

The importance of diligence was noted. To accomplish substantial work, the

researcher set goals that required a high level of discipline to diligently stay focused and

on time. It required an eye for details like time management, reading through many books

and journals related to the research, and consistently referring to the schedule and the

time plan. This same level of commitment and detailed attention is required for ministry

leaders to be effective and efficient. The researcher recognized the importance of that

same level of diligence in ministry, especially in the development of programs related to

vocational Bible school for children. Because of the many programs that the church runs,

being distracted while working on a specific program is possible. Diligence will help a

ministry leader to focus.

Creativity was also important in the journey of writing the thesis. To be able to

identify and communicate findings in original and interesting ways needed creativity. It

opened the mind of the researcher to different perspectives on the topic of research,

pushed the researcher to ask questions, and ignited a curiosity that maintained an open

mind to the new knowledge. As a ministry leader mostly working with children,

creativity is an important prerequisite to productive and relevant programs that will keep children attentive and interested in drawing close to God.

One of the greatest benefits of this project was to study childhood grief in the depth that the researcher was able to. To discover the universality of this issue and the involvement of a diverse ally of people, including the church, was very insightful. Most importantly, grieving children can benefit from the services of people whose "qualification" was simply being interested in working and walking with children in prayer and presence was monumental, especially for my country where the services of mental health experts are not just scarce but also expensive. These discoveries and more made the whole project with all the challenges inclusive much more important.

As demonstrated, the incredible growth experienced by the researcher was further related to personal and ministry aspects. At the beginning of writing this project, the researcher alluded to her experience as an adoptive parent being one of the motivations for writing about childhood grief. In the year 2011, the researcher adopted a daughter who at that time was one year old. While this was a clear calling from God to take care of those in need, nothing had prepared the researcher for the difficult journey of grief that the daughter was going to go through after the disclosure of her adoption status. By studying childhood grief in depth, the researcher received insight into the reality, effects, reactions, and resolution of childhood grief which have helped for the last four years in the journey of grief with her daughter. The possibility of resolving and learning to cope with the losses that occur in childhood became true as the researcher worked and observed the daughter on her journey of grief. The reality is that the daughter continues

on that journey. Fortunately, the researcher is a better listener, prays for her daughter objectively, and shares matters related to grief sensitively and without fear of wondering how to handle a grieving child as was the case before. The value of this project on the mental and spiritual health of the researcher cannot, therefore, be overstated.

Regarding the researcher's ministry, a variety of opportunities related to the awareness of grief and children arose. The researcher discovered how uninformed many people were, concerning childhood grief. When the opportunity to talk to several church ministers and leaders about childhood grief and the role the church can play in the support of grieving children arose, the researcher took it. The interest that the discussion generated and the admission of ignorance on the matter by the church community made the researcher know that it is an issue whose time had come. Because of the overall acceptance of the conversations on childhood grief with a wide array of Christians, it seemed to the researcher that what most churches needed was grief awareness as well as help to establish a structure for support to grieving children. Challenged to embrace its rightful position in advocating and supporting children experiencing loss, the church seemed ready to begin talking about grief, children, and the role of members of the congregation in the needed support.

More importantly, the church sought guidance from the researcher in specific loss experiences involving children. On two occasions when children lost significant people in their lives, the Sunday school team of teachers did not just plan for a home visit to each of the children's homes, but they also sought advice on what to say and do. Reports of how children appreciated the visits affirmed the researcher. Further, by igniting the

"unspoken" conversations on grief and children among the Christian community, the researcher considered it to be a good beginning to better and more effective strategies of support for grieving children. The researcher felt empowered to bring awareness of grief and children as losses continued to be experienced in the church with the continued ravages of COVID-19. With the realization of the effects of loss, some parents reached out to the researcher for a mental health referral for their grieving children because they could relate the perceived effects with the experience of loss.

This project has made the researcher more alert and inclined to issues that are likely to affect children negatively. This is contrary to the influence of African socialization that often takes children for granted believing that they are too young to experience life in all its intensity. With a deeper and better understanding of childhood grief and its impact, the researcher will be more empathetic in a situation where children have experienced loss or to adults who may have gone through grief in childhood. Further, the researcher hopes to be a better partner and guide in her daughter's grief journey. The researcher's worldview and perspective toward children in general and grieving children, in particular, has gone through a meaningful transformation.

The researcher hopes for an opportunity to serve in a church where the insights garnered from this project will shape the ministry's practices. The researcher now understands the effect grief can have on children and adults who may have unresolved issues related to childhood grief. Because of the level of ignorance concerning issues of children in the church, the researcher will seek to bring awareness and counter possible cultural beliefs and myths about children. Beginning with the three churches the

researcher has worked with in this project, efforts toward training, teaching, and integrating awareness of children and loss in the overall church programs and children's ministry activities will be made.

If an opportunity were to arise for the researcher to serve, one of the priorities would be to plan and hold conversations on the topic of grief and children with significant people in the lives of children like parents, Sunday school teachers, and church leaders. Hopefully, such an awareness would result in the church developing and implementing a grief support program focusing on grieving children. In such a situation, the researcher believes that she would have relevant insight to share that would help in such a process.

This project has brought about opportunities for sharing resources and findings with churches. The leaders of the churches the researcher worked with in this project have expressed interest in not just reading and understanding the findings of this project, but also in implementing a change of attitude toward children and loss in their churches. One of the leaders has shown openness to the training of the church leaders and children's workers and has often sought advice on matters connected with children. The possibility of this project and its findings bringing a radical change in the way children are handled and viewed by the Baptist church in Kenya is not just real but also very encouraging to the researcher.

Finally, this project has affirmed the importance of serving children, which the researcher has done for over twenty years both in church and in non-profit establishments. The researcher recognizes that functioning well as an adult, especially in

a third-world country where children experience losses of various types, has a large factor to do with how well one was able to resolve their childhood issues. To help children with that resolution, therefore, equals a mentally healthy adult, a healthy family, and a healthy country. To the researcher, this seems to be a worthwhile life pursuit. In considering the work the researcher has done with children as an adoptive mother, a grandmother, and a Sunday school teacher, there was a desire to develop knowledge that would help her be a better person in interacting with troubled children and in passing relevant information to others. This project has helped to acquire it and the researcher feels empowered to work with and for children and families. The researcher enrolled in the Doctor of Ministry program to explore strategies for care and guidance for the family and the congregation and this project has provided that.

Future Research

This project was designed to explore perspectives on childhood grief in the Baptist church in Kenya and to develop a ministry care model for the support of grieving children. Several proposals have been made for future research based on the perceived unanswered aspects of the research questions, unanticipated findings, and expansion of the model to new contexts.

The African Cultural Influence on Childhood Grief

A lot of what research described to be an African cultural perspective on childhood grief was confirmed by adult grievers through their experiences. For instance, 67 percent agreed that the probable reason they did not receive support directly as children was that they were not believed to be capable of grieving. However, 67 percent

of the parents whose children had experienced loss in childhood refuted the statement

that their ethnic background had influenced the way they view grieving children or their

opinions on childhood grief. Given this discrepancy and in the acknowledgment that the

researcher had only one survey question focusing on the African cultural perspective in

the parent's survey tool, further research focusing on the African cultural perspectives on

loss is recommended using a research design like interviews for an in-depth exploration

of the topic.

COVID-19 and Its Effect on Children

This project mentioned COVID-19 as important to this study because it was one

of the reasons the topic of childhood grief was ignited. However, this study was unable to

explore the effects of COVID-19 on children's overall health and what the church can do

to mitigate and support children. As a current, significant, and least examined loss-related

issue of the day, COVID-19 and its effects on children need further examination. The

researcher proposes this for future research which can compare the findings with the data

from this study.

Childhood Grief in Seminary

The recommendation by the church ministers to integrate family study into the

training of pastors was an unanticipated finding. One of the reasons the church ministers

felt inadequate to support grieving children was because of a lack of knowledge on

children's mental health. There was a general feeling that a pastor trained in family care

is likely to take their calling to children seriously and so have a positive impact on the

support of grieving children. The commitment and consistency of such a minister to the

children's ministry can only make the focus on children matters beneficial to the children. It is, therefore, necessary for future research to explore ways of integrating a family or child-related course in Bible schools in Kenya.

Use of Different Study Parameters

The researcher proposes the use of different parameters in the exploration of childhood grief. Some suggestions could be like research setting, the scope of the study, and other denominations. For the research setting, the researcher proposes a comparison between urban and rural settings. The population and the churches in this study were from urban locations. It is general knowledge in Kenya that establishments in urban locations are likely to be privileged in access to resources, technology, infrastructure, and communication. It is not clear whether the findings of this research compare to churches in rural locations where the context is different. The researcher proposes conducting this same research in a rural location and comparing findings with the data collected in this study.

For the scope of the study, a different range of ages for adult grievers or types of losses can be studied. Church leaders can also be included in a childhood grief study. The aim would be to compare findings and see what agrees and what does not.

This study's interest was in the Baptist church where the researcher is a member. In understanding the role and the position of the church in the support of children, the researcher proposes studies that will focus on other denominations to see if the results compare with those of this study.

Impact of the Grief Support Program

The outcome of this study was a spiritual grief support program for the Baptist church to support grieving children. The researcher proposed the integration of the framework into the children's ministry regular program. There was also the proposal of having trained volunteer spiritual caregivers, congregation, and community to ensure the effective implementation of the grief support program. As a way of seeing the impact of the program, further research can examine the health outcomes of grieving children after a reasonable period of working and walking with spiritual caregivers. Other than confirming the success of the program, the findings of the research would demonstrate if spirituality can be utilized to cope with the experience of loss

APPENDIX A: PARTICIPANT RECRUITMENT NOTE

<u>Adult Grievers</u>

My name is Esther Wambui Kiarie. I am a seminary student pursuing a Doctorate in Ministry at Bethel University, St Paul, Minnesota in the United States of America. The focus of my study is childhood grief and the response of the Baptist church in Nairobi, Kenya to grieving children.

You have been referred to me by your pastor because you experienced loss at the age of between 6 and 14 years. Participation in this study will be purely voluntary. I hope to understand the scope of your loss and the role the church played in supporting you during your time of grief.

If you decide to participate, I will send you a consent form for your perusal and approval. Thereafter, I will send you a questionnaire to complete and return it to me as soon as possible. Finally, I will call you to set up a virtual interview session that will last approximately 30-45 minutes.

Please note that because you are reflecting on experiences that happened to you in childhood, it could trigger grief and there is a possibility of it being emotionally difficult. Because your participation is voluntary, you can stop the session at any time and withdraw from the study without any repercussions. The researcher will also make contacts available to you in case you need to talk to someone about your loss.

I will strictly observe confidentiality while interacting with you and handling the information obtained from you. No information will be disclosed without your permission. Further, none of your information will be identified or identifiable in any written reports.

Kindly get back to me at <u>ewk72633@bethel.edu</u> to communicate your participation decision. Your decision not to participate will not affect you in any way whatsoever.

<u>Parents With Grieving Children</u>

My name is Esther Wambui Kiarie. I am a seminary student pursuing a Doctorate in Ministry at Bethel University, St Paul, Minnesota in the United States of America. The focus of my study is childhood grief and the response of the Baptist church in Nairobi, Kenya to grieving children.

You have been referred to me by your pastor because you have a child who experienced loss at the age of between 6 and 14 years. Participation in this study will be purely voluntary. I hope to understand the support you received from the church during and after your child's experience of loss.

If you decide to participate, I will send you a consent form for your perusal and consent. Thereafter, I will send you a questionnaire comprising a few demographic questions and statements to select what best represents you. Since you may need to reflect, it may take you about 20 to 40 minutes to complete.

The researcher will strictly observe confidentiality while interacting with you and handling the information obtained from you. No information will be disclosed without your permission. Further, none of your information will be identified or identifiable in any written reports.

Kindly get back to me at ewk72633@bethel.edu to communicate your participation decision. Your decision not to participate will not affect you in any way whatsoever.

Children Ministry Pastors/Directors

My name is Esther Wambui Kiarie. I am a seminary student pursuing a Doctorate in Ministry at Bethel University, St Paul, Minnesota in the United States of America. The focus of my study is childhood grief and the response of the Baptist church in Nairobi, Kenya to grieving children.

You have been invited to consider being a participant in this study because you are a pastor in a Baptist church. I hope to learn the extent to which the Baptist church in Nairobi is involved in the support of grieving children in the congregation. Participation in this study will be purely voluntary.

If you decide to participate, I will send you a consent form for your perusal and consent. Thereafter, I will set up a virtual interview session with you at your convenience. The discussion will last about 45 to 60 minutes.

The researcher will strictly observe confidentiality while interacting with you and handling the information obtained from you. No information will be disclosed without your permission. Further, none of your information will be identified or identifiable in any written reports.

Kindly get back to me at ewk72633@bethel.edu to communicate your participation decision. Your decision not to participate will not affect you in any way whatsoever.

APPENDIX B: CONSENT FORM FOR ADULT GRIEVERS

You are invited to participate in this study of childhood grief. I hope to learn the role the church played in your life in your grieving process as a child. You were selected through the pastoral office as a possible participant in this study because you went through a loss related to the death of a significant person, the divorce or separation of parents, or loss related to abandonment when you were between six to fourteen years of age. This study is my doctoral project as a seminary student at Bethel University, pursuing a Doctorate in Ministry (D.Min). The study will involve about 10 to 12 participants.

Procedure: If you decide to participate, I will ask you questions regarding the support accorded to you by the church and its effectiveness during the loss. I will also have a 30–45-minute interview with you at your convenience. So that I do not miss any important information, the interview will be recorded. The researcher will transcribe the interview. The researcher will send a monetary gift to you to reimburse the cost of the internet.

Risk/Discomfort: I would like to note that because you will be reflecting on experiences that happened to you as a child, this could trigger grief and there is a possibility of it being emotionally difficult. You can stop the session at any time or withdraw from the study without any repercussions. In case you want to talk to a counselor concerning your loss, I have provided two resources below:

1. Oasis Africa: Centre for Transformational Psychology and Trauma, +254 725 366 614
2. Amani Counseling Centre and Training Institute, +254 722 626 590

In addition, due to the small number of participants, there is a slight risk that individuals may identify you from the details shared about your story. The researcher will not use your name. No identifying characteristics will be reported. Brief quotes will be used to illustrate themes across all the interviews.

Confidentiality: Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. The researcher will share with your church leaders the recommendations made toward an effective care model for grieving children without using any identifying information. The investigator will safely keep all data collected in encrypted files. Once the data has been fully analyzed, it will be destroyed.

Voluntary Participation: Even though your church is supporting this project, your decision to participate remains completely voluntary. If you decide not to participate in this study, it will not affect your future relations with the church in any way. If you decide to participate, you are free to discontinue participation at any time without affecting such relationships.

This thesis project has been reviewed and approved by Bethel's Institutional Review Board (IRB). If you have any questions about the research and/or research participants' rights or wish to report a research-related injury, please call 651.638.6901 (Peter

Jankowski, Chair, IRB Committee), 612. 472. 6110 (Esther Kiarie, Researcher) or 651.638.6117 (Katie Friesen Smith, Thesis Advisor).

You will be offered a copy of this form to keep.

You are deciding whether to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

_____   _____

Signature of participant   Date

Signature of Investigator _____

APPENDIX C: QUESTIONNAIRE FOR ADULT GRIEVERS

This questionnaire will allow you to introduce yourself, then indicate the scope of your loss, the extent of support accorded to you by the church, and its perceived effectiveness.

Examine the questions carefully and either write or mark the response that best describes your experience. If you wish to clarify further, you have the option to do so at the bottom of the questionnaire or on the back page.

Name_____

Gender (M or F) _____ Phone # _____

Email _____

Age at time of loss _____

Ethnic Group (e.g., Luo, Luhya, Kalenjin Etc.) _____

What type of loss did you experience?

_____ Death of a significant person

_____ Divorce of parents

_____ Loss related to abandonment.

Other (Please explain)

_____

Was the loss experienced:

_____ Anticipated (prior awareness of its inevitability) or

_____ Sudden (no prior knowledge of imminent loss)

STATEMENTS AND OPEN-ENDED QUESTIONS ON THE LOSS EXPERIENCED

1. What was your church affiliation at the time of loss? (e.g., Baptist, Catholic, etc.)

   _____

2. What was your participation in the church at the time of loss? (Please check what describes you well)

_____ Very involved (Attended services and activities every or almost every Sunday)

_____ Moderately involved (Attended services and activities at irregular intervals)

_____ Minimally involved (Attended only on holidays, weddings, or funerals)
_____ No Involvement (Never attended)

3. I received support from the Christian church body following my loss

Strongly Disagree	Disagree	Agree	Strongly Agree

If your response to Q. 3 is "disagree or strongly disagree," please proceed to Q. 10.

4. The support I received included: (You can check as many statements as are true for you).

_____ Home visitations

_____ Prayers at home and in the church

_____ Home chores support

_____ Financial support

_____ Involvement in the funeral day arrangements and attendance

_____ Other: (Please explain).

_____

_____

_____

_____

5. This support was useful to me at that time of loss.

Strongly Disagree	Disagree	Agree	Strongly Agree

6. This support extended beyond the funeral day.

Strongly Disagree	Disagree	Agree	Strongly Agree

7. As I reflect on the experience, I can see how the support I was given was geared toward my age, and comprehension level, at the time of the loss.

Strongly Disagree	Disagree	Agree	Strongly Agree

8. I was involved in the following rituals that happened after the loss.
_____ Overnight vigils at home
_____ Viewing the body
_____ Memorial service
_____ Funeral service
_____ Burial ceremony
_____Others: (Please explain).

_____

_____

_____

_____

9. I believe the rituals that followed the loss allowed me to accept the loss.

Strongly Disagree	Disagree	Agree	Strongly Agree

10. I feel the church's response and the rituals allowed me to understand loss as a natural part of the life cycle.

Strongly Disagree	Disagree	Agree	Strongly Agree

Thank you for your participation in this survey.

APPENDIX D: INTERVIEW GUIDE: ADULT GRIEVERS

Questions for Adult grievers:

1) Tell me a little bit about yourself and you're growing up.

2) You volunteered to participate because you experienced a significant loss in childhood, could you tell me how it occurred and how you got to know about it?

3) Had you experienced any prior incidences of loss? If so, please explain.

4) During your adjustment to the loss, what specific incidences related to the church community encouraged or discouraged you?

5) How have you handled subsequent loss and grief following this loss experienced in your childhood?

6) If your experience with the church was positive, how do you think their response and teachings equipped you to face future losses?

7) If you could provide information on what you believe would better equip the church to help grieving children, what would that be?

Thank you for your participation in this interview.

APPENDIX E: CONSENT FORM FOR CHILDREN MINISTRY
PASTORS/DIRECTORS

Dear Pastor,

You are invited to participate in this study on childhood grief. I hope to learn the extent to which the Baptist church is involved in childhood grief. You were selected as a possible participant in this study because you are a pastor/director of the children's ministry in your church dealing with all aspects of children and their families. This study is my doctoral project as a seminary student at Bethel University, pursuing a Doctorate in Ministry (D.Min). The study will involve 3 participants.

Procedure: If you decide to participate, I will ask you 7 questions by way of a virtual interview regarding your church's involvement in the support of grieving children. The discussion which will be recorded will last approximately 30 to 45 minutes. The outcome of the study is to develop a ministry care model for grieving children which will be shared with your church to strengthen or improve support for grieving children.

Confidentiality: Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. No direct identifiers like names, or specific church affiliations will be used when discussing or reporting data. In the presentation of the results, pseudonyms and brief quotes will be used to illustrate themes. The investigator will safely keep all data collected in encrypted files. Once the data has been fully analyzed it will be destroyed.

Voluntary Participation: Even though your church is supporting this project, your decision to participate remains completely voluntary. If you decide not to participate in this study, it will not affect your future relations with the church or the leadership in any way. If you decide to participate, you are free to discontinue participation at any time without affecting such relationships.

This thesis project has been reviewed and approved by Bethel's Institutional Review Board (IRB). If you have any questions about the research and/or research participants' rights or wish to report a research-related injury, please call 651.638.6901 (Peter Jankowski, Chair, IRB Committee), 612. 472. 6110 (Esther Kiarie, Researcher) or 651.638.6117 (Katie Friesen Smith, Thesis Advisor).

You will be offered a copy of this form to keep.

You are deciding whether to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

_____   _____

Signature   Date

Signature of Investigator _____

APPENDIX F: INTERVIEW GUIDE FOR CHILDREN MINISTRY
PASTORS/DIRECTORS

Interview questions for Children Ministry Pastors/Directors

1) Begin with some preliminaries: please share your name and the name of the church you serve. Tell me a bit about yourself, your family, your position in the church, how long you have been serving in this church, and one thing you would consider to be unique about this church.

2) How many children are you currently ministering to in the children's department?

3) Of that number, how many, on average, attend church every Sunday?

4) Please tell me about any specific children's programs run by your department.

5) Does the church have a program for grieving children? If yes, please explain.

6) On a scale of 1 to 10, how would you rate your success in ministering to grieving children? Please explain the rate given.

7) As a children's pastor, what would you wish to see happen to the church to better support grieving children?

Thank you for your participation in this interview.

APPENDIX G: CONSENT FORM FOR PARENTS WHOSE CHILDREN HAD EXPERIENCED LOSS

Dear Parent

You are invited to participate in this study of childhood grief. I hope to understand your experience as a parent who has had to handle a grieving child between the ages of 6 and 14 years at the time of loss. You were selected as a possible participant in this study because you are a Baptist church member, and you can help the examiner determine the support you received from the Baptist church during and after your child's experience of loss.

Procedure: If you decide to participate, I will send you a questionnaire comprising 14 statements designed to understand your experience as a parent of a grieving child and your perception of the support accorded to you by the church. Since you may need to reflect as you answer the questions, it may take you between 20 to 40 minutes.

Risk/ Discomfort: I would like to note that because you will be reflecting on experiences related to your child's loss, this could trigger grief and there is a possibility of it being emotionally difficult. You can take a break from responding to the questions or even withdraw from the study without any repercussions on your part. In case you want counseling services for you or your child, I have provided two resources below:

1. Oasis Africa: Centre for Transformational Psychology and Trauma, +254 725 366 614
2. Amani Counseling Centre and Training Institute, +254 722 626 590

Confidentiality: Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. No direct identifiers like names, or specific church affiliations will be used when discussing or reporting data. The investigator will safely keep all data collected in encrypted files. Once the data has been fully analyzed it will be destroyed.

Voluntary Participation: Even though your church is supporting this research, your decision to participate remains completely voluntary. If you decide not to participate in this study, it will not affect your future relations with the church or the leadership in any way. If you decide to participate, you are free to discontinue participation at any time without affecting such relationships.

This thesis project has been reviewed and approved by Bethel's Institutional Review Board (IRB). If you have any questions about the research and/or research participants' rights or wish to report a research-related injury, please call 651.638.6901 (Peter Jankowski, Chair, IRB Committee), 612. 472. 6110 (Esther Kiarie, Researcher) or 651.638.6117 (Katie Friesen Smith, Thesis Advisor).

You will be offered a copy of this form to keep.

You are deciding whether to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

Signature _____   Date _____

Signature of Investigator _____

APPENDIX H: QUESTIONNAIRE FOR PARENTS WHOSE CHILDREN HAD
EXPERIENCED A LOSS

This questionnaire will allow you to introduce your child and the type of loss experienced.

Since this is a reflection, there will be no right or wrong answers. It will be your thoughts, experiences, emotions, and story. You are free to skip any question you find uncomfortable to answer and to even stop should the exercise become emotionally difficult for you to continue. It will not be held against you in any way.

Examine the questions carefully and mark or write the response that best describes your experience as a parent of a child who has gone through loss. If you want to clarify further, you have the option to do so at the bottom of the questionnaire or on the back page.

Name_____

Gender (M or F) _____ Phone # _____

Email address_____

The age of the child at the time of loss

_____

Ethnic Group (e.g., Luo, Luhya, Kalenjin Etc)

_____

Type of loss experienced.

_____ Death of a significant person

_____ Divorce of parents

_____ Loss related to abandonment.

Other (Please explain).

_____

The loss experienced was:

_____ Anticipated (prior awareness of its inevitability) or

_____ Sudden (no prior knowledge of imminent loss)

STATEMENTS AND OPEN-ENDED QUESTIONS

1. I ensured that my child got to know about the loss as soon as it happened.

Strongly Disagree	Disagree	Agree	Strongly Agree

2. My child seemed to understand the loss because of the reaction exhibited.

Strongly Disagree	Disagree	Agree	Strongly Agree

3. Please clarify briefly how your child responded to the loss.

   _____

   _____

   _____

   _____

   _____

4. The church's support started as soon as the loss was known.

Strongly Disagree	Disagree	Agree	Strongly Agree

5. The church deliberately included the child in the support activities conducted at home and in the church.

Strongly Disagree	Disagree	Agree	Strongly Agree

6. The child was included in the funeral and burial rites.

Strongly Disagree	Disagree	Agree	Strongly Agree

7. Which specific rituals among these listed was your child involved in after the loss
   _____ Overnight vigils at home
   _____ Viewing the body
   _____ Memorial service
   _____ Funeral service
   _____ Burial ceremony.

   _____Others: (Please explain)

   _____

   _____

_____

_____

_____

8. My child asked questions about the loss.

Strongly Disagree	Disagree	Agree	Strongly Agree

9. I recall that a specific individual or individuals from the church or elsewhere talked to my child about the loss before the funeral.

Strongly Disagree	Disagree	Agree	Strongly Agree

10. I recall that a specific individual or individuals from the church or elsewhere talked to my child about the loss after the funeral and several days after.

Strongly Disagree	Disagree	Agree	Strongly Agree

11. I believe that a child who has experienced loss grieves.

Strongly Disagree	Disagree	Agree	Strongly Agree

12. My views and opinions about childhood grief originate from my ethnic background.

Strongly Disagree	Disagree	Agree	Strongly Agree

13. Being in grief as a parent affected the way I responded to my grieving child.

Strongly Disagree	Disagree	Agree	Strongly Agree

14. I think that as a parent, I could have done more to support my child during the loss.

Strongly Disagree	Disagree	Agree	Strongly Agree

Thank you for your participation in this survey

BIBLIOGRAPHY

Abernethy, Andrew T. "' Right Paths' and/or 'Paths of Righteousness'? Examining Psalm 23.3b within the Psalter." *Journal for the Study of the Old Testament* 39, no. 3 (2015): 299-318.

Arterbury, Andrew E. and William H. Bellinger Jr., "'Returning' to the Hospitality of the Lord: A Reconsideration of Psalms 23:5-6." *Biblica* 86, no. 3 (2005): 388.

Aboobaker, Fatima. "Supporting Foundation Phase Children Experiencing Disenfranchised Grief." Med. South Africa: University of Pretoria, 2016. Open Access Theses and Dissertations.

Ahmad, Sharique, Saeeda Wasim, Sumaiya Irfan, Sudarshana Gogoi, Anshika Srivastava, and Zarina Farheen. "Qualitative v/s Quantitative Research." *Journal of Evidence-Based Medicine and Healthcare* 6, no. 43 (2019): 2829-30.

Andrews, Catherine R., and Sylvia A. Marotta. "Spirituality and Coping Among Grieving Children: A Preliminary Study." *Counseling and Values* 50, no. 1 (2005): 38-50.

Ae-Ngibise, Kenneth, Sara Cooper, Edward Adiibokah, Bright Akpalu, Crick Lund, Victor Doku, and The MHAPP Research Programme Consortium. "Whether You Like It or Not People with Mental Problems Are Going to Go to Them": A Qualitative Exploration into the Widespread Use of Traditional and Faith Healers in the Provision of Mental Health Care in Ghana." *International Review of Psychiatry* 22, no. 6 (2010): 558-567.

Alexander, Joseph A. *Commentary on Psalms.* Psalms Translated and Explained. Grand Rapids, MI: Kregel Publications, 1991.

Allen, Holly Catterton. *Intergenerational Christian Formation: Bringing the Whole Church Together in Ministry, Community, and Worship.* Downers Grove, IL: IVP Academic, 2012.

Allen, Jon C. "Hope in Human Attachment and Spiritual Connection." *Bulletin of the Menninger Clinic* 77, no. 4 (2013): 302-331.

Arterbury, Andrew E., and William H. Bellinger Jr. "' Returning' to the Hospitality of the Lord: A Reconsideration of Psalms 23:5-6." *Biblica* 86, no. 3 (2005): 387-395.

Asumang, Annang. "The Presence of the Shepherd: A Rhetographic Exegesis of Psalm 23." *Conspectus; The Journal of the South African Theological Seminary* 9, no. 3 (Mar. 2010): 1-24.

Atkinson, Harley, and Joshua Rose. "The Small-Group Ministry Movement of the Last Four Decades. *"Christian Education Journal: Research on Educational Ministry* 17, no. 3 (2020): 547-559.

Attig, Thomas. *How We Grieve: Relearning the World.* Cary: Oxford University Press, 2010.

Baden, Joel S. "The Nature of Barrenness in the Hebrew Bible." ln *Disability Studies and Biblical Literature*, 13-27. New York: Palgrave Macmillan, 2011.

Baloyi, Lesiba, and Molebogeng Makobe-Rabothata." The African Conception of Death: A Cultural Implication. 235. In Jackson L.T. B. et al., eds. *Towards Sustainable Development through Nurturing Diversity: Proceedings from the 21st International Congress of the International Association for Cross-Cultural Psychology,* 2014.

Baker, John E., and Mary Anne Sedney. "How Bereaved Children Cope with Loss." ln Charles A. Corr and Donna M. Corr, *Handbook of Childhood Death and Bereavement*, eds. New York: Springer Publishing Company, 2004.

Bergeson, Catherine Alexandra. "Supporting Children's Grief After a Death: A Guide for School Psychologists." Ed. S. Thess., Brigham Young University, Utah, 2012. Theses and Dissertations.

Bergman, Ann-Sofie, Ulf Axberg, and Elizabeth Hanson. "When A Parent Dies- A Systematic Review of the Effects of Support Programs for Parentally Bereaved Children and Their Caregivers." *BMC Palliative Care* 16, no. 39 (2017): 1-2.

Black, Susan. "How Teachers and Counselors Can Reach Out to Bereaved Students." *Research: American School Board Journal* (2005): 28-30.

Boase, Elizabeth, and Christopher G. Frechette. *Bible Through the Lens of Trauma* Williston: Society of Biblical Literature, 2016.

Bock, Darrell L. *Luke:2 Volumes,* Baker Exegetical Commentary on the New Testament. Grand Rapids: Baker Academic, 1996.

Borchert, Gerald L. *John 1-11: An Exegetical and Theological Exposition of Holy Scripture.* New American Commentary. Nashville, TN: B&H Publishing Group, 1996.

Bowlby, John. "Attachment and Loss: Retrospect and Prospect." *American Journal of Psychiatry* 52, no. 4 (1982): 664-678.

Brodie, Thomas Louis. "Towards Unravelling Luke's Use of the Old Testament" Luke 7: 11-17 As an *IMITATIO* of 1 Kings 17: 17-24." *New Testament Studies* 32, (1986): 247-267.

Broyles, Craig C. *Psalm*. Understanding the Bible Commentary Series. Grand Rapids, MI: Baker Books, 2012.

Broom, Alex. "Using Qualitative Interviews in CAM Research: A Guide to Study Design, Data Collection, and Data Analysis." *Complementary Therapies in Medicine* 13, no. 1 (2005): 67.

Bryant-Davis, Thema, Monica U. Ellis, Elizabeth Burke-Maynard, Nathan Moon, Pamela A. Counts, and Gera Anderson. "Religiosity, Spirituality and Trauma Recovery in the Lives of Children and Adolescents." *Professional Psychology: Research and Practice* 43, no. 4 (2012): 306-314.

Burke, Laurie A., and Robert A. Neimeyer. "Spiritual Distress in Bereavement: Evolution of a Research Program." *Religions* 5 no. 4 (2014): 1087-1115.

Burke, Laurie A., Robert A. Neimeyer, Amanda J. Young, Elizabeth Piazza Bonin, and Natalie L. Davis. "Complicated Spiritual Grief II: Deductive Inquiry Following the Loss of a Loved One." *Death Studies* 38, no. 4 (2014): 268-281.

Burse, Jacqueline R., Tracey M. Barnette McElwee, Lester Collins, Alexa Smith-Osborne, and Natasha Stewart. "Ministers' Perceptions of Mental Health Services in Faith-Based Communities." *Social Work and Christianity* 48, no. 2 (2021): 137-155.

Busetto, Loraine, Wolfgang Wick, and Christoph Gumbinger, "How to Use and Assess Qualitative Research Methods," *Neurological Research and Practice* 2, no. 1 (2020): 1-10.

Capretto, Peter. "Empathy and Silence in Pastoral Care for Traumatic Grief and Loss." *Journal of Religion and Health* 54, no. 1 (2015): 339-357.

Carter, Nancy, Denise Bryant-Lukosius, Alba DiCenso, Jennifer Blythe, and Alan J. Neville. "The Use of Triangulation in Qualitative Research: Methods and Meanings." *Oncology Nursing Forum* 41, no. 5 (2014): 545-547.

Chaturvedi, Kunal, Dinesh Kumar Vishwakarma, and Nidhi Singh. "COVID-19 and Its Impact on Education, Social Life, and Mental Health of Students: A Survey." *Children, and Youth Services Review* 121 (2021): 1-6.

Chege, Njeri, and Stephen Ucembe. "Kenya Over-reliance on Institutionalization as a Child Care and Child Protection Model: A Root Cause Approach." *Social Sciences* 9, no. 57 (2020): 1-17.

Chitakure, John. "Death Rituals Among the Karanga of Nyajena, Zimbabwe: Praxis, Significance, and Changes. PhD thess., University of South Africa, South Africa, 2020. Institutional Repository.

Columbus, Ogbujah. "African Cultural Values and Inter-Communal Relations: The Case with Nigeria." *Developing Country Studies* 4, no. 24 (2014): 208-217.

Cortina, Melissa A., Anisha Sodha, Mina Fazel, and Paul Ramchandani. "Prevalence of Child Mental Health Problems in Sub-Saharan Africa: A Systematic Review." *Pediatrics and Adolescence Medicine* 166, no. 3 (2012): 276-281.

Costello, Jennifer, Krystal Hays, and Ana M. Gamez. "Using Mental Health First Aid to Promote Mental Health in Churches." *Journal of Spirituality in Mental Health* 23, no. 4 (2021): 381-392.

Cournos, Francine. "Mourning and Adaptation Following the Death of a Parent in Childhood." *Journal of the American Academy of Psychoanalysis* 29, no. 1 (2001): 137-145.

Courtney, Ann. "Loss and Grief in Adoption: The Impact of Contact." *Adoption and Fostering* 24, no. 2 (2000): 33-44.

Cox, Gerry. "Children, Spirituality, and Loss." *Crisis and Loss* 8, no. 1 (2000): 60-70.

Crenshaw, James L. *The Psalms: An Introduction.* Grand Rapids, MI: William B. Eerdmans, 2001.

Creswell, John W., and Cheryl N. Poth. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches.* 4th ed. Los Angeles: Sage Publications, 2018.

deClaisse-Walford, Nancy L., Rolf A. Jacobson, and Beth LaNeel Tanner. *The Book of Psalms.* New International Commentaries on the Old Testament. Grand Rapids: William B. Eerdmans Publishing Company, 2014.

Daniel, Terri. "Grief as a Mystical Journey: Fowler's Stages of Faith Development and Their Relation to Posttraumatic Growth." *Journal of Pastoral Care and Counseling* 71, no. 4 (2017): 220-229.

De-Whyte, Janice P. *Wom(b)an: A Cultural-Narrative Reading of the Hebrew Bible Barrenness Narrative.* Boston: Brill, 2018.

Doehring, Carrie. "Searching for Wholeness Amidst Traumatic Grief: The Role of Spiritual Practices that Reveal Compassion in Embodied, Relational and Transcendent Ways." *Pastoral Psychology* 68 (2019): 241-259.

Dyregrov, Atle, and Kari Dyregrov. "Complicated Grief in Children." *In Complicated Grief: Scientific Foundations for Health Care Professionals*. Edited by Margaret

Stroebe, Henk Schut, and Jan Van Den Bout. London: Taylor & Francis Group, 2012.

Dyregrov, Kari, and Atle Dyregrov. "Siblings After Suicide: The Forgotten Bereaved." *Suicide and Life-Threatening Behavior* 35, no. 6 (2005): 714-724.

Eaton, John H. *The Psalms: A Historical and Spiritual Commentary with an Introduction and New Translation*. London: Bloomsbury Publishing Place, 2003.

Edwards, Thomas M, and Aliona Jovanovski. "Hope as a Therapeutic Target in Counselling-In General and Relation to Christian Clients." *International Journal for the Advancement of Counselling* 38, no. 2 (2016): 77-88.

Edwards, James R. *The Gospel According to Luke*. Pillar New Testament Commentary. Grand Rapids: William Eerdmans Publishing Company, 2015.

Elkins, Kathleen Gallagher. "Children and the Memory of Traumatic Violence," ln *T&T Clark Handbook of Children in the Bible and the Biblical World*, edited by Sharon Betsworth and Julie Faith Parker. 181-198. London: T&T Clark, 2019.

Ener, Liz, and Dee C. Ray. "Exploring Characteristics of Children Presenting to Counseling for Grief and Loss." *Journal of Child and Family Studies* 27 (2018): 860-871.

Erskine, Holly E., Sarah J. Blondell, Meaghan E. Enright, Jamileh Shadid, Yohannes Dibaba Wado, Frederick Murunga Wekesah, Amirah Ellyza Wahdi, Siswanto Agus Wilopo, Loi Manh Vu Hoa Thi Khanh Dao, Vinh Duc Nguyen, Mark R. Emerson, Shoshanna L. Fine, Mengmeng Li, Robert W. Blum, Harvey A. Whiteford, and James G. Scott. "Measuring the Prevalence of Mental Disorders in Adolescents in Kenya, Indonesia, and Vietnam: Study Protocol for the National Adolescent Mental Health Surveys." *Journal of Adolescent Health* (2021): 1-8.

Fee, Gordon D., and Douglas Stuart. *How to Read the Bible for All Its Worth*, 4th ed. Grand Rapids, MI: Zondervan, 2014.

Francis, Martin, Wright Willian M. Iv, Williamson Peter, and Healy Mary. *The Gospel of John*. Catholic Commentary on Sacred Scripture. Grand Rapids: Baker Academic, 2015.

Furman, Erna. "A Child's Parent Dies: Studies in Childhood Bereavement." In Charles A. Corr and Donna M. Corr, *Handbook of Childhood Death and Bereavement*, eds. NY: Springer Publishing Company, 2004.

Furman, Robert A., "Death and the Young Child: Some Preliminary Considerations." In Charles A. Corr and Donna M. Corr, *Handbook of Childhood Death and Bereavement*, eds. NY: Springer Publishing Company, 2004.

Girand, Robert C. *Brethren Hang Together: Restructuring the Church for Relationships.* Grand Rapids, MI: Zondervan Publishing House, 1982.

Goldman, Linda. *Breaking the Silence: A Guide to Helping Children with Complicated Grief-Suicide, Homicide, AIDS, Violence, and Abuse*. London: Taylor & Francis Group, 2001.

Goldman, Linda. *Life and Loss: A Guide to Helping Grieving Children*. NY: Routledge, 2013.

Gorman, Mary Jane. *Tending Body, Heart, Mind, and Soul: Following Jesus in Caring for Ourselves*. Nashville: Abingdon Press, 2006.

Griese, Brook, Michaeleen R. Burns, Samantha A. Farro, Louise Silvern, and Ayelet Talmi. "Comprehensive Grief Care for Children and Families: Policy and Practice Implication." *American Journal of Orthopsychiatry* 87, no. 5 (2017): 540-548.

Green, Joel B. *The Gospel of Luke.* New International Commentary on the Old Testament. Grand Rapids: William B. Eerdmans Publishing Company, 1997.

Gundry-Volf, Judith. "To Such as These Belongs the Reign of God: Jesus and Children." *Theology Today (Ephrata, Pa)* 56 no. 4 (2000): 469-80.

Gunter, Nathan H." For the Flock: Impetus for Shepherd Leadership in John 10." *The Journal of Applied Christian Leadership* 10, no. 1 (2018): 8-18.

Guttmacher, Sally, Patricia V. Kelly, Yumary Ruiz-Janecko, and Ruiz-Janecko Yumary. *Community-Based Health Interventions.* Hoboken: John Wiley & Sons Incorporated, 2010.

Hadley, Leanne Ciampa. "Spiritual Support: A Pastoral Care Model for Children and Teens in Trauma." DMin thess., United Theological Seminary, Trotwood, Ohio, 2007. ProQuest.

Hall, Christopher. "Bereavement Theory: Recent Developments in Our Understanding of Grief and Bereavement." *Bereavement Care* 33, no. 1 (2014): 7-12.

Harris, J. Irene, Christopher R. Erbes, Brian E. Engdahl, Paul Thuras, Nichole Murray-Swank, Grace Dixie, Henry Ogden, Raymond H. A. Olson, Ann Marie Winkowski, Russ Bacon, Catherine Malec, Kelsey Campion, and Tuvan Le. "The Effectiveness of a Training Focused Spiritually Integrated Intervention for Veterans Exposed to Trauma." *Journal for Clinical Psychology* 67, no. 4 (2011): 425-438.

Harris, Murray J. *John*. Exegetical Guide to the Greek New Testament. Nashville: B&H Publishing Group, 2015.

Hatley, John E. *The Book of Job.* New International Commentary on the Old Testament. Grand Rapids: William E. Eerdmans Publishing Company, 1988.

Hays, Krystal, and Jennifer Shepard Payne. "Lived Experience, Transparency, Help, and Humility: Four Characteristics of Clergy Responding to Mental and Emotional Problems." *Journal of Pastoral Care and Counselling* 74, no. 1 (2020): 4-11.

Heijen, Ingrid Van de, and Sharlene Swartz. "Bereavement, Silence, and Culture Within a Peer-led HIV/AIDS-Prevention Strategy for Vulnerable Children in South Africa." *African Journal of AIDS Research* 9, no. 1 (2010): 41-50.

Henley Sr., Hosia Lee, and Garnett Lee Henley. "The 23rd Psalm: An Exposition on Its Meaning and Prophecies." *The Journal of Religious Thought* 59, no. 1 (2006): 181-189.

Henriksen, Garroway Kristine. *Growing up in Ancient Israel: Children in Material Culture and Biblical Texts*. Atlanta: Society of Biblical Literature, 2016.

Hess, Richard S. *The Old Testament: A Historical, Theological, and Critical Introduction*. Grand Rapids, MI: Baker Academic, 2016.

Hidalgo, Ivette M. "The Effects of Children's Spiritual Coping After Parent, Grandparent or Sibling Death on Children's Grief, Personal Growth and Mental Health." PhD, Nursing Thess., Florida International University, Florida, 2017. FIU Electronic, Theses, and Dissertations.

Hill, Peter C., Kenneth I Pargament, Ralph W. Hood J. R., Michael E. McCullough, James P. Sawyers, David B. Larson, and Brian J. Zinnbauer. "Conceptualizing Religion and Spirituality: Points of Commonality, Point of Departure." *Journal for the Theory of Social Behaviour* 30, no. 1 (2000): 51-77.

Hilliker, Laurel. "An Enlightened (And Relieved) Death Educator: The Value of Truth Telling with Children." *Illness, Crisis, and Loss* 21, no.4 (2013): 361-364.

Hooyman Nancy and Betty Karmer. *Living Through Loss: Interventions Across the Lifespan.* NY: Columbia University Press, 2006.

Hughes, Ronald Edwin. "Shepherding the Flock: C.A.R.E.- A Model for Pastoral Ministry." D. Min thesis, Liberty University Baptist Theological Seminary, Georgia, 2015. Open Access Theses and Dissertations.

Hugo, Charmaine J., Dorothy E. L. Boshoff, Annelene Traut, Nompumelelo Zungu-Dirwayi, and Dan J. Stein. "Community Attitudes Toward and Knowledge of Mental Illness in South Africa." *Social Psychiatry and Psychiatric Epidemiology*." 38, (2003): 715-719.

Houston, Rickey L. "Loving your Neighbour: A Guide to Developing and Sustaining Community Service Projects." DMin thess., Liberty University Baptist Theological Seminary, Lynchburg, Virginia, 2013. Doctoral Dissertations and Projects.

Howell, Kathryn H., Danielle N. Shapiro, Christopher M. Layne, and Julie B. Kaplow. "Individual and Psychosocial Mechanisms of Adaptive Functioning in Parentally Bereaved Children." *Death Studies* 39, no. 5 (2015): 296-306.

Institute of Medicine, Board on Population Health, and Public Health Practice, and Committee on Valuing Community-Based, Non-Clinical Prevention Policies and, Wellness Strategies. *An Integrated Framework for Assessing the Value of Community-Based Prevention.* Washington D. C.: National Academies Press, 2012.

Institute of Medicine, Committee for the Study of Health Consequences of the Stress of Bereavement, and National Developmental View to Loss and Grief Academy of Sciences. *Bereavement: Reactions, Consequences, and Care.* Washington DC: National Academies Press, 1984.

Ikuenobe, Polycarp. "Relational, Autonomy, Personhood, and African Traditions." *Philosophy East and West* 65, no. 4 (2015): 1005-1029.

Isiko, Alexander Paul, and Maate Yakobo. "The Socio-Cultural Perspectives of the Bakonzo of Uganda About Death." *Journal of Humanities and Social Sciences* 24, no. 4 (2019): 57-68.

Isiko, Alexander Paul, and Paulous Serugo. "Death and Morality: Perspectives on the Moral Function of Death Among the Basoga of Uganda." *EUREKA: Social and Humanities* 5 (2021): 113-130.

Iteyo, Crispinous. "Belief in the Spirits of the Dead in Africa: A Philosophical Interpretation." *Thought and Practice: A Journal of the Philosophical Association of Kenya* 1, no. 1 (2009): 151-163.

Jackson, Edgar N. *Telling a Child about Death* (New York: Hawthorn Books, Inc. 1965), 11-12, quoted in Shelley Kim Watts Pond, "A Study of Childhood Grief and the Church's Response" (PhD diss., Biola University, California, 2011), 2, ProQuest Dissertations and Theses: The Humanities and Social Sciences Collection.

Jindra, Michael, and Joel Noret. An Introduction to Funerals." In *Funerals in Africa: Exploration of a Social Phenomenon.* NY: Berghahn Books, 2011.

Johnson, Shannon K., and Marilyn P. Armour. "Finding Strength, Comfort, and Purpose in Spirituality After Homicide." *Psychology of Religion and Spirituality* 8, no. 4 (2016): 277-288.

Jones, Callum. "Is Person-Centered Counselling Effective When Assisting Young People Who Have Experienced Bullying in School?" *Counselling and Psychotherapy Research* (2020): 657-665.

Kathomi, Mbaabu Kellyjoy, Josiah Kinyua Murage, and George Kiarie. "Assessment of an Effective Pastoral Care Model for Helping Widows Overcome Grief in the ACK Kirinyaga Diocese, Kenya." *Journal of Arts and Humanities* 8, no. 4 (2019): 30-43.

Kearsley, Roy. *Church, Community, and Power*. Abingdon: Taylor & Francis Group, 2009.

Keener, Craig S. *The Gospel of John:2 Volumes.* Grand Rapids, MI: Baker Academic, 2012.

Keener, Craig S. *The IVP Bible Background Commentary: New Testament.* Downers Grove: InterVarsity Press, 2014.

Keller, Phillip. *A Shepherd Looks at Psalm 23*. Grand Rapids, MI: Zondervan Publishing House, 1970.

Kidner, Derek. *Psalms 1-72*. Kidner Classic Commentaries. Downers Grove: InterVarsity Press, 2014.

Kieling, Christian, Helen Baker-Henningham, Myron Belfer, Gabriella Conti, IIgi Ertem, Olayinka Omigbodun, Luis Augusto Rohde, Shoba Srinath, Nurper Ulkuer, and Atif Rahman. "Child and Adolescent Mental Health Worldwide: Evidence for Action." *The Lancet* 378 no. 9801 (2011): 1515-1525.

Kinnison, Quentin P. "Shepherd or one of the Sheep: Revisiting the Biblical Metaphor of the Pastorate." *Journal of Religious Leadership* 9, no. 1 (2010): 59-91.

Koenig, Harold G. "Religion and Spirituality in Coping with Acute and Chronic Illnesses, In *APA Handbook of Psychology, Religion, and Spirituality (Vol. 2): An Applied Psychology of Religion and Spirituality*, eds. Pargament K. I., Mahoney A., and Shafranske E. P. American Psychological Association, 2013.

Kostenberger, Andreas J. *John.* Baker Exegetical Commentary on the New Testament. Grand Rapids, MI: Baker Academic, 2004.

Kruse, Colin G. *Paul's Letter to the Romans.* Pillar New Testament Commentary. Grand Rapids: William B. Eerdmans Publishing Company, 2021.

Kuehn, Philip D. "Cultural Coping Strategies and Their Connection to Grief Therapy Modalities for Children: An Investigation into Current Knowledge and Practice." MSW, St Catherine University and the University of St. Thomas, Minnesota, 2013. SOPHIA.

Lam, Angus YK, Anthony F. Jorm, and Daniel YK Wong. "Mental Health First Aid Training for the Chinese Community in Melbourne, Australia: Effects on Knowledge About and Attitudes Toward People with Mental Illness." *International Journal of Mental Health Systems* 4 no. 18 (2010): 1-7.

Lee, Rebekah, and Megan Vaughan. "Death and Dying in the History of Africa Since 1800." *The Journal of African History* 49, no. 3 (2008): 341-359.

Lee, Veronica C., Patrick Muriithi, Ulrike Gilbert-Nandra, Andrea A. Kim, Mary E. Schmitz, James Odek, Rose Mokaya, and Jennifer S. Galbraith. "Orphans and Vulnerable Children in Kenya: Results from a Nationally Representative Population-Based Survey." *Journal of Acquired Immune Deficiency Syndrome* 66, no. 1 (May 2014): 89-97.

Leedy, Paul D., and Jeanne Ellis Ormrod. *Practical Research: Planning and Design* 9th ed. Upper Saddle River, NJ: Merrill, 2010.

Lima, Nadia Nara Rolim, Vania Barbosa do Nascimento, Sionara Melo de Carvalho Figueiredo, Modesto Leite Rolim Neto, Marcial Moreno Moreira, Aline Quental Brasil, Francisco Telesforo Celestino Junior, Gislene Farias de Oliveira, and Alberto Olavo Advincula Reis. "Spirituality in Childhood Cancer Care." *Neuropsychiatric Disease and Treatment* 9 (2013): 1539-44.

Longman, Tremper, III. *Psalms: An Introduction and Commentary*. Tyndale Old Testament Commentaries. Downers Grove: InterVarsity Press, 2014.

Longman, Tremper, III, and Peter Enns. *Dictionary of the Old Testament: Wisdom, Poetry, and Writings: A Compendium of Contemporary Biblical Scholarship, Proverbs 3: History of Interpretation.* Westmont: InterVarsity Press, 2008.

Maina, Alice Wangari. "The Church and Bereavement: A Study of Presbyterian Church of East Africa, Milimani South Presbytery, Nairobi County." MA Thesis, University of Nairobi, Nairobi, 2017. Research Archive, Digital Repository.

Mangione, Lorraine, Megan Lyons, and Donna DiCello. "Spirituality and Religion in Experience of Italian American Daughters Grieving Their Fathers." *Psychology of Religion and Spirituality* 8, no. 3 (2016): 253-62.

Marangu, Elijah, Fethi Mansouri, Natisha Sands, David Ndetei, Peterson Muriithi, Karen Wynter, and Helen Rawson. "Assessing Mental Health Literacy of Primary Health Care Workers in Kenya: A Cross-Sectional Survey." *International Journal of Mental Health Systems* 15, no. 55 (2021): 1-10.

Masolo, D. A., and H. Odera Oruka. *Philosophy and Cultures*. eds. Nairobi: Bookwise Publishers, 1983.

May, Tim. *Qualitative Research in Action.* ed. London: Sage Publications, 2002.

Mbwayo, A. W., D. M. Ndetei, V. Mutiso, and L. I. Khasakhala." Traditional Healers and Provision of Mental Health Services in Cosmopolitan Informal Settlements in Nairobi, Kenya." *African Journal of Psychiatry* 16, no. 2 (2013): 134-140.

McCann Jr. J. Clinton. *A Theological Introduction to the Book of Psalms: The Psalms as Torah*. Nashville: Abington Press, 1993.

Meyer, F. B. *The Shepherd Psalm*. Washington, PA: Christian Literature Crusade, 1980.

Michaels, J. Ramsey. *The Gospel of John.* New International Commentary on the New Testament. WA: William B. Eerdmans Publishing Company, 2010.

Montgomery, Lorna, and Valerie Owen-Pugh." Therapeutic Interventions for Bereavement: Learning from Ugandan Therapists." *International Social Work* 61, no. 6 (2018): 988-999.

Moo, Douglas J. *The Epistle to the Romans.* New International Commentary on the New Testament. Grand Rapids: William B. Eerdmans Publishing Company, 1996.

Moore, Lisa M.M. "Widow as The Altar of God: Retrieving Ancient Sources for Contemporary Discussions on Christian Discipleship." PhD diss., Marquette University, Milwaukee, Wisconsin, 2019. Dissertations, Theses, and Professional Projects.

Mugadza, Hilda Tafadzwa, Brian Stout, Blessing Jaka Akombi, Vera Williams Tetteh, and Andre Renzaho. "The Concept of a Child Within Sub-Saharan African Migrant Homes: Reconciling Culture and Child Rights." *Child & Family Social Work* 24, (2019): 519-528.

Mukaria, Elizabeth Mukiri, and Andrew Mukaria. "The Traditional Understanding of Grief among Ameru in Kenya." *Jumuga Journal of Education, Oral Studies and Human Sciences* 2, no. 1 (2019): 1-10.

Munyua, Joseph M. "Anglican Church of Kenya's Role in Handling the Mental Health Crisis: Towards a Wholesome Ministry." *International Journal of Recent Research in Social Sciences and Humanities* 9, no. 1 (2020): 30-40.

Musyimi, Christine W., Victoria N. Mutiso, David M. Ndetei, Isabel Unanue, Dhru Desai, Sita G. Patel, Abednego M. Musau, David C. Henderson, Erick S. Nandoya, and Joske Bunders. "Mental Health Treatment in Kenya: Task-Sharing Challenges and Opportunities Among Informal Health Providers." *International Journal of Mental Health Systems* 11, no. 45 (2017): 1-10.

Musyimi, Christine W., Victoria N. Mutiso, Erick S. Nandoya, and David N. Ndetei. "Forming a Joint Dialogue Among Faith Healers, Traditional Healers and Formal Health Workers in Mental Health in a Kenyan Setting: Towards Common Grounds." *Journal of Ethnobiology and Ethnomedicine* 12, no.4 (2016): 1-8.

Mwita, Kelvin M. "Strengths and Weaknesses of Qualitative Research in Social Science Studies." *International Journal of Research in Business and Social Science* 11, no. 6 (2022): 618-625.

Myers, William R. *Research in Ministry: A Primer for the Doctor of Ministry Program*. 3rd ed. Chicago III: Exploration Press, 2000.

Ndetei, David Musyimi, Victoria Mutiso, Christine Musyimi, Aggrey G. Mokaya, Kelly K. Anderson, Kwame Mckenzie, and Abednego Musau." The Prevalence of Mental Disorders Among Upper Primary School Children in Kenya." *Social Psychiatry and Psychiatric Epidemiology* 51, no. 1 (2016): 63-71.

Ndofirepi, Amasa Philip, and Almon Shumba. "Conceptions of "Child" Among Traditional Africans: A Philosophical Purview." *Journal of Human Ecology* 45, no. 3 (2014): 233-242.

Neimeyer, Robert A., Dennis Klass, and Michael Robert Dennis. "A Social Construction Account of Grief: Loss and the Narration of Meaning." *Death Studies* 38, no. 8 (2014): 485-498.

Ngesa, Maureen O., Sylvia Tuikong, and Kennedy Ongaro. "African Cultural Burial Rites and Complicated Grief Among Orphans: A Case of The Luo Ethnic Group in Siaya County, Kenya." *African Journal of Clinical Psychology* 3, no. 2 (2020): 1-15.

Ngesa, Maureen O., Sylvia Tuikong, and Kennedy Ongaro. "Treating Complicated Grief among Orphaned Children in Kenya: Effectiveness of Complicated Grief Therapy." *Open Journal of Social Sciences* 8 (2020): 461-478.

Ngqangweni, Hlonelwa. "' Gender' and Constructions of Spousal Mourning Among the Amaxhosa in the Eastern Cape." PhD diss., Rhodes University, South Africa, 2013. Open Access Theses and Dissertations.

Nsabimana, Epaphrodite, Eugene Rutembesa, Peter Wilhelm, and Chantal Martin-Soelch. "Effects of Institutionalization and Parental Living Status on Children's Self Esteem and Externalizing and Internalizing Problems in Rwanda." *Frontiers in Psychiatry* 10, no. 442 (2019): 1-12.

Nwosu, Innocent A., Vivian Chizoma Njemanze, Joseph Ekpechu, and Bukola Popool. "Socio-Cultural Context of Death and Mourning Practices in Rural Igbo Communities of Nigeria." *Journal of Humanities and Social Sciences* 22, no.8 (2017): 47-57.

Nwoye, Augustine. "Memory Healing Processes and Community Intervention in Grief Work in Africa." *Australian and New Zealand Journal of Family Therapy* 26, no. 3 (2005): 147-154.

O'Connor, Kathleen M. "Stammering Toward the Unsayable: Old Testament Theology, Trauma Theory, and Genesis." *Interpretation: A Journal f Bible and Theology* 70, no. 3 (2016): 301-13.

OECD Policy Responses to Coronavirus (Covid-19). Organization for Economic Co-operation and Development. *"Combatting COVID-19's Effect on Children."* updated 11th August 2020. oecd.org/coronavirus.

Ogola, Otumbo Manase. "A Study of the Neo-Traditional Death and Burial Rites Among the Luo Community in Rarieda: A Christian Response." MA Thess., Africa International University, Kenya, 2015. Academia.

Okello, Loice Noo, Meresia Sirera, and George O. Otieno. "Perception of Clergy on Collaboration with Psychological Counsellors in Management of Mental Health: A Focus on the Anglican Church of Kenya, Nairobi Diocese." *Journal of Sociology, Psychology, and Religious Studies* 3 no. 1 (April 2021): 29-44.

Ongwacho, George Areba. "COVID-19 Pandemic Impact on Kenyan Education Sector: Learner Challenges and Mitigations." *Journal of Research Innovation and Implications in Education* 4, no. 2 (2020): 128-139.

Owaa, Judith Anyango, Pamela Raburu, and Peter J. O. Aloka. "Strategies for Adjustment to Loss and Grief Among Selected Kenyan Orphaned Secondary School Students." *Mediterranean Journal of Social Sciences* 6, no.4 (2015): 532-541.

Pan, Peter Jen Der, Liang Yu F. Deng, S. L. Tsai, Ho-Yuan J. Chen and Sheng-Shiou Jenny Yuan. "Development and Validation of a Christian- Based Grief Recovery Scale." *British Journal of Guidance and Counselling* 42, no. 1 (2014): 99-114.

Pandya, Sanita P. "Spirituality for Wellbeing of Bereaved Children in Residential Care: Insights for Spiritually Sensitive Child-Centered Social Work Across Country Contexts." *Child and Adolescent Social Work Journal* 35, no. 2 (2017): 181-195.

Palinkas, Lawrence A., Sarah M. Hovioitz, Carla A, Green, Jennifer P. Wisdom, Naihua Duan, and Kimberly Hoagwood. "Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research." *Administration and Policy in Mental Health* 42, no. 5 (2015): 533-544.

Pargament, Kenneth I. "The Sacred and the Search for Significance: Religion as a Unique Process." *Journal of Social Issues* 61, no. 4 (2005): 665-687.

Pargament, Kenneth I., Harold G. Koenig, and Lisa M. Perez." The Many Methods of Religious Coping: Development and Initial Validation of the RCOPE." *Journal of Clinical Psychology* 56, no. 4 (2000): 519-543.

Pargament, Kenneth I., Kavita M. Desai, and Kelly M. McConnell. "Spirituality: A Pathway to Posttraumatic Growth or Decline," 121. In Lawrence G. Calhoun and Richard G. Tedeschi, *Handbook of Posttraumatic Growth: Research and Practice*, eds. Florence: Taylor and Francis, 2006.

Pargament, Kenneth I., Gene G. Ano, Amy Wachholtz, and Melissa D. Fald. "The Religious Dimensions of Coping: Advances in Theory, Research, and Practice." In *Handbook of the Psychology of Religion and Spirituality*. eds. R. F. Paloutzian and C. L. Park. NY: Guilford Press, 2005.

Parker, Julie Faith. *Valuable and Vulnerable: Children in the Hebrew Bible, Especially the Elisha Cycle*. Williston RI: Brown Judaic Studies, 2013.

Paulsell Stephanie. "Lost in the Mystery of God: Childhood in the History of Christian Spirituality." *Spiritus: A Journal of Christian Spirituality* 8, no. 1 (2008): 83-96.

Pearce, Caroline, and Colin Murray Parkes. "Bridging The Divides in Bereavement Research: A Conversation with Colin Murray Parkes." *Mortality* 22, no. 3 (2017): 181-193.

Pfefferbaum, Betty, Carol S. North, Debby E. Doughty, Rose L. Preffebaum, Cedric E. Dumont, Robert S. Pynoos, Robin H. Gurwitch, and David Ndetei. "Trauma, Grief, and Depression in Nairobi Children after the 1998 Bombing of the American Embassy.*" Death Studies* 30 (2006): 561-577.

Pham, Steven, Giovanna Port, Candice Biernesser, Monica Walker Payne, Satish Iyenger, Nadine Welhem, and David A. Brent. "The Burden of Bereavement: Early Onset Depression and Impairment in Youths Bereaved by Sudden Parental Death in a 7-Year Prospective Study." *American Journal of Psychiatry* 175, no. 9 (2018): 887-892.

Pham, Xuan Huong Thi. *Mourning in the Ancient Near East and the Hebrew Bible.* London: Bloomsburg Publishing Place, 2000.

Plavgo, IIze. Chris De Neubourg, and Ereblima Elezaj. "Child Poverty in Kenya: A Multidimensional Approach." *ResearchGate* (2017): 1-113.

Pond, Kim. "A Study of Childhood Grief and the Church's Response." *Christian Education Journal* 9, no. 1 (May 2012): 43-64.

Pond, Shelley Kim Watts. "A Study of Childhood Grief and the Church's Response." PhD diss., Biola University, California, 2011. ProQuest Dissertations and Theses: The Humanities and Social Sciences Collection.

Renaud, Sarah-Jane, Paraskevi Engarhos, Michael Schleifer, and Victoria Talwar. "Talking to Children About Death: Parental Use of Religious and Biological Explanations." *Journal of Psychology and Christianity* 32, no. 3 (2013): 180-191.

Republic of Kenya. Kenya National Bureau of Standards. "2019 Kenya Population and Housing Census, Vol. IV: Distribution of Population by Socio-Economic Characteristics." accessed February 26, 2022. knbs.or.ke/publications/

Republic of Kenya. Ministry of Gender, Children, and Social Development, Health, and Education Resource Centre. "National Plan of Action for Orphans and Vulnerable Children: 2007-2020," 10. accessed February 26, 2022. healtheducationresources.unesco.org.

Republic of Kenya. Ministry of Labour and Social Protection. State Department for Social Protection and Senior Citizen Affairs. "Children Protection Information Management System (CPIMS)." socialprotection.go.ke/children-services/

Republic of Kenya. Ministry of Labour and Social Protection, State Department for Social Protection, and Senior Citizen Affairs. "Guidelines for Child Protection Case Management and Referral in Kenya" 2019. laboursp.go.ke.

Rice, Gene. "An Exposition of Psalm 23." *Journal of Religious Thought* 52, no. 1 (1995): 71-78.

Richter, Amanda, and Julian Muller. "The Forgotten Child of Africa: Voicing HIV and Aids Orphans' Stories of Bereavement: A Narrative Approach." *Hts Teologiese Studies-Theological Studies* 61, no. 3 (2005): 999-1015.

Roberts, J. Kessa, Alexandra E. Pavlakis, and Meredith P. Richards. "It's More Complicated Than It Seems: Virtual Qualitative Research in the COVID-19 Era." *International Journal of Qualitative Methods*, 20 (2021): 2.

Rolls, Liz. "Narrating Time: Minimising the Disruptions and Discontinuities of Children's Experience of Death." *Illness, Crisis, and Loss* 18, no. 4 (2010): 323-339.

Rosengren, Karl S., Isabel T. Gutierrez, and Stevie S. Schein. "Cognitive Dimensions of Death in Context." *Monographs of the Society for Research in Child Development* 79, no. 1 (2014): 62-82.

Rossetto, Kelly R. "Bereaved Parents' Strategies and Reactions When Supporting Their Surviving Children." *Western Journal of Communication* 79, no. 5 (Oct-Dec, 2015): 533-554.

Sagberg, Sturla, and Ingebright Roen. "Social Practices of Encountering Death: A Discussion of Spiritual Health in Grief and the Significance of Worldview." *International Journal of Children's Spirituality* 16, no. 4 (Nov. 2011): 347-360.

Saldana, Johnny, Patricia Leavy, and Natasha Beretvas. *Fundamentals of Qualitative Research*. Cary: Oxford University Press, Incorporated, 2011.

Schreiner, Thomas R, *Romans:* Baker Exegetical Commentary on the New Testament. Grand Rapids: Baker Academic, 2018.

Schultz, Karen. "Bereaved Children." *Canadian Family Physician* 45 (1999): 2914-2921.

Scot, McKnight. *The Letter of James.* Grand Rapids: William Eerdmans Publishing Company, 2011.

Sheehan, Kopchak Danice, Dana Hansen, Pam Stephenson, Murray Mayo, Raya Albataineh, and Ezinne Anaba. "Telling Adolescents That a Parent Has Died." *Journal of Hospice and Palliative Nursing* 21, no. 2 (2019): 152-159.

Shikwati, Benjamin, Vhumani Magezi, and Rantoa Letsosa. "Bereavement Healing Ministry Amongst Abaluyia: Towards a 'Circle for Pastoral Concern' as a Healing Model." *In die Skrifling* 47, no. 1 (Jan. 2013): 1-11.

Sibeko, Goodman, Peter D. Milligan, Marinda Roelofse, Lozel Molefe, Deborah Jonker, Jonathan Ipser, Crick Lund, and Dan J. Stein. "Piloting a Mental Health Training Programme for Community Health Workers in South Africa: An Exploration of Changes in Knowledge, Confidence, and Attitudes." *BMC Psychiatry* 18, no. 191 (2018): 1-10.

Silverman, David. *Doing Qualitative Research: A Practical Handbook*. London: Sage Publications, 2000.

Silverman, Phyllis R., and J. William Worden. "Children's Reactions in the Early Months After the Death of a Parent." *American Journal of Orthopsychiatry* 62, no. 1 (1992): 93-104.

Silverman, Phyllis R., Steven Nickman, and J. William Worden. "Detachment Revisited: The Child's Reconstruction of a Dead Parent." *American Journal of Orthopsychiatry* 62, no. 4 (1992): 494-503.

Sines, David, Sharon Aldridge-Bent, Agnes Fanning, Penny Farrelly, Kate Potter, and Jane Wright. *Community and Public Health Nursing.* Hoboken: John Wiley & Sons Incorporated, 2013.

Singh, Shweta, Deblina Roy, Krittika Sinha, Sheeba Parveen, Ginni Sharma, and Gunjan Joshi. "Impact of COVID-19 and Lockdown on Mental Health of Children and Adolescents: A Narrative Review with Recommendations." *Psychiatry Research* 293 (2020): 1-10.

Sirrine, Erica Hill. "Continuing Attachment Bonds to The Deceased: A Study of Bereaved Youth and Their Caregivers." PhD diss., University of South Florida, Tampa, 2013, 22. Open Access Theses and Dissertations.

Skinner, Christopher W. "The Good Shepherd Lays Down His Life for the Sheep" (John10:11, 15, 17): Questioning the Limits of a Johannine Metaphor." *The Catholic Biblical Quarterly* 80, (2018): 97-113.

Stanford, Matthew, and David Philpot. "Baptist Senior Pastors" Knowledge and Perceptions of Mental Illness." *Mental Health, Religion, and Culture* 14, no. 3 (2011): 281-290.

Stroebe, Margaret. "Coping With Bereavement: A Review of the Grief Work Hypothesis." *OMEGA* 26, no. 1 (1992-3): 19-42.

Stroebe, Margaret, and Henk Schut. "The Dual Process Model of Coping with Bereavement: A Decade On," *OMEGA, Journal of Death and Dying* 61, no. 4 (2010): 273-289.

Stroebe, Margaret, Henk Schut, and Kathrin Boerner. "Continuing Bonds in Adaptation to Bereavement: Toward Theoretical Adaptation." *Clinical Psychology Review* 30 (2010): 259-268.

Stuckenbruck, Denise and Jini L. Roby. "Navigating Uncharted Terrain: Domestic Adoptions in Kenya." *Child and Family Social Work* (2017): 1-8.

Stuhlmueller, Carroll. *The Spirituality of the Psalms.* Collegeville, Minnesota: The Liturgical Press, 2002.

Stylianou, Polyxeni, and Michalinos Zembylas. "Dealing with the Concepts of 'Grief' and 'Grieving' in the Classroom: Children's Perceptions, Emotions, and Behavior." *OMEGA-Journal of Death and Dying* 77, no. 3 (August 2018): 240-266.

Swindoll, Charles R. *Insights on 1 and 2 Corinthians.* Carol Stream, IL: Tyndale House Publishers, 2017.

Testoni, Ines, Elisa Tronica, Gianmarco Biancalani, Lucia Ronconi, and Giovanna Calapai. "Beyond The Wall: Death Education at Middle School As Suicide Prevention." *International Journal of Environmental Research and Public Health* 17, no. 7 (2020): 2398-2400.

Testoni, Ines, Lorenzo Palazzo, Ciro De Vincenzo, and Michael Alexander Wieser. "Enhancing Existential Thinking Through Death Education: A Qualitative Study Among High School Students." *Behavioral Sciences* 10, no. 7 (2020): 113-123.

Thompson, Marianne M. *John: A Commentary.* 1st ed. The New Testament Library. Louisville, KY: Westminster John Knox Press, 2015.

Tilahum, Dejene, Charlotte Hanlon, Mesfin Araya, Basiro Davey, Rosa A. Hoekstra, and Abebaw Fekadu. "Training Needs and Perspectives of Community Health Workers in Relation to Integrating Child Mental Health Care into Primary Health Care in a Rural Setting in Sub-Sharan Africa: A Mixed-Method Study." *International Journal of Mental Health Systems* 11, no. 15 (2017): 1-11.

Turner, Sam. *Baptist Beliefs and Customs*. 2nd ed. Nairobi: Kenya Baptist Media, 2017.

Van der Watt, A.S. J., T. Van de Water, G. Nortje, B. D. Oladeji, S. Seedat, O. Gureje, L. Kola, J. Appiah-Poku, C. Othieno, B. Harris, O. Esan, V. Makanjuola, and L. N. Price. "The Perceived Effectiveness of Traditional and Faith Healing in the Treatment of Mental Illness: A Systematic Review of Qualitative Studies." *Social Psychiatry and Psychiatric Epidemiology* 53, no. 6 (2018): 555-566.

Venter, Elza. "The Notion of Ubuntu and Communalism in African Educational Discourse." *Studies in Philosophy and Education* 23 (2004): 149-160.

Verhoef, Heidi. "'A Child Has Many Mothers,' Views of Child Fostering in Northwestern Cameroon." *Childhood* 12, no. 3 (2005): 369-390.

Vicedo, Marga. "The Social Nature Of The Mother's Tie To Her Child: John Bowlby's Theory of Attachment in Post-War America." *The British Journal for the History of Science* 162, no. 3 (Sep. 2011): 401-426.

Vogels, Walter. "A Semiotic Study of Luke 7:11-17." *Eglise et Theologie* 14, no. 3 (1983): 273-292.

Walsh, Froma, and Monica McGoldrick. *Living Beyond Loss: Death in the Family*. 1st ed. Norton, 1991.

Walter, Carolyn Ambler, and Judith L. M. McCoyd. *Grief and Loss Across the Lifespan: A Biopsychosocial Perspective.* NY: Springer Publishing Company, 2015.

Wardecker, Britney M., Julie B. Kaplow, Christopher M. Layne, and Robin S. Edelstein. "Caregivers' Positive Emotional Expression and Children's Psychological Functioning After Parental Loss." *Journal of Child and Family Studies* 26 (2017): 3490-3501.

Webb, Nancy Boyd. *Helping Bereaved Children: A Handbook for Practitioners*, 3rd ed. NY: Guilford Publications, 2010.

Weinstock, Louis, Dunja Dunda, Hannah Harrington, and Hannah Nelson. "Its Complicated—Adolescent Grief in the Time of Covid-19." *Frontiers in Psychiatry* 12 (2021): 1-7.

Williams, Laverne, Robyn Gorman, and Sidney Hankerson. "Implementing a Mental Health Ministry Committee in Faith-Based Organizations: The Promoting Emotional Wellness and Spirituality Program." *Social Work in Health Care* 53, no. 4 (2014): 414-434.

Wilson, Donna M., Leah Underwood, and Begona Errasti-Ibarrondo. "A Scoping Research Literature Review to Map the Evidence on Grief Triggers." *Social Science and Medicine* 282 (2021): 1-8.

Wimpenny, Peter and John Costello. *Grief, Loss, and Bereavement: Evidence and Practice for Health and Social Care Practitioners*. London: Taylor & Francis Group, 2011.

Wolfenstein, Martha. "How is Mourning Possible." 31, ln Charles A. Corr and Donna M. Corr, *Handbook of Childhood Death and Bereavement*, eds. NY: Springer Publishing Company, 2004.

Wolowelsky, Joel B. "Communal and Individual Mourning Dynamics within Traditional Jewish Law." *Death Studies* 20, no. 5 (1996): 469-480.

Worden, J. William. *Grief Counseling and Grief Therapy: A Handbook for The Mental Health Practitioner* 4th ed. New York: Springer Publishing Company, 2008.

Worden, J. William. Theoretical Perspectives on Loss and Grief. In *Death, Dying and Bereavement: Contemporary Perspectives, Institutions, and Practices*, edited by Judith M. Stillion and Thomas Attig. New York: Springer Publishing Company, 2014.

Wortmann, Jennifer H. and Crystal L. Park. "Religion and Spirituality in Adjustment Following Bereavement: An Integrative Review." *Death Studies* 321 (2008): 703-36.

Wright, Josephine L. "The Princess Has to Die: Representing Rupture and Grief in the Narrative of Adoption." *The Psychoanalytic Study of the Child* (2009): 75-91.

Wright, Nigel G. *Vital Truth: The Convictions of the Christian Community.* Eugene: Wipf and Stock Publishers, 2015.

Yin, Robert K. *Case Study Research and Applications: Design and Methods*. 6th ed. Sage Publications, Inc, 2018.