

Liberty University John W. Rawlings School of Divinity

EDUCATING CHURCH LEADERS: PROVIDING END-OF-LIFE SPIRITUAL CARE

TO

LIFE CHANGERS CHURCH MINISTRY

A Thesis Project Report Submitted to
the Faculty of the Liberty University School of Divinity
in Candidacy for the Degree of
Doctor of Ministry

by

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Liberty University Rawlings School of Divinity

Thesis Project Approval Sheet

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DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

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Abstract: Life Changers Community Fellowship Church, of Jackson, Mississippi, struggles to provide end-of-life spiritual care to its members. Its church leadership has placed the responsibility of providing end-of-life spiritual care on institutions such as hospice and palliative care companies. These organizations do their best to provide end-of-life spiritual care, but struggle due to cultural and ethnical boundaries, and a lack of resources to provide such care.

This study seeks to examine whether end-of-life spiritual care is a biblical concern and/or mandate within church leadership. In addition, this study will explore how hospice chaplains understand end-of-life spiritual care provided to patients and their families. The research will be based on qualitative end-of-life spiritual care research using surveys to assess the congregation's need.

The theory guiding this study is highly influenced by those who do not receive adequate end-of-life spiritual care versus those who do. Data was collected to report the significance of how end-of-life spiritual care effectively prepares those who are transitioning from life to death. The result of this study will educate minority churches in developing practical ways to provide this type of spiritual care in minority churches and their communities.

Keywords: Education, end-of-life, expiration, hope, meaning, peaceful passing, purpose, and transitioning

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Abbreviations

CMSW	Clinical Medical Social Worker
DFBC	Dallas First Baptist Church
DMIN	Doctor of Ministry
EOL	End of Life
FBCOLG	First Baptist Church of Lincoln Gardens
GEN	Genesis
GHMBC	Good Hope Missionary Baptist Church
LCCFC	Life Changers Community Fellowship Church
MATT	Matthew
MBC	Missionary Baptist Church
MDIV	Master of Divinity
MSN	Master of Science in Nursing
NFBC	New Faith Baptist Church
PHD	Doctor of Philosophy
RN	Registered Nurse
SPUH	Saint Peters University Hospital
US	United States

Chapter 1: Introduction

For many people and families, there is much more significance to the end of a person's life than the moment of passing away. How one dies is significant to that individual and to their family.¹ For the Christian, transitioning from life to eternal life should acknowledge how that person has lived.² It is essential to cherish one's death, just as that person has lived his or her life.³ Thus, providing pastoral end-of-life care helps families acknowledge and honor their loved one's life and precious memories.⁴ Such a ministry offers families comfort and peace as they go through losing a loved one. That same peace will be the key to their healing and ability to move forward post-passing of a loved one.

Hospice companies have followed this model to provide pastoral end-of-life care to those transitioning from life to death.⁵ They focus on providing their patients with holistic end-of-life comfort, such as providing those who are transitioning with emotional, physical, and spiritual support.⁶ However, many churches, particularly, many African American churches, struggle to provide the parishioners with pastoral end-of-life care,⁷ whether it be because of a lack of

¹ Paul Robertson (former Director of Clinical Pastoral Education for Memorial Hermann Houston), personal conversation with author, September 13, 2016.

² Ibid.

³ Ibid.

⁴ Mary Brown, MDiv, MSW (former Director of Pastoral Care and Clinical Pastoral Supervisor for Memorial Hermann Houston), personal conversation with author, September 15, 2016.

⁵ Stacey Braxton, MSN (National Director of Data, Research, and Statistics for Season's Hospice and Palliative Care), personal conversation with author, May 4, 2018.

⁶ Walter Julian, MSW (National Director for Season's Hospice), personal conversation with author, April 10, 2019.

⁷ Maurice Harris (Senior Pastor, Saint Paul Missionary Baptist Church) personal conversation with author, August 17, 2020.

awareness or availability. Making such care available to the congregations of any church setting could prove not simply effective but transformative.

Pastoral end-of-life care finds its origins in Genesis 47:28 where Jacob gathered his children and provided them with an end-of-life review. He blessed, gave advice, and reproved his family (Gen. 47:28 [KJV]). Jacob's pastoral end-of-life experience is the model upon which clergy, healthcare providers, and others draw to provide care to families who are losing a loved one. Many families, in some way, practice Jacob's pastoral end-of-life model. Universally speaking, providing pastoral end-of-life care is to advocate what is known as "a good death."⁸ Surely, many would argue that there is nothing "good" about death, but there are many others who would suggest otherwise. Still, the term is not provided to instigate debate. Such a term is given to cherish and honor the life and wishes of those who are transitioning.⁹ A good death is "a term that reflects individual preferences for how a person wants to die."¹⁰ For many people, factors that constitute a good death include dying at home, with family and friends and without stressful physical symptoms.¹¹

This study focuses on advocating, promoting, and teaching a church that struggles in providing pastoral end-of-life care. This project was designed to be a teaching instrument in instructing Life Changers Community Fellowship Church (LCCFC) ministry leaders, and lay leaders in pastoral end-of-life evangelism and outreach ministry, and to address what seems to be a disconnect in providing effective pastoral end-of-life care.¹² Therefore, the purpose of this

⁸ Paul Robertson, personal conversation with author, September 28, 2016.

⁹ Mary Browne, personal conversation with author, September 30, 2016.

¹⁰ Paul Robertson, personal conversation with author.

¹¹ "Good Death." n.d., accessed August 17, 2020, <https://medical-dictionary.thefreedictionary.com/Good+death>.

project was to train and teach LCCFC leaders to effectively offer pastoral end-of-life care to their congregation and community. This project does not imply that there have not been previous efforts to provide such ministry endeavors.¹³ However, it will focus on the significance of establishing and delivering biblical pastoral end-of-life care in a contextualized church setting.

A plethora of local, mid-size to smaller African American churches do not teach, train, or have a pastoral end-of-life outreach ministry.¹⁴ Thus, this project and ministry are significant for African American churches, particularly LCCFC, because an end-of-life ministry will be beneficial for congregants, their loved ones, and their community. Such an evangelical endeavor assists the pastor and church leaders in providing end-of-life pastoral care. The goal, therefore, is to train and teach LCCFC leaders in providing pastoral end-of-life care effectively. Evangelical end-of-life ministry training could be a model for other African American churches, which lack effective end-of-life pastoral care to its congregations.

Ministry Context

Life Changers Community Fellowship Church (LCCFC) is located at 4220 Robinson St., Jackson, Mississippi, and is a church plant that was started on April 1, 2012 by pastor Anthony Ratliff. LCCFC, or “Life Changers,” is a non-denominational church, established with 30 members consisting of young adults, youth, and a few elderly members.¹⁵ Pastor Ratliff was an assistant pastor at Rock Apostolic Church in South Jackson, Mississippi, under the leadership of

¹² Maurice Harris, personal conversation with author, August 17, 2020.

¹³ Anthony Ratliff (Pastor, LCCFC), personal conversation with author, August 3, 2020.

¹⁴ Cofield, D. Z. "Expressions of Hope." Houston: New Hope Missionary Baptist Church, December 4, 2019 2019. <https://goodhope.org>.

¹⁵ Anthony Ratliff, personal conversation with author, August 2, 2020.

Pastor Jessie Smith for ten years. During Pastor Ratliff's ministry at Rock Apostolic Church, he was prepared to become a senior pastor, learning the do's and don'ts in ministry.

Within the eight years of serving at Life Changers, Pastor Ratliff set a high standard for servant leadership among church leaders. Pastor Ratliff places high value on servant leadership and holds his members accountable. His downfall is being held to a higher standard while some laity leaders have not held themselves to such measures. The church lacks stewardship among church leaders and laity.

The majority of LCCFC ministry focuses on the youth – specifically on holding youth events centered on youth's spiritual needs. Pastor Ratliff has established a healthy youth ministry consisting of a youth choir, youth mime ministry, youth musicians, girls praise dance ministry, and men's ministry. However, LCCFC does not hold Sunday School due to the lack of leadership and inconsistency among members.

Life Changers has a sick and shut-in outreach ministry serving 10-30 people. In addition, it provides ministry to the emotional, financial, and spiritual needs of seniors. Laity leaders make home visits providing communion, food, and prayer to address physical and spiritual needs. However, much of the church's work is conducted solely by pastor Ratliff and a few faithful laity leaders. He feels that there is an imminent need for more efficient leadership within the congregation regarding specific ministries, a need that results from a lack of training and education. Furthermore, some dissident ministry leaders desire to preach and teach Bible study without being held accountable in supporting the church.

Currently, Life Changers consists of 85 members. Of these, 84 are African American and one member is Caucasian. Wednesday Night Bible study is held at 7 pm, and Sunday morning worship service is at 9:30 am. Despite church issues, Life Changers has done much within the

church and its community. Pastor Ratliff has trained servant leaders in evangelical outreach ministry, placing a high value on having a strong presence within southwest Jackson, Mississippi.

Recently, members of the church and members of the community have experienced several losses, from young African Americans who have died from domestic or gang violence to the elderly suffering from common diseases and natural causes.¹⁶ There is no pastoral end-of-life ministry to provide care to congregants, their loved ones or the community. Given the recent deaths within Life Changers and the surrounding community, Pastor Ratliff sees a need for his ministry leaders to provide pastoral end-of-life care. He expressed his concern regarding the lack of pastoral end-of-life ministry due to the personal experience of losing his mother and from pastoral experiences with his congregation. Such a void in ministry leadership has caused Pastor Ratliff and other laity leaders to experience burnout.

The ministry context for establishing, teaching, and training church leaders in pastoral end-of-life evangelical care originates from the following scriptures: Genesis 47:28 and Revelation 21:4. “And God shall wipe away all tears from their eyes; and there shall be no more death, neither sorrow, nor crying, neither shall there be any more pain: for the former things are passed away.”¹⁷ In addition to these, any attempt to construct a pastoral end-of-life ministry requires one to consider scriptures such as Psalm 34:18, Psalm 147:3 and John 14:1. “Let not your heart be troubled: ye believe in God, believe also in me.”¹⁸ Thus, this researcher uses scripture to be the beacon and inspiration and to lay the foundation for a vital ministry lacking

¹⁶ D.Z. Cofield, December 4, 2019.

¹⁷ Revelation 21:4 (KJV)

¹⁸ John 14:1 (KJV)

and missing in many African American churches. In the Great Commission, Jesus appointed His disciples to teach others the Gospel of Christ and to baptize them (Matt. 28:18-20).

The Great Commission also extends to families who are broken, lost, and hurting over losing a loved one. There is no more important time for the church to exhibit God's love than during the loss of a loved one.¹⁹ Matthew 5:4 provides scriptural contextualization for comforting those who mourn. In doing so, the church can evangelize and provide ministry to those who are emotionally and spiritually hurting and help them find additional church resources.²⁰ This research project is an evangelic ministry that can potentially strengthen LCCFC, and reach those to whom the church might not have been able to minister.²¹ With this goal in mind, this research factors in the practical and successful methods that healthcare providers and hospice companies have used to provide pastoral end-of-life care to patients.

Problem Presented

LCCFC is a nondenominational church that has no pastoral end-of-life evangelical outreach ministry. Thus, this research project was created to help the pastor, church leaders, congregation, and community understand the necessity for establishing a pastoral end-of-life outreach ministry. The project aims to teach Life Changers how to minister to families who are experiencing the loss of a loved one and to the community's emotional, physical, and spiritual needs.²² Thus, this research is an action-based cooperative project in which the pastor and church leaders will be required to train in order to attain the desired ministry goals and outcomes.²³

¹⁹ D.Z. Cofield, December 4, 2019.

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²³ Sensing, "Qualitative Research," 18.

In addition, the purpose of establishing such an outreach ministry in a congregation where it has been lacking is also to express and provide the love of Christ to church members and community members in practical theological ways.²⁴ This research will not show that there has been any prior theological conflict with creating and establishing a pastoral end-of-life outreach ministry. There has been no previous attempt since the church is a new church plant and the majority of its outreach has been focused on youth and young adult ministries. Many of LCCFC's members report that neither they nor their families' members received sufficient spiritual care when being admitted to hospice care or to palliative care.

This research implies that LCCFC should be provided end-of-life education and end-of-life spiritual care because such provisions would improve the quality of life and improve end-of-life experiences for the dying and their families. The pastoral concern is that the lack of end-of-life education and spiritual care contributes to a person and their family experiencing a distressful transition from life to death.²⁵ Therefore, the problem related to this research is that Life Changers is a new church with no evangelical or outreach ministry established to minister to the church members' emotional, physical, or spiritual needs and to those who are experiencing loss or a recent loss.

Statement of Purpose

The purpose of this DMin action-based research project is to demonstrate to the pastor and church leaders of Life Changers that utilizing this project will produce a prosperous outreach ministry that will bless the entire congregation and its community.²⁶ Furthermore, it will address

²⁴ Ibid.

²⁵ Paul Robertson, personal conversation with author, October 11, 2016.

²⁶ Sensing, "Qualitative Research," 18.

multiple concerns that have limited African American churches from educating its members and achieving such a ministry.

There are three essential factors that one must consider when dealing with the issues concerning the lack of an end-of-life ministry:

1. Research and data: Why is this an issue? Research suggests that minorities are underserved when it comes to end-of-life education, healthcare, and spiritual care. The African American population in the United States is 13.4%,²⁷ and fewer than 8.5% are hospice patients.^{28,29} In addition, data indicates that African Americans are less likely to complete advance directives and have a greater propensity to seek extraordinary medical treatments than their Caucasian counterparts.³⁰ Many minorities do not trust healthcare providers and are uneducated about the benefits of end-of-life care.³¹

2. Lack of end-of-life education: A plethora of data suggests a disconnect between the minority communities regarding the issue of end-of-life education.³² A end-of-life case study was conducted among minorities. It concluded that spirituality and prayer were the foremost coping mechanism;³³ yet, there was a lack of awareness and resources regarding EOL care provided to

²⁷ U.S. Department of Commerce. *U.S. Census Bureau Quick Facts*. Washington DC, 2010.

²⁸ "NHPCO Facts and Figures: Hospice Care in America," Alexandria, VA, National Hospice and Palliative Care Organization, 2012. accessed June 2, 2019, http://www.nhpc.org/files/public/statistics_research/hos-pice_facts_figures_oct-2010.pdf.

²⁹ Cohen, "Racial/Ethnic Disparities," 624-625.

³⁰ Carr, "Racial Differences," 201.

³¹ Stacey Braxton, personal conversation with author, May 4, 2018.

³² Wicher and Meeker, "African American End-of-Life Preferences," 28.

³³ Born et al, "Knowledge, Attitudes, and Beliefs," 251.

minorities.³⁴ Why is there a disconnect? Church leaders and non-profit organizations fail to teach and train African American churches and communities on end-of-life education, which fuels the disparity.

3. Adverse effects of African American Churches: How does this negatively affect the Church?

Some people need end-of-life pastoral care and have not received it. This can lead to a lack of spiritual care, which can hinder emotional and spiritual healing as the bereaved go through the process of grieving.³⁵

4. Is end-of-life pastoral care important in your local church?

5. Is end-of-life pastoral care important to you?

Basic Assumptions

This project's fundamental assumption is that all people deserve to be provided pastoral end-of-life education and care. One of the components of this care is providing compassion, empathy, and love, which all Christians should receive.³⁶ The pastor and lay leaders should be willing to participate in receiving pastoral end-of-life training. Upon receiving research education, LCCFC's ministry leaders should be prepared to engage in a pastoral end-of-life outreach ministry.

Definitions, Delimitations, and Limitations

Definitions

The definition of end-of-life care is interchangeable for those who are transitioning and for the bereaved. One cannot address the definition apart from defining it in its totality. End-of-

³⁴ Ibid, 252.

³⁵ Mary Browne, personal conversation with author, September 30, 2016.

³⁶ Paul Robertson, personal conversation with author, September 28, 2016.

life care is defined as facilitating a “good death.”³⁷ A “good death” means a death that is “free from avoidable distress and suffering for the patient, family, and caregivers, in general according with patient's family’s wishes, and reasonably consistent with clinical, cultural, and ethical standards.”³⁸ In addition, pastoral end-of-life care aims to, “help congregants prepare for death, both spiritually and practically, and to provide outreach to the sick, dying, and bereaved members.”³⁹ For clarification purposes regarding this study, pastoral end-of-life care is understood to primarily concern the bereaved and providing them with pastoral care. However, this definition cannot be separated from those who are transitioning and the bereaved.

Limitations

The limitations of this study are twofold. There are participants whose family members or loved ones did not receive pastoral end-of-life care. Thus, some of the participants within the sample population may be biased and may not share the complete information regarding why their family members or loved ones chose not to elect to receive end-of-life spiritual care. Furthermore, such bias could be counterproductive in providing evidence for the need for end-of-life pastoral care compared to other age groups, churches, and ethnicities that did receive such support. This could potentially limit the scope of the analysis, the size sample, and limit the disconnect for the lack of ministry. If so, the collected data would be misleading and unreliable.

This study consists of interviews soliciting self-reported data– this is self-reported data that is limited and weakened by the fact that it cannot be independently verified. Thus, this

³⁷ Meier, et al, “Defining a Good Death,” 261.

³⁸ Ibid.

³⁹ Braun and Zir, “Roles for the Church,” 685.

presents a bias with regard to those interviewed. This suggests that end-of-life education is a necessary element that should be provided to Life Changers Community Fellowship Church. This limitation shapes this study's focus to convey not only the necessity for such research, but to conduct further research to train and provide others in this field adequately. Furthermore, some of the ministry leaders and lay leaders who will be interviewed could potentially withhold or not share valid information, statistics, and why the church struggles to provide pastoral end-of-life care.

The time frame for this study was limited to three months. The study population consisted of African Americans from a non-traditional church. Due to the limitations and time constraints, no other churches were included in this study. The participants in this study live in Jackson, Mississippi, and attend Life Changers Community Fellowship Church of Jackson, Mississippi. Lastly, the participants for this research project were drastically affected by Covid-19 pandemic. As a result of the current pandemic the Life Changers Community Fellowship Church participation was limited. Many church members were unavailable and declined to participate for fear of Covid-19.

Delimitations

The study was conducted at Life Changers Community Fellowship Church, 4220 Robinson St., Jackson, Mississippi 39209. Participants were adult African American male and female aged 18-75. Every participant was in good health. Participants were all members of Life Changers Community Fellowship Church.⁴⁰ This particular group was chosen for the research to illustrate why this population is underserved with regard to pastoral end-of-life care. Participants were selected based upon the criteria of having lost a loved one.

⁴⁰ Sensing, "Qualitative Research," 18.

Church leadership recommended eligible participants for participation in the study. This researcher received verbal confirmation, from church administration, that all participants are aged 18-75 and experienced a recent significant loss. The project's goal was to train ministry leaders and laity by creating a pastoral end-of-life outreach ministry for Life Changers while collecting data for this project. Data were subsequently analyzed to assess interest and feasibility of providing pastoral end-of-life care within Life Changers Community Fellowship Church. The data suggested that this education and training is needed for African American churches that do not have an existing ministry.

Thesis Statement

This thesis project will show that various factors affect the lack of pastoral end-of-life outreach ministry at Life Changers Community Fellowship Church and within African American churches. Data obtained from the target demographic was analyzed and tested the research hypothesis. Furthermore, pertinent literature was examined to analyze the data. This project aims to develop a training manual for Life Changers Community Fellowship Church and other African American churches to use in establishing an outreach ministry to minister to the needs of those who have experienced loss and provide compassionate pastoral end-of-life care.

Chapter 2: Conceptual Framework

Literature Review

In preparation for the dissertation, this researcher reviewed a wide collection of articles, books and journals. The literature reviewed below represents selected sources from experts in the field of compassion, end-of-life care and pastoral counseling. In addition, the review of literature will discuss books and journals regarding death, dying, end-of-life pastoral care and the lack thereof in minority churches and communities. Moreover, biblical passages related to the researcher's focus for the thesis project are shared, with comments.

According to the US Census Bureau, minorities are underserved with regard to end-of-life education, healthcare and spiritual care.⁴¹ This data is reflected in the need articulated by the pastor of LCCFC. Healthcare providers indicate that acceptance of end-of-life care among African Americans could be enhanced by increasing cultural sensitivity. Thus, culturally competent end-of-life education and training initiatives should be increased.⁴² The respondents in the US Census Bureau study did not have educational programs in place to raise awareness for the need of end-of-life care options for underserved minorities.⁴³ Their data could be used in future research study efforts to create interventions designed to increase awareness concerning end-of-life care options for African Americans and other underserved minorities.⁴⁴ These interventions would certainly have an impact on the African American church community and decrease the number of underserved minorities.

African Americans make up 13.4% of the population in the United States,⁴⁵ and less than 8.5% receive end of-life-care.⁴⁶ Furthermore, Cohen suggests that African Americans do not participate in Advance Directives and have the tendency to seek and endure more advanced medical treatments than that of their Caucasian counterparts.⁴⁷ Carr⁴⁸ provides data suggesting

⁴¹ U.S. Department of Commerce. *U.S. Census Bureau Quick Facts*. Washington DC, 2010.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ “Facts and Figures: Hospice Care in America.” National Hospice and Palliative Care Organization.

⁴⁷ Cohen, “Racial/Ethnic Disparities in Hospice,” 763-768.

⁴⁸ Carr, “Racial Differences in End-of-Life Planning,” 201.

that there is a disconnect concerning the lack of end-of-life education and pastoral care not provided to minorities.⁴⁹ The aforementioned data causes one to ponder why is there such a disconnect in the African American community regarding the lack of end-of-life and pastoral care for those who are transitioning from life to death.

In *An Exploratory Study of Spiritual Care at the End-of-Life* (Daaleman et al 2008), data suggests that providing adequate time for pastoral end-of-life care was a barrier for most participants.⁵⁰ As a consequence, the lack of pastoral care due to time constraints caused mistrust between those who were provided pastoral care, which created contention.⁵¹ However, respondents reported that pastoral care providers presence was a dominant factor concerning those encounters.⁵²

Although, there is an enormous disconnect within minority communities regarding the potential benefit of pastoral end of-life-care, Holder and Aldredge-Canton concluded that providing such care can offer those transitioning hope and peace as they pass.⁵³ To add to this data, Lucy Bregman contends that religion and death have since prehistoric times been important reasons for celebrating, commemorating, and respecting the life of loved ones.⁵⁴ “It must seem obvious that religions have always and everywhere been concerned about death, even in prehistoric times when what we now call religion was not yet institutionalized.”⁵⁵

⁴⁹ Born et al, “Knowledge, Attitudes, and Beliefs About End-of-life Care,” 247.

⁵⁰ Daaleman et al., “An Exploratory Study of Spiritual Care,” 406-411.

⁵¹ Ibid.

⁵² Daaleman et al., 408.

⁵³ Holder and Aldredge-Clanton, “Parting,” 9.

⁵⁴ Lucy Bergman, *Religion, Death, and Dying*, vol. 1 (Santa Barbara: Praeger Perspective, 2010), xv.

⁵⁵ Ibid.

Kenneth C. Haugk's *Christian Caregiving: A Way of Life* describes the foundation of and the establishment of a caregiving team within a congregational setting with care provided by highly trained laity and supervised by trained clergy. The author's premise is that clergy should be trained to provide pastoral care. This researcher agrees with Haugk and believes that such training is foundational for any successful outreach ministry.

In Norman Wright's book, *The Complete Guide to Crisis & Trauma Counseling*, the author contends that death is a crisis and the pastor's responsibility to provide pastoral care to a congregant is immediate and urgent.⁵⁶ Wright offers a scenario from his own pastoral experience regarding the importance of providing pastoral care at the end-of-life. "My doctor told me three weeks ago that I have cancer. It's terminal. I've been given six months. I don't want to die! Where is He? Your ministry with this person begins at that moment."⁵⁷ Scripture is clear that death is an unavoidable experience, "It is appointed unto men once to die, but after this is the judgement."⁵⁸

In addition to death, Wright asserts, through scripture, that God honors the death of the righteous and the life of a righteous person is something to be celebrated.⁵⁹ Still, African Americans often express an array of feelings during the end-of-life transition and thereafter. David Lieberman was a 25-year-old Caucasian male who was a resident chaplain at Memorial Hermann Medical Center in Houston, Texas. He was called to the death of an African American 80-year-old Christian female, who was the matriarch of her family. There were more than 50 family members and loved ones in one room expressing multiple feelings of anger, bargaining,

⁵⁶ Wright, "Guide to Crisis & Trauma Counseling," 230.

⁵⁷ Ibid.

⁵⁸ Heb. 9:27 (KJV)

⁵⁹ Wright, 240.

denial, and acceptance.⁶⁰ Chaplain Lieberman had never experienced these dynamics during end-of-life situations. He was unable to connect with the family and provide them with pastoral end-of-life care due to his inexperience, knowledge, limitations, and cultural unawareness.⁶¹

Chaplain Lieberman noticed that when the deceased's pastor arrived, many family members, who had expressed negative feelings concerning the loss of their loved one, calmed down. He was astonished by how that pastor was able to offer those grieving hope with his mere presence. Yet, Chaplain Lieberman, with good intentions, was unable to provide that family with effective pastoral end-of-life support. Wright's work is of great interest because his quotation indirectly describes the subject group of this thesis project. Note that Wright is referencing anyone who has experienced crisis as a result from losing a loved one. This project research deals with African American Christians who have experienced loss, crisis, and were not provided pastoral end-of-life care.

Randy Alcorn, in his book entitled *If God is Good*, focuses on ministering to the dying in such a way that he or she will seek forgiveness and reconciliation with God. He believes this means "allowing the dying to come to terms with it and seek the dying grace from God."⁶² Alcorn suggests that reading meaningful and inspirational literature, while providing life-review, gives the dying and their loved ones' eternal peace and hope for afterlife.⁶³ He indicates that death may cause many negative feelings such as arguing, denial, doubt, and even fighting with others.⁶⁴

⁶⁰ David Liebermann, personal conversation with author, September 13, 2016.

⁶¹ David Liebermann, personal conversation with author, September 13, 2016.

⁶² Wright, 472.

⁶³ Alcorn, "If God Is Good," 472.

However, Alcorn provides closure for end-of-life pastoral care by reminding those who are suffering or transitioning, to be faithful to God until the end of this life.⁶⁵ “To serve God in suffering, we need the companionship of faithful brothers and sister in Christ.”⁶⁶ His point is that those who are transitioning should set aside negative feelings associated to death and dying, and instead seek spiritual healing and forgiveness with God and loved ones.⁶⁷ Alcorn argues that the essence of providing pastoral care to those who are dying is to provide physical supportive presence and to be an encourager to the dying and to his or her family.⁶⁸

Tim VanDuiwendyk’s book, entitled *The Unwanted Gift of Grief*, demonstrates compassion for those who have suffered from the loss of a loved one. It is a teaching guide for caregivers to help those who have experienced loss. This book was written to teach caregivers how to help people endure their pain so that they can transform and experience new life.⁶⁹ VanDuiwendyk’s book aims to equip clergy, counselors, family members, lay leaders, nurses, pastoral caregivers, physicians, spiritual directors, and teachers with skills on how to provide spiritual care to those who have suffered from loss.⁷⁰ *The Unwanted Gift of Grief* is also most helpful to this researcher because this book offers the structured pastoral education required by many health professionals to effectively care for their clients and patient in bereavement and grief.

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Alcorn, 472-473.

⁶⁹ VanDuiwendyk, “The Unwanted Gift of Grief,” 3.

⁷⁰ Ibid.

Waters and Zuck, in their book entitled *Why, O God?* represent a shift in their view of death and how to minister to the dying. They focus on the eternal aspect of death and spending eternity with the Lord.⁷¹ According to Waters and Zuck, there is no death for those who rest their hope in Christ; however, for those who have not, there will be eternal damnation.⁷² Hence, their focus is to provide those who are dying or suffering with scripture's assurance that there is hope for those who die in Christ.⁷³ This research project deals with families who did not receive assurance that their loved ones would obtain eternal hope and security. Although, participants in this research study are Christians, they struggled during the process of grief as a result from loss. Zuck and Walters' writing suggests that providing end-of-life support gives comfort and peace to those who are experiencing loss.

Andrew Lester's book, *Hope*, has a distinct and diverse view concerning death. Lester views death as affecting an individual's "future story."⁷⁴ According to Lester, an effective method by which to minister to the spiritual needs of those who are transitioning and/or their family is to explore life-review and to commemorate what made meaning out of life.⁷⁵ End-of-life review often provides families with closure that their loved ones lived a meaningful and purposed-filled Christian life. Lester's method is useful for this research because it gives the pastoral care provider a tool that he or she can use to guide and facilitate a pastoral counseling session.

⁷¹ Waters and Zuck, "Why, O God?" 213.

⁷² Waters and Zuck, 213-14.

⁷³ Waters and Zuck, 214.

⁷⁴ Lester, "Hope," 55.

⁷⁵ Ibid.

Lester offers clinical methodologies for pastoral assessment and clinical intervention with those who are distraught over loss. He also gives strategies for reframing the future stories of those who are in crisis and proposes a corrective to these stories by encouraging examination of how one desires to live a purposed-filled future. Lester's book is influential to pastoral caregivers who desire to provide effective pastoral care and to pastoral scholars who are seeking to foster a theological viewpoint through which to grasp the human condition.

Elisabeth Kubler-Ross, in her book *On Grief & Grieving*, explores five essential negative and positive feelings related to losing a loved one. Kubler-Ross' point is that persons who have lost a loved one need time to heal and asserts that everyone grieves differently.⁷⁶ "You can't know joy unless you know profound sadness. They don't exist without each other."⁷⁷ The essence of Kubler-Ross' methods give insight into how people feel and react to loss. In addition, it helps one to be patient with those who have experienced loss and need time to heal. Currently, Life Changer's pastor and a select few laity leaders provide pastoral end-of-life care. Research indicates that grief counseling education will help Life Changers develop into a strong outreach ministry.

Floyd Scott, in his book *Crisis Counseling*, depicts grief as a process one experiences from which meaningful relationships have developed.⁷⁸ This book also contains pastoral end-of-life guidance. Scott states, "When we form deep connections—a close relationship for instance—the loss of that relationship is not easy to navigate. Feelings of grief and the grief process seem to be God's way of helping us adjust to losses, allowing us to say goodbye and to begin life anew

⁷⁶ Kubler-Ross, "On Grief & Grieving," xiii.

⁷⁷ Ibid.

⁷⁸ Floyd, "Crisis Counseling," 81.

without the object of our grief.”⁷⁹ This is an area where the researcher must teach the pastor and laity of Life Changer the significance of allowing those who grieve to express their feelings in their own way and in their own terms so that they can grow spiritually.

Kathleen Montgomery’s doctoral dissertation, *Communication During Palliative Care and End of Life*, explains when end-of-life care should be considered or provided. “EOL care is health care provided when all curative options have been exhausted and care is focused on preparing for an anticipated death”.⁸⁰ According to Montgomery, end-of-life care is a specialized care to provide emotional, physical, and spiritual comfort for those with a terminal illness.⁸¹ Thus, it is often that those who have been diagnosed with a terminal diagnosis desire either psycho-social care, spiritual care, or both.⁸² Montgomery argues that communication could be best served with the help of trusted clergy. At such a time, healthcare professionals can recommend requesting family clergy to assist in an end-of-life discussion. This premise fosters an element of trust among the transitioning patient and his or her family.

In Carrie Doehring’s *The Practice of Pastoral Care: A Postmodern Approach*,⁸³ she explains that *The Practice of Pastoral Care* is a widely-used seminary textbook for courses in pastoral care and the standard for clinical pastoral education (CPE). Doehring’s premise is to encourage counselors to consider their ministry through a trifocal lens that integrates premodern, modern, and postmodern approaches to psychological and religious knowledge. Doehring

⁷⁹ Ibid.

⁸⁰ Montgomery, “Communication During Palliative Care,” 438.

⁸¹ Ibid.

⁸² Ibid.

⁸³ Doehring, “The Practice of Pastoral Care.” xiii.

provides the fundamental elements of a caregiving relationship and demonstrates the efficiency of the caregiver using use of self in ministry. In addition, Doehring exhibits in developing the art of active listening skills, which helps to foster and establish the pastoral caregiver and client relationship.

Elaine Childs-Gowell, author of *Good Grief Rituals: Tools for Healing*, offers a series of simple grief rituals that include: the venting of feelings, letter writing, affirmations, exercises to act out negative emotions as well as forgiveness, fantasies, meditations and more. Adult children of alcoholics, victims of incest and assault and those who have ended a relationship, lived through a natural disaster, wrecked a car, or suffered any kind of loss will find that these rituals move them beyond loss to forgiveness, gratitude and a new sense of life.⁸⁴

Macklyn W. Hubbell authored *Helping the Hurting*.⁸⁵ This book on pastoral caregiving serves as a text for his introductory class on the subject at seminary. Hubbell blends his decades of learning theories of development, psychology and theology with his experiences of being a caregiver in a way that can equip the learner with a solid foundation from providing pastoral care.⁸⁶

Rabbi Stephen B. Roberts' *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain's Handbook 1st Edition* incorporates the traditional foundations of pastoral care with modern methods to spiritual care. It is explicitly intended for spiritual care professionals who provide pastoral care in a healthcare environment. Roberts offers current theological

⁸⁴ Childs-Gowell, "Good Grief Rituals," 1.

⁸⁵ Hubbell, "Helping the Hurting," vi.

⁸⁶ Ibid, vii.

perceptions and tools, along with fundamental concepts and proficiencies from the preeminent pastoral and spiritual care research, concepts, and literature.⁸⁷

Lawrence J. Crabb and Dan B. Allender's *Hope When You're Hurting: Answering Four Questions Hurting People Ask*⁸⁸ on pastoral care investigates the strengths and weaknesses of an array of counseling alternatives while promoting the use of biblical study, communal support to treat emotional pain, and prayer.⁸⁹

Warren W. Wiersbe's *Why Us? When Bad Things Happen to God's People*⁹⁰ provides Christian theological fundamentals for understanding theodicy.⁹¹

Finally, Walter Wangerin Jr.'s *Mourning into Dancing* rationalizes how life presents tragedy. In addition, Wangerin contends that the blessings of life are discovered in how one processes hardship in one's relationships with self, with the world, with others, and with God.⁹² *Mourning into Dancing* teaches how to make sense out of suffering and enjoy one's Christian fellowship with God and others in the midst of suffering.⁹³

Theological Foundations

Many Bible studies, devotions, outreach ministries, and sermons are focused on encouraging the unredeemed to turn from sin to receive grace in Jesus Christ and to encourage the saint. The Gospel of John supports such a belief. The Apostle John contends that the purpose

⁸⁷ Roberts, "Professional Spiritual & Pastoral Care," 24-25.

⁸⁸ Crabb and Allender, "Hope When You're Hurting," 17.

⁸⁹ Ibid, 18.

⁹⁰ Wiersbe, "Why Us?" 11.

⁹¹ Ibid, 12.

⁹² Wangerin, "Mourning into Dancing," 27.

⁹³ Ibid.

of the Gospel was so that people would believe that Jesus is the living Son of God wherein that believer can receive eternal life.⁹⁴ Scripture has much to say about the life of a Christian and what is needed to receive salvation.⁹⁵ Whilst many clergy, counselors and therapists focus on promoting and teaching doctrine for maturity in Christ, one should understand the devastating effects as a result of experiencing loss.

Noting the fact that few African American churches preach or teach on end-of-life,⁹⁶ Pastor Maurice Harris stated, “Death affects everyone. It affects the unredeemed and the redeemed.”⁹⁷ Pastor Harris’ point is that death can have pulverizing effects on both the unsaved and the Christian. The pastor’s obligation is to prepare those who are transitioning to find peace with their Creator, and to walk with the bereaved family while they experience the process of grief.⁹⁸

Floyd offers a compelling argument as to how and why those who have experienced the loss of a loved one respond differently. “We’ll all suffer losses of both meaningful people and objects...other losses are enormous, a blow to our functioning, producing a great deal of pain and sadness. Some losses require little adjustment. Others demand time and attention as we struggle to live without the lost object or person.”⁹⁹ Whereas Floyd speaks to the variant levels,

⁹⁴ John 20:30-31 (KJV)

⁹⁵ John 3:14; 14:6; Rom. 10:9 (KJV)

⁹⁶ Maurice Harris, in discussion with the author, on July 2020.

⁹⁷ Ibid.

⁹⁸ Ibid.

⁹⁹ Floyd, "Crisis Counseling," 62.

meaning and relationships associated with a loss, Wright implores one to understand the dynamics of one's loss. "At the heart of trauma and crisis is loss."¹⁰⁰

In order to understand and appreciate fully the significance of crisis and trauma, we need to understand the multitude and complexity of loss.¹⁰¹ John MacArthur suggests that there is no death for those who die in Christ, and the object of such eternal hope is to provide those who grieve with a right understanding of eternal hope. "Paul wrote this section of his epistle to alleviate the Thessalonians' grief and confusion. He was concerned that we not... be uninformed about those who are asleep and those who grieve as do the rest who have no hope. Since their grief was based on ignorance, Paul comforted them by giving them knowledge."¹⁰²

The ensuing Scriptures provide a theological basis for pastoral end-of-life care. Genesis 4:8 describes the first death and murder in scripture and expresses little to no human mourning or compassion over the death and murder of Abel. Instead, Genesis 4:10 exhibits Abel's outcry from the dead for God to deliver him. Abel's blood cried out "צָעַק Tsaq" which is a participle that means "To cry out, to declare or to proclaim."¹⁰³ Nowhere in the Old Testament or the New Testament is the idiom *Tsaq* used to denote one crying out to God in death or in mourning. This idiom is used in other Old Testament and New Testament passages referring to "crying out, declaring or to proclaim."¹⁰⁴ Although not from expressing feelings of

¹⁰⁰ Wright, 65.

¹⁰¹ Ibid.

¹⁰² MacArthur, "Death and Christian Grief," 1:59.

¹⁰³ Strong, "Exhaustive Concordance of The Bible," 100.

¹⁰⁴ Ibid.

anger or sadness resulting from death, Genesis 4:10's usage of Abel's outcry indicates a dramatic scene in which one calls out to God with overwhelming emotions of strong negative feelings.

Abel's plea to God for redemption describes a victim who is in crisis. Floyd suggests that crisis is a "problematic state."¹⁰⁵ Crisis can be defined as "a state of acute distress wherein one's usual coping mechanisms have failed in the face of perceived challenge or threat and there results some degree of functional impairment."¹⁰⁶ Many people who suffer the loss of a family member, friend, or loved one are in crisis and need someone to assist them through their crisis. Cain, the murderer of Abel, did not grieve or mourn for his brother, but Able potentiated God from the grave.¹⁰⁷ This scripture is a reminder that there are variant dynamics regarding death, emotions, and loss. God spoke on behalf of Abel.¹⁰⁸ Therefore, families in crisis deserve and need to be provided pastoral end-of-life care.

Genesis 49:1-29 provides evidence of Jacob's living will and testament that he gave to his sons.¹⁰⁹ Vos contends that Jacob gathered his sons to give them a "Patriarchal blessing."¹¹⁰ Jacob blessed Joseph's two sons. Jacob rebuked his sons who needed to be corrected and blessed other sons. "What Israel had to say to each he said in the presence of all and provided sobering and instructional comments for all."¹¹¹ Jacob experienced closure, end-of-life-review, healing,

¹⁰⁵ Floyd, 25.

¹⁰⁶ Everly and Mitchell, "Critical Incident Stress Management," 2-3.

¹⁰⁷ Genesis 4:8-15 (KJV)

¹⁰⁸ Genesis 4:10 (KJV)

¹⁰⁹ Vos, "Genesis-Everyday Bible Commentary," 148.

¹¹⁰ Ibid.

¹¹¹ Vos, 148.

and reconciliation.¹¹² Many families from various faith traditions participate in end-of-life review in some way. Jacob's model of life-review and death can help give families closure during pastoral end-of-life discussions. Note that Jacob blessing and correcting his loved ones, during his end-of-life experience, was typical of Hebrew culture.¹¹³ Jacob's end-of-life review serves as a model and exhibits a "good death." Jacob's death is valuable for this research because it demonstrates the significance of observing cultural end-of-life practices.

Genesis 49:22-26 serves as a model with regard to providing pastoral end-of-life care. Joseph encouraged his brothers by reminding them that God would be faithful to that which He promised Abraham, Isaac, and Jacob.¹¹⁴ Joseph's prophesy and testimony of God's faithfulness is a reminder that God is indeed faithful. His end-of-life experience is vital for those who need hope in God's unwavering faithfulness.

Numbers 20:29 depict how death can affect an entire nation. The entire nation of Israel mourned Aaron for 30 days.¹¹⁵ Aaron's death was a result of disobeying God at Meribah.¹¹⁶ This scripture implies feelings of sorrow for a loved one. Dr. Paul Roberts stated, "We mourn because we have loved."¹¹⁷ Aaron's death fits well into pastoral end-of-life care because families may lose a loved one from a direct result of disobedience, sin, or rebellion. For example, a person can make one mistake and it can cost that person his or her life. However, the family and loved ones

¹¹² Genesis 48-49:28 (KJV)

¹¹³ Genesis 25:11; 27:26-29 (KJV)

¹¹⁴ Genesis 12:1-3; 25:11; 28:10-22; 35:9-12; 48:3-16 (KJV)

¹¹⁵ Numbers 20:29 (KJV)

¹¹⁶ Numbers 20:8-12 (KJV)

¹¹⁷ Paul Robertson, personal conversation with author, September 13, 2016.

still grieve and mourn. The pastoral end-of-life provider's obligation is to care for those who are grieving— regardless of how their loved one died.

Deuteronomy 34:1-5 is another example regarding death affecting an entire nation. Similar to Aaron, the entire nation of Israel mourned Moses for 30 days.¹¹⁸ The death of Moses supports this researcher's aforementioned pastoral statement regarding the death of Aaron and caring for those who have lost a loved one as a result of sin.

Joshua 24:1-28 offers life-review, cautions to obey God, and gives hope. Joshua gathered all of Israel and provided them with end-of-life-review. Moreover, he made a reflective doctrinal argument. Joshua stated, "Now therefore, fear the Lord, serve Him in sincerity and in truth, and put away the gods which your forefathers served on the other side of the River and in Egypt. Serve the Lord! And if it seems evil to you to serve the Lord, choose for yourself this day whom you will serve, whether the gods which your fathers served on the other side of the River, or the gods of the Amorites, in whose land you dwell. But as for me and my house, we will serve the Lord."¹¹⁹ Joshua's end-of-life review is a reflection of God's past, present, and future faithfulness. It depicts the life of a man who appreciated God's grace and therefore, remained faithful to God during end-of-life. This scripture contributes to this research because it offers hope to the family who has lost a matriarch or a patriarch.

1 Kings 17:17-18 portrays a grieving mother, who expressed feelings of anger, guilt, and regret for her personal sin. "So she said to Elijah, what have I to do with you, O man of God? Have you come to me to bring my sin to remembrance and to kill my son?"¹²⁰ Constable stated,

¹¹⁸ Deuteronomy 34:8 (NKJV)

¹¹⁹ Joshua 24:14-15 (NKJV)

¹²⁰ I Kings 17:18 (NKJV)

“The woman had a guilty conscience and immediately concluded that God was punishing her for her sin by killing her son.”¹²¹ Only after Elijah prayed and God restored the widow’s son back to life did the widow believe Elijah was a prophet. “Then the woman said to Elijah, now by this I know that the word of the Lord in your mouth is true.”¹²² This passage is essential for this research. It illustrates feelings that people commonly express when they have lost a loved one. Furthermore, the text shows the positive effects of pastoral end-of-life care.¹²³

2 Chronicles 4:18-37 show a mother of a deceased child who was in deep distress.¹²⁴ In the Shunammite woman’s distress, she found a man of God who was able to provide her and her deceased child pastoral care. This scripture is invaluable as a model for developing a pastoral end-of-life ministry. It depicts a grieving mother and the earned and given authority of the pastoral care provider. Elisha’s authority is proven in the fact that the mother sought after him and would not leave him.¹²⁵ Internal usage of Scripture supports that pastoral end-of-life care is necessary.

Matthew 5:4 states, “Blessed are those who mourn”.¹²⁶ The signifier “mourn,” πενθέω, connotes feelings of “sadness, grief, and mourning.”¹²⁷ Cross-referencing Matthew 5:4 with

¹²¹ Walvoord and Zuck, “The Bible Knowledge Commentary,” 524.

¹²² 1 Kings 17:24 (NKJV)

¹²³ 1 Kings 17:19-24 (NKJV)

¹²⁴ 2 Kings 4:27 (NKJV)

¹²⁵ 2 Kings 4:30 (NKJV)

¹²⁶ Matthew 5:4a (NKJV)

¹²⁷ Burer and Miller, “A New Reader’s Lexicon,” 26.

Revelation 21:4 suggests that this passage refers to one who is mourning over loss. The pastoral end-of-life authority here is Christ's words of comfort "For they shall be comforted."¹²⁸

Matthew 11:28-30 offers those who are grieving rest in Jesus Christ. Thus, the pastoral support in this text is to encourage the family to find comfort, peace, and hope in Christ. In addition, Matthew 11:28-30 is a scripture to encourage self-care to caregivers and for the pastoral care provider. Matthew 11:28 is constructed with an imperative verb "Come" (δεῦτε), a second person, plural, imperative¹²⁹ that urges those with heavy loads to find rest in the Lord.¹³⁰

Luke 7:11-15 demonstrates the compassion of Christ Jesus. "When the Lord saw her, He had compassion on her and said to her, do not weep."¹³¹ One must note that this widow had many reasons to grieve. Culturally, widows depended on their children or next of kin for survival.¹³² Given that this widow's only son died, it put her at a cultural and economic disadvantage. "The woman was now completely alone, and seemingly unprotected, without a close relative. Help, for widows, is a major theme in both the Old and New Testaments—especially under the covenant as related to Deuteronomy."¹³³ This text is beneficial for pastoral end-of-life care because it is sensitive to the holistic nature of what people endure and feel when they have lost a loved one.

¹²⁸ Matthew 5b. (NKJV)

¹²⁹ Burer and Miller, 39.

¹³⁰ Walvoord and Zuck, 45.

¹³¹ Luke 7:13 (NKJV)

¹³² Walvoord and Zuck, 222.

¹³³ Ibid.

John 11:1-44 exhibits the holistic nature regarding the feelings of losing a loved one. Lazarus' family, friends, community, and even Jesus mourned for him.¹³⁴ The essence of this text is that the pastoral care provider can offer the bereaved hope and assurance in Christ. "Jesus said to her, I am the resurrection and the life. He who believes in Me, though he may die, he shall live."¹³⁵

John 19:26-27 shows how Christ provided His mother with comfort in giving her into the care of His disciple John.¹³⁶ Blum notes that the crucifixion of Christ was Simeon's prophecy fulfilled in which Mary's heart would be pierced.¹³⁷ This suggests that Mary was grieving over the suffering of her son. "Seeing her sorrow, Jesus honored His mother by consigning her into the care of John, the beloved disciple."¹³⁸ The crucifixion of Christ offers the pastoral care provider a tool that can be used to encourage the bereaved to support one another.

The best practice for providing end-of-life pastoral care is making meaning of one's spirituality at the end-of-life.¹³⁹ Furthermore, Swinton and Payne, in their book entitled *Living Well and Dying Faithfully*,¹⁴⁰ provide strong end-of-life practices for those who are dying. As noted above, a good death means a person transitions free from unnecessary emotional, physical and/or spiritual distress, pain or suffering.¹⁴¹ Healthcare professionals, such as hospice and

¹³⁴ John 11:19, 31, 33, 35 (NKJV)

¹³⁵ John 11:25 (NKJV)

¹³⁶ Walvoord and Zuck, 340.

¹³⁷ Ibid.

¹³⁸ Ibid.

¹³⁹ Dose et al, "The Meaning of Spirituality," 1183.

¹⁴⁰ Swinton and Payne, "Living Well," 3.

¹⁴¹ Callahan-Lesher, "Phenomenon of a Good Death," 7.

palliative care, have set the standard and mandate in how to provide end-of-life care to those facing the end of life.

Respecting a person's life is a biblical and theological foundation that sets the standard for this study. How an individual dies is a part of how that person lived. Therefore, as a person approaches death and prepares to meet and be with the Lord, the Bible serves as a model of how Christians should be cared for at the end-of-life. In the Pentateuch, the death of Jacob serves as an example of what a good death looks like.

Jacob's own words suggest that he felt he may not have had a great life. "Few and evil have been the days of my years of my life" (Gen. 47:9). However, Jacob had a good death. He prepared for his death and called for all of his children so that he could bless and/or advise them on how to live (Gen. 48:10-22; 49:1-28). Jacob rebuked some of his sons, as he provided them life-review (Gen. 49:4-7). Jacob told Joseph where to bury him (Gen. 47:30). Jacob died the way he wanted— with his loved ones present and attempted to reconcile relationships. In theory, Jacob accepted his impending death and made things right with his family and with God. Even more so, Christ, on the cross, accepted His demise to redeem a fallen humanity back to the Father (Luke 23:46). The theological framework and purpose to which this study holds is to teach ministry leaders to provide those who are transitioning acceptance, a peaceful passing, and a reconciliation with others and with God through Scripture.

Theoretical Foundations

This researcher's theoretical hypothesis has been tried, tested, and proven within the healthcare industry (hospice) and in several large churches in urban American cities. Walter Julian has been a certified professional social worker for more than thirty years. In addition, Mr. Julian is one of the many national executive directors of Seasons Hospice and Palliative Care.

Seasons Hospice and Palliative care has 27 sites in 24 states. Mr. Julian's position requires travel throughout the country assisting with startup or struggling sites. He has worked in every Seasons site and currently serves the Seasons Hamilton site in New Jersey.

Julian has more than 20 years of hospice experience. While struggling to assist with the Hamilton, New Jersey site, Mr. Julian expressed his concern regarding hospice companies not being able to connect with African American and minority communities.¹⁴² Based upon Julian's experience, Seasons' patient data and statistical research suggests that African Americans are less likely to receive hospice care and/or pastoral end-of-life care "from an outsider."¹⁴³ Moreover, the African American population in the Seasons service area struggled to trust hospice companies with providing end-of-life care to the family or loved ones.¹⁴⁴

According to patient data from Seasons Hospice, more than 95% of patients in the Suburban areas of New Jersey were predominantly Caucasian patients. Seasons Hospice and Palliative Care of Hamilton, New Jersey, covers a 175-mile coverage area. Seasons covers Burlington, Camden, Mercer, Middlesex, Monmouth, Ocean, and Somerset counties. Camden, New Brunswick, Somerset, and Trenton are urban cities or towns, and some areas consist of predominately minority communities. According to Seasons Hospice patient data,¹⁴⁵ less than 7% of African Americans in these service areas received end-of-life care. Up to 6% of these were patients who were referred to Seasons from their inpatient unit housed in an urban charity community hospital, Saint Peters University Hospital of New Brunswick, New Jersey. The only

¹⁴² Walter Julian, in discussion with author, March 2018.

¹⁴³ Ibid.

¹⁴⁴ Ibid.

¹⁴⁵ Jermaine Ruffin, Interdisciplinary Group weekly meeting notes, Seasons Hospice of New Jersey, March and June, 2018.

hospice patients at Seasons who lived in rural or suburban areas were two African American female patients who were from Staten Island, New York, and East Orange, New Jersey. Both patients were born and raised in larger urban cities and had strong ties to their church, community, and families.

Julian noticed that there was a problem with patient relations within Seasons' coverage areas. His company often received poor Medicare quarterly survey ratings from deceased patients' loved ones.¹⁴⁶ Seasons' national business plan is to send liaisons and sales representatives to consult and meet with doctors, nurse unit managers, community care facilitators, and other healthcare administrative to build, establish and regain working relationships with those healthcare providers. Julian added community and church relationships. His solution to resolving the disconnect between Seasons and minority communities was to educate minority communities about end-of-life care. A major element regarding Julian's theory is to utilize the targeted communities' clergy or spiritual leaders to help with informing their congregations.¹⁴⁷ Julian understood that there was a cultural difference with Caucasian patients. He also observed that African Americans and other minorities trust their clergy and pastors.¹⁴⁸

Thus, Julian encouraged Seasons' chaplains and social workers to educate and train clergy, community leaders, and spiritual leaders in providing pastoral end-of-life care.¹⁴⁹ Julian's ideology had major results in bridging the disconnect among African American patients in Seasons' targeted patient areas.¹⁵⁰ As a result of Julian's emphasis on community relationship

¹⁴⁶ Ibid.

¹⁴⁷ Walter Julian, in discussion with author, March 2018.

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

¹⁵⁰ Ibid.

building, many African Americans, mainly SPUH inpatients and their families, formed trusting relationships with staff employees. This was a joint effort contributed by Seasons' hospice chaplain, community clergy, Seasons' nursing staffs, SPUH chaplains and social workers.¹⁵¹ Seasons established stronger working relationships with community leaders, local funeral homes, inpatient care unit, nursing facilities, pharmacies, rehabilitation facilities, African American churches, and within senior communities. Moreover, Seasons' quarterly ratings significantly improved, and more efficient patient care was given.

First Baptist Church of Lincoln Gardens (FBCOLG), of Somerset, New Jersey, is an 87-year-old predominately African American church with a membership of more than 6,000.¹⁵² During the mid-1960's, Pastor Charlie Brown was called to lead the congregation. Pastor Brown established many ministries— one in which is a pastoral outreach ministry. This ministry covers a broad spectrum of ministry. Pastoral end-of-life care is one of the many facets of this ministry. FBCOLG has trained pastoral counselors, deacons, laity, and pastors who provide end-of-life pastoral care to their members.¹⁵³

Four of FBCOLG's many pastoral care providers have extensive education and training. Deacon James Jones, MDiv (New Brunswick Theological Seminary) is a staff end-of-life pastoral care provider, and he is a staff chaplain at SPUH. Pastor Priscilla Presley, PhD (Princeton Theological Seminary) is a full-time staff member. Pastor Lester Shelly, MDiv. (New Brunswick Theological Seminary) is a staff pastoral end-of-life care provider and a full-time

¹⁵¹ Ibid.

¹⁵² First Baptist Church of Lincoln Gardens, "FBCOLG Membership and Demographics," <https://fbcsomerset.com/history/>.

¹⁵³ Ibid.

chaplain at Menlo Park, New Jersey VA. Finally, Pastor Shelia Thompson, MDiv (Princeton Theological Seminary) is a staff pastoral end-of-life care provider and a full-time chaplain at SPUH.

These four pastoral care providers provide end-of-life care to their members, their family, and loved ones. This ministry has been one of the most successful outreach ministries since it was established by former pastor Charlie Brown Jr. in the mid 1960's. The goal of the ministry is to provide pastoral end-of-life care to members who are transitioning and to their grieving families. The ministry assists with preparing for the loss of their loved one. They assist with funeral planning, eulogy, food, counseling, providing the family with grief support and help connecting the family with requested outreach ministries. Furthermore, FBCOLG and Seasons Hospice and Palliative Care of Hamilton, New Jersey has formed strong relationships in providing joint pastoral end-of-life care to church members. FBCOLG's pastoral end-of-life care outreach ministry is a powerful ministry that serves as a theoretical model for the researcher's argument.

New Faith Missionary Baptist Church (NFBC) in Houston, Texas, is another predominantly African American semi-mega church that serves as a model for having a strong pastoral end-of-life pastoral care ministry. This ministry is led by NFBC's pastoral care Associate Pastor Eddie Murphy. NFBC's pastoral care outreach ministry is similar to FBCOLG's pastoral care outreach ministry. NFBC provides and offers services akin to their members and communities. Lilly Grove Missionary Baptist Church in Houston and the Church Without Walls in Cypress, Houston, and Sugarland, Texas, are predominantly African American churches and have similar pastoral end-of-life care outreach ministries. These churches have strong relationships with their community, healthcare providers, and church members. Their

pastoral end-of-life care outreach ministries provide effective pastoral end-of-life care to members and their communities. Thus, these churches assist church membership in all areas concerning end-of-life care.

Good Hope Missionary Baptist Church (GHMBC), in Houston, provides its members and community with a strong and unique pastoral care outreach ministry. There are two variant pastoral end-of-life outreach ministries. The traditional pastoral end-of-life outreach ministry was revamped by GHMBC's senior pastor Dr. D.Z. Cofield. Associate Pastor Ronald Bell leads the ministry along with a host of well-educated and trained ordained ministers, licensed counselors, and laity. This outreach ministry provides bereavement support to church members who are currently experiencing and have experienced loss. The ministry assists in funeral and eulogy arrangements while providing food for up to 100 persons during the repast. GHMBC's outreach ministry is similar to the aforementioned churches.

Still, GHMBC has a distinct new pastoral end-of-life outreach ministry called Expressions of Hope. This outreach ministry is exclusively for rural, suburban and urban churches of any size. The ministry was born from Dr. Cofield's 40-year experience of pastoral ministry. He expressed concern for how the church has missed an entire generation of young people.¹⁵⁴ His concern is that young African American adults aged 18 to 40 are unchurched, unevangelized, and unsaved.¹⁵⁵ In addition, many minority communities, nationwide, have lost and will lose unsaved minorities who have no church affiliation or church home.¹⁵⁶ Dr. Cofield's goal for Expressions of Hope is to use trained bereavement specialists, clergy, and counselors to

¹⁵⁴ DZ Cofield, in discussion with author, December 2019.

¹⁵⁵ Ibid.

¹⁵⁶ D.Z. Cofield, lecture, December 4, 2019.

provide pastoral end-of-life care to the unchurched and the unsaved. This consists of working with local funeral homes to assist with the needs concerning the diverse dynamics within African American communities.

The plan of pastoral end-of-life care is to provide pre-funeral and post-funeral bereavement support to the families who have experienced the loss of the unsaved.¹⁵⁷ Moreover, the outreach ministry provides the bereaved family's emotional and physical needs such as bereavement support, crisis intervention provided by a licensed counselor, grief counseling, financial assistance with funeral arrangements and other ministry outreach support within the church. The goal is to connect the bereaved with every outreach ministry for evangelical outreach endeavors.¹⁵⁸ Dr. Cofield contends that Expressions of Hope will be a model for African American churches to connect with and minister to the unsaved in any demographic area by providing local churches with trained clergy and laity leaders.¹⁵⁹

Maurice Harris Sr. is the pastor of Saint Paul Missionary Baptist Church in San Jose, California. Pastor Harris Sr. has 25 years of pastoral experience. Thirty years ago, he was a staff minister at Friendship MBC Sacramento, California. His assignment was to observe ecclesiology throughout America in African American and Caucasian churches and churches' epistemology. Pastor Harris' assignment consisted of observing and reporting to his senior pastor the methodologies, liturgy, and the structure of each outreach ministry.¹⁶⁰ He observed the differences of how African American churches and Caucasian churches are led. He has concerns

¹⁵⁷ Ibid.

¹⁵⁸ Ibid.

¹⁵⁹ Ibid.

¹⁶⁰ Maurice Harris Sr, discussion with author, July 2020.

regarding the lack of end-of-life pastoral care given in local, midsize and smaller African American churches.¹⁶¹ For example, Pastor Harris Sr. reported how Dallas First Baptist Church (DFBC) provides pastoral end-of-life care. DFBC pastorally prepares their members for end-of-life as best they can. In addition, this outreach ministry ministers to the grieving and bereaved families.

Pastor Harris expressed grave concern for the lack of pastor end-of-life care in some churches he observed or served as senior pastor. For example, Pastor Harris is concerned about the lack of end-of-life education and support in African American communities.¹⁶² He also sees a need for more advocacy and education on advance directives and adequate life and health insurance. So often, young African Americans die without a life insurance policy and families are forced to solicit donations to bury their loved ones.¹⁶³ Pastor Harris' theory is that African American pastors should do more in teaching their congregations on the necessity of end-of-life care.¹⁶⁴

His premise is for trained professionals to teach and train clergy, community leaders and ministry leaders in providing holistic end-of-life care. Pastor Harris stated, "death affects everyone, and we need to be better prepared to serve our congregations."¹⁶⁵ He believes that every church, regardless of its size, church membership, or financial situation, can contribute to better provision of end-of-life education to African Americans. Pastor Harris provided practical

¹⁶¹ Ibid.

¹⁶² Ibid.

¹⁶³ Ibid.

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

examples of how pastors can contribute. He believes it starts from the pulpit, building relationships, having end-of-life discussions and walking with families when death occurs.¹⁶⁶

Stacey Braxton-Weston, MSN, is Seasons Hospice and Palliative Care's Data and Patient Research National Executive Director. Ms. Braxton-Weston has similar views as Pastor Harris. One of her roles at Seasons is outreach patient care. In Ms. Braxton-Weston's 25 years of healthcare experience, she has helped to provide end-of-life education in African American communities. She reported that end-of-life education is beneficial emotionally, financially, and spiritually. The average African American to whom she has provided care either had negative views regarding end-of-life or had no knowledge that there are several free resources to assist families in need.

Furthermore, Ms. Braxton-Weston says the disconnect of African Americans not having advance directives is what causes confusion in decision making and friction in family dynamics. For example, some family members have more financial resources than others in the family, which may cause conflict among family members. She advocates for trained clergy to help families deal with the cultural and economic variances of end-of-life education. Ms. Braxton-Weston has trained clergy leaders in Philadelphia and South New Jersey on providing end-of-life care. She reports that her interaction has helped the clergy and families to whom she has provided end-of-life care.¹⁶⁷

Alisha Adebayo is a Clinical Medical Social Worker and a professional licensed therapist for Memorial Hermann Southwest Hospital Houston, Texas. As a CMSW Ms. Adebayo conducts

¹⁶⁶ Ibid.

¹⁶⁷ Stacey Braxton Weston, in discussion with author, February 2019.

routine medical discharge planning for diverse patients.¹⁶⁸ From personal and professional experience Ms. Adebayo has served a tremendous number of patients, families, and loved ones' end-of-life needs. She sees a disconnect and discord with the lack of assistance and resources given and offered to minorities.¹⁶⁹ Ms. Adebayo expressed concern for the lack of medical resources and the overall failed health system providing for the end-of-life needs of minorities.¹⁷⁰ Her concern is not to blame but rather to shed light and explore African American Christian history in an effort to uncover the reasons why African Americans and other minorities are underserved in end-of-life education.

Ms. Adebayo suggested that any attempt to provide end-of-life education and pastoral care in the African American setting requires a thorough review of African American church history stemming from slavery. Ms. Adebayo stated, "The issues regarding the lack of end-of-life care go deep into what the black church means to us... We (African American slaves) handled our dead differently because of slavery. We (The African American slaves), before hospice was invented, provided end-of-life care without the fancy equipment." For Adebayo, African American slaves until today provided their family and loved ones with end-of-life care. "African Americans have always stressed the importance of giving their family and loved ones an excellent home going celebration. There has always been a shared communal aspect regarding death."¹⁷¹

¹⁶⁸ Alisha Adebayo, in discussion with author, November 10, 2020.

¹⁶⁹ Ibid.

¹⁷⁰ Ibid.

¹⁷¹ Ibid.

Adebayo noted how family members strongly support one another shortly before and after the death of a loved one.¹⁷² “We provide our family with food. We cook and clean for them. We come together to help our family and loved ones endure their most difficult times.”¹⁷³ However, what is lacking and has always lacked is what Ms. Adebayo refers to as “the post-death experience.” The post-death experience occurs in the weeks after the loss of a loved one. This is the time when the bereavement phone calls and visits decrease. It is during this time when families experience bereavement issues. What Adebayo has shared from personal and professional experience could help the African American church to reflect on its history and to explore the past along with current methodologies to provide more efficient pastoral care after the loss of a loved one.

Chapter 3: Statement of Methodology

Intervention Design

In this chapter, the methodology used in solving the problem of the lack of end-of-life pastoral care is described. Numerous scholarly books have been researched and relevant Bible scriptures have been studied to determine how to address this problem with establishing a pastoral end-of-life outreach ministry in mind.

Planning for this research project began after a meeting between Pastor Anthony Ratliff, and the researcher. LCCFC is an eight-year-old church plant, and initial church planning targeted professional young adult families. Life Changers put much emphasis in building a youth ministry which ministers to the needs of youth with the intention of evangelizing youth and their parents.

¹⁷² Ibid.

¹⁷³ Ibid.

This church planning seemed to be beneficial; however, Pastor Ratliff experienced multiple problems within his family's dynamics, church membership, and in the community.

Multiple church members' family and loved ones passed, and there was not enough trained clergy or laity to effectively minister to their end-of-life pastoral needs. The community in which Life Changers is located experienced loss due to gang violence, normal accidents, chronic, and terminal health conditions, and loss of elderly members passing of natural causes. Moreover, Pastor Ratliff experienced burnout after his mother passed from a two-year battle with cancer. Pastor Ratliff took care of his mother's financial, medical, and pastoral needs. He noticed that he had given all that he had to give to his family and church, and no one provided him with bereavement or grief support. He then suggested that his church members, colleagues, and family attempted to provide him with closure, but they were unable to fully connect with him due to a lack of training.

The pastor, participants and the researcher agreed to study how to train and create a pastoral end-of-life outreach ministry that would serve Life Changers and its community. It was decided that an anonymous pre-survey and a post-training questionnaire would be administered to gather information about the participants and their understanding of pastoral end-of-life care.

The anonymous pre-survey provided participant-informed consent authorization, collected basic information concerning participants feelings, knowledge, understanding, and how much they were informed about pastoral end-of-life care. Consent forms ensured that participants met the research demographics requirements. Participants were all African American adults, male and female, between the ages of 18 and 75, and in good health. All participants were members of Life Changers Community Fellowship Church. Participants were non-ordained laity,

with the exception of the pastor. This specific group was chosen for the study to examine why this demographic of people are undeserved in pastoral end-of-life care.

An additional selection criterium for participation was that participants had lost a loved one. Participants were identified and recommended for inclusion by church leadership. The researcher received verbal confirmation from church leadership that all participants were ages 18-75 and had suffered a recent significant loss. Participants formed one single group with no divisions by age or sex.

Consent forms (Appendix D) were signed by participants prior to their participation and completion of the questionnaire and survey. The researcher collected the consent forms prior to the initiation of data collection. Participant identities were anonymized and not included in data analysis.

Implementation of the Intervention Design

This action research project involved collecting and analyzing human participants' documented data that pertains to Life Changers' problems. Upon assessing this data it was recommended that Life Changers take action to improve the problem. After a pre-survey (Appendix E), four training sessions (Appendix F), and a post-training questionnaire (Appendix G), the pastor and researcher were able to determine what actions and ministry planning needed to be implemented to create an end-of-life pastoral outreach ministry. This ministry endeavor will require ongoing training for effective determined goals. Church members need to be trained and made aware of how to effectively provide pastoral end-of-life care.

Pre-Survey

The pre-survey questions consisted of open-ended questions, with multiple choice answers, to give the researcher more insight as to how participants felt about and understood

end-of-life pastoral care. Furthermore, the pre-survey questions help the researcher to determine participants' knowledge and how informed participants are regarding end-of-life-care. The data was collected using a pre-survey and a post-training questionnaire. This researcher provided all participants with a pre-survey, which took ten minutes to complete. The pre-survey was designed to examine each participants' knowledge of pastoral end-of-life care. Moreover, the pre-surveys helped the researcher and pastor to better understand the end-of-life pastoral needs of Life Changers.

Training

After administering the pre-survey, the researcher taught all participants a four-session teaching rubric on providing pastoral end-of-life care. After the four training sessions, the researcher gave all participants a post-training questionnaire to assist in analyzing the effectiveness of the pastoral end-of-life care training sessions. In addition, the post-training questionnaire helped to determine if Life Changers should move forward with additional pastoral end-of-life training and establish a full-time pastoral end-of-life outreach ministry.

The training on pastoral end-of life care aimed to provide participants with biblical and scholarly grounding on an end-of-life ministry (Appendix F). Training was provided to raise awareness on biblical principles concerning pastoral end-of-life care, and to determine if the study might serve as a teaching instrument to train LCCFC's ministry leaders. A goal of the project is that the training will be accepted for use by the church for evangelism and outreach ministry. This study thus aims to serve as a resource for society and other churches in providing effective pastoral and spiritual end-of-life care.

Post-Training Questionnaire

The training is followed by a post-training questionnaire (Appendix G) that measures participant attitudes toward end-of-life care after having been exposed to it through the training.

Chapter 4: Results

Data from the questionnaire and survey were inputted into a Microsoft Excel spreadsheet for analysis. Data were grouped by question and analyzed to ascertain any pertinent commonalities within each enquiry. For better analysis, certain questions were then grouped to show the bigger picture of Life Changers' overall knowledge of end-of-life education and pastoral care. In most cases, every question produced valuable information when analyzed independently and grouped together. Once this evaluation was completed, a more thorough examination of the overall results was completed. Meticulous attention was given to identify possible patterns or trends concerning the responses. Analyzing each question afforded insight as to how internal factors might aid or impede the growth of the pastoral end-of-life outreach ministry.

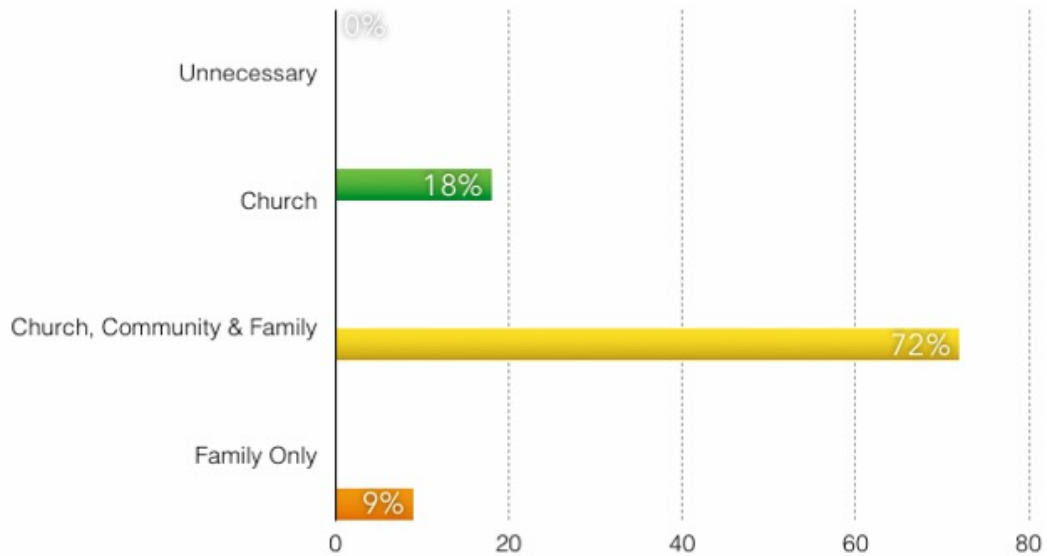
Demographic Information

There were eleven respondents. One respondent was a 19-year-old college student. Eight averaged in age from 40 to mid-fifties, and two respondents are in their early to mid 60's. Every participant are members of Life Changers Community Church and were included in this survey due to having experienced a recent loss within their family's dynamics, church community, or community.

Pre-Survey Results

The data showed that 91 percent of the respondents had not been informed of end-of-life care. Question one asked each respondent about their understanding and views concerning end-of-life care and death. Out of four possible responses, seven respondents agreed with the

statement that end-of-life care is the responsibility of the church, community, and family. Two answered that EOL care is the responsibility of the church, while one respondent believed that EOL care is the family’s responsibility. Every respondent had a positive view of the importance of communal care, family support, and pastoral care during end-of-life. No participant reported considering end-of-life care “unnecessary.” The responses demonstrate that this sample group placed a high value on end-of-life care. Furthermore, the data showed that faith is the foundation of how respondents view end-of-life care and death itself.



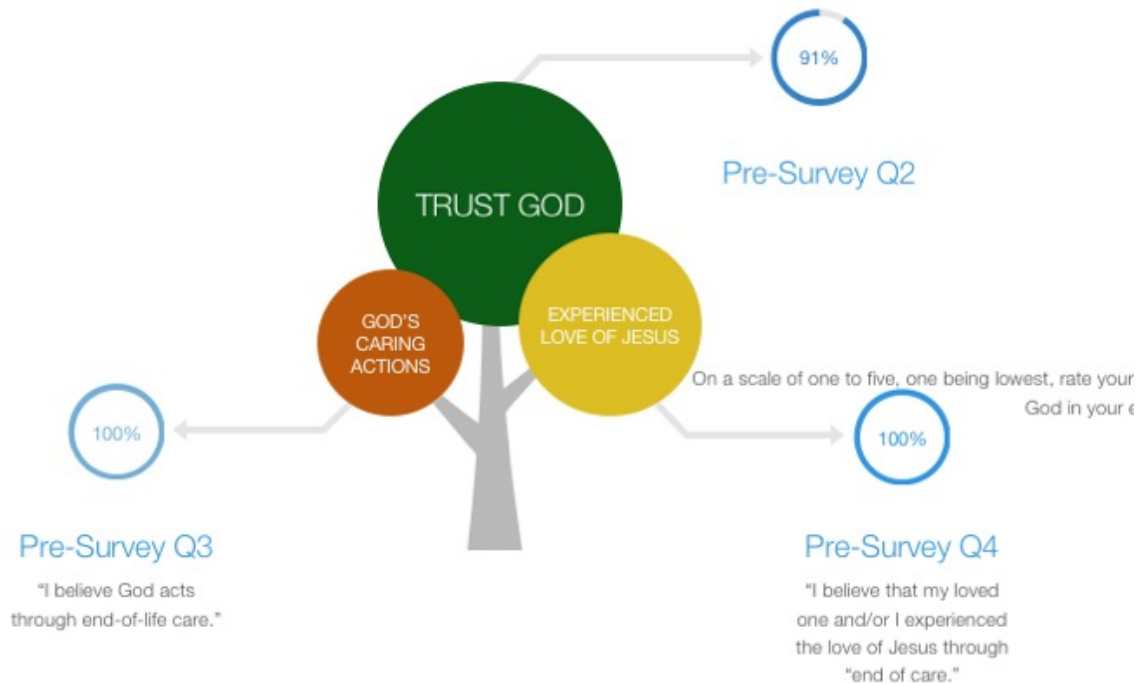
Responses to Q1

Whose Responsibility is it To Provide End-of-life Care?

Responses to questions two through four showed that each respondent believed that God comforts their loved ones at end-of-life. In addition, their responses suggested that pastoral end-of-life training would create a comforting experience, validating participants’ beliefs and values in God’s providential care during EOL for many within the church and the wider community.

Questions two through four showed that 100% of respondents viewed God as the totality of the Christian faith.

Unified in Faith's Impact on Facing End-of-Life



Percentage of respondents who "strongly agreed" or "agreed" with statements in questions 2-4 of pre-survey.

Questions 3 and 4 queried each respondent's understanding of God's grace and love during end-of-life. The survey indicated extremely strong faith among participants that predisposed them to relying on that faith in end-of-life care. The responses to survey questions two through four suggest that every participant trusted in God and would be able to act in EOL care. Ten respondents out of eleven reported trusting God's end-of-life providential care with the highest favorability. These respondents answered their questions based on having lost a loved

one while maintaining their overwhelming belief in Christ's saving grace.¹⁷⁴ One out of eleven respondents had a low view of God's sovereign grace during end-of-life. However, that respondent still reported believing in God and trusting that God is the central figure during end-of-life.¹⁷⁵

Every respondent reported having a Christian perspective pertaining to end-of-life. Responses to pre-survey questions 2 and 4 suggested that God's grace and love is the foremost provision at end-of-life. Conversely, pre-survey question 5 showed that ten out of the eleven respondents had not received formal EOL information prior to this research. The following data below shows a formidable contrast in pre-survey questions 2, 4, and 5.

Results for question number 5 reinforce the study hypothesis. Only one respondent out of eleven received EOL education from their doctor. Ten participants ranging in age from 19 to 65 had not been educated in end-of-life care. Hence, pre-survey question number five research data illustrates the fundamental problem:¹⁷⁶ every respondent experienced a recent loss; however, only one respondent's loved one received end-of-life care or "hospice care." The data shows that most people did not receive comfort during end-of-life nor did their loved ones receive pastoral end-of-life care.

Thus, pre-survey question five has multiple complexities and probabilities, which could lead to many psycho-social and spiritual uncertainties.¹⁷⁷ One can probe how many people were negatively affected due to the lack of pastoral end-of-life care provided to the family members of

¹⁷⁴ Matthew 6:9-13; 9:6-8; 19:25-26; John 3:16; 5:24; Acts 16:30-31; Romans 10:9-10; 2 Corinthians 5:21; Ephesians 2:8-9.

¹⁷⁵ 2 Corinthians 5

¹⁷⁶ Jerry McNamara, in discussion with author, October 10, 2020.

¹⁷⁷ Floyd, 63-64.

the ten respondents.¹⁷⁸ Norman Wright has much to say concerning those who experience loss. “At the heart of trauma and crisis is loss. In order to understand and appreciate fully the significance of crisis and trauma, we need to understand the multitude and complexity of loss.”¹⁷⁹ Given what experts in this field such as Floyd and Wright have to say regarding loss, one can postulate that the ten participants are likely to have struggled throughout the bereavement process.

All eleven participants experienced multiple losses within their family’s dynamics. Only one participant’s family member received end-of-life hospice care; however, this participant’s loved one did not receive pastoral or spiritual care. During the training sessions, the participant reported that he struggled emotionally, spiritually, and experienced depression after the loss of his loved one. What this participant experienced further validates Floyd and Wright’s premise concerning the complexities of crisis, grief, and loss.¹⁸⁰

The chart below indicates that only one participant received end-of-life education from his or her doctor. The other respondents had not received EOL education until the day of training.

¹⁷⁸ Floyd,63-65.

¹⁷⁹ Wright, 60.

¹⁸⁰ Floyd, 65.

The Missed Opportunity That Cries for Action



Question 5

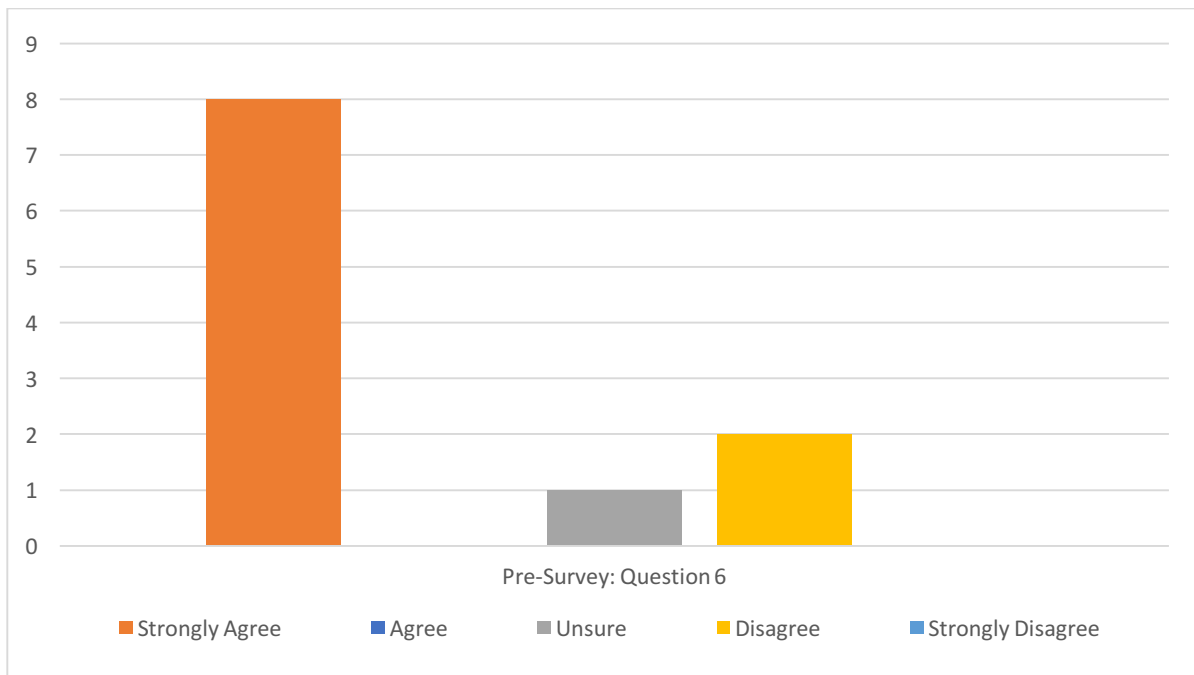
“I received information about end-of-life care from”

This researcher consulted with pastor Jerry McNamara regarding end-of-life pastoral care and the intricacies regarding loss. Pastor McNamara is a Caucasian, in his mid-fifties, and has pastored for over 30 years. Pastor McNamara is currently a chaplain at Memorial Hermann Hospital, Houston, Texas and the pastor of Gethsemane Lutheran Church Houston, Texas. His church offers an annual pastoral end-of-life seminar. Pastor McNamara’s 30 years of pastoral experience along with his church demographic and data suggest that a church or group of any demographics, ethnicity, or size that is not receiving pastoral end-of-life ministry or training is a missed evangelical outreach opportunity.¹⁸¹ Thus, Pastor McNamara articulated that such

¹⁸¹ Jerry McNamara, in discussion with author, October 10, 2020.

situation demands an evangelical outreach response.¹⁸² Pastor McNamara agreed with Floyd and Wright regarding the negative impact of loss.¹⁸³

Among the responses to pre-survey question 6, which reads, “I receive comfort regarding being educated on end-of-life care,” eight participants reported strong agreement with the statement. One respondent was unsure and two were not comforted by being educated in EOL care. The results of pre-survey question six suggest that the majority of the participants felt that they had benefited from end-of-life education. The majority of the sample group were in favor of being educated in end-of-life education and pastoral care.

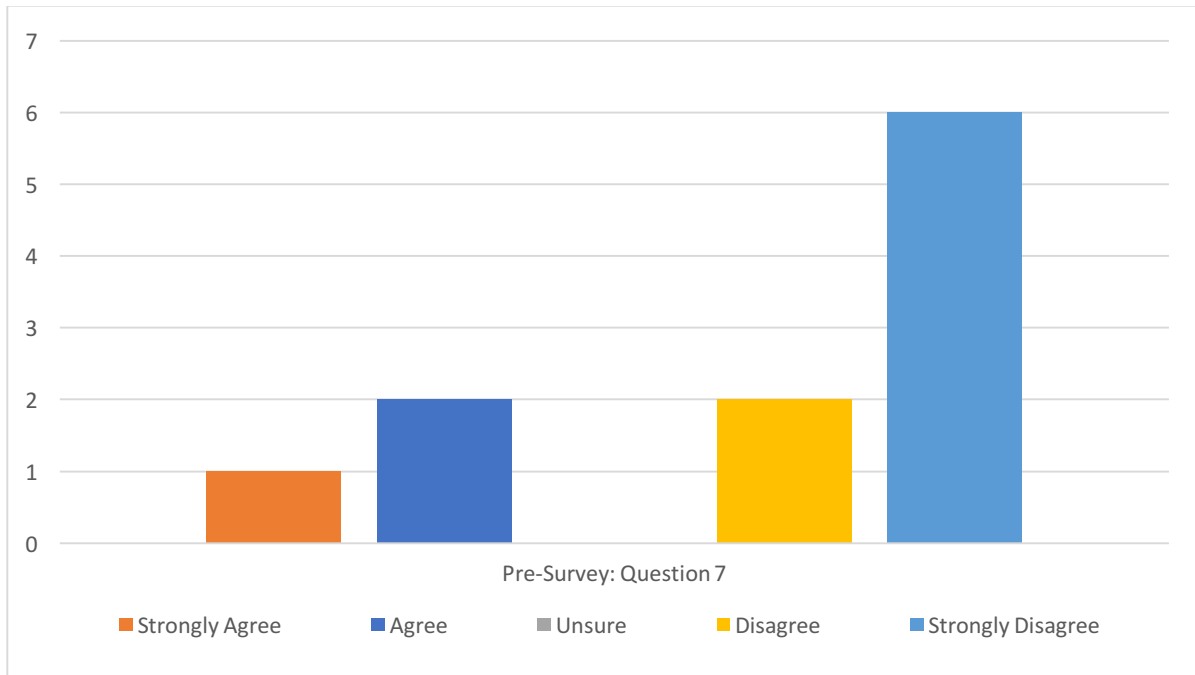


The responses to pre-survey question 7, “I am uncomfortable concerning talking about end-of-life care,” were varied. The majority of respondents answered that they were comfortable with end-of-life discussion. Seven participants reported that they were very comfortable in EOL

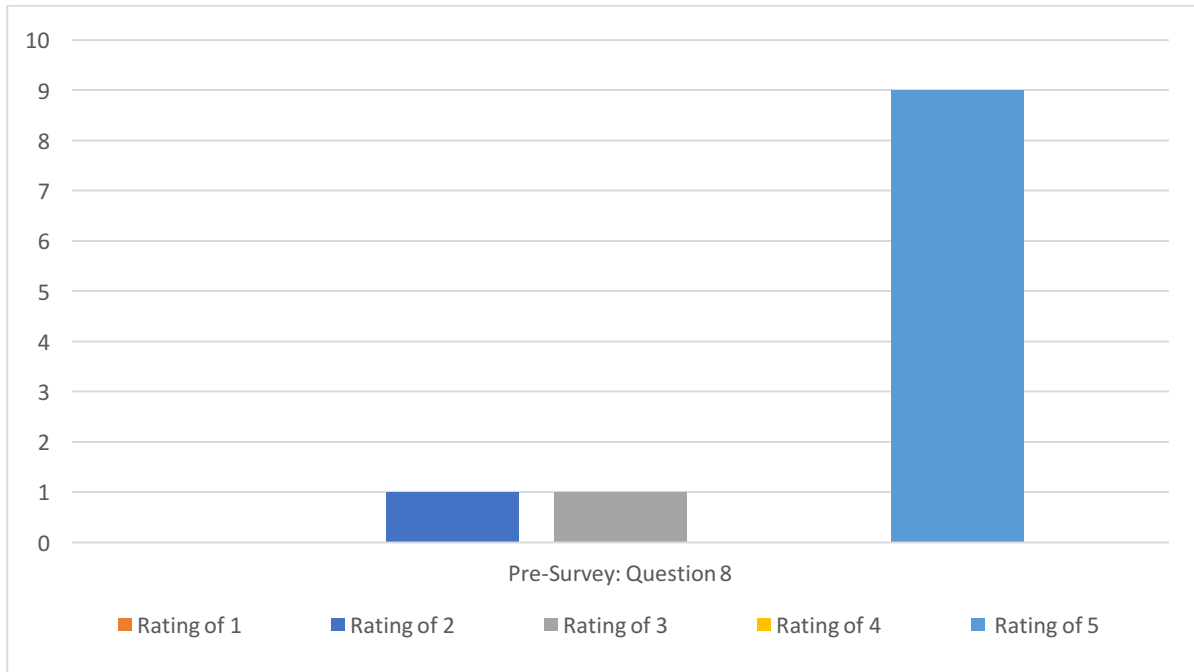
¹⁸² Jerry McNamara, in discussion with author, October 10, 2020.

¹⁸³ Floyd, 65.

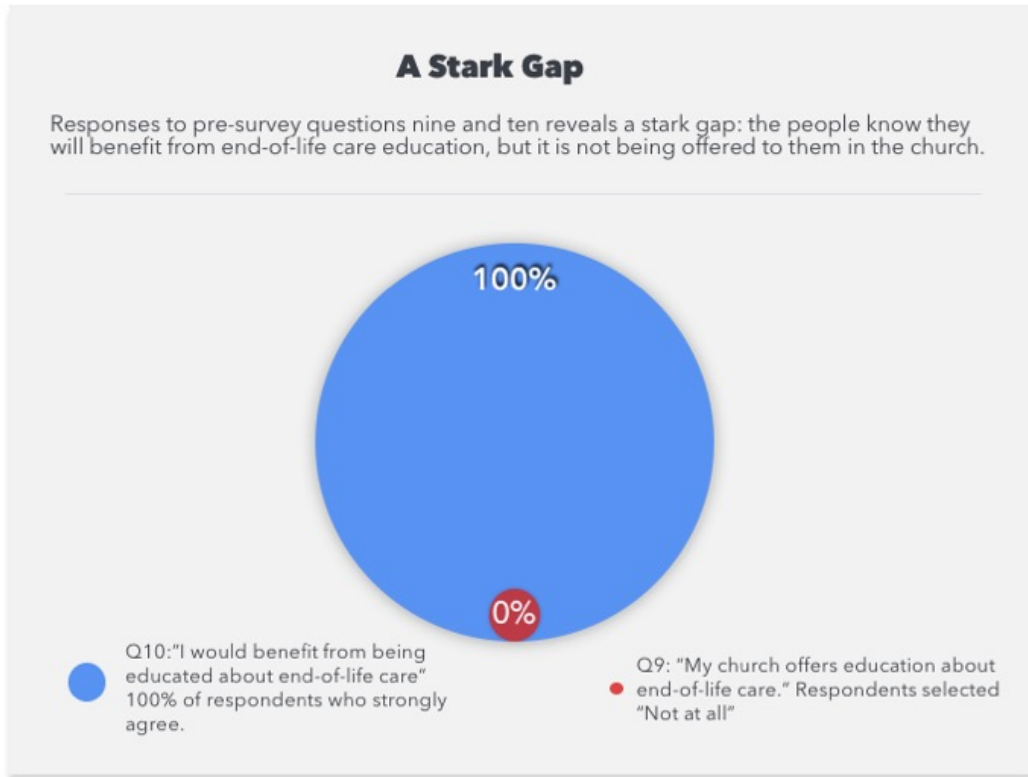
dialogue. Two respondents reported being comfortable regarding end-of-life discussion, and three reported being uncomfortable regarding this discussion. Thus, the majority of the participants reported favorable comfort levels concerning talking about end-of-life issues.



Pre-survey question 8 reads, “On a scale of one to five, one being the lowest, rate your confidence in God helping you during end-of-life.” Nine participants reported having a confidence rating of five in their responses to Question 8. One respondent had a confidence rating of three, and one had a rating of level two. The results for pre-survey question eight implies that the majority of the participants trust in God during difficult times.



Pre-survey questions nine and ten were grouped together. All participants thought they would benefit from receiving pastoral end-of-life education. However, their church currently does not offer EOL education. As previously stated in pre-survey question five, this is a missed opportunity for ministry. Responses to Questions 9 and 10 show that respondents are not receiving pastoral EOL care while at the same time agreeing that such care would be of benefit. The results for pre-survey questions nine and ten exhibit a stark gap in the overall availability of pastoral end-of-life education or ministry.



Training Session Observations

Session 1: The pastoral care end-of-life training sessions began on September 29, 2020. The training sessions began with prayer. This researcher and the church administrator distributed training modules to every participant. Research, scripture, statistical data, and anonymous surveys were explored and utilized to demonstrate the necessity of how pastoral end-of-life care helped families during end-of life crisis. Training session 1 raised awareness of the lack of pastoral presence, care, and guidance. For that reason, the survey demonstrated that the void of pastoral care and presence had little to no impact within the surveyors' family's dynamics.

Scripture was referenced throughout this session. The researcher and pastor allowed the participants to interact with the content. For example, participants dialogued and answered survey questions and engaged in biblical and practical ways for providing end-of-life pastoral care for the families who had not received it. Many participants reflected on their recent loss of a

loved one, and the lack of end-of-life pastoral care they had received. This reflection raised awareness to the sample group and brought many to tears. The group was shocked when an influential church member and community leader shared his experience of losing a loved one. He recalled that no one provided him with the emotional or spiritual support that he needed during his time of need. This appeared to bring conviction within the sample group and helped to foster their eagerness to engage through the rest of the modules.

Session 2: The second teaching session included surveys of ten anonymous surviving family members whose loved ones received end-of-life pastoral care. This session was designed to encourage and foster active dialogue, participation, and personal reflection. This session explained and demonstrated how pastoral end-of-life care emotionally and spiritually helped those who experienced the loss of a loved one. The researcher explained how the families from the anonymous surveys who received pastoral EOL care had better bereavement outcomes than those who did not receive pastoral care.

Participants were encouraged to reflect on their personal experiences with end-of-life, and to explore practical ways of how their family or loved ones could have received better pastoral care. Each participant had both negative and positive experiences concerning EOL. In addition, every participant explored how their family or loved one could have been provided more efficient pastoral end-of-life care. Through this teaching session and methodology participants were able to understand a need for establishing a pastoral end-of-life outreach ministry.

Session 3: The third teaching session consisted of the researcher as instructor discussing research, including works from the literature review section. The researcher introduced and discussed articles, books, and scripture concerning end-of-life pastoral care that illustrated best

and current methodologies and strategies for providing end-of-life care. The researcher used visual aids such as power points to enhance the teaching. This session was interactive, with participants encouraged to engage in dialogue and expressing how they could utilize the content being taught.

Session 4: The last teaching session taught participants how to apply the methods researched from scripture references, articles, and books. In addition, the researcher taught and trained participants on how to provide pastoral end-of-life care. This inaugural pastoral care end-of-life class offered at Life Changers Community Fellowship Church coincided with the point in this researcher's doctoral studies that a dissertation project was to be identified. Reflection on the applied end-of-life pastoral care class experience encouraged this researcher to theorize that an effective strategy to cultivate an end-of-life pastoral care outreach ministry within the evangelical church ministry was not only possible but desperately needed. This was a mutual and favorable realization between researcher and the sample group.

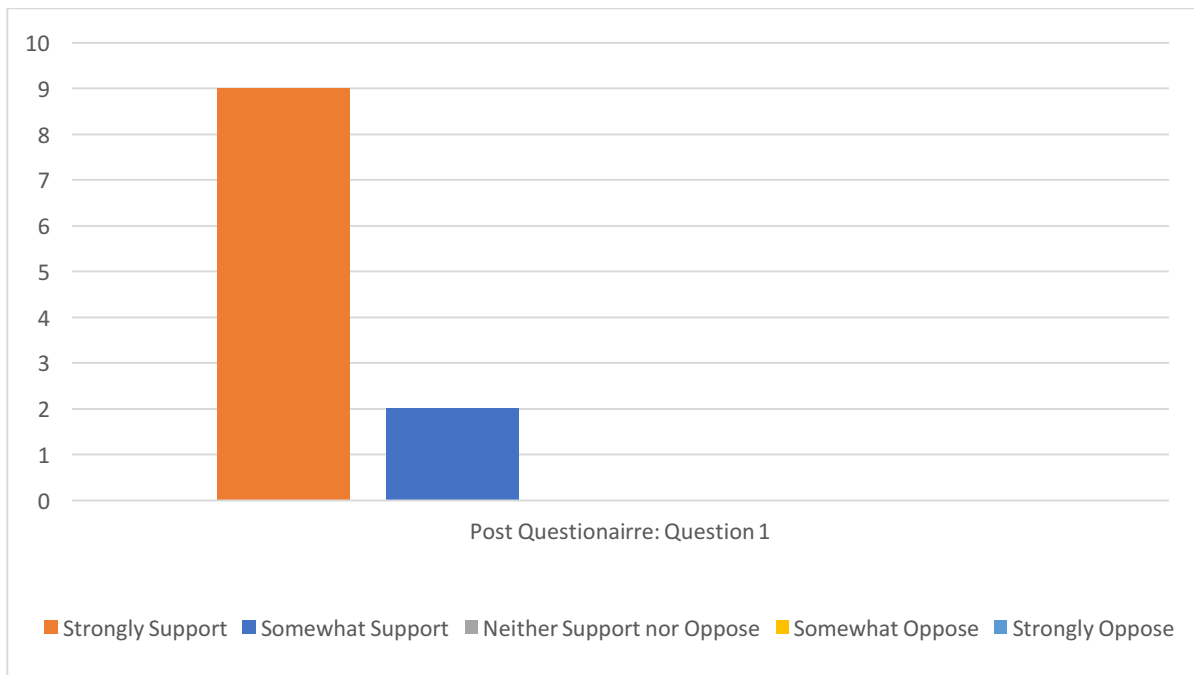
Post-Training Questionnaire Results

Information was also collected to determine the respondents' involvement and how they felt concerning participating in the end-of-life training. The Post-Treatment Questionnaire (Appendix G) was meant to be nonjudgmental, nonthreatening, and simple. Questions explored participants' past participation in providing end-of-life pastoral care and how participants feel about end-of-life education after the training. The data shed light on both the lack of care and on education received regarding end-of-life care. Due to the lack of end-of-life pastoral outreach ministry, additional baseline questions were explored to analyze participants' understanding of biblical doctrine and God's redemptive nature in end-of-life care. Such questions were

considered necessary to analyze whether more end-of-life training should be provided to continue the outreach ministry.

Following the training sessions, a post-treatment questionnaire was administered to participants with the instruction: “We are interested in understanding how the local church and community, having attended an end-of-life ministry training, feel about end-of-life education at Life Changers Community Fellowship Church.” The following is a discussion of the results from that questionnaire.

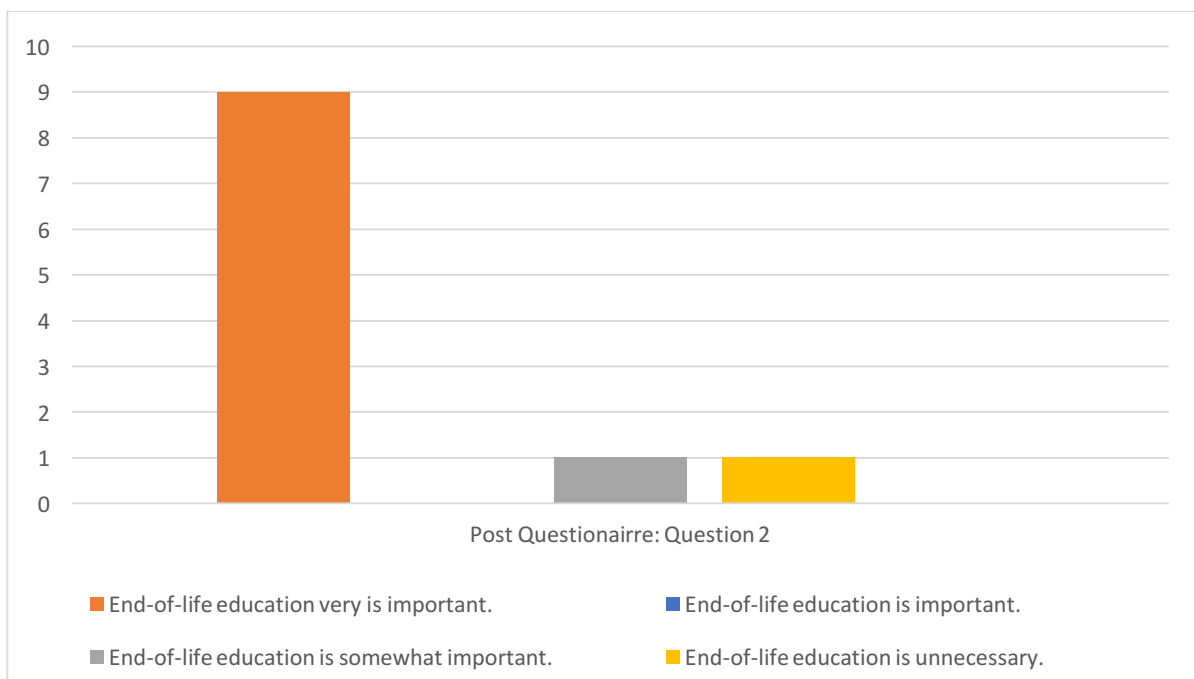
Question 1 read, “How much do you support or oppose your church and community's end-of-life education?” Response choices were strongly support, somewhat support, neither support nor oppose, somewhat oppose, and strongly oppose.



Nine participants answered that they strongly supported the end-of-life pastoral training, while two participants reported that they somewhat supported the training sessions. This question was asked to evaluate whether to propose more formal training among church members in order

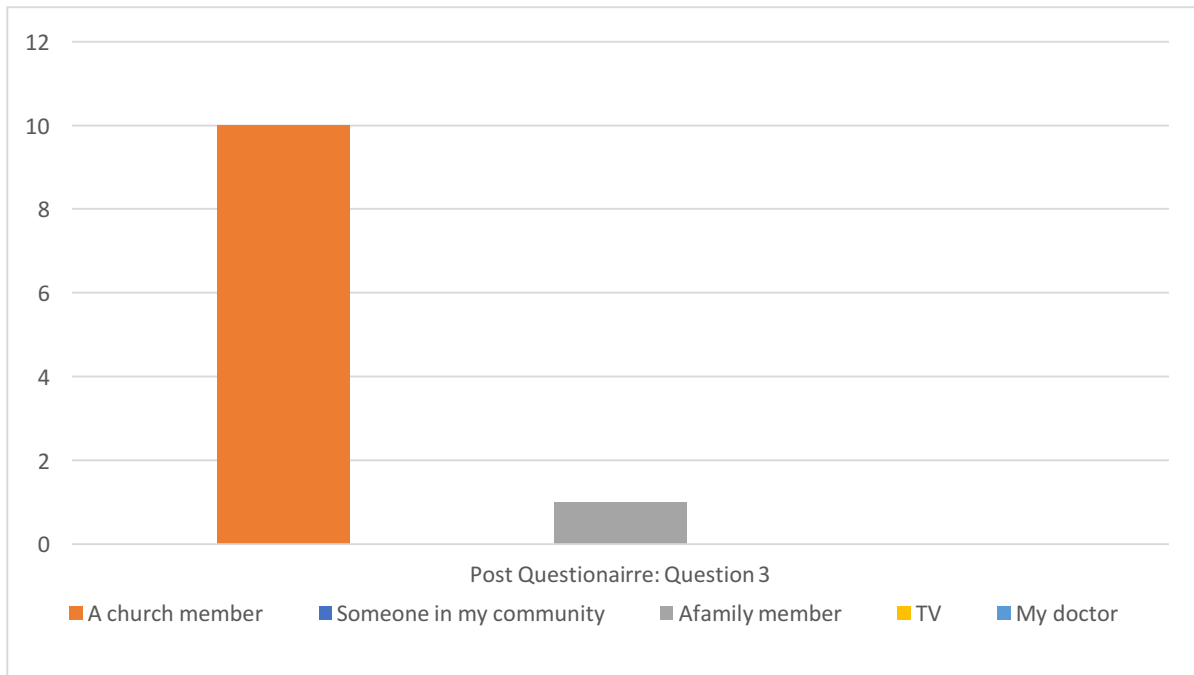
to establish a pastoral end-of-life evangelical outreach ministry. With every participant supporting the training, the pastor and researcher felt that more training would be recommended for the proposed ministry.

Question 2 read as follows: “Following up with the previous question, why do you feel that way?” Responses included: End-of-life education is very important; End-of-life care is important; End-of-life education is somewhat important; and End-of-life care is unnecessary.



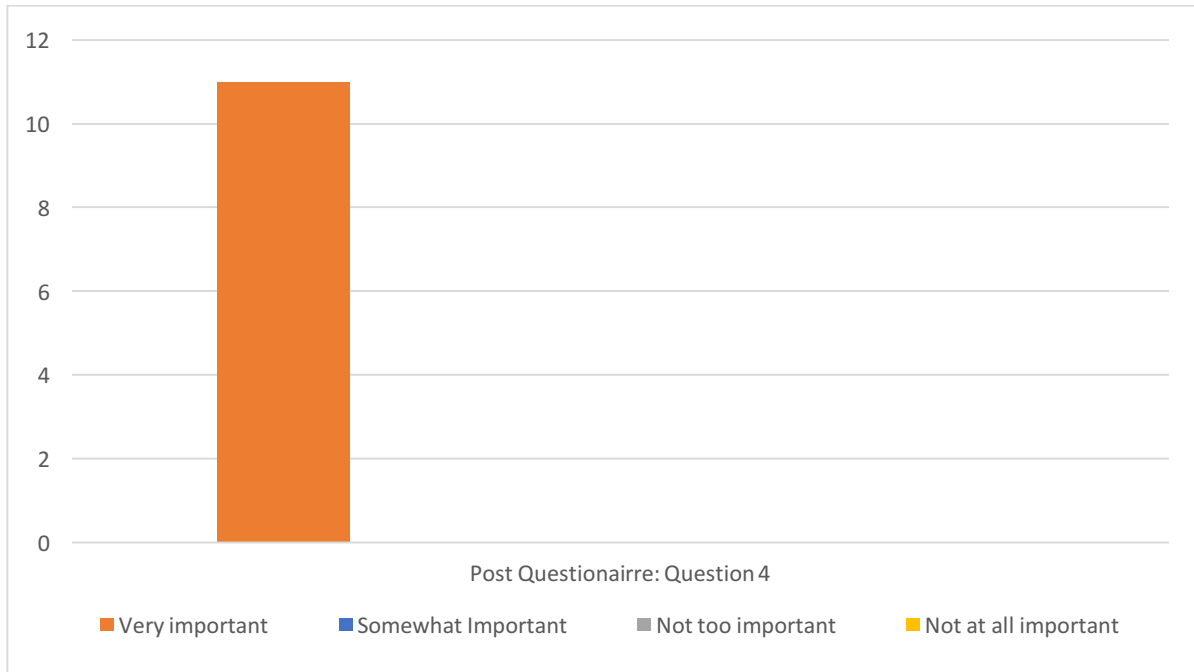
Nine participants answered that end-of-life education is very important, one answered its somewhat important, and one responded that EOL education is unnecessary. The majority of the participants were in favor of receiving pastoral end-of-life education, which further suggests that more formal training would be valuable in order to establish the EOL outreach ministry.

The text of Question 3 was, “How did you hear about end-of-life spiritual care?” Responses included: A church member; Someone in my community; A family member; TV; and My doctor.



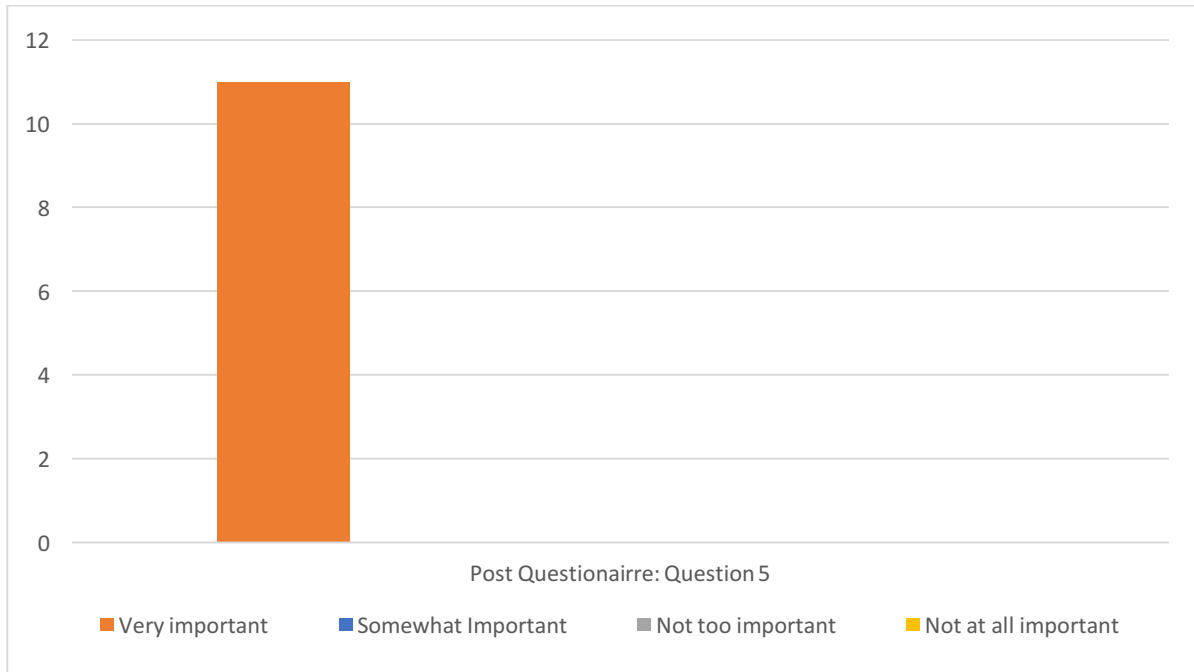
The results of Question 3 support this researcher’s argument. Ten participants out of eleven had not heard about end-of-life care until the training sessions. The responses to Question 3 indicate that there were multiple missed opportunities to serve and provide their family or loved ones with pastoral end-of-life care. This question validates Floyd, Pastor McNamara, and Wright’s suppositions regarding the convolutions concerning the lack thereof regarding grief. Furthermore, given that the majority of the sample group had not received end-of-life education until the training sessions, the participants experienced significant grief in their lives without the benefit of grief support. These concerns were expressed by multiple participants during the training sessions.

Question 4 assessed the importance of religion to participants, and read, “How important is religion in your life?” Participants chose from the following responses: Very important, Somewhat important. Not too important and Not at all important.



Every participant answered that religion is very important. The researcher included this question to highlight a sense of urgency regarding the significance of forgiveness, redemption, and salvation as it relates to end-of-life care. All participants were unified in their responses.

Question 5 read as follows: “How important is redemption?” Participants responded, Very important, Somewhat important, Not too important, or Not at all important.



Question 5 extends Question 4. Redemption is argumentatively the totality of the Christian faith. The author of Hebrews suggests there must be some form of sacrificial substance regarding forgiveness, redemption, and salvation. “And according to the Law, one may almost say, all things are cleansed with blood, and without shedding of blood there is no forgiveness.”¹⁸⁴ Every participant were unified in their responses to Question 5. Each participant answered that redemption is very important, suggesting that redemption is a major theme within their doctrine.

Chapter 5: Conclusion

The results from the pre-survey and post-training questionnaire are consistent with current and with what experts in this field of ministry have concluded. Although this sample group is small in comparison to other related field of studies, results taken from this study are alarming and consistent with larger related studies. This research validates the researcher’s theory and exhibits that minorities are heavily underinformed and underserved with regard to end-of-life care, and some could consider this lack of representation egregious. What is

¹⁸⁴ Hebrews 9:22 (NASB).

promising is the interest in training and in and providing African American churches and minority communities end-of-life education.

Thus, the only corrective measure regarding this lack of education, would be to raise awareness concerning end-of-life ministry, which has been lacking. The possibility of leveraging end-of-life education within African American churches and urban communities to help cultivate end-of-life care is promising. For example, where Life Changers Community Fellowship Church leadership sees a void in this evangelical outreach ministry, they see opportunity. Therefore, church leadership and laity agree that there have been too many missed pastoral end-of-life ministry opportunities to evangelize to their congregation and community. LCCFC was the first church to benefit from this researcher's research and expertise in this field of study.

This research was an applied action project. The researcher and pastor concurred that survey data and current therapeutic methods that play a vital part in training and developing a pastoral end-of-life evangelical outreach ministry would be used to educate church members and community leaders on how to effectively provide pastoral EOL care. Some selected volunteers continue to be trained to serve church members, community members, family, and loved ones with compassionate pastoral end-of-life care. Church laity and leaders have agreed to continue to receive current innovative education, techniques, and training to assess and provide the pastoral needs of those whom they serve.

Keeping in mind that evangelism is the intricate aspect in this training, Church leadership agreed to implement annual and quarterly end-of-life pastoral training to cultivate and develop a competent evangelical outreach ministry. After the initial end-of-life training session were provided the pastor and eight participants out of the eleven members requested that this

researcher provide them with more training. Since the initial training sessions more members have volunteered to be trained.

Future Ministry Endeavors

The Pastor of Life Changer Church Ministry aims to develop an outreach ministry that will serve his church and community in areas that have been missed, particularly in the area of end-of-life care that has been the topic of this research. The pastor's interest in such a ministry was born out of his experience with his mother's end-of-life transition, during which no pastoral care was provided to her or their family. The pastor's emotional struggle with the loss of his mother encouraged him to have dialogue with this researcher regarding his desire to establish such a ministry. The pastor's experience progressed from conversation into action in which a small group of church laity, who experienced similar missed opportunities to minister to their end-of-life pastoral needs, has formed the nucleus of a new end-of-life outreach ministry.

A plan of action has been developed to connect those experiencing loss with end-of-life outreach. The evangelical outreach ministry will be initially facilitated and led by this researcher. One ordained minister and two laity leaders will be trained and prepared to train others to provide pastoral end-of-life care. The pastor will oversee those who are being trained. In addition, routine teaching on this ministry subject will be centralized to foster this evangelical outreach mission. As of this writing, the training is just in the beginning stages. The plan is for the pastor to develop a strong foundation in end-of-life ministry in the Southwest Jackson, Mississippi community. The pattern for this mission can be taught within the fabric of the church's outreach endeavors, which will make it somewhat easier for this ministry to progress. The church community must pray and support their pastor and each other for this ministry to be successful.

Ministry Goals

This pastoral end-of-life outreach ministry was designed with the primary goal of developing compassionate trained ministry and laity leaders in providing pastoral end-of-life care. The training is designed to teach Christian principles and secular methods to expose trainees to a more in-depth view of the gospel message of Jesus Christ as it relates to end-of-life care. It is this researcher's desire for those who need pastoral end-of-life care to be served and experience the love of God through this ministry. This researcher believes that when a group of faithful Christians have been trained to lead and serve in this capacity, their church, community, and family will truly reflect the characteristics of God, including true compassion. The pastoral end-of-life outreach ministry training would focus on foundational doctrinal principles as the ministry progresses.

In addition, there are academic goals and standards to be established for this new evangelical outreach ministry. The selection of Scripture and current literature concerning end-of-life care was carefully planned to ensure an exceptional academic experience pertinent to the goals of this ministry. A primary goal was to design the trainings to be applicable and practicable, wherein laity would understand and know how to provide others the learned techniques. Accordingly, those being trained will be encouraged to discuss, engage, and debate the academic material taught throughout the training sessions. Thus far, the pastoral end-of-life training has proved an exceptional fit for Life Changers Community Fellowship Church outreach endeavors.

Training Materials

The following are some of the materials selected to be used in the end-of-life outreach training. A "good death" by going gentle into that good night by David G. Allen is a rich

pastoral training resource. Allen's resource provides specific information defining what a "good death" looks like. He sets out the medical, pastoral, and spiritual definitions regarding a good death. This training material will increase end-of-life pastoral care provider's knowledge of expectations for a peaceful transitioning from life to death. In addition, this resource assists the bereaved family in finding closure, knowing that their loved ones passed comfortably, peacefully, and on their terms.

The Process of Spiritual/Pastoral Care by D. W. Donovan is extremely important in providing pastoral screening assessments. Donovan enhances the basics for pastoral care providers, while providing examples for measurable spiritual outcomes.¹⁸⁵ "Virtually every profession today is becoming more focused on measurable outcomes, grounded in an ethical mandate to good stewards. Professional pastoral care is no different. Tending to those in crisis has always been an essential part of our overall mission as chaplains." This training material offers the pastoral care provider assurance that the proper and thorough spiritual assessment has been provided for efficient spiritual care.¹⁸⁶

The Eight Concepts of Bowen Theory by Roberta M. Gilbert¹⁸⁷ is a powerful training resource for understanding family dynamics, group structures, and units. This resource will enhance pastoral care providers' overall understanding of why individuals respond negatively or positively to family members and within a group structure. It provides insight as to why a person over-and under-functions within their respective family or group settings. Such information enables the pastoral care provider to remain nonjudgmental, and to remain focused on providing

¹⁸⁵ Donovan, "The Process of Spiritual/Pastoral Care: Assessments," 43.

¹⁸⁶ Donovan, 44

¹⁸⁷ Gilbert, p

pastoral care to the entire grieving family. Gilbert systemizes the Bowen's Family System Theory in this way, "Anxiety that affects one, affects all."¹⁸⁸ By this he meant referring to how one individual's overwhelming feelings can affect the feelings in an entire group structure. This resource will provide the pastoral care providers with a wealth of knowledge as to why families or groups feel the way they do during times of loss or crisis.

George Fitchett and James L. Risk, *Screening for Spiritual Struggle*¹⁸⁹ is a spiritual survey designed for non-ordained medical healthcare professionals to conduct initial spiritual assessments.¹⁹⁰ Their research suggests that non-ordained healthcare professionals were successful in assessing multiple spiritual concerns among patients who were admitted.¹⁹¹ Their screening protocol was very effective in assisting trained spiritual providers care in further spiritual assessments.¹⁹² This training resource will help non-ordained or unexperienced ministers to conduct spiritual assessments for future pastoral care.

Kenneth C. Haugk's *Christian Caregiving: A Way of Life*,¹⁹³ describes the foundation and establishment of a caregiving team within a congregational setting with care provided for by highly trained laity and supervised by trained clergy. The author's premise is that clergy should be trained to provide pastoral care. This researcher agrees with Haugk and believes that such training is foundational for any successful outreach ministry.

¹⁸⁸ Gilbert, 5.

¹⁸⁹ Fitchett and Risk, "Screening for Spiritual Struggle," 1.

¹⁹⁰ Ibid.

¹⁹¹ Ibid.

¹⁹³ Haugk, "Christian Caregiving," 35.

In Norman Wright's book, *The Complete Guide to Crisis & Trauma Counseling*, the author contends that death is a crisis and the pastor's responsibility to provide pastoral care to a congregant is immediate and urgent.¹⁹⁴ Wright offers a scenario from his own pastoral experience regarding the importance of providing pastoral care at the end-of-life. "My doctor told me three weeks ago that I have cancer. It's terminal. I've been given six months. I don't want to die! Where is He? Your ministry with this person begins at that moment."¹⁹⁵ Scripture is clear that death is an unavoidable experience. "It is appointed unto men once to die, but after this is the judgement."¹⁹⁶ Wright's work regarding crisis and trauma counseling offers in-depth knowledge for the end-of-life pastoral care provider to support those who are in crisis.

Randy Alcorn, in his book entitled *If God is Good*, focuses on ministering to the dying person in such a way that he or she will seek forgiveness and reconciliation with God. Alcorn believes this means "allowing the dying to come to terms with it and seek the dying grace from God."¹⁹⁷ Alcorn suggests that reading meaningful and inspirational literature, while providing life-review, gives the dying and their loved one's eternal peace and hope for afterlife.¹⁹⁸ He indicates that death may cause many negative feelings such as arguing, denial, doubt, and even fighting with others.¹⁹⁹

¹⁹⁴ Wright, 230.

¹⁹⁵ Ibid.

¹⁹⁶ Heb. 9:27 (KJV)

¹⁹⁷ Alcorn, 472.

¹⁹⁸ Ibid.

¹⁹⁹ Ibid.

However, Alcorn provides closure for end-of-life pastoral care by reminding those who are suffering or transitioning to be faithful to God until the end of this life.²⁰⁰ “To serve God in suffering, we need the companionship of faithful brothers and sister in Christ.”²⁰¹ His point is for those who are transitioning should set aside negative feelings associated to death and dying, and should therefore seek spiritual healing and forgiveness with God and loved ones.²⁰² Alcorn argues that the essence of providing pastoral care to those who are dying is to provide physical supportive presence and to be an encourager to the dying and to his or her family.²⁰³

Tim VanDuivendyk’s book entitled, *The Unwanted Gift of Grief*, demonstrates compassion for those who have suffered from the loss of a loved one. It is a guide for caregivers to help those who have experienced loss. This book teaches caregivers how to help people endure their pain so that they can transform and experience new life.²⁰⁴ The book equips not only clergy, pastoral caregivers, and spiritual directors, but also counselors, family members, lay leaders, nurses, physicians, and teachers on how to provide spiritual care to those who have suffered from loss.²⁰⁵ *The Unwanted Gift of Grief*, is also most helpful to this researcher because this book offers the structured pastoral education required by many lay health professionals to carefully care for their clients and patients in bereavement and grief.

Waters and Zuck, in their book entitled, *Why, O God?* shifts from the other materials with regard to the authors’ view of death and how to minister to the dying. They focus on the eternal

²⁰⁰ Ibid.

²⁰¹ Ibid.

²⁰² Ibid.

²⁰³ Alcorn, 472-473.

²⁰⁴ VanDuivendyk, 3.

²⁰⁵ Ibid.

aspect of death and spending eternity with the Lord.²⁰⁶ According to Waters and Zuck, there is no death for those who rest their hope in Christ. However, for those who have not, there will be eternal damnation.²⁰⁷ Hence, their focus is to provide those who are dying or suffering with scripture's assurance that there is hope for those who die in Christ.²⁰⁸ This research project deals with families who did not receive assurance that their loved ones would obtain eternal hope and security. Although, participants in this research study are Christians, they struggled during the process of grief as a result from loss. Zuck and Waters' writing suggests that providing end-of-life support gives comfort and peace to those who are experiencing loss.

Andrew Lester's book, entitled *Hope in Pastoral Care and Counseling*, has a distinct and diverse view concerning death. Lester views death as affecting an individual's "future story."²⁰⁹ According to Lester, an effective method by which to minister to the spiritual needs of those who are transitioning and/or their family is to explore life-review and to commemorate what made meaning out of life.²¹⁰ End-of-life review often provides families with closure that their loved ones lived a meaningful and purposed-filled Christian life. Lester's method is useful for this research because it gives the pastoral care provider a tool in which he or she can use to guide and facilitate a pastoral counseling session.

Lester offers clinical methodologies for pastoral assessment and clinical intervention with those who are distraught over loss. He also gives strategies for reframing the future stories of

²⁰⁶ Waters and Zuck, 213.

²⁰⁷ Waters and Zuck, 213-214.

²⁰⁸ Waters and Zuck, 214.

²⁰⁹ Lester, 55.

²¹⁰ Ibid.

those who are in crisis and proposes a corrective to these stories by helping define the purposed filled future that one desires. Lester's book is influential to pastoral caregivers who desire to provide effective pastoral care and to pastoral scholars who are seeking to foster a theological viewpoint through which to grasp the human condition.

Elisabeth Kubler-Ross, in her book *On Grief & Grieving*, explores five essential negative and positive feelings related to losing a loved one. Kubler-Ross argues that people who have lost a loved one need time to heal, and asserts that everyone grieves differently.²¹¹ "You can't know joy unless you know profound sadness. They don't exist without each other."²¹² The essence of Kubler-Ross' methods give insight to how people feel and react to loss. In addition, it helps one to be patient with those who have experienced loss and need time to heal.

Scott Floyd, in his book *Crisis Counseling*, depicts grief as a process one experiences, but from which meaningful relationships have developed.²¹³ This book has pastoral end-of-life guidance. Scott stated, "When we form deep connections—a close relationship for instance—the loss of that relationship is not easy to navigate. Feelings of grief and the grief process seem to be God's way of helping us adjust to losses, allowing us to say goodbye and to begin life anew without the object of our grief."²¹⁴ This is an area in which the researcher must teach the pastor and laity of Life Changers the significance of allowing those who grieve to express their feelings in their own way and in their own terms so that they can grow spiritually.

²¹¹ Kübler-Ross and Kessler, "On Grief & Grieving," xiii.

²¹² Ibid.

²¹³ Floyd, 81.

²¹⁴ Ibid.

Kathleen Montgomery's doctoral dissertation, *Communication During Palliative Care and End of Life*, explains when end-of-life care should be considered or provided. "EOL care is health care provided when all curative options have been exhausted and care is focused on preparing for an anticipated death."²¹⁵ According to Montgomery, end-of-life care is a specialized care to provide emotional, physical and spiritual comfort for those with a terminal illness.²¹⁶ Thus, it is often that those who have been diagnosed with a terminal diagnosis desire either psycho-social care, spiritual care or both.²¹⁷ This dissertation implies that communication could be best served with the help of trusted clergy. At such a time, healthcare professionals can recommend requesting family clergy to assist in an end-of-life discussion. This premise fosters an element of trust among the transitioning patient and his or her family.

In Carrie Doehring's *The Practice of Pastoral Care: A Postmodern Approach*, she explains that the book is a widely used seminary textbook for courses in pastoral care and the standard for clinical pastoral education (CPE).²¹⁸ Doehring's premise is to encourage counselors to consider their ministry through a trifocal lens in which integrates premodern, modern, and postmodern approaches to psychological and religious knowledge. Doehring provides the fundamental elements of a caregiving relationship and demonstrates the efficiency of caregiver use of self in ministry. In addition, Doehring demonstrates the art of active listening skills, which helps to establish and foster the pastoral caregiver/client relationship.

²¹⁵ Montgomery, "Communication During Palliative Care," 7.

²¹⁶ Ibid.

²¹⁷ Ibid.

²¹⁸ Doehring, "The Practice of Pastoral Care," xiii.

Doehring's approach to spiritual assessments is useful to help those providing spiritual assessments what to "ask or listen for."²¹⁹ She gives insight regarding pertinent spiritual questions that should be asked to effectively conduct a pastoral and spiritual assessment, so that the pastoral care provider can care for their client or make necessary referrals. This training material is beneficial for the training and development of both experienced and novice pastoral care providers.

Macklyn W. Hubbell authored *Helping the Hurting*, a book on pastoral caregiving that serves as a textbook for his introductory seminary class on the subject. Hubbell blends his decades of learning theories of development, psychology and theology with his experiences of being a caregiver in a way that can equip the learner with a solid foundation for providing pastoral care.²²⁰

Rabbi Stephen B. Roberts' *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain's Handbook 1st Edition* incorporates the traditional foundations of pastoral care with modern methods of spiritual care.²²¹ It is explicitly intended for spiritual care professionals who provide pastoral care in a healthcare environment. Roberts offers current theological perceptions and tools, along with fundamental concepts and proficiencies from the preeminent pastoral and spiritual care research, concepts, and literature.²²²

Lawrence J. Crabb & Dr. Dan B. Allender's *Hope When You're Hurting: Answering Four Questions Hurting People Ask* investigates the strengths and weaknesses of an array of

²¹⁹ Ibid, 70.

²²⁰ Hubbell, "Helping the Hurting," vi.

²²¹ Roberts, "Professional Spiritual & Pastoral Care," 24-25.

²²² Ibid.

counseling alternatives while promoting the use of biblical study, communal support, and prayer to treat emotional pain.²²³

Warren W. Wiersbe's *Why Us? When Bad Things Happen to God's People* provides Christian theological fundamentals for understanding theodicy.²²⁴

Finally, Walter Wangerin Jr.'s *Mourning into Dancing* rationalizes how life presents tragedy. However, Wangerin contends that the blessings of life are discovered in how one processes hardship in one's relationships with self, with the world, with others and with God.²²⁵ *Mourning into Dancing* teaches how to make sense out of suffering and enjoy one's Christian fellowship with God and others in the midst of suffering.²²⁶

Ministry Service Opportunities

It is recommended that this pastoral end-of-life outreach ministry start within the congregation. Ministry leaders and laity would best serve church members and their families. Providing care within the congregation would bolster instructional content and would help those being trained to be more comfortable in providing such care. This would foster support from within the congregation and strengthen the targeted evangelical outreach ministry goal.

Another opportunity to provide pastoral end-of-life care would be to continue to serve the sick and shut-in membership. Targeting this population could provide emotional and spiritual help to those who are transitioning from palliative care to hospice care. Providing pastoral care to these demographics would demonstrate the importance of end-of-life care to this vulnerable

²²³ Crabb and Allender, "Hope When You're Hurting," 17.

²²⁴ Wiersbe, "Why Us?" 11.

²²⁵ Wangerin, "Mourning into Dancing," 27.

²²⁶ Ibid.

population and their families. Such education and care could eliminate many negative misunderstandings regarding end-of-life care.

This researcher also recommended ministering to the elderly residing in nursing home facilities, rehabilitation facilities, senior centers, and in the local community. Targeting these demographics would foster end-of-life education and would help to ameliorate negative tensions within urban and African American communities concerning end-of-life care. Generally, people tend to trust what church leaders support or teach. Such targeted demographics would also establish this as legitimate outreach ministry.

Other opportunities to provide pastoral end-of-life care could be conducted by volunteering at hospitals and medical facilities. Many hospitals and medical facilities are in need of competent and qualified pastoral volunteers. This would further establish and strengthen Life Changers Community Fellowship Church mission to provide outreach ministry in this regard. Another opportunity to provide ministry in this capacity is to build relationships with social workers, geriatric doctors, and geriatric facilities.

Lastly, an effective way to provide effective education and training would be to invite local church leaders and community leaders to annual and quarterly pastoral end-of-life care trainings. Trainings would include influential community leaders to experience what this ministry offers and the services it provides to African American churches and communities. Spreading and establishing foundational principles and education in this way throughout the community would support the provision of pastoral end-of-life care beyond Life Changers.

Pastor DZ Cofield of Good Hope Missionary Baptist Church suggested establishing an effective and strong evangelical end-of-life pastoral care outreach ministry by networking with

Black-owned funeral homes.²²⁷ His reasoning originated from his more than 40 years of pastoring and networking with funeral home directors and owners.²²⁸ Pastor Cofield indicated that funeral home directors are not trained to deal with the end-of-life complexities regarding the diverse family dynamics.²²⁹ Building relationships with local funeral home directors would help families during their most challenging and difficult times.

Recommendations

This researcher recommends that the pastor of Life Changers Community Fellowship Church move at a slower pace to train his ministry and laity leaders. He should continue to select a group of people who possess spiritual gifts to labor in this outreach ministry. If, the pastor is the one making all the decisions, providing leadership, training, and vision, then he will burnout and this evangelical outreach ministry might not flourish. Such lack of church leadership has been an issue in the past, causing the pastor to be overextended. Other laity and ministry leaders must be willing to own this ministry and be engaged for it to be effective.

The pastor should develop strong leadership from his core group of laity and ministry leaders, training them in the essence of providing effective and compassionate pastoral end-of-life care. This outreach ministry's goals and vision should be conveyed to all who are involved in the ministry. The lack of interest in details, expectations, and defined ministry goals can cause the ministry to fail. Thus, it is important for the pastor to have ministry goals, a plan, and a vision to ensure its success.

²²⁷ DZ Cofield, in discussion with author, December 2019.

²²⁸ Ibid.

²²⁹ Ibid.

The main emphasis for this ministry to be effective is for it to be evangelism and discipleship driven. Churches grow and prosper through evangelizing their congregations and their surrounding communities. When the church discontinues its mission to evangelize, it has failed its community. Therefore, this church must keep its commitment to uphold the Great Commission.²³⁰

Further Research

There is a lack of substantial research currently available regarding pastoral end-of-life care in the African American church and within African American communities. This lack of available research presents opportunities for future researchers to contribute input, value, and education to this subject matter. Specifically, more detailed studies could be conducted to educate and train African American churches to minister to their congregations' pastoral end-of-life needs. Such research would enhance educational methods to maximize the goal of effective pastoral end-of-life care in specific locations and settings. For example, would pastoral end-of-life care education and training best serve the African American church by-and-large in the same ways it serves other cultures and demographics? Such considerations could be explored to educate, equip, and train African American churches to deal with and minister to the pastoral end-of-life needs of their communities.

Summary

This project examined the lack of effective pastoral end-of-life care and education within Life Changers Community Fellowship Church. LCCFC, just as many midsize to smaller congregations, struggle to provide effective end-of-life pastoral care.

²³⁰ Matthew 28:18-20

The issue presented in this thesis project is the lack of effective pastoral end-of-life care in LCCFC and within the African American church. This study explored the dynamics of LCCFC, African American churches, and the reasons why so many churches struggle to provide effective end-of-life pastoral care. There are multiple reasons why minorities are not educated in end-of-life care. These factors stem from many reasons, such as a lack of representation, funds, disinterest, and from simply not being provided with education or being made aware of end-of-life care in general.

Chapter 1 presented the ministry context, the problem and purpose statement, basic assumption, definitions, delimitations, limitations, and the proposed thesis statement. Chapter 2 consisted of the conceptual framework, literature review of scholarly articles, articles, books, and relevant Scripture, and provided the theological and theoretical foundation. Chapter 3 described the research and training plan and its implementation. In Chapter 4 data was presented from the pre-survey, training sessions, and post-training questionnaire questions, and the results of the problem for the ministry context were discussed. Chapter 5 presented the conclusions of this research, offering ministry goals and recommendations for the proposed outreach ministry endeavor. The current chapter includes a ministry context that will educate, equip, and train laity and ministry leaders in their desired outreach ministry endeavors.

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Appendix A

INSTITUTIONAL REVIEW BOARD



April 28, 2020

Jermaine Ruffin

Paul Jacobs

Re: IRB Exemption – IRB-FY19-20-11 Educating Church Leaders: In Providing End of Life Care to Life Changers Community Fellowship Church Ministries

Dear Jermaine Ruffin, Paul Jacobs:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46: 101(b):

Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

Your stamped consent form can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. This form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research

Research Ethics Office



Appendix B

Letter of Permission from Life Changers Community Fellowship Church

February 24, 2020

Life Changers Community Fellowship Church
Educating Church Leaders in Providing End-of-Life Care to Life Changers Church Ministries
Life Changers Community Fellowship Church
4220 Robinson St.
Jackson, MS 39209

Dear Jermaine J. Ruffin:

After careful review of your research proposal entitled Educating Church Leaders in Providing End-of-Life Care to Life Changers Church Ministries, I have decided to grant you permission to contact our staff and invite them to participate in your study, and to conduct your study at Life Changers.

The requested data WILL NOT BE STRIPPED of all identifying information before it is provided to the researcher.

We are requesting a copy of the results upon study completion and/or publication.

Sincerely,

Carolyn Smith
Asst. Secretary
Life Changers Community Fellowship Church

Appendix C

Life Changers Community Fellowship Church
Educating Church Leaders: In Providing End of Life Care to Life Changers Church Ministries
Life Changers Community Fellowship Church
4220 Robinson St.
Jackson, Mississippi 39209

Dear Life Changers Community Fellowship Church:

As a Doctor of Ministry student in the Rawlings School of Divinity, at Liberty University, I am conducting research to better understand the need for educating and training minority church leaders in providing effective pastoral end of life care. The purpose of my research will be to create a teaching instrument in training Life Changer Church's Ministry leaders, and lay leaders, with the hope that it will be accepted and used by the said church for evangelism and outreach ministry. I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older. Participants, if willing, will be asked to participate in pastoral end of life care training, and take a questionnaire and survey. It should take approximately six hours to complete the pastoral end of life training sessions. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

In order to participate, please complete the attached survey and return it in the provided envelope at the time of the training. Contact me at jruffin3@liberty.edu for more information.

A consent document is provided as the first page of the survey and is attached to this letter and will be given during the time of training. The consent document contains additional information about my research. Please sign the consent document and return it to me at the time of training. Doing so will indicate that you have read the consent information and would like to take part in the survey.

Sincerely,

Jermaine J. Ruffin
Doctor of Ministry Student
(832) 920-3983

Appendix D

Consent Form

Title of the Project: Educating Church Leaders in Providing End-of-Life Care to Life Changers
Community Fellowship Church Ministries

Principal Investigator: Jermaine J. Ruffin, Doctor of Ministry Student, Rawlings School of Divinity at Liberty University

You are invited to participate; you must be African American between the ages of 18 and 75. Have recently lost a significant other and been recommended for inclusion of this study from church leadership. Taking part in the research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

The purpose of the study is to disciple participants for training in end-of-life education.

If you agree to be in this study, I will ask you to do the following things:

1. The first task regarding this study is to sign consent forms and complete pre-questionnaire, which will take 10 to 15 minutes to complete.
2. The second task will be a five-hour training session based on providing pastoral end-of-life care. There will be no recording of this session.
3. The third task will be a survey concerning end-of-life care that will take 10 minutes.

Benefits to society include participants who would have been educated in end-of-life care.

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participants information will be held in strict confidence.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

- Training will not be recorded or transcribed.

Participants will not be compensated for participating in this study.

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time prior to submitting the survey without affecting those relationships.

If you choose to withdraw from the study, please inform the researcher that you wish to discontinue your participation, and do not submit your study materials. Your responses will not be recorded or included in the study.

The researcher conducting this study is Jermaine J. Ruffin. You may ask any questions you have now. If you have questions later, you are encouraged to contact Jermaine J. Ruffin at jruffin3@liberty.edu. You may also contact the researcher's faculty sponsor, Paul Jacobs, at pdjacobs@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Before agreeing to participate in this research, please understand that this study is about end-of-life matters. If you have any questions about the study later, you can contact the researcher team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

Printed Subject Name

Signature & Date

Appendix E

Pre-Test Survey

Please answer the following questions to the best of your ability:

1. How do you view end of life care and death?
 - A. It is unnecessary.
 - B. The responsibility of the church
 - C. The responsibility of the church, community, and family
 - D. The responsibility of the family only

2. On a scale of one to five, one being lowest, rate your level of trust in God's providential care and trusting God in your end-of-life care.

1 2 3 4 5

3. I believe God acts through end-of-life care.

Strongly Agree Agree Unsure Disagree Strongly Disagree

4. I believe that my loved one and/or I have experienced the love of Jesus through "end-of-care."

Strongly agree Agree Unsure Disagree Strongly Disagree

5. I receive information about end-of-life care from:

My Church My Community My Doctor No one

6. I receive comfort regarding being educated on end-of-life care.

Strongly Agree Agree Unsure Disagree Strongly Disagree

7. I am uncomfortable concerning talking about end-of-life care.

Strongly Agree Agree Unsure Disagree Strongly Disagree

8. On a scale of one to five, one being the lowest, rate your confidence in God helping you during end-of-life.

1 2 3 4 5

9. Currently, my church offers education about end-of-life care:

Once a Month Quarterly Annually Not at all

10. I benefit from being educated about end-of-life care.

Strongly Agree Agree Unsure Strongly Disagree

Appendix F

Training Outline

Session 1: The pastoral care end-of-life training sessions began on September 29, 2020. The training sessions began with prayer. This researcher and the church administrator distributed training modules to every participant. Research, scripture, statistical data, and anonymous surveys were explored and utilized to demonstrate the necessity of how pastoral end-of-life care helped families during end-of life crisis. Training session 1 raised awareness of the lack of pastoral presence, care, and guidance. For that reason, the survey demonstrated that the void of pastoral care and presence had little to no impact within the surveyors' family's dynamics.

Scripture was referenced throughout this session. The researcher and pastor allowed the participants to interact with the content. For example, participants dialogued and answered survey questions and engaged in biblical and practical ways for providing end-of-life pastoral care for the families who did not received it. Many participants reflected on their recent loss of a loved one, and the lack of end-of-life pastoral care given. This reflection brought conviction within the sample group and brought many to tears. What was shocking for the group is when, one influential church member and community leader shared his experience of losing a loved one. He recalled that no one provided him with the emotional or spiritual support that he needed during his time of need. This appeared to bring conviction within the sample group and helped to foster their eagerness to engage through the rest of the modules.

Session 2: The second teaching session included surveys of ten anonymous surviving family members whose loved ones received end-of-life pastoral care. This session was designed to encourage and foster active dialogue, participation, and personal reflection. This session explained and demonstrated how pastoral end-of-life care emotionally and spiritually helped

those who experienced the loss of a loved one. The researcher explained how the families from the anonymous surveys who received pastoral EOL care had better bereavement outcomes, than from those who did not receive pastoral care.

Participants were encouraged to reflect on their personal experiences with end-of-life, and to explore practical ways of how their family or loved ones could have received better pastoral care. Each participant had both negative and positive experiences concerning EOL. In addition, every participant explored how their family or loved could have been provided more efficient pastoral end-of-life care. Through this teaching session and methodology participants were able to understand a need for establishing a pastoral end-of-life outreach ministry.

Session 3: The third teaching session consisted of the researcher teaching and exploring research from the literature review section. The researcher expounded on articles, books, and scripture concerning end-of-life pastoral care that references best and current methodologies and strategies for providing end-of-life care. The researcher used visual aids to enhance the teaching. Visual aids such as power points were used. This session was interactive, as many participants engaged in dialogue, expressing how they could utilize the content from which was being taught.

Session 4: The last teaching session taught participants how to practically apply the methods researched from scripture references, articles, and books. In addition, the researcher taught and trained participants on how to provide pastoral end-of-life care. The inaugural applied pastoral care end-of-life class offered at Life Changers Community Fellowship Church coincided with the point in this researcher's doctoral studies that a dissertation project was to be identified. Reflection on the applied end-of-life pastoral care class experience encouraged this researcher to theorize that an effective strategy within this evangelical church ministry to cultivate an end-of-

life pastoral care outreach ministry was not only possible but desperately needed. This was a mutual and favorable concept within the sample group.

Appendix G

Post-Training Questionnaire

We are interested in understanding how the local church and community feels about end-of-life education, at Life Changers Community Fellowship Church, 4220 Robinson St. Jackson, MS 39209.

Question Title: 1. How much do you support or oppose your church and community's end of life education.

- Strongly support
- Somewhat support
- Neither support nor oppose
- Somewhat oppose
- Strongly oppose

Question Title: 2. Following up to the previous question, why do you feel that way?

- End-of-life education is important
- End-of-life care somewhat is important.
- End-of-life education is important.
- End-of-life care is unnecessary.

Question Title: 3. How did you hear about end-of-life spiritual care?

- A church member
- Someone in my community
- A family member
- TV
- My doctor

Question Title: 4. How important is religion in your life?

- Very important
- Somewhat important
- Not too important
- Not at all important

Question Title: 5 How important is redemption?

- Very important
- Somewhat important
- Not too important
- Not at all important