

### A. BASIC PATIENT DATA

Chaplain – Robert Baral;

Patient – ST, 40+ year old married female

length of visit – 120 minutes; days in hospital – 9 days

Unit – medial/surgical;

Religion – Pentecostal Christianity and new age spirituality;

Significant Others – husband; son under 10 years old; parents

Theme: “Saying Good Bye to a Dying Cancer Patient in Anticipatory Grief - Bargaining with GOD: You Promised Me Healing! Where is My Miracle?”

### B. FACTS OF THE CASE

Mrs. T is a 40+ year old lady with advanced Stage IV pelvic cancer, admitted to hospital over a week ago for small bowel obstruction due to rapid growth of an aggressive advanced pelvic tumor. She complains of nausea, abdominal distention and severe pain. The pain is now relatively well controlled by intravenous narcotics on a patient-controlled pump. The patient had radical pelvic and abdominal surgery for the cancer earlier this year. She then received full courses of radiation and chemo therapies.

Mrs. T is now on Palliative Care. She has elected to be made comfort care and forgo further possible treatments. The plan is for her to go home the next day on Hospice to spend her remaining days with her family. Hospice had met with the patient and her family a few days ago. Her husband is now en route back from out-of-state with the couple’s young pre-tween son and the patient’s mother and father.

I had been following this lady as her Chaplain on her previous and present admissions over several months. I had visited her as she requested briefly the night before, when she asked me to return today to say good bye.

### C. BACKGROUND INFORMATION

I have never observed this lady’s family at her bedside during my many visits with her on past and present admissions. I recall no pictures of her family at the bedside. There are none present now. The patient speaks lovingly of her family, but there seems to some distance the last few months.

After her surgery a few months ago, the patient went to another hospital for a second opinion before receiving radiation and chemo therapies, where she was told she had a 40% chance of surviving if she received both therapies in full. In spite of the full treatments, she was told just a few days ago that there was nothing curative Doctors could offer and that her condition was terminal. Thus the meeting with Hospice and the patient's choice for comfort care.

The patient S shares she receives daily messages from GOD, which she writes down on index cards at her bedside. She shared that GOD had told her it was His will for her to receive the full treatments, and that she would fully recover from her cancer. As Mrs. T is now dying, she is deeply struggling to reconcile her Faith with that perceived broken Divine promise.

The patient is highly intelligent and educated. Mrs. T is a successful psychotherapist, who incorporated faith healing in her practice with patients. She attends a Pentecostal Church with a lady who is a close neighbor and friend, but her family does not attend with her. Her spirituality includes reincarnation, pantheism<sup>1</sup> and use of candles and incense for prayer healing.

#### D. PATIENT-FAMILY MEMBER'S EXPRESSED CONCERNS

This is my last of 6 visits over several months with this lady. I return today as S requested so that she could talk more with me, so that we could pray to say "good bye." She takes comfort that, as she goes home to die on Hospice, her family, Church and friends will surround her with their love.

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<sup>1</sup> 1, Webster's 1828 Dictionary, entry "pantheism – [Greek, 'all' and 'GOD,' whence theism.] The doctrine that the universe is GOD, or the system of theology in which it is maintained that the universe is The Supreme GOD." Retrieved 1/05/2009. <http://1828.mshaffer.com/d/search/word,pantheism>. Thus the patient's theology, "I am part of GOD. I want to be healed. Therefore, GOD wants me to be healed."

### E. YOUR SPIRITUAL ASSESSMENT OF PATIENT/FAMILY

The patient S is unable to reconcile her understanding of GOD and her spirituality with the reality that she is approaching death from her cancer. She feels she has received clear and direct revelation messages from GOD that she would be fully cured of her cancer if she accepted her Doctors' plans of care. She followed her Doctors' proposed treatments in full. The cancer is not only not cured, but it continues to grow and she approaches death as noted. Mrs. T's spiritual state is therefore one of DESPAIR.

### F. PASTORAL SPIRITUAL CARE PROVIDED

1. Gave patient control and confirmed permission for this visit;
2. listened empathetically in a non-judgmental pastoral presence;
3. reflected back patient's thoughts and feelings; 5. offered a reframing of the patient's perspective of messages from GOD she has received that she believed promised healing;
6. gave patient permission to cry as needed and shared tearfulness with her; 7. affirmed patient's struggles and her right to have and express her feelings to GOD, caregivers, The Church and loved ones; 8. encouraged her to share her struggles and feelings with her Doctors, Nurses, Pastor & family; 9. offered Scripture and prayer as requested.

### G. OBSERVED OUTCOME TO PASTORAL CARE PROVIDED

1. Patient gave me permission to revisit her; 2. I had Nurse go in ahead of me to assure her comfort as patient requested; 3. patient shared in great detail and intensity; 4. patient confirmed that I understood what she was sharing with me; 5. patient contemplated and affirmed that there might be different ways of understanding her messages from GOD and promised healing;
6. patient felt free to cry at length many times; 7. patient shared further on her struggles and feelings and thanked me for listening; 8. patient plans to share struggles and feelings freely with her Doctors, Nurses, Pastor and loved ones; 9. patient fell asleep as I offered Scripture and prayer for her and her family.

## H. CHAPLAIN'S PREPARATION

The patient and I have a close pastoral relationship. My heart is aching for this lady and her family. I have at times wondered to GOD, "Where is this lady's husband?" I wonder what might be going on between the patient and her husband that would explain his relative absence the last several months. I make a mental note to guard against presuming to judge or ask prying questions. I pray before I knock on the door, "Lord JESUS CHRIST, give me strength, guard my mouth and form my words to bring this lady some peace!"

## I. INITIAL OBSERVATIONS

This is a single room with a glass window in the wall. I can see into the room through the window from the Nurse's desk. The Nurses have made an exception to accommodate the patient's desire for candles and incense because of her near-death condition. There are many candles burning by the windowsill. The door is closed. The curtain is partly drawn and I can see only the patient in part.

My knock on the door has apparently awoken her from a restless sleep. I open the door and call Mrs. T's name. She asks for the Nurse to come in first to make her more comfortable. The Nurse goes ahead of me and prepares the patient S for our visit. There is a strong aroma of incense in the room. The lights are dim. The Nurse turns on a light for us. The patient's hand written prayer cards are scattered about. I observe the patient's face and lips are ghostly pale. The prayer shawl I gave S the night before is at the bottom of her bed.

## J. THE VISIT

C – Chaplain; P – Patient Mrs. S T

C1 – Hello, Mrs. T. Can I come in?

P1 – Hi Chaplain Bob! Come in.

C2 – [I sit down on chair next to bed. Immediate solid eye contact. I take the patient's hand. S begins to talk rapidly, almost nonstop.] How are things going tonight, S?

P2 – Not good, Chaplain Bob.

C3 – How so? I recall you shared with me yesterday about your plans to go home on Hospice tomorrow.

P3 – I don't know. I feel angry at myself for giving up too easily. I wanted to make it easy on everyone else.

C4 – You feel angry at yourself?

P4 – It's not right for me to die now. GOD has more work for me to do. It's not right for my young son to not have a Mom. He hugs me and tells me he loves me. [Patient cries bitterly. We pause. She uses some tissues and takes my hand again.]

C5 – No, S, it's not right.

P5 – I want to give my body a chance for more healing, which I've already claimed in my soul. My dying now is in direct contradiction to the messages I've received from GOD, that He will have me work to make the world a better place and to go into politics in a few years. How could I have so misunderstood the messages that GOD has given me about healing?

C6 – Maybe there is healing in answer to your prayers in other ways? If GOD is love, and as you have lived a life of love and giving for so many people, maybe the healing you receive is The Light of GOD's Love shining through you to so many people? Your family. Your friends. Your Church. Your patients. Everyone that cares for you in the hospital. What do you think of that?

P6 – Yes. I hadn't thought of it like that before. Thank you, Chaplain Bob. [Short silence. Patient has stopped crying. She looks at me. She smiles broadly. I am aware that I have some tears on my face. I smile back at her. Her smile fades.]

P7 - When I was a little girl, I use to go into the forest and pray for healing for the animals, for the trees. GOD is part of me and I am part of GOD. So if I want to live, that's what GOD wants!

C7 – I hear clearly that you want to live. That it's not right for you to die now and leave your family, your son, without a Mom. Your husband without a wife. Your parents without a daughter. That you feel angry.

P8 – I want to be able to do more to help make the world a better place. I use to go into the homes of poverty-stricken children. It was so sad. I use to lay down on the ground before GOD and cry for them! [Patient cries again. Pause in our conversation.]

C8 – It's hard to especially see children suffer. [Nurse comes in to give patient more medications. Short pause in our conversation. Nurse leaves.]

C9 – And through all this, what do you hope for now?

P9 – I hope for a miracle to get my cancer to stop growing. Why can't I have that miracle? It's not right!

C10 – You hope for a miracle of some type in all this.

P10 – I was seen by a shaman faith healer and I got a positive message. I had a glove of Saint Padre Pio placed on me from his Shrine and a lady from there prayed over me. How many people get to have the glove of Saint Padre Pio placed on them for prayer?

C11 – Not many, I would think.

P11 - I want to renegotiate with my Doctors and with GOD. I want intravenous fluids and medicine to get my bowels moving again!

C12 – What do you see happening with your plans for going home on Hospice to be with your family tomorrow?

P12 - I rolled over too easily to die for the convenience of everyone else. The radiation and chemo therapy made me so sick. It made me want to give up.

C13 – I see.

P13 - My husband is supportive of whatever I choose, either to live as long as I can, or to die quickly. It's been hard on him because I don't know what I want.

C14 – And what do you want now, S?

P14 – I want to live. I want a miracle. [Patient cries more softly. She squeezes my hand. I affirm to patient that she should let herself cry as much as she needs. The patient grimaces and groans.] Chaplain Bob, the pain is getting bad again. [I push the Nurse call bell and the Nurse comes in and increases the patient's intravenous narcotics pump doses. I think to myself, "Our Nurses are angels of Divine Mercy!"]

C15 – I want to encourage you to share your feelings, concerns and questions whenever you need to.

P15 – I will when I see my Doctor tomorrow. [Patient begins to get drowsy. She closes her eyes. I am holding her hand again. The Nurse turns down light and leaves.]

C16 – You seem to be calmer now and ready to go to sleep.

P16 – I think so. Would you pray for me and do your PSALM chant for me, Chaplain Bob?

C17 – I would be happy to do so, S. [I pray for Mrs. T and her family. I quietly chant several PSALMS in a soothing melody.]

PSALM 23 – A PSALM of David - The LORD The Shepherd of His People

<sup>1</sup> The LORD is my shepherd;

I shall not want.

<sup>2</sup> He makes me to lie down in green pastures;

He leads me beside the still waters.

<sup>3</sup> He restores my soul;

He leads me in the paths of righteousness for His Name's sake.

<sup>4</sup> Yea, though I walk through the valley of the shadow of death,

I will fear no evil; For You are with me;

Your rod and Your staff,

they comfort me.

<sup>5</sup> You prepare a table before me in the presence of... [the adversary];

You anoint my head with oil; My cup runs over.

<sup>6</sup> Surely goodness and mercy shall follow me

all the days of my life;

And I will dwell in The House of The LORD

forever. <sup>2</sup>

P17 – [Patient opens her eyes briefly and smiles at me. I dab a few tears on her cheek.] Thank you, Chaplain Bob. I will remember you.

C18 – [My eyes begin to tear. I do not hide it. I look into the patient's eyes. They are so deep and warm. Her smile is so beautiful.] As long as I live, on earth and then in Heaven, I will always remember you S and thank GOD that I was able to know you! Good bye, my dear friend S.

P18 – Good bye, my dear friend Chaplain Bob. See you in Heaven. [Patient closes here eyes again. I sit silently by her bedside holding her hand. I sit there studying her face. I notice the color going out of her lips. I think to myself, "It is the color of approaching death. A dying flower." I stay for an extended time as S falls into a deep sleep, quietly singing PSALMS to her. I leave a prayer card and exit, reporting to the Nurse. S died later that night in the hospital with her family, friends and Pastor at her side.]

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<sup>2</sup> 2, NKJV, PSALM 23.

## K. A BRIEF REVIEW OF GRIEF

Grief is a normal human emotional response to loss that enables us, in the face of loss, to adjust our lives accordingly and move us towards some form of functional acceptance. “Grief is the emotional suffering we feel after a loss of some kind. The death of a loved one, loss of a limb, even intense disappointment can cause grief...”<sup>3</sup> Moving towards acceptance involves emotional pain, but arrival into a state of acceptance can help bring the grieving to a sense of peace.

“Grief” is then a normal and very human “... reaction to a major loss,” experienced “...most often an unhappy and painful emotion” that – if allowed and supported to its conclusion, can bring functional readjustment of one’s life in acceptance.<sup>4</sup> Therefore, “grief should not be prevented because it is a healthy response to loss. Those who are grieving should have support to help them through the process.” The process of grief itself should not be suppressed, denied or artificially forced to resolution. “It should be respected.”<sup>5</sup> This can be equally said of anticipatory grief as one faces pending loss, including the pending death of loved ones and one’s own life.

To respect the process of grief in those coping with impending or past loss, it is helpful to speak of “the grief process” within certain commonly recognizable stages: “Denial, disbelief, numbness; Anger, blaming others; Bargaining...; Depressed mood, sadness, crying; Acceptance, coming to terms.”<sup>6</sup> But these are not meant to be taken as mechanical. Alan Chapman observes of the stages of grief:

*that they are not necessarily a “rigid series of sequential or uniformly timed steps.” So it is more correct to refer to the grief “model,” and not the grief “process.” “A Process implies something quite fixed or consistent; a model is less specific... people do not always experience all of the five ‘grief cycle’ stages. Some stages might be revisited. Some stages might not be experienced at all. Transition between stages can be more of an ebb and flow, rather than a progression. The five stages are not linear; neither are they equal in their experience. People’s grief, and other reactions to emotional trauma, are... individual...”<sup>7</sup>*

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<sup>3</sup> 2, “The Stages of Grief,” Memorial Hospital, p 1.

<sup>4</sup> 4, “Grief,” The Reading Hospital Medical Center, p 1.

<sup>5</sup> 4, Ibid., p 2.

<sup>6</sup> 4. Ibid., p 1.

<sup>7</sup> 5, “Five Stages of Grief,” Elisabeth Kubler-Ross. Interpretation by Alan Chapman.



Alan Chapman summarizes the five stages of grief, identified by Elisabeth Kubler-Ross from her 1969 work “On Death and Dying,” as:

*1 – Denial: “...a conscious or unconscious refusal to accept facts, information, reality, etc., relating to the situation concerned. It's a defense mechanism and perfectly natural. Some people can become locked in this stage when dealing with a traumatic change that can be ignored. Death of course is not particularly easy to avoid or evade indefinitely.”*<sup>8</sup>

*2 – Anger: “...can manifest in different ways. People dealing with emotional upset can be angry with themselves, and/or with others, especially those close to them. Knowing this helps keep detached and non-judgmental when experiencing the anger of someone who is very upset.”*<sup>9</sup>

*3 – Bargaining: “Traditionally the bargaining stage for people facing death can involve attempting to bargain with whatever GOD the person believes in. People facing less serious trauma can bargain or seek to negotiate a compromise. For example "Can we still be friends?.." when facing a break-up. Bargaining rarely provides a sustainable solution, especially if it's a matter of life or death.”*<sup>10</sup>

*4 – Depression: “Also referred to as preparatory grieving. In a way it's the dress rehearsal or the practice run for the 'aftermath' although this stage means different things depending on whom it involves. It's a sort of acceptance with emotional attachment. It's natural to feel sadness and regret, fear, uncertainty, etc. It shows that the person has at least begun to accept the reality.”*<sup>11</sup>

*5 – Acceptance: “Again this stage definitely varies according to the person's situation, although broadly it is an indication that there is some emotional detachment and objectivity. People dying can enter this stage a long time before the people they leave behind, who must necessarily pass through their own individual stages of dealing with the grief.”*<sup>12</sup>

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<sup>8</sup> 6. “Denial,” Table, “Five Stages of Grief – Elisabeth Kubler-Ross.” Interpretation by Alan Chaplman.

<sup>9</sup> 6, Ibid., Interpretation by Alan Chaplman, “Anger.”

<sup>10</sup> 6, Ibid., “Bargaining,” Table, “Five Stages of Grief - Elisabeth Kubler-Ross.” Interpretation by Alan Chapman.

<sup>11</sup> 6, Ibid., “Depression.”

<sup>12</sup> 6, Ibid., “Acceptance.”

#### L. ANALYSIS OF PATIENT/FAMILY

This patient is grieving her imminent death, the loss of her life and the relationships and life works that give her meaning and joy. She shows evidence of being in multiple stages of grief during my chaplain visit: denial, anger, bargaining, depressive mood. Nor does she progress in a linear fashion between these emotional states. She in fact drifts through and between them during my pastoral visit in a spiritual whirlwind.

At several times, she is in denial that she is dying of cancer, that no further curative treatments remain, and that her death is in fact imminent. She then becomes angry at herself for feeling that she gave up fighting to live too easily, in part to please and make her suffering and death easier on her family. She expresses anger at her understanding of GOD, questioning how she could have possibly so misunderstood The Divine promises of healing that she was previously so encouraged and comforted by.

She then enters bargaining, saying bluntly that she wants to renegotiate with her Doctors, family and GOD about treatment choices. She cries deeply on and off through our visit. Towards the end of my pastoral visit, the patient at times enters a deeply depressive mood, becoming tearfully withdrawn, falling asleep only as a result of the increased narcotic intravenous medications administered by the Nurse. She never enters acceptance during my visit.

This patient is in Spiritual DESPAIR. She is unable to reconcile her spirituality and Christian Faith with her lack of physical healing from the cancer and her imminent death. She is questioning how she could have so radically misunderstood The Divine promises of cure she felt she had been receiving about her prayed for healing. She is understandably questioning her understanding of Who GOD is and her relationship with Him.

#### M. ANALYSIS OF YOURSELF AS THE CHAPLAIN

I related very deeply to with this patient, her feelings and her struggles. This was my first Chaplain visit lasting 2 hours straight. I felt deep sorrow that such a warm and loving, relatively young lady – wife, mother, daughter - was dying. I envisioned my sister-in-law dying of cancer in 1991. She too was a young lady – wife, mother, daughter - I was not able to be with my dying sister-in-law and my brother in the last days of her life. But GOD sent me to be with this lady as an offering of spiritual atonement.

As I followed this patient, and especially at the end of my last visit with her, I felt a strong desire to somehow rescue this precious lady - seemingly alone much of the time – now in such spiritual despair. In reality, I knew that I could not “rescue” this lady in any way. But what I could do, in GOD’s Name, was to be with her for a time, listen and affirm her struggles, feelings and tears, offer a reframing of her Faith questions and pray with her. In doing so, I was conscious of becoming an instrument of The Lord JESUS CHRIST to help break her aloneness at her end of life.

#### N. DIVINE REASSURANCE IN THE MIDST OF SUFFERING

This case calls me to consider even more closely the question of human suffering in The Presence of GOD’s Love. Saint James says in JAMES 5:10-11, “Take as an example of hardship and patience, brothers, the prophets who spoke in The Name of The Lord. Indeed we call blessed those who have persevered. You have heard of the perseverance of Job, and you have seen the purpose of The Lord, because “The Lord is compassionate and merciful.””<sup>13</sup> In the midst of suffering and affliction - whatever the cause and nature of it - the end purpose of The Lord for His people is always made into good in some way, because GOD is all compassion and mercy.

Enduring suffering with patience, relying on GOD’s compassion and mercy - as did Job – brings us in the end into His perfect Peace. We may or may not see its shadows in this life. But trusting in His Goodness and Love, suffering is more easily endured in patience when – our lives and souls safe in The hand of JESUS CHRIST our Lord – we have the sure hope that we will dwell in His perfect Peace fully in Eternity. So Saint James calls us to keep in mind the prophets and saints of GOD, “...the fathers whose patience had a most happy end, because GOD as a most bountiful Father, never forsakes His” people.<sup>14</sup>

Matthew Henry says “...the tender mercy of GOD is such that He will make his people an abundant amends for all their sufferings and afflictions. His bowels are moved for them while suffering, His bounty is manifested afterwards. Let us serve our GOD, and endure our trials, as those who believe the end will crown all” by GOD’s compassion and mercy.<sup>15</sup>

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<sup>13</sup> 7, NAB, JAMES 5:10-11.

<sup>14</sup> 8, Geneva Bible Notes, JAMES 5:10.

<sup>15</sup> 9, Matthew Henry Notes, JAMES 5, Verses 1-11, IV., (5).

So our Saviour tells us in MATTHEW 5:5, “Blessed are they that mourn: for they shall be comforted.”<sup>16</sup> Hope in the midst of suffering finds meaning only in The Christian is Faith that “GOD will comfort them,”<sup>17</sup> drawing us closer to Him and others, made an offering for the salvation of lives and souls. And there is our Consolation, for He Who consoles us is Perfect Mercy.

Faith in GOD’s Goodness and Mercy sustain us, that we are in His hands, even and especially in the midst of suffering. HEBREWS 11:1, “...Faith is the substance of things hoped for, the evidence of things not seen.”<sup>18</sup> So we may have Hope in Our Divine Master, that He is with us to comfort us His adopted children, and Who will call us Home to His Kingdom Above when our earthly lives come to an end. HEBREWS 3:6, “...CHRIST as The Son in His Own House: Which House are we, if we hold fast the confidence and Glory of Hope unto the end” in The Lord.<sup>19</sup>

Of the miraculous healings of the afflicted and suffering by our Lord JESUS CHRIST during His earthly ministry, as The Catholic Church says, “...They announced a more radical healing [beyond mere physical and emotional healing]: the victory over sin and death through His Passover. On The Cross, CHRIST took upon Himself the whole weight of evil and took away the ‘sin of the world,’<sup>20</sup> of which illness and death is only a consequence.

By His Passion and Death on The Cross, CHRIST has given a new meaning to suffering: it can henceforth configure us to Him and unite us with His redemptive Passion.”<sup>21</sup> This is what gives CHRIST’s people - when we stay close to His Cross, His Church, His Word and His Sacraments – the strength to endure suffering of all kinds and all degrees. This, even though our bodies may fail, our hearts may break and our souls may be burdened, and yet rejoice in His Peace.

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<sup>16</sup> 10, DRA, MATTHEW 5:5.

<sup>17</sup> 7, NAB Note., MATTHEW 5:4.

<sup>18</sup> 11, KJV, HEBREWS 11:1.

<sup>19</sup> 10, DRA, HEBREWS 3:6.

<sup>20</sup> 7, NAB, JOHN 1:29, “The next day he saw JESUS coming toward him and said, “Behold, The Lamb of GOD, Who takes away the sin of the world.”

<sup>21</sup> 12, CCC, “The Sick Person Before GOD,” # 1505.

That we may, as in PSALM 100:2, “worship The LORD with cries of gladness” and “come before Him with joyful song.” That “The LORD is GOD,” He is “our Maker to Whom we belong,” that we are His people, “GOD’s well-tended flock.” That we now in part, and in Heaven in full, enter before His Presence “...with thanksgiving” and always “bless His Name.” Why? Because “good indeed is The LORD, Whose Love endures forever, Whose faithfulness lasts through every age.”<sup>22</sup>

#### O. FUTURE PASTORAL OPPORTUNITIES PRESENTED

There is nothing I would do differently. If anything, I pray to duplicate the degree to which GOD enabled me, by His Grace, to create such spaces for others that I was able to provide for this lady to share her feelings and concerns so deeply. I went to this lady’s bedside with a humble spirit, prayerfully confessing that The Almighty was already at work, asking that He use me as one of His instruments of Peace for this struggling lady as she approached earthly death.

I sat and listened with a non-judgmental attitude and empathetic heart. I reflected back. I affirmed her pain. I validated the worth of her feelings and concerns. I encouraged her to take hold of her right to share her feelings, questions and worries with others frankly. I helped her give herself permission to cry. I met her authentically within our overlapping Christian Faith according to her wishes.

I helped reframe possible new answers to her “Why not, GOD?” questions. I provided Scripture and prayer as she desired. I provided a reassuring pastoral presence. And I shared my own humanity with my own open tearfulness, while remaining focused on this lady who GOD placed for a time in my pastoral care.

As faithful and true servants of The Most High GOD, may He always give us all The Grace necessary to be these things for all of those He places in our lives and in our care. AMEN.

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<sup>22</sup> 7, NAB, PSALM 100:2-4.

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