Helping Write The Final Chapter

Ministering to the dying and those who love them

Drs. Claudio and Pamela Consuegra

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Foreword

We have been in the ministry for more than thirty-five years. Claudio has been a church pastor, Ministerial and Family Ministries Director, and Executive Secretary, while Pamela has been a teacher, principal, and Superintendent of Schools. While we have played different roles in ministry, we have always worked in team ministry for God's people. Many of those we have served through the years have been on their deathbed and we have been there to minister to them and to their loved ones.

We wish we could have had a book like this when we were starting in our respective ministries. Much of what is contained within these pages we have had to learn on our own, by pouring over research and attending seminars, workshops, and classes about terminal illness, death, and the journey of grief. In addition, we wanted to share from our own experiences, perhaps the best teacher of all.

Our first audience for this book is anyone who has a loved one who is dying of a terminal illness or who has recently lost someone close (regardless of the cause). We want to give you some basic information about the process of dying and how to take care of your loved one and yourself. We also want to help you as you begin the journey toward recovery from grief.

Our second audience is church pastors and teachers. Very often you are the main point of contact and a support system – in some cases the only one – for those who are dying or for the loved ones of those who have died. I (Claudio) once trained a group of pastors preparing for their ordination. I was teaching them about death, dying, and grief and how to minister to those going through these experiences and their loved ones. During a break, a young pastor came up to me and said, "I hope I never have to deal with all this stuff." I was taken aback because these are all part of the pastor's role and ministry at some point in time. My guess is that he, like many other pastors and lay people, feels uncomfortable with these topics and tries to stay away from them, and the people on this journey, for fear that they will not know what to do. They think that if they say or do the wrong thing others may judge them as not being good pastors.

The third audience is church members who may feel inadequate in this area but truly desire to be more effective as they also minister to the needs of those experiencing a loss and attempt to be a support system for those who grieve.

We present to you this resource, based on research and personal experience, as a primer, the beginning of the journey of exploration into something that is natural, something all of us may one day experience, and something that need not be scary or intimidating. We pray this resource may be a help and a blessing to you.

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Dedication

To our youngest brothers, Pedro F. Consuegra and Roger K. Napier, both of whom died in tragic circumstances leaving those who knew them with a trail of grief. We love them and miss them dearly.

Section 1

Helping the Dying

"Later, when Jacob was about to die, he leaned on his walking stick and worshiped. Then, because of his faith he blessed each of Joseph's sons." Hebrews 11:21, CEV

"You will lose someone you can't live without, and your heart will be badly broken, and the bad news is that you never completely get over the loss of your beloved. But this is also the good news. They live forever in your broken heart that doesn't seal back up. And you come through. It's like having a broken leg that never heals perfectly — that still hurts when the weather gets cold, but you learn to dance with the limp."– Anne Lamott

Death, be not proud, though some have called thee
Mighty and dreadful, for thou art not so;
For those whom thou think'st thou dost overthrow
Die not, poor Death, nor yet canst thou kill me.
From rest and sleep, which but thy pictures be,
Much pleasure; then from thee much more must flow,
And soonest our best men with thee do go,
Rest of their bones, and soul's delivery.
Thou art slave to fate, chance, kings, and desperate men,
And dost with poison, war, and sickness dwell,
And poppy or charms can make us sleep as well
And better than thy stroke; why swell'st thou then?
One short sleep past, we wake eternally
And death shall be no more; Death, thou shalt die.
– John Donne

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Introduction

"How will I know when I'm ready to die?" As a hospice chaplain, I (Claudio) have been asked many questions both from patients and their loved ones, but it was the first time someone asked me this.

In my role as one of the chaplains for a hospice in the Roanoke Valley of Virginia, one of my responsibilities was to visit every new patient to assess their spiritual needs and develop a ministry plan for them. This afternoon I was scheduled to meet Vicky, our new patient, and Darren, her husband of more than forty years (not their real names).

As was my practice, I offered a quick prayer that God would use me to help Darren and Vicky during such a difficult, painful time. I then made my way to their door, taking in a few breaths of autumn's crisp, fresh mountain air.

Darren opened the door and kindly invited me in. Vicky sat in her favorite recliner, looking out the window to their backyard. Her warm smile took away all the apprehension I usually felt at meeting a new patient. We talked for an hour about their lives, their family, and their dreams. We talked about their understanding of her condition. Asking these questions helped me not only to ascertain their knowledge, but also to determine where in the dying process they might be. Having felt I had gathered the information I needed, I asked my routine closing question: "Are there any questions I might be able to answer for you?" Darren answered quickly that he didn't have any. Vicky waited a few seconds, and then she asked me the question I had never been asked before: "How will I know when I'm ready to die?"

In the few seconds it took me to recover from the surprise at her question, it was as if God gave me the answer. During our conversation I had learned that they belonged to a Christian denomination, and we shared many beliefs. So, I responded, "The day you met Darren, if he had asked you to marry him, what would you have said?" "I would have told him he was crazy," Vicky responded without hesitation. I continued, "So then, I'm guessing you two met, went out a few times, talked a lot, dated for a while, and little by little fell in love. Then one day Darren asked you to marry him, you accepted, and here we are, right?" She smiled, looked at Darren, and answered softly, "Yes, something like that." "Well," I said, "it's kind of like that when it comes time to die. During the next few days, weeks, and maybe months, you'll have an opportunity to get to know Jesus even better than you already do. You'll talk to Him, you'll read about Him, and He'll talk to you while you're awake and maybe even while you're sleeping. And then one day you'll hear Him say, 'Vicky, it's time to leave the pain of this world behind.' Then you'll know it's time to stop the fight and rest in Jesus. I don't know if it will be His voice or just some very strong

impression, but you will know it is Him, talking to you." Vicky sighed, looked up at me, smiled, and said, "I like that. I feel better."

During the next few months, I visited Darren and Vicky regularly. Thanksgiving came and went, and Vicky was doing well. The Christmas season with all its joys and memories arrived and left, with Vicky surrounded by her children and their families. The next major event was Easter, and it became more obvious with the passing of days that she might not make it that far.

The week before Easter I was at the office when Vicky's primary nurse came in quickly to pick up some medicine. She stopped by my desk and said, "I think you should go to visit Vicky; I was there this morning, and I think she's actively dying. I'm getting some stuff I need, and then I'm heading back there." I didn't even bother calling to let Darren know I was coming, but simply started out for their house. When I arrived, Darren opened the door and with a sigh of relief and said, "Oh, I'm glad you're here."

He invited me in and showed me to Vicky's room. Vicky was semi-comatose, her sight fixed on the ceiling, but when I walked in, she briefly looked at me before turning her eyes back up. I sat next to her bed, held her hand, and spoke softly. It is the commonly accepted belief in health care that hearing is the last sense to leave a patient, so one must be careful about what is said in their presence. I told her I was there and that it had been my joy and honor to have known her and Darren. I also told her that we would miss her, and especially her family would miss her. But I assured her that they would be OK, and she needn't worry about them. I read to her the Twenty-Third Psalm, giving special emphasis to the words "Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me" (Psalm 23:4, NIV). I then prayed and thanked Jesus for the life He had given her, for her family, for the many years she was married to her husband, and asked Him to take good care of them and to take care of her. As I closed my prayer with the customary "In Jesus' name, amen," she took one last breath, relaxed, and died.

Whenever I have been present at the bedside of someone who dies I am filled with awe. It is a very solemn moment when a person stops breathing, and I feel honored to share that moment with them and with their family. It fills me with awe to think that I can help usher someone into their sleep of death and to help them during one of the most important transitions – indeed the last one – in their life! It's sad to think of the millions who die daily with no one's help or company. My only hope is that there was someone – perhaps a nurse, a doctor, a neighbor, or a friend – who was there for them as they breathed their last. I pray their last sight they had, sound they heard, or touch they felt came from another human being.

In this part of this book, we want to talk about this special ministry, helping those who are dying. You can be God's instruments to help someone write their last chapter and to help their loved ones go through that transition of losing them. Learning what to do can make you a better instrument for their care.

Chapter 1

When Life Takes a Wrong Turn

"When I heard this, I sat down and wept. In fact, for days I mourned, fasted, and prayed to the God of heaven." Nehemiah 1:4 (NLT2)

Introduction

Pulitzer prize winner Margaret Edson (1999) wrote a play entitled "W;t" about Vivian Bearing. As she describes her, "She is fifty, tall, very thin, barefoot, and completely bald. She wears two hospital gowns – one tied in the front and one tied in the back – a baseball cap, and a hospital IV bracelet." Vivian is an English professor at a university, and while in college she specialized in the Holy Sonnets of English poet John Donne, and she is terminally ill.

"W;t" is about Vivian Bearing's journey through her terminal illness from the moment she was given the bad news until she finally expires. We have watched it and shown it to groups as we trained them in how to care for someone who is dying because many don't realize, until they are the ones walking through that "valley of the shadow of death," what the terminally ill and their families go through, often alone. In one such training session for pastors, one of them came to me (Claudio) during a break and told me, "I hope I never have to deal with any of this stuff." I looked at him in disbelief and asked him, "As a pastor, do you think you're not ever going to encounter death? You think you'll never have to minister to someone who is dying?"

The reality is that death is inevitable, inescapable, and irreversible…until Jesus comes back and calls the dead out of their graves. As long as we are on earth, chances are we will have to journey with someone, probably a loved one, who is on their terminally ill journey. In Pam's case, it was first her father, who battled brain tumors that took his life just four months after he was diagnosed, then her mother, who died of some undisclosed illness just a couple of months from the time she was taken to the hospital for abdominal pain. In Claudio's case, it was his brother who was diagnosed with Acute Myeloid Leukemia and succumbed to the disease two years after his battle began.

As a pastor and hospice chaplain, I (Claudio) have worked with countless people who were terminally ill and eventually died, and with their loved ones. What we share in this

part of the book, and in this chapter, are lessons we learned along the way that we hope will help you be a more effective minister to those walking through that dark valley.

Why Me?

We don't know if you have experienced one of the scariest of situations in life, when you sit to talk to your doctor to be told that you have a terminal disease, and the prognosis is not good at all. I (Pamela) remember such a day. Claudio and I had just spent several days traveling for a job assignment. He remained behind to take a class and I flew home. I remember that as I landed at our home airport, I felt severe pressure in my abdomen but dismissed it as nothing to worry about. When I got home to unpack the pain and pressure had strengthened and I realized that I had a large nodule in my abdomen.

If this had happened during the week, I probably would have called our primary care physician and might have been seen at her office. Since it was a Sunday, and I didn't have a way to contact her, I thought about waiting until the next day, but I became increasingly alarmed at the mass that was obviously present. Trying not to get too nervous, I decided to go to the nearest hospital, less than half a mile away from our home. After completing all the required paperwork and waiting for several hours to be seen, it was decided I should have all the required tests, including X-rays and even a sonogram. By then I was becoming increasingly concerned so I called our older daughter, who lived nearby, to come be with me, since Claudio was away.

After what seemed like forever, am emergency room doctor came in with the results of the tests. He said there was definitely a mass in the uterus and that, in his opinion, it looked like it might be cancerous. Furthermore, he felt that as big as the mass was, it had likely spread to other parts of the body. It was now very late at night, and I was stunned! It was one of the longest, most horrific nights in my entire life. All kinds of thoughts flooded my mind. What would happen to me? How long did I have to live? What would my daughters do without their mother? I did not sleep a wink all night.

We waited until early Monday morning, when we knew Claudio would be getting up to go to his first class, to call and let him know what had been happening throughout the night. He flew out on the first flight he could book and arrived home a little before noon. Having him home and helping me through this process made it more bearable. Without making this story long, it turned out to be an ovarian cyst which was easily removed laparoscopically a couple of days later. The pathology study also showed that the chances of it not being cancerous were upwards of 99.99%. What a relief! We praised God for such an optimal outcome.

Unfortunately, that is not always the case. Many have been told that they do have cancer, and many of those are told that no treatment will make it go away. The prognosis is not good, and most likely they will die from the disease. Some doctors are very good at sharing such catastrophic words with their patients; others not so much.

Discussion Questions

1. Do you know anyone who has been told they have cancer or another life-threatening disease? How did they react to the news?
2. Were they told the disease was terminal? What feelings did they express? Were they angry or afraid? Were they sad or at peace?

One of the questions most often asked by someone who is told they have a terminal illness is probably "Why?" or the more personal "Why me?" The younger the person is, the healthier they have been, the more often is that question asked. The older a person is, and if they have been in failing health, the reaction may tend to be quite different. Some will respond to the question of "Why me?" with another one: "Why not me?"

While asking why is common, it may not be the best question to ask. Rabbi Harold Kushner (1983) in his classic, "When Bad Things Happen to Good People," explains that asking why is not the right question, for many reasons. For one thing, who knows the correct answer? It is true that if you smoke there is a higher chance you may develop a lung disease, cancer being one of them. In the same way, if you are obese you have a greater chance of becoming diabetic, having high blood pressure, and many other health conditions. But what about the person who never smoked a day in their life, followed a very clean, healthy lifestyle, and is diagnosed with lung cancer? The wife of one of my beloved theology professors in my undergraduate program was such a person.

Even if we somehow knew the correct answer to the question why, does it really make any difference at this point? If the smoker who develops lung cancer asks, "Why me?" what good does it do to tell him, "Well, because you smoked"? If the drunk driver who crashed his car leaving him a quadriplegic asks, "Why me?" will telling him, "Because you were driving while drunk" really help at all? If someone overdoses on illegal drugs, what good does it do to tell her mother, "That's what happens when you're an addict"? Even if it you think you have the correct answer, how does that help the person who is dying or their loved ones?

If you want to theologize, you may answer the question *why* by explaining how sin entered the world, and through sin, death infected the entire human race (Romans 5:12). Again,

what consolation does that bring to the person who is dying or to their loved ones? You can explain about the cosmic conflict between God and His enemy, and how God will one day put all that pain, suffering, and death away for good, but what about today, now? And what about you or your loved one who is dying? The point Rabbi Kushner (1983) makes, and thus the title of his book, is that perhaps the question we should ask ourselves is not why, but rather when bad things happen, then what? Instead of asking, "Why me?" perhaps the better question to ask yourself is, "If this has happened to me, what do I do now, and who is there to help me?" Your answer to that question and how you approach your illness, your condition, and your fate will determine in large part how you will manage your disease and its results.

When my (Claudio) brother was diagnosed with Acute Myeloid Leukemia, he did not become depressed, angry, or discouraged. From the first day when he was told to when he took his last breath, he accepted it, fought against it, and decided to live each day to its fullest. I think that in part his positive outlook, and his newly found faith in Christ, helped him live longer than anyone expected, especially his doctors.

Richard Rice explains,

> *"People who believe in a loving and powerful God sometimes find it harder to endure suffering than people who do not.*
>
> *I once had a conversation with three medical doctors. Two were Seventh-day Adventists who practiced at Loma Linda University Medical Center. The third was from Great Britain, on a lecture tour of the United States. The two Adventists remarked that in their experience patients who were religious, who were Christians, often found it more difficult to face the consequences of a serious illness than patients with no religious commitment at all. The non-Christians were better able to accept their condition and willing to make the best of what time they had left.*
>
> *The other doctor said he understood these different attitudes completely. He described himself as a 'congenial atheist.' Born and reared in a non-religious home, he had never believed in God. So, he viewed suffering as a natural part of life, as something we all have to face. And since we have no reason to expect things to be any better than they are, the good things that come to us in life are all a bonus. Believing in a supreme being who could prevent suffering, he maintained, makes the negative aspects of life harder to face, instead of easier."* (Rice, 1985, p.15)

Without getting into a theological discussion, part of your ministry to someone who is dying is to help them see that death, like birth, is simply a part of life. Life eternal does not

begin for us until the return of Jesus. In the meantime, all of us who have been born will one day die – some sooner than others, some more tragically than others, but ultimately all of us will experience death. Accepting death as a natural part of the life cycle makes the prospect easier to bear.

Mitch Albom, in his bestseller "Tuesdays with Morrie," shares one of his visits with his friend:

> *"I heard a nice little story the other day," Morrie says. He closes his eyes for a moment and I wait.*
>
> *"Okay, the story is about a little wave, bobbling along in the ocean, having a grand old time. He's enjoying the wind and the fresh air – until he notices the other waves in front of him, crashing against the shore,*
>
> *"'My God, this is terrible,' the wave says. 'Look what's going to happen to me!'*
>
> *"Then along comes another wave. It sees the first wave, looking grim, and it says to him, 'Why do you look so sad?'*
>
> *"The first wave says, 'You don't understand! We're all going to crash! All of us waves are going to be nothing! Isn't it terrible?'*
>
> *"The second wave says, 'No, you don't understand. You're not a wave, you're part of the ocean.'"* (Albom, 1997, pp.178-179)

As you try to find ways to minister to those who have been diagnosed with a terminal illness, expect this question to come up at some point in time, directly or in very subtle comments. Do not try to provide answers which may be incorrect, insufficient, may not respond to their deepest needs, and may at the end be worthless to them. In years working with hospice patients I (Claudio) have learned to listen to the patients, ask probing questions about their feelings through their ordeal, and guide them to find their own answers.

Richard Rice does suggest three areas where we may be able to help someone who is struggling with their mortality. First, show them that God is not responsible for pain and suffering. As he explains, "Suffering was not part of His plan for the universe, and He does not bring pain and heartache to any of us. Relieving God of responsibility for evil resolves the major philosophical-theological problem suffering raises." Second, we can explore God's participation in our suffering. Again, Rice writes, "The assurance that God shares

our pain and disappointment — that what happens to us makes a significant difference to Him — can bring us great encouragement when things get rough." Finally, says Rice, it can also be encouraging to those suffering to realize that "God can work for good in every situation — even bad ones. This is the basic point of the doctrine of providence. Suffering never has the last word for those who understand the nature of God's activity in the world. On a personal level, this doctrine directs us to go beyond suffering rather than behind it. Instead of looking for reasons why something negative has happened, it calls us to seek ways in which the future can be positive in spite of, and sometimes even because of, what has happened" (Rice, 1985, p.16).

I Just Don't Know What to Say

Perhaps this is where our biggest challenge lies. We want to be helpful. We want to say something that will encourage the person who is dying. We want to bring them comfort and hope. In fact, we want to will them to live. But we forget that people die, it is part of life, and that living with a disease may not be what is best for them. So, we tell them things we have heard repeated over and over. "You'll be fine, you'll see." "Don't worry."

If you can learn one thing from this chapter perhaps it should be that the best thing you can do for someone who is dying is to be there and listen. Your presence is invaluable. Many terminally ill people long for company but are often alone because others are afraid they won't know what to say. That fear keeps them from going to spend time with the people they care so much about. So, be there and listen.

One of the best-known stories of loss and grief in the Bible is that of Job, in the Old Testament. Believed to be authored by Moses while he wandered in the desert after leaving Egypt and before leading the Israelites out of bondage, Moses depicts a man who had lost everything at the hands of the enemy of God. Job had lost property, workers, his own children, his own health, and ultimately, he lost the respect and support of his own wife (Job 2:9). What Job had left was good friends. This is how Moses tells the story:

> *"Eliphaz from Teman, Bildad from Shuah, and Zophar from Naamah were three of Job's friends, and they heard about his troubles. So they agreed to visit Job and comfort him. When they came near enough to see Job, they could hardly recognize him. And in their great sorrow, they tore their clothes, then sprinkled dust on their heads and cried bitterly. For seven days and nights, they sat silently on the ground beside him, because they realized what terrible pain he was in."* (Job 2:11-13, CEV)

Please don't miss verse 13: "For seven days and nights, they sat silently on the ground beside him, because they realized what terrible pain he was in." Job's friends sat silently

on the ground beside him. They saw the pain he was in and the best thing they could do was to keep him company, quietly and patiently. It was when they opened their mouths to try to convince him that what he was experiencing was his fault (trying to answer the unspoken question of *why*) that their valuable help became an almost unbearably heavy burden.

Oncologist Robert Buckman (1989) suggests that talking about the stress, or distress, the person is feeling can be very therapeutic. In hospice we have a very common saying, "Pain shared is pain divided." Allowing the person who is ill to share their pain, fears, and concerns actually helps to lighten them up. You don't have to have all the answers. If you can at least be available to listen to the questions you are already helping them. He also suggests that when a person withholds or suppresses certain thoughts or feelings it will eventually hurt them. Sometimes we think it's best for the patient to not dwell on their illness and their fears. Actually, the opposite is true because not talking about a fear makes it seem bigger than it is. I (Claudio) remember one of my patients in Wisconsin. In one of my first visits to Robert I asked him if he had any concerns or fears. He said, "I'm afraid to die." If you take that answer at face value, you may conclude that perhaps he is not a religious person and therefore does not have the assurance of eternal life. Or perhaps you may conclude that he has been a really bad person, and he knows it, and is afraid of the punishment awaiting him one day.

Kate Bowler was diagnosed with cancer in her early thirties. She lost thirty pounds without trying and was wracked by stomach pain nearly every day while going about her life as a professor at Duke University Divinity School. Many well-meaning people, and well-meaning Christian people, gave her those well-worn clichés like, "Everything happens for a reason." Deep inside her mind she wanted to respond to them but knew it wouldn't be the kind thing to do either. She writes, "A lot of Christians like to remind me that heaven is my true home, which makes me want to ask them if they would like to go home first. Maybe now?" (Bowler, 2019, p.116).

One of the things I learned through many years working as a hospice chaplain is to not make any assumptions about what the patient says and instead ask for clarification, so I asked him: "Are you afraid to die or are you afraid of dying?" You see, many patients are worried about the process of dying, what it will be like, what they will feel, what they will be aware of. By asking that question it helps to differentiate between the process of dying and what will happen after they die.

Robert quickly responded, "That's it! I'm not afraid to die…I'm ready when it happens. I'm afraid of dying." Understanding that, I was then able to direct the conversation to the

process of dying. We talked about some of the things he may experience emotionally, and then I told him I would ask his nurse to explain some of the things he might experience physically and what our hospice team was ready to offer him. His change in demeanor was instant. He had been afraid of dying, but no one had asked him that question. He lived with a fear that was easily addressed.

Discussion Questions

1. How comfortable are you talking about death and dying?
2. Are you concerned that you may not have answers for questions you may be asked?
3. Are you willing to do the hard work of sitting quietly and just listening?

Can You Hear Me Now?

Communication in some ways is more of an art than it is a science. Scientifically speaking, we can talk about the different avenues of communication (verbal, body language, written, or through symbols), we can talk about the elements of good communication (assertiveness and active listening), or about the mechanics of communication. But when it comes down to it, some of us have better communication skills than others, and perhaps all of us can improve. It may be the way we were brought up and what we observed at home, our personality, trauma we have experienced, or simply not knowing what to do. In another book we talked more extensively about communication in general. Here, we want to talk only about the valuable ingredient of listening, particularly when visiting a person who is dying. As you visit a person who is dying, you may want to take various things into consideration:

1. **Consider the setting.** Among the things we want to emphasize is to never sit on a patient's bed, and be careful not to hit it either. When a person is in discomfort, even the smallest movement of the bed may feel like an earthquake, and in some cases, a very uncomfortable or even painful one. Sit or stand where the patient can easily see you without straining. If you sit at a level lower than their eyesight, they may try to turn their eyes or head in order to see you. If they are sitting up in bed, your sitting down may be more comfortable for both. Even when I stand, I try to find a position that is most visible to the patient.

   Try to maintain a comfortable distance from the patient. Do not get right up to their face as they may feel boxed in. Standing too far may give them the impression you are afraid to be near them. Also, take into consideration how softly or loudly they may be able to speak, particularly as they get weaker. If they are in a hospice or a hospital, there may be physical obstacles between you (bedside tables, chairs, desks, etc.). If it is possible to move the obstacles, ask first, or see if moving to the other side of the bed is more comfortable for you to approach them.

2. **Your eyes send a message.** As you talk and listen to them, make sure you maintain eye contact. Doing so tells the person this conversation is between you two. There may be a very painful moment, for both you and them, when you may feel like lowering your gaze. You may do so, but at least hold their hand. Maintain contact with the person one way or another at all times.

3. **Is this a good time?** Do not assume that patients are always eager and ready to talk. Maybe they had a difficult night or morning, they are tired, or feel emotionally depleted. It could be that they are simply not in the mood to talk that day. Do not be upset or offended by that – it may not mean they do not ever want to talk to you, just not right now. You may sense that they are not very talkative, so you could ask, "Do you feel like talking today?" Maybe they just finished talking to someone else and are drained, so ask first.

4. **I can hear you now.** If the person wants to talk, do all in your power to listen, pay attention, and show them you are engaged in the conversation. Acknowledge what they are saying by nodding your head and saying things like, "Uh huh," "What do you mean," "Tell me more," etc. Do not get distracted by thinking about your response. Also, do not focus only on the information and facts, but see if you can understand the underlying feelings.

5. **The sound of silence.** Remember Job's friends. They sat silently. Sometimes silence makes us uncomfortable, so we start talking when perhaps silence is just what they need at that moment. Give the person time to think. Perhaps after some time you can ask them, "Can you tell me what you were thinking?" When they are silent, you can hold their hand. Be careful not to rush the conversation. Let the person lead where they want to go. Even though silence at emotional moments may seem to go on forever, it can provide some of the most valuable opportunities to really minister to them.

   As I visited one of my patients in Virginia, she said to me, "I like when you come visit me, because you listen to me. Others come to visit and want to talk about the weather, sports, and politics, and everything else they can think of…except me. When you come, I can talk about me, what I think, what I feel, what I worry about, and what makes me laugh." Focus on the patient, especially when they are not saying anything.

6. **I am not a rock.** While you have come to minister to someone who is suffering and dying, be aware of your own feelings too. Many times, as I visited some of my hospice patients, wanting to help them through their challenging circumstances, I was ministered to by them. Their positive outlook, the love they received from others, and which they imparted to others, all helped me while I struggled to deal with losing them.

You have feelings too, so do not be afraid to express them. As Buckman (1989) suggests, it is perfectly acceptable for you to state that it is difficult for you to speak about such things as death and dying, or at the very least acknowledge that you are not very good at such conversation. In fact, it is appropriate to simply state, "I don't know what to say." The point is that if you express or describe your own emotions it can be very valuable as you minister to the person who is dying.

7. **Some feedback, please.** Check to make sure you understand what they said, or if you have correctly identified their feelings. Check with them by stating something like, "You seem to be low today," or "Does that make you angry?" If you are not sure what the person might have felt you can ask, "What did that feel like?" or "What do you think about that?"

8. **I'm done here.** If you come to a delicate, challenging place in the conversation and the person wants to talk about something that makes you uncomfortable, do not change the subject. If they took you there it is because they wanted to go there. If you do not think you are able to handle the information and feelings, you could ask if you could talk about it at a later time (and you better be ready then), but you may be closing a very valuable, important door, perhaps even for good. Do not change the subject before you acknowledge to them that you have heard them and are willing to listen, if perhaps at another time.

9. **Let me tell you what I think.** Job's friends were doing so well as long as they sat and listened to him. It was when they opened their mouths to try to help him out that they blew it. Do not give advice, unless they ask you, and even then you may be better off asking probing questions to help them arrive at their own decisions than for you to provide your answers. Giving advice, particularly if you do it early, often stops the conversation.

10. **I remember when...** Encourage them to talk about their memories. Everyone loves talking about their life journey. You could ask some questions to encourage the telling of their story. "Tell me how you and your wife met." "Of all the places where you have lived, which is your favorite?" "Can you tell me about your children?" Just be careful to avoid an interrogation. You're not simply looking for information but rather facilitating expressions of their own feelings.

11. **You make me laugh.** Laughter is indeed good medicine. King Solomon wrote that "There is a time to cry and a time to laugh. There is a time to be sad and a time to dance" (Ecclesiastes 3:4, NCV). While dying and losing a loved one is not a happy event, everyday life does not have to be surrounded by constant gloom and doom. Humor serves an important function by helping us cope with threats and fears. Fear, writes Buckman (1989), is one of those things that enables us to ventilate and in

essence purges us of the deep feelings we are experiencing. At the same time, humor can help us to get over the mountain of feelings that we thought was impossible to conquer.

Conclusion

What does a person think or feel when their life comes crashing down on them? When everything they had hoped for and planned for is suddenly disrupted? It is something that only those who have experienced it can fully understand and explain. For those of us looking in from the outside, the best we can do is to go and stand by their side, listen attentively, and learn what they have to teach us. Be their support team when they are weak, and their companions when they feel alone in this battle.

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Chapter 2

Living with a New Reality

"Be strong and of good courage, do not fear nor be afraid of them; for the LORD your God, He is the One who goes with you. He will not leave you nor forsake you." Deuteronomy 31:6 (NKJV)

Introduction

The initial shock after receiving news that a person has a terminal illness begins to give way to the reality of the situation. Even when a person has carefully and properly planned for their future, the new situation creates uncertainty and throws them off balance. In this chapter we want to consider a number of possible reactions and feelings that many people who have been diagnosed with a terminal illness, and their loved ones, may experience along this part of their journey.

Stages or Reactions?

Swiss psychiatrist Elizabeth Kübler-Ross (1969) first introduced what she called the five-stage grief model in her bestseller, "On Death and Dying." While working with terminally ill people, Kübler-Ross observed certain common experiences many of these patients felt and this led her to develop the model for which she became known, misunderstood, and criticized. Kübler-Ross originally developed this model to illustrate the process of bereavement, but she eventually adapted the model to account for any type of grief, particularly that experienced by someone who is dying. Kübler-Ross noted that everyone experiences at least two of the five stages of grief and that some people may revisit certain stages over the weeks or months until their death and their loved ones may also go through any or all of the stages for many years or even throughout life. Most of the criticism of her model was due to the mistaken belief that everyone goes through the five stages in a linear way, that is, one stage following the other all the way to the end (see Figure 1).

Figure 1

However, Kübler-Ross explained that these stages are not linear, and some people may not even experience any of them. In fact, some people might only experience one or two stages rather than all five, or three stages, etc. It may be easier to understand these experiences as reactions a person may have to their illness instead of stages they go through. Oncologist Robert Buckman (1989) included other reactions people have such as fear, anxiety, hope, and guilt. Think for a moment about the ups and downs of each of the emotional reactions we just mentioned. If you were to put them on a graph they may look something like Figure 2.

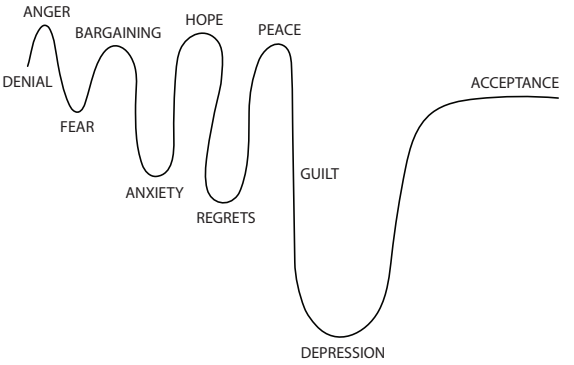

Figure 2

Instead of thinking of each of the stages or reactions taking place one after the other, think of it as emotions or reactions that a person may experience either one at a time, or sometimes several at the same time, or at different times. They may have some of these reactions for a while, then move on to others, but later experience the same reactions again. In fact, they may experience several reactions, conflicting as they may seem, at the same time. You can also view it as a tangled ball of feelings and reactions that roll in and out, back and forth, to-and-fro, with no one able to control it, change its course, or stop it. It simply happens. (See Figure 3.)

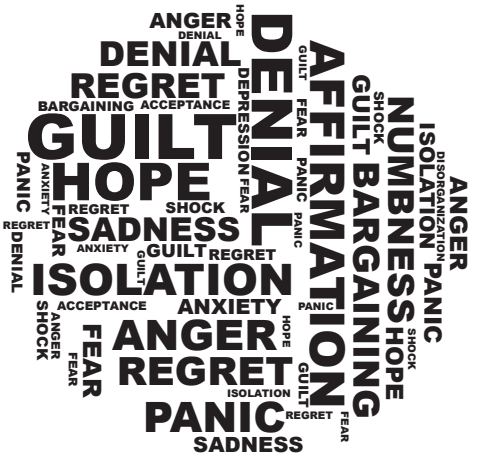

Figure 3

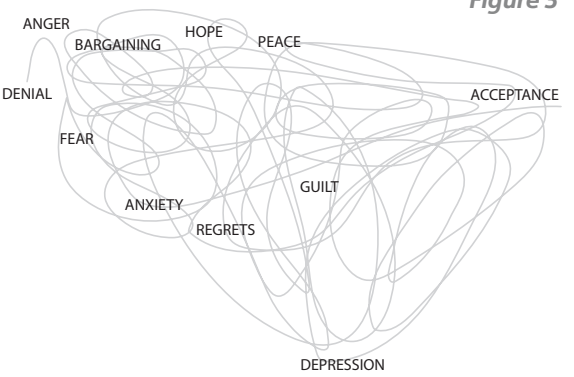

Figure 4

Instead of thinking of the experience or reactions to the diagnosis of a terminal illness as a nicely defined path in the grief process, which is not true for anyone, think of the new reality of the journey through grief as a very convoluted path (see Figure 4). It is confusing, it is maddening, it is frustrating, and it is unique to you or your loved one. The value of knowing this is that it can help the person going though these emotional

reactions understand why they are feeling that way, what is happening to them, and that what they are feeling is normal. It also enables you, as a friend or caregiver, to be a more effective helper to them as they write their last chapter on earth.

Having said that, let us look briefly at the five stages or reactions as observed by Kübler-Ross.

Shock and Denial

For most people, the moment they are told or become aware that their illness is terminal, the first reaction is one of shock and denial. In a way, it is the shock that initially helps them survive the immediate loss they are experiencing. It is normal to question the news, wonder if a mistake has been made, or simply go numb. Some describe the moment as having a bucket of ice poured over their entire body. Psychologist Christina Gregory (2019) writes, "Denial aids in pacing your feelings of grief. Instead of becoming completely overwhelmed with grief, we deny it, do not accept it, and stagger its full impact on us all at once. Think of it as your body's natural defense mechanism saying, 'Hey, there's only so much I can handle at once.'" At first, you may be tempted to suppress some of your feelings, not wanting to face the reality, or not wanting to appear weak, particularly in the presence of your loved ones, but little by little those feelings will rise to the surface. Once the denial begins to fade away, and the person starts to own the reality of the situation, the journey toward a new normal begins.

Why are these feelings of shock and denial so noticeable and potent? As Buckman (1989) clarifies, patients experience an internal conflict between knowledge and belief. On one hand, their mind tells them that what is happening is as real as the ground upon which they stand. On the other hand, the emotional experience of denial is so strong that they are simply unable to believe the very same facts. The conflict is even stronger when we feel a conflict between what we are experiencing and our belief system. It is as if we cannot possibly conceive that bad things could happen to God's people. We somehow expect that this world will play fair and good people should not experience pain. But the fact is that this world is unfair. Rabbi Kushner (1981) warns that to expect that you, as believers in God, will be treated fairly in this world simply because you are His is like expecting that a bull won't charge at you because you're vegetarian. But in denial we think it inconceivable that this could actually be happening to us. We know it happens, we even know of other people to whom it has happened, but to us? Impossible!

Hospice nurses Maggie Callanan and Patricia Kelley remind us that denial may come in several different ways. For instance, while it is perfectly fine to want to receive a second opinion, some people will want many "second opinions" hoping that someone else may

tell them the original diagnosis is wrong. Also, as they explain, "refusing or 'forgetting' to take medicines or keep appointments for treatment" (Callanan & Kelley, 1992, p.41) may be an indirect form of denial. The way some patients express their denial sounds almost like they are exercising strong faith. They may make statements like, "Maybe most people with this illness die, but I have faith that I will beat the odds."

For a loved one or helper of someone who has a terminal illness it is important to remember, as we explained in the previous chapter, that trying to provide answers or confronting the person with the facts will more than likely not help and may even make things worse. At some point, they will face the news, but only they know when that time is for themselves. Patients do not want to be kept in the dark; they do want to know what is going on in their lives. In fact, not knowing, says Dr. Buckman (1989), may lead to such things as depression, anxiety, and a sense of isolation.

While King David did not suffer from a terminal illness, his feelings of abandonment resonate at this phase of the grieving process: "My God, my God, why have you rejected me? You seem far from saving me, far from the words of my groaning" (Psalm 22:1, NCV). We have heard reactions such as, "How can this be happening to me?", "What did I do to deserve this?", or "This can't be possible." Please remember, as we explained in chapter one of this part of the book, that what is important is not that you give an answer as much as it is that you listen and minister through your presence.

At this point it is important to understand that your loved one may be going through these reactions, and to help and support them as much as you can. As Callanan and Kelley recommend, "Assuming a dying person understands his terminal diagnosis, respect expressions of denial. When you encounter them, don't challenge. It is not wise to make a dying person 'face up to reality.' Most people abandon the denial defense, usually as they become sicker and weaker, but many go back and forth between acceptance and denial" (Callanan & Kelley, 1982, p. 41). Buckman (1989, p. 88) has a very nice, simple decision tree to help facilitate the conversation when they may be in denial.

The patient may say something like:

"I am going to get better, aren't I?"

You have several possible responses

You could say:

"No, you're not" - a direct response that makes you appear insensitive

Or

"Of course, you are" - a direct response which will reduce your credibility when things don't go well later

Or you could say:

"What have the doctors told you?"

Or

"I hope you will, but it might not happen."

Or

"I'd like that, but perhaps we ought to see what happens."

All of these leave open the possibility that things will get worse, and allow you to continue to be supportive.

They also allow you to raise the question later: *"Should we make some plans for what to do if you don't get better?"*

Callanan and Kelley (1982) suggest that if or when a dying person talks about getting better or about doing some of the things they have enjoyed doing through the years that instead of telling them to face reality, you might respond with something like, "Wouldn't that be fun!" or "I bet you'd like that!" You are not giving the patient any false hopes but rather acknowledging their dreams, wishes, or hopes while at the same time you don't reinforce their denial. What is really important in your ministry to a person who may be in denial is that, as Kubler-Ross (1969) said, you respect their wish to deny their illness as long as possible.

Discussion Questions

1. Read Psalm 22:1-2, 6-8. How does David describe his experience?
2. At the same time, where is his spiritual life in the midst of these challenges? vs. 3-5
3. Notice how his mood changes from verses 1-21 to verses 22-31. What do you think might have helped change his attitude?

Anger

For many people, the initial shock and denial gives way to anger. The anger may be directed toward the doctors for not having found the disease sooner, for not having the answers to their questions, or for not providing the life-saving treatments they so desire. Do not be surprised if anger is turned toward God. Because we know God to be all-loving and all-powerful, how did He let them get sick? Why didn't He do something to stop it? There are some who turn in anger toward their family or friends as the cause for their grief or for not knowing what to say or do to help them out. As Gregory (2019) explains, "Researchers and mental health professionals agree that this anger is a necessary stage of grief and encourage the anger. It's important to truly feel the anger. It's thought that even though you might seem like you are in an endless cycle of anger, it will dissipate – and the more you truly feel the anger, the more quickly it will dissipate, and the more quickly you will heal."

In your role as a loved one or helper, it is important that you allow and even facilitate the expression of their anger. We have often asked those who are terminally ill if they are angry. You can tell they are, but they may not realize it. We have asked them further if they are angry at God. Some will shudder to think that way and immediately deny that they are angry. Others recognize that they are angry, which is actually helpful. Some may feel angry at God, but think it is sinful to feel that way. They may even feel guilty for feeling that way. So, now they have two conflicting feelings they must deal with – anger and guilt. We have often encouraged them to express those feelings to God. We have said words such as, "God has big shoulders, and because He loves us, He wants to hear the good, the bad, and even the ugly things in our life. Tell Him that you are angry. It's better if you tell Him than if you hold those feelings inside as they will only come back to hurt you more later." Unresolved anger may lead to depression which will only complicate the final journey.

It is also possible that your loved one or the person who is dying may get angry with you. You may be hurt and feel their anger is unfair and unjustified but try to remember that their anger is an expression of their fear and sadness. As Buckman reminds us: "So, if your friend gets angry and tells you to get lost, even in the heat of the moment when you most feel like doing precisely that, try to think to yourself: 'Why is she being like this? What is she going through?'" (Buckman, 1981, p.84).

Some of the Psalms in the Bible were the bitter expression of a soul in pain. You can almost hear the psalmist, fist in the air, asking, "How long will you forget me, LORD? Forever? How long will you hide from me? How long must I worry and feel sad in my heart all day? How long will my enemy win over me?" (Psalm 13:1-2, NCV). Or "LORD, why are you so far away? Why do you hide when there is trouble?" (Psalm 10:1, NCV).

The psalmists were not alone in their anguish and despair. "LORD, how long must I ask for help and you ignore me?" (Habakkuk 1:2, NCV). Even Job, feeling his great loss, could not contain himself and asked God,

> *"Will you never look away from me or leave me alone even long enough to swallow? If I have sinned, what have I done to you, you watcher of humans? Why have you made me your target? Have I become a heavy load for you? Why don't you pardon my wrongs and forgive my sins? I will soon lie down in the dust of death. Then you will search for me, but I will be no more."* (Job 7:19-21, NCV)

The medical director at a hospice where I worked in Virginia, William Fintel, who co-wrote "A Medical and Spiritual Guide to Living with Cancer" with Gerald McDermott, explained that arguing with God is not a demonstration of a lack of faith but rather proof that they still have faith:

> *"Now, in the Hebrew law, double restitution was one of the rules for things taken wrongfully. What is the author of Job trying to say? He may have been saying that, although Job was wrong in failing to see the greatness and freedom of God, he was not wrong to accuse God of wrongdoing! Job's faithfulness consisted in not renouncing God even while he argued with him. He may have been self-deceived when he claimed not to have any sin, but he never yielded to his wife's suggestion to curse God. Instead of walking away from God in disgust, he kept searching for God. Rather than giving up, he persisted in his attempts to understand what God was doing. In this sense, he proved his faith by remaining to battle it out with God."* (Fintel & McDermot, 1993, p.174)

Questioning God during our deepest pain is not a lack of faith. As Haugk states, "those who question God, especially those who question him strongly, are by this very act showing that they trust God deeply enough to risk questioning him" (Haugk, 2004, pp.73-74). If those that were so much closer to God, so close that God inspired them and used them to write His words, could feel such intense pain that they reached up to Him with their anger and helplessness, why should we be any different? Not expressing anger may actually make us more bitter toward Him, the One who can bring us the healing we desperately long for.

Barbara Brown Taylor tells a story that in some ways illustrate the importance of venting your anger while maintaining your faith:

> *"There is a story that one day in Auschwitz a group of Jews put God on trial. They charged God with cruelty and betrayal. Forming a proper court, they appointed counselors for the prosecution and for the defense, and they heard all the arguments on both sides. At the end of the proceedings, they conferred on their findings and the verdict was unanimous. The rabbi stood up to make the formal pronouncement. 'This court finds God guilty as charged,' he said. 'Now let us go pray.' Amen."* (Brown Taylor, 2008, p.119)

Discussion Questions

1. Have you ever felt forgotten? What was the circumstance? What did you think or feel?
2. Read Psalm 13:1-2. What are David's concerns?
3. What gives David hope at the end? vs. 5-6

Bargaining

Often, when we find ourselves at a critical juncture in our life, we may catch ourselves trying to make a deal with God. We may say something like, "If you heal me, I will devote the rest of my life to teaching others about you." This is not unique to those who are ill or in trouble. Loved ones may also pray, "If you heal my wife/husband/child, I will…" This is what we refer to as bargaining. As Gregory (2019) expounds, "In a way, this stage is false hope. You might falsely make yourself believe that you can avoid the grief through a type of negotiation. If you change this, I'll change that. You are so desperate to get your life back to how it was before the grief event, you are willing to make a major life change in an attempt toward normality."

Guilt and regret often accompany bargaining. "I should have made him go to the doctor sooner," or "I wish I hadn't told her not to take that medication anymore," or "What if I had not eaten that…" The what ifs or wishes will never be able to turn the clock back and change what you think might have made a difference. These are our attempts at making some sense of what is now confronting us.

In the Bible we find a different way of bargaining with God. King Hezekiah of Israel was ill and was told he would die. In today's terms we would say he had a terminal illness. When the prophet Isaiah informed Hezekiah that he would indeed die,

> *"Hezekiah turned toward the wall and prayed to the LORD, 'LORD, please remember that I have always obeyed you. I have given myself completely to you and have done what you said was right.' Then Hezekiah cried loudly."* (2 Kings 20:2-3, NCV)

That was Hezekiah's way of bargaining with God: Remember that I have been good. We may do the same thing when we remind God, "I go to church every week, and have also returned tithes and given offerings faithfully, and I am vegan." Surely God would be pleased with how good we have been and would heal us from our disease. Of course, we know that God knows all those things. It is not like we need to remind Him. But we try to bargain with Him either way.

Discussion Questions

1. Read 2 Kings 20:1-11. How would you describe Hezekiah's initial reaction?
2. Upon what basis did he try to make a deal with God?
3. In his case, what proof did he ask for, and how did God respond?

Depression

A common definition of depression is "grief turned inward." As Gregory (2019) describes, "In this stage, you might withdraw from life, feel numb, live in a fog, and not want to get out of bed. The world might seem too much and too overwhelming for you to face. You don't want to be around others, don't feel like talking, and experience feelings of hopelessness. You might even experience suicidal thoughts — thinking 'what's the point of going on?'"

Psalms 42 and 43, written by the sons of Korah, are like twin psalms. They both express the heart-wrenching pain of someone who is deeply sad. Three times we read the desperate plea, "Why am I so sad? Why am I so upset? I should put my hope in God and keep praising him, my Savior and my God" (Psalm 42:5,11 and 43:5, NCV). Deep sadness and depression are not uncommon for those facing a terminal illness.

Discussion Questions

1. Read Psalms 42 and 43 together. How do the writers describe a person's deep desire for God?
2. Considering his sadness, and perhaps depression, what solution do verses 42:5,11 and 43:5 offer?

Acceptance

Acceptance does not mean that you resign yourself to your fate or that you take it as a good thing. Having experienced some or all the other emotions or reactions, your feelings begin to stabilize. You come to terms with the fact that, barring a miracle, you will die. You may indeed accept that death, like birth, is a normal part of human existence (only two people, that we know of, have escaped it — Enoch and Elijah).

Just because you must accept that life is finite and yours will come to an end, sooner than you might have wished or hoped, it does not mean the rest will be easy. As Gregory (2019) adds, "There are good days, there are bad days, and then there are good days again. In this stage, it does not mean you'll never have another bad day — where you are uncontrollably

sad. But the good days tend to outnumber the bad days." The oppressive weight of depression lifts enough for you to want to see family and friends. You make the best of the time you have left and try to enjoy as many good memories as you can, and perhaps make new ones.

Perhaps one of the clearest biblical examples of this type of acceptance is that of Job. Having lost everything on earth, except for his wife and friends, he simply became resigned to his situation as he said, "I was naked when I was born, and I will be naked when I die. The LORD gave these things to me, and he has taken them away. Praise the name of the LORD" (Job 1:21, NCV). I suppose you can also read a form of denial in his words. But what we see is a resignation on his part that some things are out of his control except his choice to praise God. An example of acceptance in the New Testament is Paul's words, as his death drew near:

> *"I have fought the good fight, I have finished the race, I have kept the faith. Now, a crown is being held for me—a crown for being right with God. The Lord, the judge who judges rightly, will give the crown to me on that day—not only to me but to all those who have waited with love for him to come again."* (2 Timothy 4:7-8, NCV)

In addition to the five stages traditionally credited to Kübler-Ross (1969), Buckner (1989) suggests several other reactions often experienced by those who are terminally ill which are worth consideration.

Discussion Questions

1. Is acceptance the same as giving up the fight? How do you think Paul saw it? (2 Timothy 4:7-8)
2. How does Paul's example encourage you?

Fear and Anxiety

Most of us fear the unknown. We feel more comfortable and secure with what we know. Spiritual teacher, writer, and blogger Teal Swan (n.d.) writes, "We do not fear the unknown, we fear what we think we know about the unknown." Perhaps we have heard how others have died and the type of experience they went through, and we fear the same will happen to us. Some fear the pain associated with their particular illness or getting to the point where they will lose control of their bodily functions. Those who understand what the Bible teaches about death and beyond may have more existential fears – what's on the other side? Others fear that all they have done is for nothing and that they will be forgotten. And then there are the more practical fears like who is going to take care of their spouse or the children, what will happen with their business, and so on.

Hope

As soon as the slightest news or even just a rumor of a cure is heard, hope is awakened. You will probably find lots of people who, with the best of intentions, will tell you of this treatment, that miracle cure, this herbal supplement that helped my cousin, or that doctor who healed my sister… The news may even report a new treatment being tried at this reputable medical center and you wonder if that may be just what will cure you. More often than not, many of those hopes are dashed for a variety of reasons, sending the person back down the spiral of denial, anger, despair, and depression. We will talk more about offering hope during what seems like a hopeless situation in chapter five of this part of the book.

Tasks of the Dying

Heinz writes, "No one can look straight at the sun or at death, it is said. Death is an intensity that casts a dense shadow" (Heinz, 1999, p.6). While we won't fully understand death until we walk through that dark valley, like all learning, dying is a process that teaches the person who is going through that experience what they need to do to reach the end as best as possible. We have seen that, as a person goes through the journey of dying, they have a certain need to get some things settled or accomplished in the remainder of their life. We refer to those goalposts as the tasks of dying. We are not talking about legal paperwork that needs to be taken care of or even things like planning for their own funeral, but rather emotional conclusions in their relationships which will facilitate an easier, more peaceful death. Angela Morrow (n.d.), a certified hospice and palliative nurse, explains about these five tasks: "The most important thing in life is our relationships with those we love. The five tasks of dying seek to complete and reconcile these relationships." These tasks are a very important part in everyone's lives, but much more so for those who are writing their final chapter in life.

Task #1: Ask for Forgiveness

Most, if not all, of us have said or done things in our life that have hurt and caused pain to the people that are closest to us, those who mean the most to us. At the same time, we might have been hurt by others. As we journey to the end of our life, the most important healing is not physical but rather emotional. As Morrow (n.d.) explains, "Dr. [Ira] Byock compares the healing of emotional wounds to physical wounds. For a physical wound to heal, all dirt and infected tissues have to be washed away; for an emotional wound to heal, all the toxic material between two people needs to be washed away. The best way to cleanse your relationships of their toxic pasts is to seek forgiveness."

Task #2: Offer Forgiveness
While asking for forgiveness is difficult, for many extending forgiveness is even more challenging, particularly toward those who have shown no remorse or who in their eyes have not earned it. It is important to know that forgiving someone who has wronged us is not excusing what they have done to us but rather freeing us from the negative feelings we have toward them. It means releasing ourselves from the negative emotional attachment to them and placing them in God's hands for Him to be the final arbiter of their deeds and of them as individuals.

While we are at the point where we forgive others, it would also be good to forgive ourselves. Often, we carry on our shoulders the heavy burden of guilt for what we know we have done, whether others know or not. As Morrow (n.d.) succinctly states, "forgiving yourself is the ultimate act of self-kindness, allowing you to find self-acceptance and love."

Task #3: Offer Heartfelt Thanks
Most of us feel gratitude and appreciation for what others, particularly our loved ones, have done. Sometimes we assume that they know how we feel and therefore we fail to express sufficiently, or often enough, our gratitude. But in many cases our loved ones, or other important people in our life, do not know how much we appreciate them. It is always best to be specific. A general statement like, "Thank you for all you have done" sounds more like a cliché than a heartfelt expression of gratitude. Instead, think of specific things, actions, or expressions of love you have received from others and mention them. "You have always taken such good care of me and cooked all my favorite meals," or, "Thank you for filling up the gas tank in my car so I never had to." Those specific words of appreciation for memorable actions are more meaningful to the receiver.

Task #4: Offer Sentiments of Love
Stop for a moment and think about the most important people in your life, the relationships that matter most to you. Do you recognize feelings of love for each of those people? Your love for them may be different – for a spouse, for a child, for a friend or colleague. One of the important things to do before a person dies is expressing those feelings. While some people may have a difficult time verbalizing the words, "I love you," it may be easier to write down their words and feelings in a letter, card, or simply a text message or email.

In one of the conversations that Mitch Albom had with his professor and friend Morrie, who was dying, Morrie told him, "Dying is only one thing to be sad over, Mitch. Living unhappily is something else. So many of the people who come to visit me are unhappy" (Albom, 1997, p. 35). We are amazed, while visiting with many people who are dying, that

they have the ability, and opportunity, to cheer up those who have come to cheer them up. They can bring the positive, optimistic side of their illness, and are able to say goodbye, sharing with others the love they have for them.

Task #5: Say Goodbye
No one likes to leave unfinished business, particularly in interpersonal relationships. As my (Claudio) mother was dying, all six of her children were able to see her and to bid our goodbyes. Once she saw us all, she was able to let go of that heartstring that held her to this life and went to her rest. As Morrow (n.d.) states, "Saying goodbye is painful but it doesn't have to be tragic. If you have completed your most important relationships by doing tasks 1-4, saying goodbye can be a bitter-sweet way to remind those you love how fleeting life is. It can be a wonderful way to remember to live life to the fullest and focus on the things that matter most – the relationships with those we love."

Your task, as a loved one or caregiver, is to help the person who is dying accomplish these tasks. Perhaps your loved one needs to find a particular person or get in touch with a relative they need to ask forgiveness from. Or maybe they want to write a card or a letter to someone but lack the strength or energy to do it – you can be their assistant in writing and sending their written words. Whatever you can do to help them accomplish these tasks and be able to bring a healthy peaceful closure to their life is your loving gift to them. As Heinz writes, "Every well-done death is a version of life" (Heinz, 1999, p. xii).

Songs of Lament

We keep going back to the book of Psalms because of the expression of the pain the authors verbalize. These were written as songs, many of them as songs of praise, but many of them are songs of mourning too. Musician and singer Michael Card (2005) states that anywhere from one-third to over one-half of the Psalms are songs of lament. With the exception of Psalm 88, each of these Psalms of lament turns into praise at the end. While the Psalm may be heart-rending at the beginning, ultimately the pain gives way to praise. For the person dying of a terminal illness, it may be little consolation during the darkest hours of their lives to be told they will one day come to praise God. But for many, knowing what others have gone through, and how they came out on the other side, can be very encouraging.

We would just like to encourage you to read through these Psalms, meditate on their messages, cry together with their authors, and when the time comes, rejoice with them in song. The list is not complete but a sample.

Psalms 6, 8, 10, 13, 22, 23, 27, 32, 38, 51, 55, 69, 103, 109

Activity

1. Write your own song of lament.
2. Follow the pattern in these Psalms and find a way to end your song of lament with a chorus of hope and praise.

The Psalms are not the only Bible passages where we find people of faith crying out to God, pleading for help during the darkest hours of their lives. The prophet Jeremiah expresses his anger because God seems to have turned against him:

> "He chased me into a dark place, where no light could enter. I am the only one he punishes over and over again, without ever stopping." (Lamentations 3:2-3, CEV)
>
> "God built a fence around me that I cannot climb over, and he chained me down. Even when I shouted and prayed for help, he refused to listen." (Lamentations 3:7-8, CEV)

But instead of becoming despondent, Jeremiah was confident that God was indeed listening to him and that His silence would end. Jeremiah's confidence was based on God's character, and his words confirm his faith in the Omnipresent:

> "The LORD'S kindness never fails! If he had not been merciful, we would have been destroyed. The LORD can always be trusted to show mercy each morning." (Lamentations 3:22-23, CEV)
>
> "The Lord won't always reject us!" (Lamentations 3:31, CEV)
>
> "The Lord doesn't enjoy sending grief or pain." (Lamentations 3:33, CEV)

Jeremiah knew, in the depths of his heart, that God would restore the joy of His presence at the right time. That is the blessed hope we anxiously await when all wrongs will be made right, when pain, suffering, and death will be no more, and when there will be no more tears in our eyes.

Conclusion

The downward slope toward death is not quick and smooth for all. For those who have a terminal illness, the journey may be slow and painful, full of conflicting emotions. If we better understand the feelings and reactions the terminally ill patient is experiencing, it may enable us to be better helpers and stronger companions in this journey as they write the final chapter of their lives.

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Chapter 3

Choices and Decisions

"Thank you for making me so wonderfully complex! Your workmanship is marvelous—how well I know it. You watched me as I was being formed in utter seclusion, as I was woven together in the dark of the womb. You saw me before I was born. Every day of my life was recorded in your book. Every moment was laid out before a single day had passed." Psalm 139:14-16 (NLT2)

Introduction

My (Claudio) brother, a healthy sixty-four-year-old man who was still jogging every morning, in top physical shape, a teacher at the university, a well-known author, host of television programs, loved and admired throughout his homeland of Colombia, went for his regular annual checkup. As he sat to listen to the results of his blood tests, his doctor coolly and with a sense of urgency told him, "I want you to go across the street to the hospital where you will be admitted. You have Acute Myeloid Leukemia. You will see an oncologist who will start a chemotherapy protocol immediately."

In one brief moment, his whole world was turned upside down. He had to teach a class that afternoon, he told his doctor, but he received an emphatic, "You cancel everything on your schedule for the next several months…the treatments will be intense, severe, and debilitating, but they are your best chance at beating this thing."

Acute Myeloid Leukemia (AML), we were to learn later, is a type of blood cancer which starts in your bone marrow, the soft inner parts of bones. Among the things that make AML baffling for us is that my brother did not have any of the common causes or risk factors. He was not a smoker, had had no contact with pesticides or similar chemicals, had not been exposed to high doses of radiation, and did not have a parent with AML history. Neither did he show any of the common symptoms of AML such as fatigue, fever, weight loss, loss of appetite, headaches, unusual bleeding or bruising, tiny red spots on the skin, swollen gums, swollen liver or spleen, or more infections than usual. He was healthy, for all his wife and daughter could see. But that evening he was in a hospital room receiving the first of many chemotherapy treatments.

As anyone diagnosed with a potentially deadly disease, my brother was told about his illness, the different options for treatment, the possible side effects with each, and the prognosis with each or with no treatment. Having to make all those decisions is traumatic, particularly for someone who had no symptoms and who was in perfect health and enjoying life to its fullest. Every step, every day, every treatment, and each test result led to more decisions, more changes, and new challenges, until he breathed his last breath, almost three years after the initial diagnosis.

The experiences of a person who has been told they have a treatable disease and the person who has been told they have a terminal illness are obviously very different. One expects that with appropriate treatment they will get well. The other knows that no treatment will make them better.

In this chapter we want to explore some more of the reactions that those diagnosed with a terminal illness may experience and some of the decisions that will confront them and their loved ones as they write their final chapter.

Physiological Process of Dying

The patient, his/her loved ones, and medical professionals can tell there is a decline in the physiological functioning of the person who is terminally ill. Weight loss, loss of appetite, and feeling more lethargic at times are some of their experiences, and depending on the disease and the person's health and strength they may last for several months or more. In the next chapter we will explore in more detail the last three months or so of the person's life, the changes you may observe, and how you may be of specific help to them during this time.

Emotional Process of Dying

In the previous chapter we spoke about the most common reactions that those who are terminally ill may experience, such as denial, anger, hope, depression, bargaining, acceptance, etc. We also spoke about the tasks that those who are dying need to accomplish in order to be ready to die as peacefully as possible.

Total Pain

As much as we may like to deny it or evade it, pain is an almost inevitable reality for people dying of cancer. Depending on the type of cancer, pain may be more or less severe. Other terminal illnesses are not always accompanied by pain, such as Alzheimer's disease. But since many cancer patients are terminally ill, we need to talk about the concept of total pain.

Mehta and Chan explain that "Pain is a subjective perception. Pain is what the patient says it is" (Mehta & Chan, 2008, p. 27). The fact that sometimes patients are not able to verbalize the type of pain they are experiencing does not mean they are not having any pain. As Mehta and Chan further explain, "The understanding of pain necessarily includes an assessment of all the factors that contribute to the patient's pain experience and not solely the underlying physical trigger" (Mehta & Chan, 2008, p. 28). So, total pain is the entire experience of pain a person has, and how they relate to one another (see Figure 1).

- **Physical pain** includes such things as pain due to the location of the disease or the type of disease. For instance, bone cancer tends to be one of the most painful ones and the pain may be hard to manage. Patients may experience other symptoms such as nausea and vomiting and notice physical decline and fatigue.
- **Social pain** includes the obvious changes in relationships with family, care givers, and friends as many tend to distance themselves from the patient, usually because they are afraid of what the patient may say, do, or ask them. The patient may also notice their changing role in the family, going from the provider or the patriarch or matriarch of the home to the one that needs care and attention. Their work life also changes and often ends which means they may begin to experience financial challenges, including their health insurance, medical treatment, and medication needs.
- **Psychological pain** may include such things as grief, depression, anxiety, and anger as they begin to adjust to their condition.
- **Spiritual pain** is experienced as the patient considers existential issues such as life, death, their faith, the meaning of their illness, their personal values as a human being, eternity, salvation, etc.

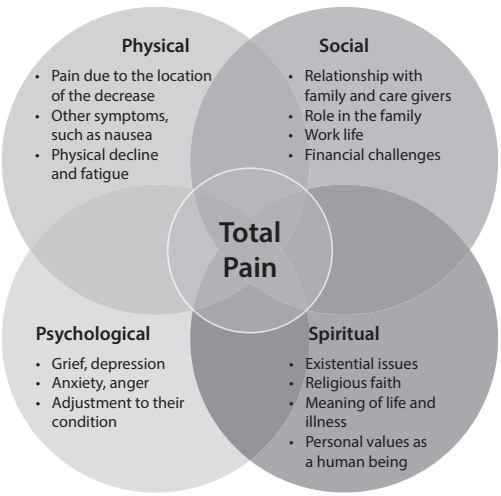

Figure 1

Imagine for a moment the difficulty a person has dealing with just one of those areas of pain. When all four areas are combined it can be almost overwhelming, unless the person has a good support system and a good understanding of each of these. But you also need to consider the interaction between each of these facets of pain. As one cares for a terminally ill patient, they need to be aware of each of these components of pain, encourage their expression, and work with the medical, psychological, and spiritual support teams so together they will be able to help manage the pain as best as possible.

Discussion Questions

1. How would you describe the source of a person's spiritual pain?
2. What interventions would you provide as his/her spiritual care provider?

In his book "The Problem of Pain," C.S. Lewis writes, "the only purpose of the book is to solve the intellectual problem raised by suffering; for the far higher task of teaching fortitude and patience I was never fool enough to suppose myself qualified, nor have I anything to offer my reader except my conviction that when pain is to be borne, a little courage helps more than much knowledge, a little human sympathy more than much courage, and the least tincture of the love of God more than all" (Lewis, 1962, p. 10). In our ministry to the terminally ill patient, we can assist them to find that courage, offer them sympathy, and help them experience the love of God. After all, as he also writes, "God whispers to us in our pleasures, speaks in our conscience, but shouts in our pains: it is His megaphone to rouse a deaf world."

Chaplain Nina Herrmann Donnelley also suggests, "the things that can help greatly during this time of intense pain are: Non-judgmental listening; being there; doing; and/or in time, helping a person reason through his guilts, angers, and fears with a willingness to hold a hand, give a hug, or lend a shoulder" (Herrmann Donnelley, 1987, p 57).

Anticipatory Grief

One of the more common experiences that terminally ill patients and their loved ones have is known as anticipatory grief. Anticipatory grief means grappling with and grieving a loss before it happens. The patient mourns their future losses, which may include physical, cognitive, emotional, social, spiritual, and behavioral. Their loved ones may mourn the fact one day they will not have them present in their life anymore. Anticipatory grief can be experienced in several ways. Some people respond with an increased need to hold onto their loved ones, while others may withdraw. Both responses are normal and common reactions. Other thoughts and feelings associated with anticipatory grief may include such things as a deep sadness, worry about the future, uncertainty, anger, a sense of being overwhelmed, and a loss of meaning.

While anticipatory grief shares several characteristics with depression, it is important that you understand that they are different. Widera and Block (2012) explained these differences (see Table 1):

CHARACTERISTICS	NORMAL GRIEF	DEPRESSION
Nature of response	Adaptive	Maladaptive
Focus of distress	Distress is in response to a particular loss and does not affect all aspects of life	Distress is pervasive and affects all aspects of life
Symptom fluctuations	Comes in waves but generally improves with time	Constant
Mood	Sadness and dysphoria	Protracted and constant depression or flat affect
Interests/capacity for pleasure	Interests and capacity for pleasure intact, although engagement in activities may be diminished because of functional decline	Anhedonia with markedly diminished interest or pleasure in all activities
Hope	Episodic and focal loss of hope; hopes may change over time, giving persons positive orientation toward the future	Hopelessness is persistent and pervasive
Self-worth	Maintained self-worth, although feelings of helplessness are common	Worthlessness with feeling that one's life has no value
Guilt	Regrets and guilt over specific events	Excessive feelings of guilt
Suicidal ideation	Passive and fleeting desire for hastened death	Preoccupation with a desire to die

Table 1

Some patients may experience both anticipatory grief and depression. Those that suffer from depression may wish for death to come sooner and may even ask their doctor for help to end their life. Later, we will have a brief discussion about assisted suicide. While

the thought of experiencing anticipatory grief may be of concern, and perhaps sadness, it can also be a helpful experience both for the patient and their loved ones. Juliet Jacobsen (2010) and her colleagues explained that, "The process of grief for the bereaved may evoke growth-promoting qualities that eventually enable the bereaved to reengage and invest in life despite the loss. These growth-promoting qualities should be explored and defined both in the bereaved and the terminally ill, as they may have a significant impact on the experience of the terminally ill patients and may either facilitate or inhibit growth at the end of life."

Discussion Questions

1. Do you agree that the process of anticipatory grief experienced by those who are dying can evoke "growth-promoting qualities"? Why or why not?
2. How would you identify those "growth-promoting qualities"?
3. Describe how you would explore those qualities with a dying person.

One of the side-effects of anticipatory grief is that the family or loved ones struggle with conflicting feelings. As Buckman explains, "If the patient doesn't die, or doesn't die within the anticipated time, then the relative who has been going through anticipated grief tends to feel two emotions: first, a sense of guilt for having 'mentally buried' the still-living patient; and second a tendency to blame the patient for having put friends and family through a false bereavement" (Buckman, 1989, p. 141).

Often, when loved ones go through anticipatory grief prior to the death of their loved one, they may show few outward emotional reactions after it takes place, leading some people to question why or if they are not grieving appropriately. We will talk more about grief in part three; however, it is important to know that since people may have been grieving for a long time before their loved one died (anticipatory grief), some of their journey through grief may have already taken place by the time the loss actually occurs.

In 2 Samuel 12 we read of the experience of King David when he was confronted by Nathan the prophet about his sexual violation of Bathsheba and subsequent murder of her husband, Uriah. Bathsheba had become pregnant and given birth, but the child was ill. Here's how Samuel narrates the events:

> *"David therefore pleaded with God for the child, and David fasted and went in and lay all night on the ground. So the elders of his house arose and went to him, to raise him up from the ground. But he would not, nor did he eat food with them. Then on the seventh day it came to pass that the child died. And the servants of David were afraid*

to tell him that the child was dead. For they said, 'Indeed, while the child was alive, we spoke to him, and he would not heed our voice. How can we tell him that the child is dead? He may do some harm!' When David saw that his servants were whispering, David perceived that the child was dead. Therefore David said to his servants, 'Is the child dead?' And they said, 'He is dead.' So David arose from the ground, washed and anointed himself, and changed his clothes; and he went into the house of the LORD and worshiped. Then he went to his own house; and when he requested, they set food before him, and he ate. Then his servants said to him, 'What is this that you have done? You fasted and wept for the child while he was alive, but when the child died, you arose and ate food.' And he said, 'While the child was alive, I fasted and wept; for I said, "Who can tell whether the LORD will be gracious to me, that the child may live?" But now he is dead; why should I fast? Can I bring him back again? I shall go to him, but he shall not return to me.'" (2 Samuel 12:16-23, NKJV)

David's experience prior to the death of the child can be seen as a form of anticipatory grief. His reaction after the death of the child shows that he may have done some of the grief work while the child was alive and after his death, he had completed that task and went on to console Bathsheba who may not have had any anticipatory grief but who was now grieving the death of the child.

The main point we want to emphasize here is that we must be careful not to criticize someone who has lost a loved one after a prolonged illness but is not showing signs of grief after their death. It is very possible that they have already done a lot of their work of grieving prior to the death (anticipatory grief), and now are not showing the outward displays of grief that those who have not gone through anticipatory grief may be showing.

Spiritual Process of Dying – Death Anxiety

In a previous chapter we spoke about the difference between experiencing a fear of death or a fear of dying. Fear of dying, or death anxiety, is the apprehension that comes with confronting the reality of the end of one's life and is characterized by fear of suffering, powerlessness, and the impact of one's death on others. While it is different for each person and at what point in their illness they are, it also includes fears about the process of dying. For some people, death anxiety may manifest in the form of fear of death itself, or of what happens afterward. For those of us who understand that death is a sleep (John 11:11), death is not scary. The process of dying may be a source of fear, as we explain elsewhere in this book, but the state of being dead is not, particularly when we know it is an unconscious state and one from which we will be awakened by Jesus at His return for us.

For those who are uncertain of their salvation or who carry the weight of their own sins and believe they may not make it into heaven, the prospect of being destroyed in hellfire is frightening. As a spiritual caregiver, one needs to explore the source of their fear and help them find ways to address it.

There may be times when as a pastor, chaplain, or loved one you may minister to someone who identifies as atheist or agnostic, or who may have a belief system different than Christianity. In a fascinating study, Jong, Halberstadt, and Bluemke (2012) suggest that when non-religious people think about their own death they become more consciously skeptical about religion, but at the same time they unconsciously grow more receptive to religious belief. That is to say, while they may not accept a religious system of beliefs, they subconsciously become more receptive to the idea of God. They also suggest that when religious people think about death, their religious beliefs appear to strengthen at both conscious and unconscious levels. These findings underscore the importance of providing loving care and assistance to those who are dying, regardless of their known or spoken beliefs.

Hope and Meaning

One of the challenges in ministry to the terminally ill is the differing experiences they have. Some patients and their loved ones seem to be able to find a sense of meaning, purpose, and peace in relation to their life-limiting illness and the anticipation of their death or the death of their loved one. Others experience a deep loss of meaning. The challenge for spiritual caregivers is in finding ways to reframe hope, purpose, and other spiritual issues within the context of one's dying.

None of us want to see a loved one suffering, much less dying, which is why we want to bring encouragement, comfort, and peace to them. That is why we often hear people say things like, "You're going to be alright," "I'm praying for you to get better," and "Don't give up." While it would be wonderful if our loved ones would get better and never die, the reality is that a terminally ill patient will probably die. Does that mean they give up? Or does it mean we don't do our best to help them? The key is to find ways to help them find contentment with their situation so they can focus on the tasks to help them die at peace.

Discussion Questions

1. Identify several issues of spiritual distress a terminally ill person may be experiencing.
2. How would you address each?
3. How do you define hope in the context of facing the end of life?

4. How do your beliefs and values impact the way in which you provide spiritual support to others?

Treatment for a person dealing with a serious or terminal illness can take the form of aggressive curative treatments (chemotherapy, radiation, etc.), palliative care, or hospice care. Not knowing or understanding the options can make a huge difference for the patient and their loved ones.

Curative Care

When you are sick, you want a cure. Curative care is the active pursuit of treatment to halt or eliminate a disease process. The goal of curative care is to cure a disease or promote recovery from an illness, injury, or impairment. Curative care can be provided in a hospital or at home. There are home healthcare organizations that provide such care by bringing the medical services to the home of the patient under certain conditions. These services may also include physician and nursing care, surgery, medications, and therapies. Two of the most often mentioned examples are chemotherapy or radiation for cancer and physical therapy after joint-replacement surgery.

Some people opt for natural remedy treatments, some of which may have some value and have proved beneficial to some people. Specific diets, vitamins, etc. are often used in health retreat centers or natural healing centers.

Palliative Care

When a person faces a serious, or perhaps terminal, illness, the natural first desire is to find a cure in order to get back to and enjoy a long, happy, fulfilling life. Unfortunately, for many people the time comes where no treatment will be sufficient to cure them of their disease. Palliative care is specialized medical care focused on providing relief from the symptoms and stress of the illness. The goal of palliative care is to improve the quality of life for both the patient and the family.

Palliative care is provided by a specially trained team of doctors, nurses, and other specialists who work together with a patient's physician to provide an additional level of support. Keep in mind that palliative care is not based on the patient's prognosis but rather on the needs of the patient. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

Palliative care can be provided at home, in a long-term care facility, or at hospitals. It is available any time after diagnosis and can be provided together with curative care. The services provided may include medical care, such as physician and nursing care, and

medications, as well as other non-medical care, like care coordination and social workers. Each patient receives a personalized care plan which may include things such as pain relief medication, care coordination services, and assistance with preparation of advance directive forms.

Who could receive palliative care? Here are a few examples of people who could benefit from palliative care:

- A woman in her 80s who has congestive heart failure who has been hospitalized several times over the past couple of years.
- A man with chronic kidney disease whose doctor tells him he will need dialysis in the near future.
- A cancer patient who has lost her appetite as a side effect of chemotherapy.
- A man recovering from heart surgery who has not told his family if he would like to be resuscitated to save his life again.
- A woman with dementia whose daughter can no longer leave her home alone safely while she runs errands.
- A man who has lived with COPD for five years and now needs his inhaler to climb stairs to get to his bedroom.

Having "The Talk"

Many parents dread the time when they must have "the talk" with their children. "The talk" usually refers to having a conversation with one's children about sex. In actuality, we always recommend that sex education begins when children are born by speaking about all the body parts using their anatomically correct terminology. Treating sex as a normal part of life will make it easier to have that ongoing conversation with children.

But "the talk" of which we speak here is that which end-of-life patients should have with their loved ones about their illness and what type of care they wish to receive until they die. It may sound morbid to have such a conversation when the person is still very much alive, but as hospice nurses Callanan and Kelley explain, "most dying people know they're dying. They aren't bothered by such openness; on the contrary, they welcome it" (Callanan & Kelley, 1993, p.83). In fact, dying people usually know they are dying before anyone else is aware that they are. Laurie Foos (in Gutkind, 2012) writes of her experience with her father: "In many ways, my father became our guide in his own death. Because he was so willing to discuss dying, to tell us how sad he was in having to leave us, it made it easier for us to express our own sadness in saying good-bye to him" (Gutkind, 2012, p. 19).

Perhaps it is better if you reframe the conversation and instead of simply talking about death and dying, you can encourage conversation about living until life is no more. Gawande writes, "We are running up against the difficulty of maintaining a coherent philosophical distinction between giving people the right to stop external or artificial processes that prolong their lives and giving them the right to stop the natural, internal processes that do so" (Gawande, 2014, p. 244). Volandes suggests several questions you could ask the patient as a catalyst for a good, positive conversation about their life and wishes:

1. What brings you happiness each day?
2. What gets you out of bed in the morning?
3. What are you looking forward to?

These ice breakers may naturally lead to deeper and perhaps more challenging questions, such as:

1. What is most important to you if your time is limited?
2. What are the important things that you want your friends, family, and/or doctors to understand about your wishes for end-of-life care?
3. What fears do you have about getting sick or needing medical care?
4. Are there certain symptoms (such as severe nausea and pain) that are difficult but that you are willing to accept? Would any symptoms make life not worth living? (Volandes, 2016, Kindle edition, appendix III, par. 9-11)

Please make sure that you take notes of your discussion and decisions, and that you go over them with the patient just to make sure you adequately captured their decisions and wishes. As your conversation comes to an end, thank your loved one for their willingness to talk openly about these critical issues. Express appreciation for helping you take the load of concern for their care off your shoulders (they probably need to have the same load removed from their own shoulders), and always express your love for them.

Home, Hospice, or Hospital

One of the most important decisions an end-of-life patient will have to make, together with their family, is where they wish to spend their final days. As Volandes reveals, "When asked where and how they want to spend their last few months, nearly 80 percent of Americans respond that they want to be at home with family and friends, free from the institutional grip of hospitals and nursing homes, and in relative comfort. However, only 24 percent of Americans older than sixty-five die at home; 63 percent die in hospitals or nursing homes, sometimes tethered to machines, and often in pain" (Volandes, 2016, Kindle edition, Introduction, par. 8).

Hospitals are rightly seen as places where healing takes place and lives are preserved. The medical personnel are trained to save lives and prolong life as long as possible. For some terminally ill patients, that is important because they want to live as long as possible. But length of life does not necessarily equate with quality of life.

At the same time, hospitals have certain regulations, visiting hours, limits on the number of people that can be in a room at any one time, etc. Because of that, many end-of-life patients prefer to be in a hospice facility. The rooms in hospice facilities are very similar to those in a hospital, equally equipped, and have the personnel (physicians, nurses, nurses' aides, social workers, chaplains, etc.) to provide the patient's optimal care.

The third option, which is preferred by many patients and their loved ones, is to be cared for at home by the hospice team. At home there are no restrictions and no distance to have to travel. Home also provides the patient, loved ones, and friends with a familiar and comfortable atmosphere. The hospice team makes regular visits as needed and medical equipment can be brought in to provide the patient with the care and comfort they need and desire. Some hospices are smaller than others, but no matter their size, location, or affiliation, hospice is more than a place. Hospice is a philosophy, a concept of caring for the person and helping them live as long as their body can, not simply prolonging life, but providing them with the best quality of life possible for them to enjoy with their loved ones and friends.

The decisions the end-of-life patient and their family make will determine both the level of care and the level of comfort they will have. Volandes suggests that a patient should consider and answer the following questions:

- What kinds of things are important to you in your life?
- If you were not able to do the activities you enjoy, are there any medical treatments that would be too much?
- What fears do you have about getting sick or medical care?
- Do you have any spiritual, religious, philosophical, or cultural beliefs that guide you when you make medical decisions?
- If you had to choose between living longer or having a higher quality of life, which would you pick?
- How important is it for you to be at home when you die? (Volandes, 2016, Kindle edition, Introduction, par. 17).

As Volandes concludes, "In order to make decisions about life and death, people need to know more about life's final chapter. In order to experience a good death, we must do more than think about death and suffering: We need to talk about it openly" (Volandes, 2016, Kindle edition, Chapter One, par. 15). Of course, many people would consider such a conversation morbid and perhaps harmful to the patient, but as Volandes explains, "In one large study published in 2008 by the Journal of the American Medical Association, a group of oncologists from the Dana-Farber Cancer Institute in Boston studied the influence of having end-of-life discussions with 332 patients suffering from advanced cancer. The researchers found no evidence of emotional distress or psychiatric illness in patients who had end-of-life discussions with their physicians. Patients who did not have a similar exchange with their physicians were more likely to have a lesser quality of life than patients who did. In addition, the loved ones of patients who did not discuss options with their doctors were more likely to be depressed" (Volandes, 2016, Kindle edition, Chapter One, par. 21)

In his book, At the End of Life, Gutkind (2012) writes,

> *"Dr. Joan Teno found in her study 'Family Perspectives on End-of-Life Care at the Last Place of Care,' published January 7, 2004, in the Journal of the American Medical Association (JAMA): The majority of Americans, 67.1 percent, die in hospitals or nursing homes where they receive their last care. Families of deceased loved ones in this group were most likely to report dissatisfaction with end-of-life care—symptom management, physician communication, lack of emotional support, and lack of respect for the dying family member. Home was the last place of care for 32.9 percent. For these dying patients who received home care from nursing services or hospice, family members were more likely to report satisfaction."*

Hospice Care

The purpose of hospice care is to provide comfort and relief to people with a life-limiting illness who have decided to stop curative treatments and provide support to their families. The qualification to be admitted to hospice care is that your physician and a hospice doctor must certify that your life expectancy is six months or less. It does not mean that care will stop at six months. Many people who qualify for hospice can continue to receive services if they live longer than six months.

Hospice services include medical care through skilled nursing and physician care, as well as medication and medical equipment (oxygen, hospital bed, wheelchair, etc.) and a wider variety of non-medical care through a support team of social workers, spiritual services (chaplains), alternative support (music therapy, for instance), volunteers, and grief support during and after the death of the patient. While many people consider hospice care a sort

of death sentence, nothing can be farther from the truth. In fact, most families do not choose hospice until the final days of life, which is unfortunate because the sooner you start care, the sooner you can get help relieving the distress and discomfort of the patient as well as their loved ones.

Choosing hospice means you wish to shift your priority from extending your life to improving the quality of life you have left. Hospice does not accelerate death; you can still see your doctors, and you can still go to the emergency room if you need to. Much like palliative care, hospice offers symptom relief and assistance with making your goals and wishes known, but unlike palliative, hospice also offers counseling, spiritual support, and grief support for you and your family. And, by the way, all hospice services are covered by Medicare and most private insurers.

Please keep in mind that when we speak of terminal illness we are not just speaking about cancer. People who are terminally ill may have one or several conditions at the same time. Here are some examples of illnesses that can be considered terminal:

- Advanced cancer
- Dementia (including Alzheimer's)
- Motor neuron disease (such as amyotrophic lateral sclerosis, also known as ALS), progressive bulbar palsy (PBP), pseudobulbar palsy, progressive muscular atrophy (PMA), primary lateral sclerosis (PLS), and monomelic amyotrophy (MMA), as well as some rarer variants resembling ALS
- Lung disease (such as COPD)
- Neurological diseases (like Parkinson's)
- Advanced heart disease

Caring for a patient with advanced cancer will probably be very different than caring for an Alzheimer's patient. A patient with bone cancer is different than a patient with COPD. All these differences and how each should be cared for are important for the family and any caregivers, including the pastor, to know and understand. As Volandes (2016), a physician, recommends, "Making advance decisions about the end of life is good for a patient's health and for the health of his or her family" (Volandes, 2016, Kindle edition, Chapter Two, par. 45).

Some think that accepting hospice care is like giving up on life. They see it as opening the door for death to march in and take them; it is quickening their death. Physician and author Atul Gawande writes:

"Like many other people, I had believed that hospice care hastens death, because patients forgo hospital treatments and are allowed high-dose narcotics to combat pain. But multiple studies find otherwise. In one, researchers followed 4,493 Medicare patients with either terminal cancer or end-stage congestive heart failure. For the patients with breast cancer, prostate cancer, or colon cancer, the researchers found no difference in survival time between those who went into hospice and those who didn't. And curiously, for some conditions, hospice care seemed to extend survival. Those with pancreatic cancer gained an average of three weeks, those with lung cancer gained six weeks, and those with congestive heart failure gained three months. The lesson seems almost Zen: you live longer only when you stop trying to live longer." (Gawande, 2014, p. 178)

Advance Care Planning

For much of our life we get to make our own decisions. We choose where to work, live, and who to marry. And yet, when it comes to what happens at the end of our lives, or if we are unable to make decisions that have to do with our care during a terminal illness, we seem to prefer to remain silent. While many of these decisions may not change the outcome for the patient, they will certainly make a difference concerning their care, and will also aid their loved ones going through the process with them. Some terms in advance care planning may be familiar, but it is important that we provide a brief review of them.

For all advance directives, a person should be designated to act and decide on behalf of the patient if he or she were not able to do so. This designated person is known as the proxy. The question is, who should be chosen to be your proxy? Volandes (2016) strongly recommends:

"Patients who are planning for their own future care should consider four questions when choosing a potential health care proxy:

1. Does your proxy understand what your values and priorities are? Do you trust your proxy with your life?
2. Will your proxy be able to separate his or her feelings from yours and act on your wishes?
3. Will your proxy be a strong advocate of your expressed choices even if others—including your family members disagree?
4. Does your proxy live near you and will he or she be available when you need help the most?"

One of the options is for you to name a family member to be your proxy. That may be a good decision, but not always. Sometimes a close friend, who knows the patient and their wishes very well and who lives nearby, may be a better choice than a son or daughter, who is not close to their parent, rarely see them, and who may not live anywhere near the area where the patient lives. Once the patient chooses a proxy, they should meet periodically to review the directives since some choices may change from time to time, particularly during a serious or terminal illness.

For patients with Alzheimer's disease, all the decisions and meetings with their proxy should take place as soon as possible while the patient still enjoys good clarity of mind to make their own decisions.

Advance Directive

An advance directive is an overall term for the documents a person completes in order to state their preferences regarding their healthcare decisions such as the treatment they want to receive if, in the future, they become unable to make those decisions. In other words, one is able to make their own choices and provide directives for their care in advance. These are particularly important in case the time comes when you are no longer able to make those decisions and your family or loved ones must do it. That is a very difficult decision and a heavy burden for them to have to bear. But if you make those decisions in advance, and they and your doctors are aware of them, then they will simply be following your own wishes.

In order to help you create your own advance directives, the non-profit organization Aging with Dignity created a document called "Five Wishes," which has been described as the "living will" with a heart and soul. Here are the "Five Wishes" as listed on Wikipedia:

Wish 1: The Person I Want to Make Care Decisions for Me When I Can't
This section is an assignment of a healthcare agent (also called proxy, surrogate, representative, or healthcare power of attorney). This person makes medical decisions on your behalf if you are unable to speak for yourself.

Wish 2: The Kind of Medical Treatment I Want or Don't Want
This section is a living will—a definition of what life support treatment means to you, and when you would and would not want it.

Wish 3: How Comfortable I Want to Be
This section addresses matters of comfort care—what type of pain management you would like, personal grooming and bathing instructions, and whether you would like to know about options for hospice care, among others.

Wish 4: How I Want People to Treat Me
This section speaks to personal matters, such as whether you would like to be at home, whether you would like someone to pray at your bedside, among others.

Wish 5: What I Want My Loved Ones to Know
This section deals with matters of forgiveness, how you wish to be remembered, and final wishes regarding funeral or memorial plans.

The first two wishes, once signed, are considered legal documents, and meet the legal requirements for an advance directive in the many states. The last three wishes are specific about the level of comfort care, spirituality, forgiveness, and final wishes a person desires for themselves.

Medical or Healthcare Power of Attorney

Sometimes called a durable power of attorney for healthcare, this document names the person you want to make decisions on your behalf if you are unable to do so for yourself. This should be a person that you know and trust to follow your designated wishes. Their role, in other words, is to speak for you when you are not able to speak for yourself.

Different states use different terms for the person who acts as your healthcare decision-maker. For instance, "agent," "proxy," "attorney-in-fact," "patient advocate," or "surrogate." The typical responsibilities and rights of this person include providing medical decisions that aren't covered in your healthcare declaration (also called a living will), enforcing your healthcare wishes in court if necessary, hiring and firing doctors and medical workers seeing to your treatment, having access to your medical records, and having visitation rights.

Living Will

A living will is a document that describes how you want to be cared for in an emergency, or if you are otherwise incapacitated. It states your wishes on topics such as resuscitation, desired quality of life, and end of life treatments, including treatments or life saving measures you may not wish to receive. Volandes expounds: "University of Michigan supports the use of living wills. They studied nearly four thousand deceased adults over age sixty and found that if a patient completed a living will, that patient was less likely to want aggressive life-prolonging interventions and more likely to be cared for in a manner consistent with his or her wishes compared to patients without a living will" (Volandes, 2016, Kindle edition, Chapter Two, par. 57). Here are some examples of wishes that can or should be included in a living will:

- Do you wish the use of equipment such as dialysis (kidney) machines or ventilators (breathing machines)?

- Do you wish to have Do Not Resuscitate (DNR) orders (instructions not to use CPR if breathing or heartbeat stops)?
- Do you want hydration, that is, fluid (usually by IV), and/or nutrition (by a tube feeding into your stomach) if you were not able to eat or drink?
- Do you want food and fluids even if you are not able to make other decisions?
- Do you want treatment for pain, nausea, or other symptoms, even if you are unable to make other decisions? (This may be called "comfort care" or "palliative care.")
- Do you wish to donate your organs or other body tissues after death for either transplantation or research?

Keep in mind that choosing to forego aggressive medical treatment and refusing medical care are not the same. You can still ask for and accept treatment and medication, not with the goal of a cure but rather to make you comfortable. As we will see in the next chapter, however, there may come a time when medication, treatment, hydration, or feeding are only prolonging the inevitable and therefore you may wish to stop such measures in advance.

Social workers and chaplains in healthcare facilities are trained to help you with your advance directives. You can also look for some free forms online or talk to an attorney who could help you with all the necessary forms.

Discussion Questions

1. Describe in your own words the difference between curative, palliative, and hospice care.
2. Who should have advance directives?
3. If you answered that only those who have a terminal illness should have advance directives, think about who would make decisions for you in case you were not able to do so. For instance, what if you had a stroke or a major car accident that rendered you unable to communicate?

Do Not Resuscitate

One of the most difficult and yet important decisions that loved ones may have to make is what happens if the person who is dying shows signs that they are indeed dying. For instance, a person may have lung cancer and they have been diagnosed as being terminally ill. But what happens if they go into cardiac arrest before the possible predicted time for their demise? Should someone call 911? Or if they are in the hospital, would they want medical personnel to revive them? Bill Davis explains:

> *"The most common end-of-life question that people face in American hospitals is 'Do you want to be resuscitated if your heart stops?' If someone does not want to be resuscitated, the doctor writes a DNR order (do-not-resuscitate order) that tells the medical team to allow natural death to occur if the heart stops. Because a resuscitation attempt is an extreme measure with a low probability of success, the burdens involved are high and the likely benefits typically fairly low. Most doctors ask about a DNR order only when they believe the benefit-burden trade-off would be unattractive."* (Davis, 2017, p. 42)

As we have stated several times, it is important to have a conversation and make these decisions before the family or caregivers are put on the spot. No one wants to let a loved one die, but CPR may be more painful and would only prolong a life that would end soon. If nature is allowed to run its course, why subject the person to such torture? If the patient can make that decision and clearly communicate it to their loved ones, caregivers, or medical personnel, and makes it official in a Do Not Resuscitate (DNR) document, it removes the burden from the shoulders of the family. As Davis suggests: "if a trusted doctor is recommending against CPR, it is probably best to accept the recommendation" (Davis, 2017, p. 92).

Physician-Assisted Suicide

As oncologists O'Rourke, O'Rourke, and Hudson (2017) explain, "Euthanasia and physician-assisted suicide (PAS) are increasingly being legalized and primarily involve patients with cancer." PAS, also known as physician aid in dying (PAD), is legal in several states and the District of Columbia, presenting an option for terminally patients that many physicians find unethical. When taking the traditional Greek Hippocratic oath, a physician would swear, among other things, "I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly, I will not give to a woman an abortive remedy."

The question is often asked, what difference does it make if the person is going to die anyway? As O'Rourke (2017) and his colleagues explain, "There is a clear distinction between a physician allowing a terminally ill person to decline treatment and to die in the natural course of his or her terminal illness, on one hand, and a physician prescribing PAS/PAD, on the other. When care is appropriately withdrawn, the course of the terminal illness is the cause of death. If a medication is prescribed to cause death, the prescription is the cause of death."

In an excellent article by Sulmasy (2016) and his colleagues, they stated four reasons, not based on any faith system, why physician-assisted suicide is objectionable and unconscionable.

These are the four reasons:

1. "It offends me," suicide devalues human life.
2. Slippery slope, the limits on euthanasia gradually erode.
3. "Pain can be alleviated," palliative care and modern therapeutics more and more adequately manage pain.
4. Physician integrity and patient trust, participating in suicide violates the integrity of the physician and undermines the trust patients place in physicians to heal and not to harm.

Physician Robert Orr (2011), a Christian, adds three arguments against PAS/PAD:

- Principle-based reasons – human life is sacred (primarily religious positions)
- Virtue-based reasons – doctors should not kill (professional positions, e.g., Hippocratic Oath, AMA)
- Consequence-based reasons – it will lead to bad results (abuses, expansions, complications)

For those of us who come from a Judeo-Christian background, suicide in general is reproachable, but more so when it is with the assistance of someone who has dedicated his/her life to save, not end, other lives. In Jewish thought, humans were created in the image of God and only He who gives life may take it away. Cristina L.H. Traina wrote, "Recent Orthodox, Conservative, and Reformed Jewish statements stress that both hastening the death and unnecessarily prolonging the life of the dying are wrong" (Traina, 1998, p. 1149). Most Christian denominations oppose PAS as contrary to God's will and design.

Muslims are also against such practice. Again, Traina explains, "Muslims cite several Quranic texts against murder, point out that all suffering has a divine purpose (for instance, encouraging remorse for sin), and exhort doctors to recognize the distinction between the process of living and the process of dying" (Traina, 1998, p. 1149).

As Seventh-day Adventists, we have strong convictions about the sanctity of life. In the official statement from the church, entitled "A Statement of Consensus on Care for the Dying," we find these words:

> *"While Christian love may lead to the withholding or withdrawing of medical interventions that only increase suffering or prolong dying, Seventh-day Adventists do not practice 'mercy killing' or assist in suicide (Genesis 9:5- 6; Exodus 20:13; 23:7). They are opposed to the intentional taking of the life of a suffering or dying person."*

We have to be clear on our personal beliefs and convictions regarding suicide, and particularly physician-assisted suicide. However, we also have to remember our role as ministers to everyone regardless of their convictions, desires, or personal choices. I may not agree with a person who chooses to end their life prematurely with the aid of a physician (where it is allowed), but my role is not to judge them, undermine their decision, or withdraw from them. My role as a pastor is to minister to the dying through my presence, my touch, my prayers, and my love, and to continue my ministry to their loved ones left behind.

Decisions for When Death Happens

While it is not always comfortable, and certainly not a happy conversation, it is important and very helpful for the family and loved ones to have a discussion about funeral arrangements, memorial service options, organ donation, what the person wishes for their body, etc. We will deal with those details in another section of this book. As Smith and Jeffers suggest, "Planning does not have to be morbid or complicated. Simply state, 'This is what I want, and this I leave for others to decide.' Then, be sure people know your preferences and where relevant documents are located" (Smith & Jeffers, 2001, p. 42).

Organ or Body Donation

One final decision that all of us would do well to make is organ or body donation. Depending on the disease, you may be able to donate some of your organs. In general terms, you can donate kidneys, pancreas, liver, lungs, heart, and intestines and save as many as eight people's lives. Eye, cornea, and tissue donations can improve the lives of dozens of people. For instance, eyes can be transplanted to help a blind person see again, skin can be transplanted to help someone with severe burns, tendons can be transplanted to help a person's mobility, and more.

Organ donation is an opportunity to help others, especially as the lists of people needing an organ donation continue to grow. If you choose to donate your organs, make sure you communicate your wishes to your loved ones and the medical personnel in charge of your case. Carry an organ donation card in your wallet or make sure it is stated on your driver's license if that is an option in your state.

Another choice you can make is whether to donate your entire body to science. Here are some of the reason why you should consider this option.

Donating your body for scientific research helps look for ways to improve outcomes for people with diabetes, heart disease, Alzheimer's, or other diseases. Researchers can also study whether CT, MRI, and ultrasound scans can be as effective as more invasive procedures.

In addition, your body may be used to train future physicians. Evidently, with our aging population growing and needing more hip and knee replacements, as well as back surgery, there's a high demand in the area of orthopedics to practice how to do the procedures properly, particularly if it is a new or experimental appliance. In addition, paramedics and EMTs practice opening airways and performing other lifesaving procedures with donated bodies.

If the patient brings up the possibility of organ donation or full body donation, you can share that this decision has the potential to benefit many other people. Obviously, this is a very personal decision, and you should not place any undue pressure on the patient or the family to make it.

Conclusion

Now that the reality of living with a terminal illness has set in, both the patient and their loved ones are faced with many decisions. One of those decisions may be about knowing when to end curative treatments and allow the disease to progress until it claims their life. Another is choosing what other options they have at their disposal. They may choose palliative care or ultimately hospice care.

All of these decisions have very important implications. Do you sign Do Not Resuscitate orders, or do you want medical personnel to keep you alive as long as possible? At which point should they withhold hydration or feeding? Who makes those decisions and when?

It is best for the patient and their loved ones, perhaps with the aid of professionals (social workers and chaplains), to make some of these decisions earlier in the process rather than later. Once the patient is no longer able to make these decisions the burden then falls on their loved ones or caregivers. These are difficult decisions that should be made by the one person writing the final chapter of their own life.

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Chapter 4

The Process of Dying

"When they breathe their last, they return to the earth, and all their plans die with them." Psalm 146:4 (NLT2)

Introduction

Daniel Sullivan and Jeff Greenberg (2013) wrote "Death in Classic and Contemporary Film: Fade to Black." It is their study of how death and dying is handled in movies, old and new. They were prompted to write the book because, as they state, death is at the center of a lot of movies. Why dedicate an entire book to such a subject, one that a lot of people don't feel comfortable contemplating, much less talking about? Because, as Sullivan (2013) explained, death plays a much more prominent place in our lives than we may be aware of or would even like to admit. The fact is that we all know we are going to die, and there's nothing we can do to change that.

When you stop to think about it, a lot of movies we have watched, whether feature films or made-for-television movies, often portray death and dying. It may be a romantic movie or an action film, but often they include a scene of a person as they die. Perhaps watching these scenes so much and so often tends to normalize an event that is indeed part of life and yet still shocks us every time it happens. And yet, for anyone who has ever been present the moment a person releases their final breath, it is nothing like the best and most realistic movies ever portray. Maybe that is what worries or even scares people when they hear someone they know is dying. They are afraid of what may happen if the person dies while they are visiting them. Or they may be afraid of what the person who is dying may look like, sound like, or be like. The purpose of this chapter is to give you a view of what the process of dying is like so that loved ones may be better able to understand it and know what to expect, but it is also for spiritual practitioners or friends so they will know how to provide support and encouragement.

The Decline Toward Death

Angela Morrow (2020), a hospice nurse, described in simple language what the process of dying looks like from about one to three months before the death takes place. While the dying process usually begins well before death actually occurs, there are physical, behavioral, and psychological changes that are signs that the end of life may be nearing.

Everyone experiences death in their own unique way, but there are some milestones along this journey that many take. Keep in mind that not everyone will stop at each milestone. Some will stop at each of the milestones and take their time along the way, while others will hit only a few. While some people only take a few days, for others the journey will take months. A dear friend of ours was diagnosed with pancreatic cancer and within six weeks she was dead, while somebody else we knew took much longer. In some way, each person has control and determines when and how they will die – we will talk more about that in chapter five.

One to Three Months Prior to Death

While a person may have been ill for several months and may have even been diagnosed as terminal, the actual process of dying often becomes more obvious and recognizable in the timeframe between a month and three months before death takes place. While the process may be slightly different for every person, it is fairly similar, regardless of their gender. However, there are some very interesting differences. According to Morrow (2020), "women may be more likely to revisit their lives and think of relational regrets. Men may be more likely to withdraw, not wanting to be seen as helpless or needy."

Behavioral and Psychological Changes

You may begin to notice several important changes. As your loved one begins to accept the fact they are going to die in the near future, they may begin to withdraw from their surroundings. It is as if they are beginning their permanent separation from the world a little at a time. Whether or not they have been socially inclined, your loved one may decline visits from friends, neighbors, and even family members, and even when they do accept visitors, they may not have much to say. You may notice that they are more pensive as they contemplate their life and revisit old memories. It is quite possible that they are evaluating their life and sorting through any regrets they may have.

Physical Changes

You may notice that your loved one is experiencing reduced appetite and, logically, weight loss as their body begins to slow down. Obviously, their body has no need of the energy from food that it once did. In addition, your loved one may be sleeping more and not engaged in activities they once enjoyed. As much as you may offer their favorite foods, they no longer need food nourishment. As much as it may worry or sadden you, they are neither hungry nor thirsty and are not suffering in any way by not eating. It is an expected part of the journey they have begun.

For you as a caregiver or loved one, these physiological changes are probably new, frightening, and anxiety-producing. As a result, you may experience difficulty finding the

strength and resources you need to be present, as well as to know how to deal with your wide range of emotions.

If you are part of the spiritual support team, it is crucial that you assist the family and loved ones of a dying patient with the emotional, physical, and spiritual distress they may be experiencing. This will help them be present with their loved one and cope with the death and the grief that will follow.

One to Two Weeks Prior to Death

You may notice the dying process accelerates in the last one to two weeks of life. This can be very frightening for their families and loved ones. The mental changes can be particularly disturbing. The dying person may believe they are seeing loved ones who have been dead for a while, or they may speak of going somewhere. We have often heard the family members tell us that the dying person has been hallucinating. We do not truly know if they are hallucinating or if somehow, in their minds, they are seeing something that we are not able to see. What we do know is that those experiences are common among those who are preparing the die. Having worked with many hospice patients and their families, it is clear to us that many have this type of experience. We have told families that they should not "correct" their loved one if they tell you something that does not make sense. I (Claudio) recall one of my patients who was trying to get up from bed. When his nephew asked him what he was doing the man responded, "I need to go to Whole Foods." His nephew was telling me this with a smile as if to say his uncle had gone crazy. I explained to him that perhaps his uncle was preparing to die. Sure enough, his uncle died the very next day. So, instead of correcting them, listen patiently and support them in what they may be saying.

We believe when a person dies, they have no more communication or contact with the living, and vice-versa, so if they see someone who has died before them, it is not ghosts or spirits. It may simply be their mind beginning to bring their life to a closure of sorts. So if your loved one claims to see loved ones who have died, simply let them tell you about it. You may even encourage them to tell you more. You could ask questions like, "Who did you see?" or "What did they tell you?" Patiently listening to them, instead of trying to set them straight, is one way to show you love them.

The Last Sense

One of the most important aspects of the process of dying is that even when a patient is too weak to respond, or they have lost consciousness, they are evidently still able to hear. This is important for us to know and be aware of so we can direct our conversation away from what may be difficult for them to hear and toward what can help them as they slip

into the sleep of death. Use this time to sing to them, read Bible passages or other spiritual books, talk to them about your favorite memories together, assure them that you love them, and tell them that you will miss them, but that you will be OK. If they have children, tell them you will take good care of them and will keep the patient's memory alive as long as their children live.

Mental Changes

With the weight loss from not eating much, the energy level also goes down. This is also a time when the patient begins to sleep most of the time. At the same time, when awake they seem to be disoriented and may even experience delusions like being afraid of hidden enemies or a feeling of invincibility.

Again, it is not uncommon for the person who is dying to see or speak to people who are not there, often people who have already died. They seem restless and agitated, often picking at the sheets, and their movements and actions may seem aimless and make no sense to those around them. In a way, it is as if they continue to distance themselves from life on earth.

Physical Changes

The patient has a greater difficulty maintaining themselves, so they may need help with just about any form of activity. They may have difficulty with seemingly simple things like swallowing medications or may even refuse to take the medications they have been prescribed. If they have been taking pain pills, they may need liquid morphine at this time. According to Morrow (2020), there are signs that the body may show during this time:

- The body temperature lowers by a degree or more.
- The blood pressure lowers.
- The pulse becomes irregular and may slow down or speed up.
- There is increased perspiration.
- Skin color changes as circulation is diminished. This is often more noticeable on the lips and nail beds as they become pale and bluish.
- Breathing changes occur, often becoming more rapid and labored. Congestion may also occur, causing a rattling sound and cough.
- Speaking decreases and eventually stops altogether.
- Periods of quietness may be interrupted by sudden movements of a person's arms or legs.

A Couple of Days to Hours Before Death

During the last couple of days before death happens some things may surprise the family or loved ones. It is not uncommon for the patient to experience a surge in energy and they may want to get out of bed, talk to their loved ones, or even ask for food after several days of having no appetite.

This is very unsettling to the family because they may interpret this as a sign that the patient is getting better, but then it is almost more painful when their energy level begins to decrease again. Please understand that this quite common and is usually a sign that your loved one is moving toward death and not away from it. While this surge of energy may not be quite as noticeable, it seems like it is the patient's final physical expression before moving on.

The surge of energy does not last long, and the previous signs become even more pronounced as death approaches. Breathing becomes more irregular and often slower. Many experience Cheyne-Stokes breathing, which are rapid breaths followed by periods of no breathing at all. In addition, their airways may become more congested which causes loud, rattled breathing. While this change in breathing can be very uncomfortable for the loved ones who hear and see it, it does not appear to be unpleasant for the person who is dying.

Another palpable sign that the person is nearing their death is that their hands and feet may become blotchy and purplish, also known as mottled. This mottling may slowly work its way up the arms and legs, and their lips and nail beds also become bluish or purple and their lips may droop.

Gutkind describes his experience:

> *"As if we have control. I was regularly asked, by family members, to describe the dying process. I would tell them about how people often lapse into a coma in the days preceding death and how breath moves from the deep and regular to the shallow and intermittent. I would explain apnea and how many people hold their breath for long periods of time, up to three minutes sometimes, and how all others in the room also hold their breath until the gasping breath breaks the silence in the room. I would explain that people rarely die in the space between breaths, that they return to the body as if they have been on a practice run. I would go over the possibility that phlegm would build up, resulting in what is known as a 'death rattle,' a term that invokes a kind of dread, a term that conjures up scenes like the one Dostoevsky described in Crime and Punishment: 'She sank more and more into uneasy delirium. At times she shuddered, turned her eyes from side to side, recognized everyone for a minute, but at once sank*

into delirium again. Her breathing was hoarse and difficult; there was a sort of rattle in her throat.' I would talk about how the hands and feet get cold as blood leaves the extremities and pools around the heart and lungs in a last attempt to protect the vital organs and how those hands and feet turn blue shortly before death. And I would talk about how breath leaves the body, how it moves from the chest to the throat to little fish breaths at the end." (Gutkind, 2012, p. 61)

At this point the person usually becomes unresponsive. Their eyes may be open or semi-open but they are not focusing on their surroundings. It is widely believed that hearing is the last sense to go, so it is important that you and other loved ones sit with and talk to the dying loved one during this time. The breathing is very slow and there are often long stretches of time between breaths, leading the family to believe that death has occurred only to be somewhat shocked when their loved one takes yet another breath. But eventually, breathing will cease altogether and the heart stops. Death has occurred.

Gutkind (2012) makes a very interesting comparison:

"We labor to be born and we labor to die. The obvious analogy is the clichéd one: we come from the unknown and depart for the unknown; however, the similarities are striking in other ways. Breath is crucial to both kinds of labor. Prenatal classes focus on breath and pain; the progression in Lamaze classes is from deep to shallow breathing. The dying, too, move from regular deep breaths to rapid mouth breathing. At the end, the dying often look like fish out of water, their mouths opening and closing in a kind of reflex. One could almost mistake these last breaths for silent kisses." (Gutkind, 2012, p. 60)

Discussion Questions

1. What physical parts of the dying process do you find most distressing?
2. How would you describe that distress in spiritual terms?
3. How can you utilize that sense of personal discomfort as you provide spiritual support to those who are with a dying loved one?

When Does Death Actually Happen?

Perhaps something that complicates dying for some people is the medical science, with all its technological advances, making it sometimes difficult to know when a person actually dies. As Gutkind (2012) explains:

"Now that there are so many shades of gray in what used to be black and white—fifty years ago a person was either dead or not—Kalitzkus argues that we need to acknowledge stages of death. The families of organ donors confront three distinct phases, she writes: brain death, when the loved one is in an indeterminate state but is in the

process of dying; actual death, which takes place after the organ removal; and final death, when the transplanted organ dies in or with the body of the organ recipient. She acknowledges this places an additional unbearable burden on donor families: 'Organ donation also means to sacrifice the hour of parting, the last moments they share with their dying/dead relative, and surrender this intimate and private moment of life to the necessities and the regime of the transplantation process.'"

Conclusion

Understanding the changes and decline of patients who are dying helps us to be better ministers and helpers to them and their loved ones. It is particularly important to be good listeners so we will know how to provide the best care.

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Chapter 5

Bringing Hope in the Midst of Hopelessness

"For I am persuaded, that neither death, nor life, nor angels, nor principalities, nor powers, nor things present, nor things to come, nor height, nor depth, nor any other creature, shall be able to separate us from the love of God, which is in Christ Jesus our Lord." Romans 8:38-39, KJV

Introduction

It was July 4, 1939, Lou Gehrig Appreciation Day at Yankee Stadium in the Bronx, New York. That day will be remembered because a longtime Yankee first baseman uttered these famous words at a home plate ceremony:

> *"For the past two weeks you have been reading about a bad break. Yet today I consider myself the luckiest man on the face of the earth. I have been in ballparks for seventeen years and have never received anything but kindness and encouragement from you fans.*
>
> *When you look around, wouldn't you consider it a privilege to associate yourself with such a fine looking men as they're standing in uniform in this ballpark today? Sure, I'm lucky. Who wouldn't consider it an honor to have known Jacob Ruppert? Also, the builder of baseball's greatest empire, Ed Barrow? To have spent six years with that wonderful little fellow, Miller Huggins? Then to have spent the next nine years with that outstanding leader, that smart student of psychology, the best manager in baseball today, Joe McCarthy? Sure, I'm lucky.*
>
> *When the New York Giants, a team you would give your right arm to beat, and vice versa, sends you a gift – that's something. When everybody down to the groundskeepers and those boys in white coats remember you with trophies – that's something. When you have a wonderful mother-in-law, who takes sides with you in squabbles with her own daughter – that's something. When you have a father and a mother who work all their lives so you can have an education and build your body – it's a blessing. When you have a wife, who has been a tower of strength and shown more courage than you dreamed existed – that's the finest I know.*

So, I close in saying that I might have been given a bad break, but I've got an awful lot to live for. Thank you."

Gehrig died just two years later, on June 2, 1941. What amazes us about him, and his speech, is that he didn't feel sorry for himself. He found hope in the most hopeless of situations.

How does news that a loved one or friend has terminal cancer affect us? For most of us, the reactions may be somewhat similar to those of the person who has received the diagnosis. We may be in shock and disbelief at first, and then we may be angry, sad, discouraged, and hopeful. We may try to bargain with God at some point, and we may come to full acceptance of the fact that this person we love so much will die.

While this special individual is receiving treatment, we are hopeful, we have faith that they will react well to the medication and the plan of care, and we believe with all our heart that they will get better and things will get back to normal. But we know that it doesn't always happen that way and very often they are told they have a terminal disease, and they will die. As a pastor or friend, we want to encourage them, but how can we give them hope when their situation appears so hopeless? In this chapter we want to explore some of those areas where you can help a person who is dying, and their loved ones, during this critical time of their life.

The Role of the Pastor

As we mentioned before, a pastor said to me, "I hope I never have to deal with this stuff." Obviously, he was uncomfortable with death and dying, which is the reason it is important that pastors read this chapter (and book) and receive some basic training on how to be effective ministers to people who are dying. Dr. Leanna K. Fuller (2015), professor at Pittsburgh Theological Seminary, explains the role pastors play:

"Pastoral care, at its best, takes a holistic view of human persons and communities. Most of us as pastoral caregivers and counselors do not operate within a framework where we are only concerned with the 'state of a person's soul,' and not with what happens to a person's body or overall well-being. Instead, we try to overcome that dualistic split between spirit and body and see the whole person as the subject that we need to address."

As pastors, we bring the two worlds, the spiritual and the physical, together and help the patient make that transition from life here on earth to resting in the grave as they await their heavenly home. Fuller (2015) further expounds:

"Our expertise as pastoral caregivers involves helping to give theological or spiritual

language to what is happening in a person's life, in a way that is congruent with that person's religious tradition. As part of pastoral counseling, we can also offer some other unique gifts to those we serve: for example, we can offer rituals and other religious practices as means through which people can cope with their suffering; we can offer the resources of the faith community to assist people in their time of need; and we can, from a very practical perspective, help people with planning for their funerals or other services that will commemorate and celebrate their lives. After a person dies, we can also offer continuing counseling and supportive care to grieving family members and friends in ways that are often not possible or appropriate for medical professionals."

Ministering to a terminaly ill patient who does not share our beliefs is different. We cannot offer them the same hope we have, but we can still lend a listening ear and show love and compassion as they and their families write their final chapter.

There are other professionals who can do some things that pastors can assist with. Social workers, for instance, can help the patient work on their advance directives. Attorneys can help with legal documents like Power of Attorney, Living Will, etc. But the pastor is uniquely qualified to provide spiritual guidance in addition to the technical guidance the others deliver.

Virgina LeBaron et.al. (2016) conducted research to determine how clergy see their role in healthcare ministry based on their experience working with patients dealing with end-of-life issues. As LeBaron (2016) and her team found out, "clergy spend an average of 3-4 hours per week visiting the ill and are especially important in meeting the spiritual needs of minority patients." In their qualitative study, LeBaron (2016) and her team identified two themes that emerged: "the challenging spiritual and temporal struggles faced by terminally ill patients and their family caregivers, and the ways in which clergy professional identity helps congregants navigate these struggles at the EOL."

According to their study (LeBaron et.al. 2016), clergy perceived three common struggles for which the patients and their caregivers need special attention. It is worth taking a closer look at the responses cited by clergy in their study.

Existential Questions
EOL patients struggled with such questions as, "Did I waste my time? Did I live a good life? Why is this happening to me? Why do I remain sick and not healed?"

Practical and Temporal Concerns
The practical and temporal concerns that EOL patients expressed included such items

as difficulty thinking about leaving loved ones behind without adequate financial or emotional support, missing important life events, and doubts and confusion related to disease treatment.

Difficult Emotions

We have already talked about some of the emotional reactions that EOL patients may experience such as frustration, anxiety, fear, sadness, blame, despair, depression, regret, denial, and anger.

The second theme identified by LeBaron et.al. (2016) was the ways in which clergy helps people navigate struggles at the EOL. Clergy identified themselves in terms of three core dimensions: "Who Clergy Are (Being), What Clergy Do (Doing), and What Clergy Believe (Believing)." In order to provide the best spiritual care to patients and loved ones at EOL, pastors need to have all three facets working in tandem (see Figure 1).

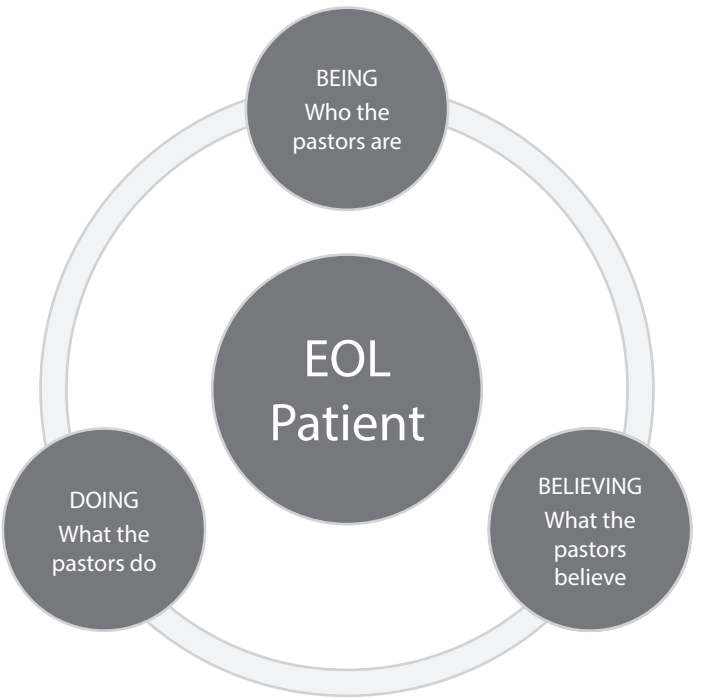

Figure 1 – from LeBaron (2016)

Being: Who Pastors Are

For those who are ill, in the hospital, or in a hospice, the presence of their pastor is invaluable. They are not necessarily looking for answers or theological explanations. Rather, what they need the most is your calm presence, for you to listen attentively to their needs and to their pain, and for you to provide support and encouragement during this critical moment in their life. Often, we have sat by the bedside of a terminally ill patient, just being there, quietly listening, and praying privately, and when we got up to leave, they would thank us for all we did for them. Reflecting on our visit we knew we had not spoken magic words or offered pearls of wisdom. What really mattered to them was that we were there. Our presence is a ministry all by itself.

The pastor's presence assures the patient and their loved ones of their commitment to be there for them, to serve as a confidant, if needed, to provide support, encouragement, and guidance, and perhaps to shift the focus away from the illness, even if for the brief moments we are there. That ministry of presence is invaluable and priceless.

Doing: What Pastors Do

Pastors are expected, by virtue of their profession, to perform certain specific actions. Nurses, nurses' aides, social workers, and doctors all have their role to play, as does the pastor. We offer prayer, anoint the sick (James 5:13-15), read scriptures, sing, and provide spiritual support by reassuring them that their church family is united in love and prayer for them. Pastors remind the patients that they are not forgotten and that they can still be useful despite their health limitations. As spiritual guides, pastors are there to assure the patient that they will live on in people's memories, help relieve them of their regrets and despair, and act as facilitators of forgiveness and reconciliation with others.

Pastors also help the patient's loved ones during their illness and after the person has died (you'll find more on Sections II and III). Pastors can assist loved ones as they help the patient write their final chapter and prepare to say goodbye. They provide spiritual counseling in the greatest time of need as the loved ones grieve their loss and begin anew without the patient in their lives. Pastors can also help loved ones as they make some of the final decisions for the life of the patient. Counselors, psychologists, and other mental health professionals can provide some of these services too, but pastors are uniquely qualified to combine the mental and spiritual needs during the darkest moments of both the patient and their loved one's life.

Believing: What Pastors Believe

We are unable to fill a vessel if we are empty ourselves. A pastor's belief system, their personal relationship with God, their biblical foundation, and their knowledge of biblical

doctrines are all essential as we spend time with those who are dying. We need to know what we believe and why. What happens when a person dies? How do we have assurance of salvation and the promise of eternal life? What is our understanding of sin, pain, and death in the context of the great cosmic conflict between God and His enemy? What do we believe about the assurance of salvation and eternal life, heaven and hell, God's love, and the certainty of salvation? While we may not enter into a theological discussion, and in fact it is preferable that we don't, for our own good and that of the patient and their loved ones we need to know what we believe and why.

In research conducted by Lebaron et.al. (2016), pastors discussed the important virtues for patients to foster within the context of their terminal illness. These virtues included hope, love, compassion, acceptance, patience, balance, and strength.

What Pastors Should Not Do

While pastors see instilling hope as part of their role, we must be careful not to instill false hope. Statements like, "Everything's going to be alright," or "I have faith that you will get better," or "The entire church is praying for a miracle" may send the message to the patient that they will have a miraculous recovery from their illness. While miracles can and do happen, they are beyond our control and only God can make those decisions.

Oftentimes, pastors want to offer help and hope in the form of recommendations for natural remedies, diets, or treatment centers. While we believe there is a time and a place for such recommendations, when a person has been diagnosed with a terminal illness, particularly when their disease is very advanced, suggesting these natural approaches may only provide the patient with false hopes for their healing and recovery. Again, such treatments and remedies may have worked for some, but often, they are not successful for a patient and instead they experience a greater letdown when the treatment or remedy does not work and the reality of their impending death once again sets in.

Like pastors, physicians also find it challenging to instill hope for a dying patient because they usually equate hope with a cure and full recovery, which experience tells them is not likely to happen. As Rosseau (2000) explains:

> *"When first confronted with a terminal illness, most patients typically relate hope to a tangible treatment or cure that can prolong existence despite overwhelming information to the contrary. Part of this illogical hope may derive from inappropriate information given by physicians to patients when delivering bad news. Physicians are characteristically hesitant to deliver devastating news and may abstain from truth telling in an effort to sustain and bolster hope. They frequently temper the diagnosis of a terminal illness with unrealistic and unintentional 'therapeutic' hope. Such misguided*

hope may involve telling patients about futile treatments such as chemotherapy, radiotherapy, and surgery, which can create false expectations."

Rosseau (2000) also provides physicians a series of interventions that engender hope in the patient. Some of the ideas he offers are just as applicable to pastors as we seek to minister to EOL patients:

- Adequate control of symptoms
- Fostering and developing interpersonal connectedness and relationships
- Assistance in attaining practical goals
- Exploring spiritual beliefs
- Supporting and identifying personal attributes, such as determination, courage, and serenity
- Encouraging lightheartedness when appropriate
- Affirming worth by treating the patient as a valued individual
- Recalling uplifting memories with a life review

James Avery (n.d.), a hospice physician, explains that physicians (and we would add pastors) need to understand the five stages of hope:

- The hope for a cure
- The hope for treatment
- The hope for prolongation of life
- The hopes of the dying
- The hope for a peaceful death

As pastors, we can help EOL patients navigate through these five stages. Of course, everybody hopes there will be a cure to their illness, as horrible as the diagnosis may be. This is a great time to be their biggest cheerleader, encourager, and supporter. You need to be there to help them through the original shock and numbness of the diagnoses so they can begin to look for next steps they need to take.

Not long ago, early on a Sabbath morning, we received a text message from a friend in a church I used to pastor, asking if we could talk. I thought it was a little unusual for him to call me on Sabbath morning, so I decided to call him right away. He wanted to let me know he had just been diagnosed with stage four prostate cancer that had already spread to his bones and lungs. He was crying so hard that he had to give the phone to his wife

for her to give me the rest of the information. I listened for a few minutes, asked a few questions to make sure I understood and had all the information accurate, and then I told her I would visit them early that afternoon, if that was OK with them. She assured me they would be happy if I came. We ended our conversation with prayer.

While they lived a fair distance away, it was important that I be there. They had their own pastor, but they had reached out to me as a friend. Their pastor was aware of the situation and had convened a group of people at the church that Sabbath afternoon to have special prayer with and for my friend and his wife. But because they had reached out to me, I felt it was important for me to go see them in person, not just talk to them over the phone.

Our conversation that afternoon centered about hope for a cure. While my friend was content with God's will for his life, he had already gone to several doctors and treatment centers, hoping for a cure. That is the first and most natural desire of anyone diagnosed with a terminal illness.

When the customary treatments have been applied and yet the person's illness has not been cured, many hope for some sort of treatment that perhaps has not yet been tried. Often, well-meaning people tell them about someone they knew, a relative or a friend, who had a certain treatment, and they were cured. Perhaps it would also help them. Others may tell them about natural remedies, experimental treatments, or even going to other countries for unconventional treatments. Some of their hope for a treatment may be part of their denial or simply a desire to continue fighting.

When the reality sets in that no treatment will bring about a cure, the patient may then turn their hope to living longer. Perhaps they want to make it to the holidays or to their daughter's college graduation or their son's wedding. What can the doctors do or give them so they can live just a little longer and reach some of those dreams and goals?

The dying hope that the process will not be a painful and horrible memory for those left behind. They hope they will be remembered, that they will be forgiven by anyone they may have hurt, and that they can forgive themselves.

Ultimately, terminally ill patients hope they will have a peaceful death. They don't want to die in fear, excruciating pain and agony, or to be aware they're dying not knowing "what's on the other side."

The main point that Avery (n.d.) wants to make is that hope for a terminally ill patient "can be changed, realigned, refocused and redefined." One does not have to think only

of hope in a cure. When one does not take place, it can be devastating and lead to hopelessness. Instead, as pastors we can help EOL patients to focus on their other hopes. For instance, they can hope to reconcile with their past. Perhaps they can hope to make amends with someone, or they may hope to see a relative or friend from whom they have been distant for a long time. As a pastor, you may be able to assist or even facilitate such an encounter.

Some patients just want to be able to remain home and die surrounded by their family and friends. Others hope to get all their financial affairs in order for the sake of their loved ones. Then there are others who hope to have enough time to transmit their memories, wisdom, and words of knowledge to their children. With the aid of modern technology, many patients can do this by making video recordings on their phones which they can then make available to their children, friends, or loved ones. Some leave messages, others tell jokes or funny memories, others sing a song or two or play a musical instrument, recall a special memory, or say a few words of encouragement.

Of course, there are also spiritual hopes. Some patients think about what heaven will be like, loved ones long gone and those yet unborn, in that wonderful family reunion that will never end. Others speak of the return of Jesus and how they will be reunited forever. Those that may not have a strong Christian faith may hope that as they near the end of their life they will find meaning in life.

These hopes are rooted in both the reality of the situation and in their personal faith. You are not denying either but rather reconciling them both. As Vaclav Havel (n.d.) stated, "Hope is not the conviction that something will turn out well, but the certainty that something makes sense regardless of how it turns out."

The Power of Prayer

Prayer is an amazing, powerful tool at our disposal. Ellen White (1897) makes some very important points worth noting here:

> *"In praying for the sick, we are to pray that if it is God's will that they may be raised to health; but if not that He will give them His grace to comfort, His presence to sustain them in their suffering. Many who should set their house in order, neglect to do it when they have hope that they will be raised to health in answer to prayer. Buoyed up by a false hope, they do not feel the need of giving words of exhortation and counsel to their children, parents, or friends, and it is a great misfortune. Accepting the assurance that they would be healed when prayed for, they dare not make a reference as to how their property shall be disposed of, how their family is to be cared for, or express any wish concerning matters of which they would speak if they thought they would be removed*

by death. In this way disasters are brought upon the family and friends; for many things that should be understood, are left unmentioned, because they fear expression on these points would be a denial of their faith. Believing they will be raised to health by prayer, they fail to use hygienic measures which are within their power to use, fearing it would be a denial of their faith."

The act of praying for the person who is sick is an act of hope and faith. One of the Bible writers, James, encourages it: "Is anyone among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord. And the prayer of faith will save the sick, and the Lord will raise him up. And if he has committed sins, he will be forgiven" (James 5:14-15, NKJV). It is important to understand that the word "save" in verse 15 can mean physical or spiritual healing. God may choose to give physical healing to the afflicted, but He always wants to give spiritual healing to that person.

The very act of prayer is positive for both of the person praying and the person who is being prayed for. Buckman writes,

"Usually, the action of prayer in itself brings relief: the activity of putting into words a description of the current state of things, of emotions, physical sufferings, hopes, and disappointments is in itself therapeutic. John Martin describes it as 'an appropriate response, a real response to whatever is happening to us at a given point in our lives. If God is our Guide, our Friend, our Helper, then we need to be able to have an open and honest relationship with Him. That relationship can be very helpful and very therapeutic for the person with the illness. It can be one that allows us freedom of expression and freedom of feeling. If life is good, it needs to be celebrated, it needs to be expressed and embraced. If life is not so good, then, that too needs to be recognized in some response to a God that we keep nothing from, a God that we can share with all levels, painful and positive, helpful and harmful, good and bad." (Buckman, 1989, p. 150)

One thing about prayer that we need to keep in mind is that if we promise we will pray we should keep that promise. Often, we use the words, "I will keep you in my prayers" more as a cliché than a true intention. People also sometimes use those promises as an excuse for not doing the harder work of visiting and spending time with a person who is dying. Kerry Egan, a hospice chaplain, tells a very raw, painful story:

"A husband whose wife was bedbound for more than ten years with multiple sclerosis told me that sometimes he saw the women who used to be his wife's friends in the grocery store or at church. They earnestly squeezed his hands and wanted him to know that they were praying for her. 'She doesn't need your f_____ prayers!' he exploded. 'She needs you to visit! Don't make God your f_____ patsy because you don't want to come!'" (Egan, 2017, p. 192)

What About miracles?

As we have stated before, we do believe that miracles can and do happen. All you have to do is read the Bible for a reminder of the miraculous ways in which God has intervened in human history. And miracles are not limited to Bible times. Many of us have heard of people who have received a truly miraculous cure.

In working with EOL patients, we don't want to deny the possibility of a miracle but instead explore the possibility that one may not take place. A physician can speak of their experience and tell the patient that while a miracle could happen, in their experience they rarely do for a person in their condition. Avery (n.d.) shares some of his responses to patients who long for a miracle.

> *"I wish you could be the one who receives a miracle. I do believe that God can perform miracles, but I know you would want me to be completely honest with you…and the truth is, I have never seen anyone with your disease recover at this stage."*
>
> *"I hope you do receive a miracle. I would love to see one and I pray that God in His mercy grants you one…but in my experience, they are pretty rare."*

As Avery (n.d.) explains, "By handling the patient's belief this way, you do three things: you affirm the truth of God's power and sovereignty, you affirm the patient's faith, and you maintain your credibility as a scientist and physician."

Unless you are a medical doctor, we would not recommend these responses. Instead, we suggest that you redirect the question with another. For instance, you may say something like, "A miracle sure would be wonderful, but what if one does not happen?" A question like this allows for the possibility of a miracle while at the same time facing the possibility that one will not take place, and therefore, they can make adequate preparations for that eventuality.

Discussion Questions

1. Make a list of the various stages of hope.
2. Now, what words of encouragement might you offer at each of these stages? Please remember that the goal is not to argue or convince them of anything but rather to help them focus on the positive possibilities in the midst of a seemingly hopeless situation. This enables you to think ahead about the possible conversation you may have so you will be better prepared to minister.

Scriptural Hope

As pastors, the Bible is not just a book of great stories or how we come to know about God, but it is also a great resource for words of hope. You can search through your own Bible for the best texts to use, but we would like to share some we have used in our ministry to those who are dying.

- "The LORD is my shepherd; I shall not want. He makes me to lie down in green pastures; He leads me beside the still waters. He restores my soul; He leads me in the paths of righteousness For His name's sake. 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. You prepare a table before me in the presence of my enemies; You anoint my head with oil; My cup runs over. Surely goodness and mercy shall follow me All the days of my life; And I will dwell in the house of the LORD Forever." Psalm 23:1-6, NKJV

As death nears, but while they are still conscious and aware of our words, we emphasize the words, "Though I walk through the valley of the shadow of death you are with me." For those who still see death as a scary thing those words can be very meaningful as they are reminded than even in death God is by our side…He never leaves us.

- "Fear not, for I am with you; Be not dismayed, for I am your God. I will strengthen you, Yes, I will help you, I will uphold you with My righteous right hand." Isaiah 41:10, NKJV
- "Peace I leave with you, My peace I give to you; not as the world gives do I give to you. Let not your heart be troubled, neither let it be afraid." John 14:27, Romans 15:13, NKJV
- "For I am persuaded that neither death nor life, nor angels nor principalities nor powers, nor things present nor things to come, nor height nor depth, nor any other created thing, shall be able to separate us from the love of God which is in Christ Jesus our Lord." Romans 8:38-39, NKJV
- "Therefore, you now have sorrow; but I will see you again and your heart will rejoice, and your joy no one will take from you." John 16:22, NKJV
- "For if we live, we live to the Lord; and if we die, we die to the Lord. Therefore, whether we live or die, we are the Lord's." Romans 14:8, NKJV
- "For I consider that the sufferings of this present time are not worthy to be compared with the glory which shall be revealed in us." Romans 8:18, NKJV
- "Therefore, we do not lose heart. Even though our outward man is perishing, yet the inward man is being renewed day by day." 2 Corinthians 4:16, NKJV

- "For our light affliction, which is but for a moment, is working for us a far more exceeding and eternal weight of glory, while we do not look at the things which are seen, but at the things which are not seen. For the things which are seen are temporary, but the things which are not seen are eternal." 2 Corinthians 4:17-18, NKJV

Conclusion

None of us want to lose a loved one, but neither do we want to see them suffering. It is a very delicate balance and a difficult choice. God's plan is to give us eternal life, but His plan will not become a reality until the soon return of His Son. In the meantime, we will still experience sin, sorrow, and death. But we do not have to lose hope like those who don't know God.

As pastors, it is part of our call to bring words of hope and encouragement to those who are suffering, and those who are dying. As Jesus began His Messianic ministry, He stood up at the synagogue and read the portion scheduled for that Sabbath which was taken from the book of Isaiah:

> *"The Spirit of the Lord GOD is upon Me, Because the LORD has anointed Me To preach good tidings to the poor; He has sent Me to heal the brokenhearted, To proclaim liberty to the captives, And the opening of the prison to those who are bound; To proclaim the acceptable year of the LORD, And the day of vengeance of our God; To comfort all who mourn, To console those who mourn in Zion, To give them beauty for ashes, The oil of joy for mourning, The garment of praise for the spirit of heaviness; That they may be called trees of righteousness, The planting of the LORD, that He may be glorified."* (Isaiah 61:1-3, NKJV)

Notice how many references Isaiah makes to sadness. He uses expressions like, "heal the brokenhearted," "comfort all who mourn," give "beauty for ashes" to those who "mourn in Zion," to give them "The oil of joy for mourning" and "The garment of praise for the spirit of heaviness." As Richard Rice (1985) wrote that while suffering takes us to unfamiliar territory, which frightens us and makes us feel alone, we need to remember that we are not in fact alone…God is with us and we can reach out and get a hold of Him. That thought is very reassuring even in the depth of our despair.

Pastors are uniquely called and qualified to be God's instruments to fulfill Isaiah's mission, particularly to those who are making their journey to the dark valley of the shadow of death. They can still have hope as they write the final chapter of their life.

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Chapter 6

The Ministry of Presence

"For I am persuaded, that neither death, nor life, nor angels, nor principalities, nor powers, nor things present, nor things to come, nor height, nor depth, nor any other creature, shall be able to separate us from the love of God, which is in Christ Jesus our Lord." Romans 8:38-39, KJV

Introduction

On one of his conversations with his friend Morrie, Mitch Albom recalls:

> *"You know, Mitch, now that I'm dying, I've become much more interesting to people."*
>
> *You were always interesting.*
>
> *"No," Morrie smiled. "You're kind."*
>
> *No, I'm not, I thought.*
>
> *"Here's the thing," he said. "People see me as a bridge. I'm not as alive as I used to be, but I'm not yet dead. I'm sort of. . . in-between."*
>
> *He coughed, then regained his smile. "I'm on the last great journey here – and people want me to tell them what to pack."* (Albom, 1997, pp. 32-33)

Mitch referred to dying as his last journey, but we prefer to call it "writing their last chapter." From the moment we are born we are telling a story…our story. That story has had daily, personal, specific details about our life, and no one else's. It is true that our story intersects many others, and at times we have no control over what is written in our story. But at the end of the day, it is ours to write, and ours to tell.

As someone who has been diagnosed with a terminal illness writes that final chapter of their life, pastors and loved ones can help them immensely. Sadly, many end-of-life patients do not have many people around them to help them write that final chapter. Many are uncomfortable around someone who is dying so they fail to visit or evade any conversation about the subject of dying.

At the same time, they person who is dying craves company, deeply desires conversation most of the time, and wants to continue writing their story until the last paragraph. In fact, those of us privileged to work with end-of-life patients have learned that in many ways they remain in control of their story 'till the very end.

Kate Braestrup, a chaplain for the Maine Warden Service, succinctly summarizes the ministry that you as a pastor, or friend, can perform for someone who is dying. "I'm not really here to keep you from freaking out. I'm here to be with you while you freak out or grieve or laugh or suffer or sing. It is a ministry of presence. It is showing up with a loving heart. And it is really, really cool" (Braestrup, 2008, p. 119).

The Dying Know

As a hospice chaplain for over a decade, I (Claudio) was fascinated to see time and again how our patients seemed to decide when and how they would die. I am not sure that it was necessarily a conscious effort on their part, but it certainly seemed as if they had control over the timing and even the location of their death. Donald Heinz (1999) writes that while fifty percent of deaths of elderly people occur in the three months following their birthdays, only ten percent take place in the three months preceding their birthdays. It seems as if people hang on to life just long enough to observe a final milestone. It seems to drive them forward to that final goal.

One of my patients, whom I will call Ray, had been diagnosed with breast cancer which had metastasized (spread to other parts of his body). After surgeries, chemotherapy, and other traditional treatments, Ray's cancer was determined to be terminal and he was referred to our hospice. By the time Ray was admitted to hospice and I first visited him at home he was bed bound, weak, and didn't talk much. In fact, most of my conversation was with his wife Barb. Ray had been active all his life, loved hunting, and loved their daughter Sylvia. I asked them to tell me more about Sylvia, and Ray smiled and began to tell me about her job, her kids, and their favorite memories together. There was no doubt in my mind he loved his daughter.

While Ray had been sleeping in their bed with Barb up until the end, the night before he died, he was so restless that Barb decided to sleep in the guestroom. When she woke up the next morning, Ray was dead. As I visited her that day, while waiting for the funeral home to come take Ray away, she told me their daughter's birthday was three days later. Ray, in his own way, had decided he did not want to die on her birthday…that would be a sad annual reminder for her. He might have known his body would not make it much longer and didn't want to take the chance of dying on Sylvia's birthday. At the same time, he did not want Barb to witness his death. He made sure she was not in the room when he passed away.

As you read my account of Ray's story you may think I'm imagining things or drawing conclusions without any proof. But if you talk to anyone who works in hospice, they will tell you story after story of similar things that have taken place.

Much like Ray's case, many dying patients seem to dictate, at least in their mind, when they will die. In hospice we talk with their family and ask if there are any special dates coming up in their life. Perhaps a birthday or anniversary. For many patients it is a holiday. One of the many patients I remember seemed to be living a lot longer than anyone had anticipated. The end of year holidays were approaching, so we thought perhaps she might die sometime around Thanksgiving, but that day came and went and she had a wonderful time with her family. We then wondered if she was holding on until Christmas, and sure enough Christmas came and went, and she seemed still very strong. It's as if she was determined to hold on for some special day or date. Their anniversary, which happened to be on Valentine's Day, passed, so we began to wonder about Easter. As a devout Christian, she often spoke about Easter, the hope of the resurrection, and how Jesus rose from the dead. We began to hear more of that theme running through most of our conversations, and sure enough, she died the Friday before Easter. She went to sleep on the day of the week Jesus died, and when she is awakened by her Savior on resurrection morning it will be an Easter-like experience for her.

Some patients seem to be waiting until they see someone. My (Claudio) mother was one of them. All of us siblings live in three different countries, but when our mom was taken to the hospital where she died four days later, we were all able to come be with her. The hospital restrictions did not permit us to all see her at the same time, so we took turns spending time with her. The day before she died, my youngest brother, the last one to arrive, got to see her…more importantly, she got to see him. It was as if she was waiting to see us all. I was the last one to see her on that Wednesday evening. I prayed with her and told her I would take care of the others, and then I gave her permission to rest. I reminded her of the hope we have in the resurrection and that we would all be together one day, and that she could rest. Finally, I told her that I would be back to see her first thing in the morning. She died at about 5:00 AM. She chose to not have her children with her as she died. She had already seen us all and did not want us to witness her passing.

Lillia was a member of a church where I was a pastor. I visited her several times when she was still at home and also when she was taken to the hospital. On our last visit, her two children were there, by Lillia's bedside. After we spoke for a few minutes I offered prayer and then Lillia said to me, "Pastor, these kids need to get something to eat…but they don't want to leave me alone. (She smiled.) Would you please take them to the cafeteria? This is the time when they serve lunch. I'll be here when they come back." I have to confess that

she looked fine and I didn't question her request, so I agreed. Her kids (adult children) were a bit reluctant, but finally agreed that perhaps mom could use a little break from them. I accompanied them to the cafeteria and sat with them for a little while, but then I had to leave for another appointment. When I got home later that afternoon my wife gave me the message that they had called (these were the days before cell phones) to let me know that while they were in the cafeteria their mom had died. It then became obvious to me that Lillia did not want her kids there when she died.

Some patients want to be alone, and others need to see someone. Bill seemed to be restless. As we talked with his family, we learned that he had become estranged with his brother Bob with whom he had not spoken in almost 20 years. They were not sure what had happened between them, only that there was anger, hurt feelings, and probably some resentment between them. When I talked to Bill, I gently asked him if he had any relatives and he told me about all his siblings, except Bob. So, I pushed a little further and asked about Bob. He didn't say anything for a moment, but then a tear began to form in his eyes and rolled down the side of his face. I asked him if he would like to talk to Bob, but after a brief silence he responded, "He don't wanna talk to me." I offered, "Would you give me permission to talk to him?" He nodded. Bill's wife, Sarah, gave me Bob's phone number. I called him, told him who I was, and asked if he might be willing to talk to his brother Bill. "Sure, you bet! I've been hoping for the day I could talk to him again!" I told him I was at his house and asked whether he wanted me to hand the phone to Bill so they could talk… he readily agreed. Then I told Bill I had Bob on the phone and that he would be happy to talk to him. "Really?" said Bill. I handed him the phone and they talked for a few minutes. We gave them some privacy. When we heard Bill hang up the phone, we returned to the living room, where he was lying down. "He's coming on Monday," Bill said. (It was Friday.) He had a big smile on his face.

Bob did come to see Bill. They talked for several hours. They reminisced about their childhood, the games they used to play, some of the childhood secrets they had. It was like the good old days. Bob went back home that evening. Bill passed away Tuesday morning. He needed to make peace with his brother. That string of anger, resentment, and perhaps even hatred kept him tied to this world and would not let him go to his rest. But when he and Bob made peace, Bill was free to go.

Listen for those stories. Gently ask probing questions to see if you can identify something that may be keeping them alive or something they need to let go of. What may they be waiting for? A birthday, an anniversary? Some special occasion like their granddaughter's wedding? Or perhaps a holiday or another special event like a family reunion? Just recently, we were watching some old videos our sister had recorded through the years on

one of those old super eight cameras. We didn't even remember her taking these videos. It was amazing to see our daughters when they were little, many family members, and parents. One of those videos was very important. It was a family reunion in 1993. Pamela's father, who had been diagnosed with cancer of the brain, was there, still walking, though with much difficulty, and he was making his rounds asking people if they had had enough to eat or drink. He was, as always, making sure everyone's needs were taken care of. We were reminded that just two weeks later George succumbed to his disease. He had insisted that family reunion go on as planned so he could see so many people he cared about gathered in his house, and perhaps it was his way to say goodbye to all of them. Again, we don't necessarily think these are the conscious thoughts of a dying patient, but somehow, subconsciously, they seem to know, and they seem to determine when, where, and how they will die.

Listen to Their Story

Mitch Albom recounts, "One night in May, my uncle and I sat on the balcony of his apartment. It was breezy and warm. He looked out toward the horizon and said, through gritted teeth, that he would not be around to see his kids into the next school year. He asked if I would look after them. I told him not to talk that way. He stared at me sadly…He died a few weeks later" (Albom, 1997, p. 15).

Mitch's response is somewhat typical of so many people who feel uncomfortable that someone they care about – a loved one or a friend – speaks so openly and freely about their own mortality. They think it's morbid, it makes them uncomfortable, and they don't want to go there with them. But listening and encouraging that conversation may be one of the most meaningful, helpful, and loving things you can do for them. As Ted Menten writes:

> *"By listening aggressively, we learn what our loved one needs from us, wants from us. He will tell us when to draw closer and when to pull back, when to talk and when to listen. And when to face the inevitability that death is near.*
>
> *Ideally, a closing is a shared experience. The person facing death may begin the closing. But if you sense that your loved one is resisting saying goodbye, you may choose to start the closing. How? Do what you can.*
>
> *Talk of the life you have shared, recalling an amusing or special time. By doing this, you express the importance of this person and your relationship. Without saying it, you're indicating that you will miss him, that he will be remembered. No one wants to be forgotten."* (Menten, 1991, pp. 19-20)

Listening attentively does not mean listening passively, never saying anything. It's proper to ask questions for clarification, encourage more information and the expression of feelings, paraphrase what you hear, agree where you can, and summarize when the right moment comes. As Menten explains, "Those we love are trying to tell us how they want to die, how they want to be buried, and how they want to be honored and remembered." He then adds:

> *"If we truly honor those we love, we will listen to their wishes, even if we do not agree with them. An important aspect of closing is accepting that death is near, whispering into the ear of our loved one. No matter how difficult it may be for us to accept, we need to acknowledge that our loved one is preparing to take the journey. In loving kindness we should help him or her get ready."* (Menten, 1991, p. 117)

Many of the stories dying patients share with us are of a life well lived, their family, how they met their spouse, their life together, their children, and their joys. But sometimes their stories also include their sadness, and especially their regrets. As Egan attests, "I've never met a single patient who didn't have at least some regrets" (Egan, 2017, p. 69). As a pastor or caregiver, you can facilitate the expression of those regrets, too. Getting things off their chest might be just what they need to help them have an easier journey through their last days on this earth.

You can ask questions to encourage EOL patients to share their story. You don't need to be a reporter, and you certainly don't want an interrogation, but a few questions here and there can be the catalyst for them to share their fears, their joys, their worries, their best and worst memories, in short, their story. Ask them about their spiritual journey. How did you come to know Jesus? What has been your experience with salvation? What was it like in the beginning of your spiritual walk compared to your experience with God today? Their responses will tell you a great deal about their emotional and spiritual state of mind.

Final Gifts

One of the first books we read as we began our work with hospice patients was written by two hospice nurses with many years of experience. In fact, at the hospice agency we purchased many copies of the book to share with the families of our patients. In their book "Final Gifts," Maggie Callanan and Patricia Kelley (1993) tell of their experiences, interactions, and common themes they noticed among all their patients through the years.

We are convinced, as we stated before, that terminally ill patients subconsciously determine a lot of what they will do and how they die. Callanan and Kelley refer to this as "Nearing Death Awareness." As they explain, people who are dying seem to have a special knowledge and perhaps even some control over the process of how they will die.

As they further explain, "Nearing Death Awareness often includes visions of loved ones or spiritual beings, although they don't necessarily signal death's imminence. Dying people may see and speak with religious figures. They may feel warm, peaceful, and loved; some see a bright light or another place. Some review their lives and come to a more complete understanding of life's meaning. Realizing they are dying, they don't seem to feel fear; rather, they express concern for those who will be left behind" (Callanan & Kelley, 1993, p. 16). Patients who are slowly dying of progressive diseases such as AIDS, cancer, and lung disease tend to experience Nearing Death Awareness. We often hear stories of a person who was almost in car accident or almost killed and they speak of seeing their life flash before them, but in the case of those patients who are dying slowly they seem to have more time to assess their lives and to determine what remains to finish before they breathe their last breath. Many of the Nearing Death Awareness experiences are one last gift terminally ill patients leave with and to their loved ones.

We have referred to one of those common experiences in previous chapters. Many patients speak about taking a journey, going someplace, needing to pack or to get the tickets, or getting ready for their trip. Callanan and Kelley confirm, "Dying people often seem to know when their death will occur, sometimes right down to the day or hour. Surprisingly, they often face this knowledge not with fear or panic, but rather with quiet resignation. Their attempts to share information about the time of death may be very clear and direct. On the other hand, some may be so vague and subtle that others miss or ignore them or label such messages 'confused'" (Callanan & Kelley, 1993, p. 119). They give an example: "Comments like Laura's – 'It's time to get in line' – are often heard when someone is near death. It's easy to label such comments as 'confusion,' and stop listening" (Callanan & Kelley, 1993, p. 8). If you pay attention to such words, you will soon realize what your loved one is trying to tell you: "I'm getting ready to die soon."

Another common theme for people who are dying is conversation about the other place. Callanan and Kelley write:

> *"Sometimes comments about the other place are easy to miss or hard to understand. Often people mention a place or express a wish to go home, even when they are home. In that case, ask, 'Which home?' If someone seems to be saying death will be soon, ask, 'Are you telling me you're about to go to this other place?' 'Do you mean you're ready to leave?' With some people you can speak directly, 'Are you saying you'll be dying soon?'*
>
> *When a dying person mentions another place, ask gently if they'd like to tell you about it. You may or may not hear much, but you'll learn something. Dying people teach us that there may be some continuation of life beyond death. As dying people drift in and out of this other place, they assure us of its existence, its beauty and its peace."* (Callanan & Kelley, 1993, p. 118)

While we may not share common beliefs about the afterlife, we can still be effective ministers to those who are making that transition from this life to their rest. Phyllis Galley Westover (in Gutkind, 2012) talks about her dying 101-year-old father: "Had I read the book [*Final Gifts*], I would have known that when my father asked what I had heard from 'Dad' (his father), his question was not just a symptom of dementia but a foreshadowing of imminent death" (Gutkind, 2012, p. 34).

We have to say it again and again because it seems as if we just don't want to hear it: It's not so much what you say, it's what you do. Visiting a person who is dying while they are still alive is so much more valuable than speaking nicely about them at their funeral. If we know that their life is limited by time, make every effort to spend as much time as possible while they have the time and before they are gone.

Discussion Questions

1. How do you minister to someone who may have different beliefs about death than you?
2. Is it possible to minister to them without affirming their specific theological understanding? How?

Giving Permission

We have seen many patients struggle to let go of this life and rest. This is often complicated by their loved ones who also do not want to let go. We have heard family members physically hold onto their mom or dad and beg them not to leave them. Often, they will tell them, "I cannot go on living without you in my life." We do not want to be critical of these expressions of love and grief, but they are not helpful to the patient at all. In reality, none of us want to let go of our loved ones, but death happens to all and it will happen to them too. The question is when it will happen. Perhaps for those of us who are watching them die their death is too soon. But if they lived to be 110 years old, would their death be any easier?

What happens when we say such things in earshot of our loved ones who are struggling between life and death is that it makes them want to remain anchored to this life even while their bodies are giving way to death. It would be better, more helpful, and much more loving to release them, to allow them to die, to give them permission to rest. Laurie Foo (in Gutkind, 2012) writes about her father, "Two months before his death, I gave him permission to stop fighting." So, Gutkind concludes, "The dying need to know the living will be all right, and the living need to come to terms with letting a loved one go" (Gutkind, 2012, p. 73).

You can help the family, coach them if you will, so they can in turn help their loved ones die peacefully instead of continuing to fight to stay alive. Gently explain to them that by giving their loved one permission to die they would be giving them one of the most loving gifts they can, the gift of peace.

The Healing Power of Tears

So many feel that they need to be strong in order to help others be strong. We hold back our emotions, suppress our tears, and put on a happy face in our attempt to cheer up the person who is dying. But tears may be not just what we need, but what they need. Menten writes:

> *"Isn't it strange that standing on a train platform, saying goodbye to a loved one, we have no trouble with tears? Those tears are an affirmation of our love, our sorrow, and our pain of being separated. We rejoice in those tears – knowing that they mean we love and are loved in return. But somehow, when we face the final farewell of a loved one, we hold back those tears until after he is gone. Everyone is so busy being brave. Telling lies. Tears would be more truthful."* (Menten, 1991, p. 20)

On Living

Menten writes: "People who know they are going to die spend their remaining time either a) being alive; or b) staying alive. The people who fit into the first category enjoy the time they have left. Those who concentrate on staying alive, however, spend every waking moment looking for a cure, running from doctor to doctor, drug to drug, hope to hope" (Menten, 1991, p. 57).

Some of my most valuable and memorable time in ministry has been at the bedside of people who are dying. I do not enjoy watching anyone while they are dying any more than anybody else, but to be able to facilitate that passage through life and make it the best it can possibly be is truly rewarding. I have stated often that being with a person who is dying is "awesome." By that I mean that it feels me with awe, every single time. And to know that I have been instrumental in making that last journey in this world more bearable and meaningful makes it worth my living and my ministry for them.

As hospice chaplain Kerry Egan writes, "hospice chaplains are sort of the opposite of storytellers. We're story holders. We listen to the stories that people believe have shaped their lives. We listen to the stories people choose to tell, and the meaning they make of those stories." She goes on to say that chaplains, and we would add pastors, "create a space — a sacred time and place — in which people can look at the lives they've led and try to figure out what it all means to them" (Egan, 2017, p. 17).

As we have stated elsewhere, what is so amazing when we spend time with those who are dying is that very often, we go to comfort them and leave comforted, we go to encourage them and leave encouraged, we go to be a blessing to them, and leave having been blessed by them. As Egan expresses it, "There is power in being present with people who are dying. There's power in the stories of their lives and the meanings they found in them. Not the power of life and death, but of healing and wholeness. That power isn't just for those who are dying. It's for anyone who wants to listen" (Egan, 2017, p. 23).

What is the point of listening to what the dying tells us? I guess the same question could be asked by a counselor or therapist, "What is the point of listening to what the living tell us?" Decades of research and practice reveal that talking is therapeutic. That's why counseling and counselors thrive in what they do for others. Chaplains and pastors have that amazing gift of their presence, their willingness to listen, and the added bonus of God's presence in their lives. We like the way Egan explains it: "Me, the chaplain, I had no power. A chaplain brings nothing. Unlike the nurse, I have no medication to give; unlike the social worker, I have no programs to sign up for. I don't take anything, either – no urine samples, no vital signs, no signatures on documents. I don't make anything happen. All I can do is show up and listen. This, as strange as it sounds, is where a chaplain's power lies, in the powerlessness of the role" (Egan, 2017, p. 66).

Egan shares a conversation she had with one of her patients. This is a sample of what you may expect when you allow yourself to be used by God to be His instrument:

> *"Ellen seemed happy to have a visitor. I asked her about her days. 'You know what I do all day long as I lie here?' she said. 'I try to be loveful.' I asked her what she meant. 'We shower so much love on babies and children,' she said. 'But as we grow up, it stops. No one showers love on grown-ups. But I think we need more love as we get older, not less. Life gets harder, not easier, but we stop loving each other so much, just when we need love most. I – ' Her voice caught in her throat, but she took a big breath and kept going. 'I need more love now that I'm so old. I need love.' She lay back on her pillows and closed her eyes, out of breath. In another few seconds, she opened her eyes again. 'One day, when I was lying here, I realized how old God is. He is so old. He must need so much love. People are always demanding so much from him, but who is there to shower him with love? So, I thought that was something I could do. That's what I do all day: I try to love God. I lie here and try to make my heart burst with so much love. I can lie here and love God and maybe it will help him.' She sighed heavily and her eyelids fluttered."* (Egan, 2017, p. 171)

Of course, not all conversations with dying patients are as positive, inspiring, or sweet as this. Some of their stories are painful to hear, as they are to tell. But that's the double value

for them and for us. When we fail to listen, or worse yet, when we stifle the telling with clichés, we make it more difficult for them to walk through the valley of the shadow of death. As Egan (2017) writes, "When someone tells you the story of their suffering, they are probably still suffering in some way. No one else gets to decide what that suffering means, or if it has any meaning at all. And we sure as hell don't get to tell someone that God never gives anybody more than they can handle or that God has a plan. We do not get to cut off someone's suffering at the pass by telling them it has some greater purpose. Only they get to decide if that's true. All we can do is sit and listen to them tell their stories, if they want to tell them. And if they don't, we can sit with them in silence."

As you visit terminally ill patients, it is possible that you will hear the same stories over and over again. Perhaps they have forgotten that they have told you the stories, or perhaps they are confused, or perhaps, as Egan explains, "When people tell their stories again and again, turning them over and over, they're trying to make or find meaning in them. That meaning is something they have to discover for themselves. As painful as the process might be, there is no circumnavigating it, either with the most thoughtful ideas you can offer or with the most hackneyed clichés. The meaning a person finds will almost never be the same one you can come up with. It will always be richer, more nuanced, more surprising" (Egan, 2017, p. 180).

Conclusion

If we can summarize this chapter in just a few words, it would a plea to be willing to spend time with a person who is dying. This is the one chance you get to do things right. Once they die you can't help them. Listen patiently and attentively to their stories, and pay attention to what they are telling you as they may be giving you clues as to when they will die. But most importantly, by being with them you are conveying the message they are still living and that their life matters not just now but even after they are gone.

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Section 2

Helping the Family During Rituals

"The LORD builds up Jerusalem; He gathers together the outcasts of Israel. 3He heals the brokenhearted and binds up their wounds." Psalm 147:2-3 (NKJV)

"These mourning rituals and ceremonies are meant to bring people together, to take the hands of those mourning the loss and lead them astray from isolation." – Tracey Wallace

Today I allowed myself to cry.
I don't have to be embarrassed of my tears.
I don't need to justify my reasons.
And oh, how good it feels.

I let them fall as they come,
As the cloud allows the rain,
And I feel their heaviness flowing out
As they carry out my pain.

How good it feels to cry,
And to know that it is my right,
After all, it's the only way
For my sorrow to be truly out;

For my pain to be resolved,
For my mind to become clear.
If Nature never let the rain fall
How would the clouds disappear?
– Liliana Kohann

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Introduction

In Margaret Edson's play, "Wit," the main character, Vivian Bearing, who is a college professor specializing in the English poet John Donne, has been diagnosed with a terminal disease. During the play, she comes back to Donne's sonnet ten, "Death, be not proud," and makes this observation about the sonnet's closing lines:

> "Gardner's edition of the Holy Sonnets returns to the Westmoreland manuscript source of 1610 – not for sentimental reasons, I assure you, but because Helen Gardner is a scholar. It reads:
>
> And death shall be no more, *comma*, Death thou shalt die.
>
> Nothing but a breath – a comma – separates life from life everlasting. It is very simple really. With the original punctuation restored, death is no longer something to act out on a stage, with exclamation points. It's a comma, a pause.
>
> This way the *uncompromising* way, one learns something from this poem, wouldn't you say? Life, death. Soul, God. Past, present. Not insuperable barriers, not a semicolon, just a comma" (Edson, 1999, pp. 14-15).

Depending on the culture and location, some rituals which have been practiced through the years, perhaps centuries, are still practiced today. Julie Kirk (n.d.) lists several:

- Throwing a Handful of Dirt on the Casket
- Mourning
- The Wake
- Dressing in Black
- Funeral Procession
- Bagpipes Playing
- Tearing a Piece of Clothing
- Tolling of the Bell

The most common ritual observed in most parts of the world, although with cultural variations, is the funeral itself. The funeral service, and the committal which follows, present the pastor with a good opportunity to minister to the family of the deceased while at the same time reminding them that death is not final, it is not forever, but rather a pause, a comma, an interlude of sorts. But when the pause is over, the best and grandest of

all family reunions will take place. Sadness and joy, despair and hope, all mingle into one service.

In this chapter we will talk about some of the rituals revolving around the funeral that help the family and loved ones of a person who has died begin or continue their journey through mourning and grief.

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"A funeral procession was coming out as he approached the village gate. The young man who had died was a widow's only son, and a large crowd from the village was with her. When the Lord saw her, his heart overflowed with compassion. 'Don't cry!' he said." Luke 7:12-13 (NLT2)

Chapter 1

Funerals and Memorial Services

Introduction

The first funeral service I (Claudio) remember attending was my own father's. I was fifteen years old. My father died of a massive and sudden heart attack. He was alive and well in the morning and when I returned home that afternoon, I received the news that he had died at the hospital. Two days later he was being buried. Our life was turned upside down. My mother, who had not worked outside the home since she married my father, was out looking for work for the first time in her life since she was a young lady. My two brothers and I, the last three still living at home, sensed the absence of our dad, his guidance, his manly figure, his example, his strength, and his stability. But, like everybody else, we learned to live with the new reality of our life.

Funerals are interesting events. No one really likes them, and yet they are so important and necessary. We look forward to weddings, baptisms, graduations, parties, and other festive events. No one looks forward to attending a funeral. I have heard people say they look forward to getting it over with, but we have never heard of anyone saying they looked forward to the funeral for someone they deeply loved. And yet, a funeral is not simply a ritual, it is a necessity.

Nina Herrmann Donnelley writes, "I myself find burial services which honor the special, individual qualities of the dead person particularly meaningful. If this is allowed in your friend's faith, you could help by gathering materials and calling people your friend would like to participate. As with informing people of the actual death, this last may be something your friend or other family members wish to do themselves. You should ask permission to become involved in such personal matters. But do not assume your involvement isn't wanted. And don't assume someone else is doing what needs to be done. Often that is not the case, and often it is greatly helpful to a family to have assistance from one or more caring friends who are not in the immediate throes of mourning" (Herrmann Donnelley, 1987, pp. 36-37).

As a pastor and chaplain for close to forty years, I (Claudio) have had to attend or officiate countess funerals. Many of these funerals were for family members, including my own mother and brothers, my wife's parents and several of her relatives, church members,

hospice patients, and even some people I never met while they were alive. One of the saddest ones happened while I was a pastor and was asked to officiate the funeral for a lady who had been a member of the church many years ago but had moved away from the town where the church was located. No one in the church knew her, but her son knew she had been a member of the church and asked if the pastor would be willing to have her funeral. I readily agreed. At the funeral parlor there were only three people present for her service – her son, his wife, and their teenage daughter. It was sad for them, and for me. I think even the funeral home people felt sadness at such a lonely event. But her family wanted it and in fact, they needed it.

Why Do Funerals Matter?

This is a very important question to answer so we can understand the significance and properly prepare for a funeral. A funeral is not simply a ritual, something we do as part of our job, or some sort of obligation. Rather, it is part of the necessary passage from life to the new reality of life as it will be. A funeral serves no purpose, nor does it provide any benefit, for the deceased. After all, "the dead know nothing" (Ecclesiastes 9:5, NKJV). As Christians, we don't need to worry about the person because they are not aware of anything that's happening around them or to them. They are sleeping (John 11:11), peacefully awaiting the day of resurrection (1 Thessalonians 4:16). The funeral is for the family, for the loved ones, the survivors. The question then is, what purpose does a funeral play? These are some of the most important objectives:

- A funeral, as painful as it may be, reinforces the reality that a loved one has died, that they are no longer with us. It is not about "closure," but rather the beginning of a new life without this person in our lives. Think for a moment of those people who have disappeared without a trace. Maybe they have died in a plane crash, drowned, or were abducted and their remains were never found. For the rest of their lives, their loved ones live with the uncertainty (this is called "ambiguous loss") of not having "proof" that their loved has died. They always live with hope that they will return or be found alive somewhere. On the other hand, seeing their loved one inside a casket, being eulogized and remembered, is another confirmation that they are indeed gone and that life without them needs to begin.
- A funeral provides the family, loved ones, and friends of the deceased the opportunity to acknowledge and express their loss. Sometimes that acknowledgement comes in the form of tears, but often it comes in the form of laughter. When stories are told, the family realizes that the memory of their loved one will not be forgotten but they will live on in the lives of others they have touched.
- A funeral gives survivors the opportunity to begin to interact with others in their new role as widow or widower, orphan, or parent of a dead son or daughter. That

recognition is difficult but it is also a reminder that they must continue to live even with this great loss in their life.

- A funeral gives everyone present an opportunity to stop and reflect on how fragile life is and how close death is to all of us. It helps us reevaluate our own life and mortality.
- By creating a common experience among those present, a funeral provides an avenue for friends, family, and others to offer and experience group support during a very painful, tragic event.
- A funeral allows, indeed encourages, us to say our goodbyes to the person who is no longer with us.
- At the same time, a funeral offers a sort of transition and continuity from what life used to be like to the new reality. While it is a sad event, it is also a moment for hope.

Think of the possibilities a funeral can potentially present for the family and loved ones of the deceased. Because a funeral helps us embrace the wonder and beauty of life, including its bookend of life and death, it gives us a sense of ***transcendence***.

At the same time, a funeral provides ***meaning*** for the life that was lost. There's a story in the Bible about King Jehoram, one of the kings in the southern kingdom of Judah (2 Chronicles 21:4-20). His reign was short, only eight years, and quite unremarkable. In fact, the closing remarks about his reign are that "he departed with no one's regret" (vs. 20, ESV). In other words, no one cared that Jehoram died. No family wants to hear such words about their loved one, and no one wants to think that the life of their loved one was a waste. They want to know that others care their loved one is no longer alive.

While in some societies and cultures the open expression of our feelings is discouraged, seen as embarrassing, and people are told to repress their outward emotions, a funeral encourages and facilitates the ***expression*** of our inner thoughts and feelings about our terrible loss. As author Charles Dickens (n.d.) wrote in "Great Expectations," "Heaven knows we need never be ashamed of our tears, for they are rain upon the blinding dust of earth, overlying our hard hearts," to which Leonard DaVinci (n.d.) would add, "Tears come from the heart and not from the brain."

When people care about each other, they come together in the good times and in the bad times, for moments of joy and for times of sadness. It's how we humans ***support*** one another. When we gather together, we reminisce about our times together, the laughter and the tears, the births, accomplishments, graduations, jobs, and good fortune, but we also ***recall*** the deaths, the losses, the defeats, and the failures. All these are part of what

life, their life, was all about. Ultimately, at the funeral service we can't deny what has taken place. Lying in front of us is the lifeless body of someone we loved deeply. It is the ***reality*** that someone who was very special to us is now gone.

Perhaps you can picture these six elements (see Figure 1) of the funeral and how they embrace the surviving family members with love, courage, and comfort.

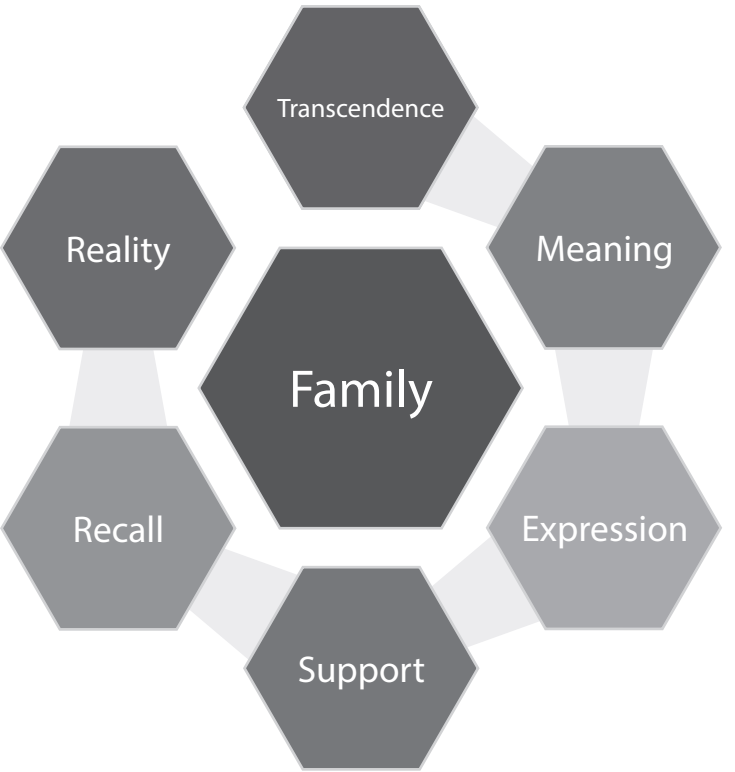

Figure 1 – Adapted from Batesville (n.d.)

So, as painful as it is, as uncomfortable as it may make us, and as unnecessary as we may think it is, there is great value in this ceremony. Ultimately, while the focus is the person who has died, the beneficiaries are their loved one and those who cared about them.

One of the painful lessons many learned as a result of the COVID-19 pandemic was how difficult and painful it is to not be able to attend the funeral for someone we love or care about. We may feel it is not necessary to have such a service, but those who were not able to attend it will tell you it is very important.

Arrangements

Unless someone has made prior arrangements for their funeral, this will be one of the first decisions that will need to be made by their survivors. The very first thing that needs to be decided is who will take care of their body. In other words, the loved ones have to make arrangements with a funeral home or parlor. If a pastor has had good experiences with one, they may make recommendations. In fact, it may be good for a pastor to have some of that information and act as a referral source when needed.

In order to make arrangements with the funeral home it is helpful for the family to have this information readily available:

- **Insurance** – some people have purchased funeral insurance to cover the expenses. A life insurance policy can also help cover these expenses.
- **Identification** – driver's license, passport, birth certificate. Any or all of these are important as the funeral home deals with death certificates, which in turn will be important as loved ones contact the bank, utility companies, Social Security office, etc.
- **Clothing** – what you want your loved one to wear, particularly if there will be a viewing or open casket. Include shoes, ties, gloves, or anything else they know their loved one would have wanted to wear.
- **Misc.** – eyeglasses, dentures, etc. Sometimes children want to have special items in the casket with their loved one. I have seen everything from teddy bears to letters, medals to books, music CDs to cigars…the family has the right to decide what they want and we don't have the right to criticize them for any of it.
- **Personal Information** – Since the funeral home will be preparing the obituary for the newspaper, it's good to have the list of family members who will be listed in it (it's embarrassing, and it may be hurtful, if someone is left out).
- **Photographs** – A photo may be used as part of the obituary, but if the family would like to display a large picture of their loved one during the service it's good for the funeral home to have it ahead of time so they can decide the most appropriate way to display it. This is particularly important if there is no viewing, or if there is no body present (for instance, if the body has been cremated or it is a memorial service several days or weeks after the person has already been buried).

As a pastor, I always offered to accompany the family to the funeral home to help them through the process of making arrangements. Some of what takes place is private (finances, decisions, etc.), so the pastor needs to be sensitive and allow for those private decisions to be made by the family. Many have expressed their appreciation for the offer

but have politely declined, while others have welcomed the offer and expressed great appreciation that I was there to assist them.

Choosing a Casket

Probably one of the startling moments while making funeral arrangements is having to walk into the casket room to select the one for your loved one. As much as you may feel ready for this moment, nothing really prepares you for the stark reality of the death of someone you love juxtaposed with the commercial aspect of the funeral business.

Funeral homes, in general, are very nice, clean, orderly places which elicit peace and comfort in the knowledge that the person who has died will be treated with care and dignity. But the fact is that a funeral home is a business, and the casket display room is a prime example. Funeral directors are trained to treat the survivors carefully and respectfully, without applying pressure to do or buy anything, but sometimes they will say a few words that can make the family want to choose the "better" (more expensive) option and spend more. Caskets are made of different materials – wood, metal, etc. Some of them are beautifully designed and painted, while others are carefully polished. The handles and interior are very nicely crafted as well. The funeral director will explain what each casket features and costs. Some are obviously less expensive and others very pricy.

As careful as funeral director may be, I have heard them make comments like, "This is a very nice casket, if you feel that it is worthy of the type of mother you had." The insinuation is that you should not bury your mom, or dad, or brother, or whoever, in such a cheap casket. It would be more dignified to have them buried in the nicest, most elaborate, and logically more expensive model. At those times when they seem to be having a difficult time with such decisions, I have gently reminded them that it is their choice to make and that their loved one is not aware of anything, including which casket they are going to be buried in. They need not feel guilty for choosing the less expensive casket.

Viewing

The viewing is an opportunity for the family to receive the visit of family and friends before the funeral service. Depending on the family's wishes and the customs of the area, the viewing can take place the evening before the funeral or an hour or two before the funeral.

Family members can be sure that some people may just come to the viewing out of plain curiosity. There's such fear and at the same time fascination with death that some people just want to come to see what the deceased looks like. Fortunately, it is usually a very small

minority who come for that reason. For the most part, most people come to pay their respects for the deceased and to express their sorrow to their loved ones.

The funeral home will make time available for just the family to come and spend time with their loved one before the general public is allowed in. It is a time for them to face for the first time, privately, the reality of their loved one, now dead. I always asked the family if they wished for me to accompany them during this time. Again, some gladly accepted, while others politely declined. When invited to join them, however, I always tried to stay behind them, to support them, but to give them all the time and space they needed to spend time with their loved one.

The family may choose to have an open casket or closed casket during the funeral service. Either one is fine and it is really only the family's decision.

Message Preparation

If you are asked to be the officiant at the funeral service, the sermon will be one of the most important things you will need to prepare. There are many texts and quotes you can use, but the most meaningful words you will pronounce will be those about the deceased. For that reason, I always ask the survivors to help me write the message. Once I am asked to have the funeral, I express my appreciation for that honor and ask them to help me by writing some of their special memories of their loved one, and sending them to me before the funeral. I tell them something like, "Imagine that I have never met you or your mom/dad. What can you tell me that would help me to know them better? What are some of your favorite memories? What makes you laugh/cry when you think about them?" This has worked very well for me for several reasons:

- It facilitates the expression of their emotions. Many have told me that as they were writing, they cried, and laughed, and cried some more, and laughed some more. They have told me they needed it and appreciated it.
- It helps me to tell their story without putting them on the spot, in public, during a highly charged emotional moment. They can still cry, or laugh, while they sit to listen as I repeat their own words.
- It helps me to keep control of the service. If you open the floor for people to share a few words you risk dead silence (pardon the pun) or someone who tells long, at times complicated, and even embarrassing stories. I tell their stories and keep the service flowing more naturally.
- It is more personal. It is their story about someone they love.
- It protects the family or loved ones. I have not had the experience myself, but I have

heard horror stories of someone who comes to the funeral with a grudge, with a secret about them, or with an embarrassing story to tell. Again, I oversee the service, so I control better what is said and done.

Order of Service

What the funeral service will be like is entirely up to the family. No one should impose or decide for the loved ones what they want to memorialize the person who died. Obviously, if the funeral service will be held at the church, there are some considerations and limitations because of the setting. We remember a funeral, at a funeral home, where I was asked to officiate. It was for a biker who had died in a motorcycle accident. The family chose songs like "Leader of the Pack." They had placed bottles of alcohol and cans of beer in the casket, and when the service was over, they revved up their bikes and escorted the hearse all the way to the cemetery. I would not have made the same choices, but neither was I going to judge them, criticized them, or refuse to do the service. I was there to minister to their needs. So, there may be many variations in a funeral service, but in general terms, a traditional order of service usually has the following elements:

- **Musical Prelude** – Some churches have a musician (pianist, organist, etc.) who may play some soft, mellow music while the people begin to make their way to their seats and before the service begins. Some funeral homes have an electronic piano that a church musician may use as well. Some people, or some churches, don't have a musician available (especially if it's a small church, it's during the week and musicians have to work, etc.), so the church (if the service is held at the church) or the funeral home may have prerecorded music that can be played.
- **Processional** – Often the family members are gathered in a room near where the service will take place. At the time for the funeral to begin those gathered are directed to stand as a sign of respect and the family walks in to take their seats at the front of the chapel, church, or auditorium. Sometimes the funeral director gives the directions for the congregation to stand, and then be seated after the family does so, but at other times the pastor is the one who gives the indications as to what to do.
- **Closing of the Casket** – If a casket is present, there are basically three options:
  - Keep the casket open during the entire service.
  - Keep the casket closed during the entire service.
  - Combination of open/closed casket – If the family chooses an open casket during the service, then the casket may be closed after the benediction and after the family has had one last opportunity to see their loved one. However, if the viewing preceded the funeral, and the family does not want an open casket, then the casket is only opened after the benediction and everyone is given the

opportunity to file by to pay their final respects and the family has the chance to see their loved one last time.

- **Introduction / Words of Welcome** – Usually the officiant thanks everyone, on behalf of the family, for coming to offer their support and encouragement with their presence.
- **Opening Prayer**
- **Scripture Readings** – The family can choose any passages they wish. I usually ask to see the Bible of the deceased and I often find passages that have been highlighted or underlined or notes they have written on the margins or the back pages of the Bible. They often offer a treasure trove of ideas to use in the preparation of the message.
- **Musical Selections/Hymns** – The family may choose, or you can suggest some. Some of the most often used hymns are "Amazing Grace" and "In the Garden."
- **Formal Reading of Obituary** – In some places it is the custom to do this, while in other places it is not.
- **Eulogy/Life Tribute** – Pastor or officiant
- Brief Informal Tributes – In some places and cultures, designated people will read messages written in the guest book, emails, or cards brought to the viewing, church, or funeral home.
- **Thank You and Acknowledgements** – Officiant can say a few words of thanks on behalf of the family or a family member may choose to express their appreciation.
- **Closing/Benediction**
- **Viewing of Deceased** – This would happen if the family has chosen an open casket during the funeral service. When the casket is actually closed, it is appropriate if the family is asked to sit so they are a little removed as it can be very impacting to witness it.
- **Recessional** – The pastor or officiant precedes the casket on the way out of the church or funeral home and to the hearse.

If you are a former pastor who has been asked to officiate, or a relative of the deceased, please remember to include the pastor of the church where the deceased used to worship. Consult with the family first and offer to contact the pastor. You may wish to ask the pastor to assist you.

Discussion Questions

1. Reflect on all the funeral services you have witnessed. What is the most meaningful thing you have seen included in a service?
2. On the other hand, is there something you have witnessed that would have been better had it not happened?

Rituals

While most of the time we're called to officiate at the funeral service of a member of our church, there may be times when we are called upon to officiate services for others. Sometimes church members ask that we have the funeral for a member of their family who had no church affiliation. I came to know funeral home directors well enough that when they had someone who had no church membership but whose family wanted a religious ceremony for their funeral, they would ask me if I would be willing to do so. If I was able to do it, based on my schedule and obligations, I usually agreed as a service to the community. Sometimes I was able to visit with the family ahead of time and ask about the deceased so I could prepare my remarks, but other times I simply had the message without having met anyone prior to the service. I personally don't like generic eulogies, but in cases like those you must do your best.

In cases where you may be called upon to officiate for someone not of your church, or for church members who come from different cultures, please be mindful of their choices and wishes. Their traditions may not align with yours, but if it's meaningful to them consider including their requests in the service. Menten reminds us that "Many religions offer a closing ritual which comes some time after the actual death and burial. For example, Jews wait one year before placing a headstone on the grave" (Menten, 1991, p.114). So, ask the family if they have anything they would like to include as part of the ceremony or burial. If at all possible, including those wishes makes it more personal and memorable to them.

For the Officiant

You may have experience in sermon preparation for funerals, but we would like to provide you with some ideas that may be helpful in preparing the eulogy. We recommend that you focus on the person and the needs of the family and not turn the funeral into an evangelistic opportunity or a time to preach theologically. I remember a funeral service that I attended where the priest spent the entire time, fortunately a very brief message, talking about the difference between empathy and sympathy. There was very little comfort in that message and he never referred to the person who had passed away or his family at all. Some pastors may think that this is a perfect opportunity to guide people to have

a better understanding about the state of the dead or biblical doctrine. We think that this is a great opportunity to provide comfort, encouragement, and help to the survivors of the deceased instead of simply preaching as if it were a regular church service or an evangelistic series.

With that in mind, you can still choose texts that will bring them comfort and peace and at the same time remind them of the hope that we have in Jesus Christ and in the resurrection. These are just a few of the texts that I have used in funeral messages:

1. For a person known to have a very active, strong prayer life:
   "The effective, fervent prayer of a righteous man avails much." James 5:16 (NKJV)
2. For someone who had a very close walk with God:
   "Enoch lived sixty-five years, and begot Methuselah. After he begot Methuselah, Enoch walked with God three hundred years, and had sons and daughters. So all the days of Enoch were three hundred and sixty-five years. And Enoch walked with God; and he was not, for God took him." Genesis 5:21-24 (NKJV)
3. For a person who has fought with cancer or a terminal disease:
   "Behold, I tell you a mystery: We shall not all sleep, but we shall all be changed – in a moment, in the twinkling of an eye, at the last trumpet. For the trumpet will sound, and the dead will be raised incorruptible, and we shall be changed. For this corruptible must put on incorruption, and this mortal must put on immortality. So, when this corruptible has put on incorruption, and this mortal has put on immortality, then shall be brought to pass the saying that is written: 'Death is swallowed up in victory.' 'O Death, where is your sting? O Hades, where Is your victory?'" 1 Corinthians 15:51-55 (NKJV)
4. A text on the hope of the resurrection morning:
   "For this we say to you by the word of the Lord, that we who are alive and remain until the coming of the Lord will by no means precede those who are asleep. For the Lord Himself will descend from heaven with a shout, with the voice of an archangel, and with the trumpet of God. And the dead in Christ will rise first. Then we who are alive and remain shall be caught up together with them in the clouds to meet the Lord in the air. And thus, we shall always be with the Lord. Therefore comfort one another with these words." 1 Thessalonians 4:15-18 (NKJV)
5. Another text which reminds us of the resurrection morning is found in Isaiah:
   "Your dead shall live; Together with my dead body they shall arise. Awake and sing, you who dwell in dust; For your dew is like the dew of herbs, And the earth shall cast out the dead. Come, my people, enter your chambers, and shut your doors behind you; Hide yourself, as it were, for a little moment, Until the indignation is past." Isaiah 26:19-20 (NKJV)

6. As family members prepare to share their memories of their loved one, a text to begin that is Proverbs 10:7:
   "The memory of the righteous is blessed." Proverbs 10:7 (NKJV)

Texts That Provide Hope and Courage

As we stated before, this list is not exhaustive but simply a sample of some of the texts we have used at many of the funerals where we have spoken:

- "The eternal God is your refuge, and underneath are the everlasting arms." Deuteronomy 33:27 (NKJV)
- "Come to Me, all you who labor and are heavy laden, and I will give you rest." Matthew 11:28 (NKJV)
- "Casting all your care upon Him, for He cares for you." 1 Peter 5:7 (NKJV)
- "As a father pities his children, So the LORD pities those who fear Him." Psalm 103:13 (NKJV)
- "And my God shall supply all your need according to His riches in glory by Christ Jesus." Philippians 4:19 (NKJV)
- "In all their affliction He was afflicted." Isaiah 63:9 (NKJV)
- "Surely He has borne our griefs And carried our sorrows; Yet we esteemed Him stricken, Smitten by God, and afflicted." Isaiah 53:4 (NKJV)

Texts that Encourage the Expression of Our Feelings

Sometimes people hold back their tears of pain and sorrow lest they "embarrass" themselves or their family. We are firm believers that it is better, and healthier, to allow for the expression of their emotions now rather than keeping their feelings bottled up inside and possibly suffering emotional consequences later. So, part of our job during the message at a funeral is to assure those present that it is normal to feel sorrow, sadness, and pain. By sharing some of these texts, you may be encouraging them to experience and express their emotions. The following texts are some examples that you can use to facilitate or to serve as a catalyst for that purpose:

- "LORD, God of my salvation, I have cried out day and night before You. Let my prayer come before You; Incline Your ear to my cry." Psalm 88:1-2 (NKJV)
- "My eye wastes away because of affliction. LORD, I have called daily upon You; I have stretched out my hands to You." Psalm 88:9 (NKJV)
- "But to You I have cried out, O LORD, and in the morning my prayer comes before You. LORD, why do You cast off my soul? Why do You hide Your face from me?" Psalm 88:13-14 (NKJV)

By the way, as you read the texts above please notice how the very next Psalm begins: "I will sing of the mercies of the LORD forever; With my mouth will I make known Your faithfulness to all generations" (Psalm 89:1, NKJV). It is a hymn of hope which follows a cry of pain and despair.

Other Texts for Eulogies

These texts can also be used as the scripture reading for the service or to help you prepare the eulogy:

> "Man who is born of woman Is of few days and full of trouble. He comes forth like a flower and fades away; He flees like a shadow and does not continue… If a man dies, shall he live again? All the days of my hard service I will wait, Till my change comes. You shall call, and I will answer You; You shall desire the work of Your hands." Job 14:1-15 (NKJV)

> "The LORD is my shepherd; I shall not want. He makes me to lie down in green pastures; He leads me beside the still waters. He restores my soul; He leads me in the paths of righteousness For His name's sake. 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. You prepare a table before me in the presence of my enemies; You anoint my head with oil; My cup runs over. Surely goodness and mercy shall follow me All the days of my life; And I will dwell in the house of the LORD Forever." Psalm 23:1-6 (NKJV)

> "Wait on the LORD; Be of good courage, And He shall strengthen your heart; Wait, I say, on the LORD!" Psalm 27:14 (NKJV) (You may also use the entire Psalm.)

> "God is our refuge and strength, A very present help in trouble. Psalm 46:1 (NKJV) (You may also use the entire Psalm.)

> "LORD, You have been our dwelling place in all generations. Before the mountains were brought forth, or ever You had formed the earth and the world, Even from everlasting to everlasting, You are God." Psalm 90:1-2 (NKJV) (You may also use the entire Psalm.)

> "He who dwells in the secret place of the Most High Shall abide under the shadow of the Almighty. 2I will say of the LORD, "He is my refuge and my fortress; My God, in Him I will trust… For He shall give His angels charge over you, To keep you in all your ways. 12In their hands they shall bear you up, Lest you dash your foot against a stone." Psalm 91:1-2, 12 (NKJV)

"I will lift up my eyes to the hills – From whence comes my help? My help comes from the LORD, Who made heaven and earth." Psalm 121:1-2 (NKJV) (You may also use the entire Psalm.)

"He who walks righteously and speaks uprightly, He who despises the gain of oppressions, Who gestures with his hands, refusing bribes, Who stops his ears from hearing of bloodshed, And shuts his eyes from seeing evil: He will dwell on high; His place of defense will be the fortress of rocks; Bread will be given him, His water will be sure. Your eyes will see the King in His beauty; They will see the land that is very far off… And the inhabitant will not say, 'I am sick'; The people who dwell in it will be forgiven their iniquity." Isaiah 33:15-24 (NKJV)

"Strengthen the weak hands, And make firm the feeble knees. Say to those *who are* fearful-hearted, 'Be strong, do not fear! Behold, your God will come *with* vengeance, With the recompense of God; He will come and save you.' Then the eyes of the blind shall be opened, And the ears of the deaf shall be unstopped. Then the lame shall leap like a deer, And the tongue of the dumb sing. For waters shall burst forth in the wilderness, And streams in the desert. The parched ground shall become a pool, And the thirsty land springs of water; In the habitation of jackals, where each lay, *There shall be* grass with reeds and rushes. A highway shall be there, and a road, And it shall be called the Highway of Holiness. The unclean shall not pass over it, But it *shall* be for others. Whoever walks the road, although a fool, Shall not go astray. No lion shall be there, Nor shall *any* ravenous beast go up on it; It shall not be found there. But the redeemed shall walk *there*, And the ransomed of the LORD shall return, And come to Zion with singing, With everlasting joy on their heads. They shall obtain joy and gladness, And sorrow and sighing shall flee away." Isaiah 35:3-10 (NKJV)

"Have you not known? Have you not heard? The everlasting God, the LORD, The Creator of the ends of the earth, Neither faints nor is weary. His understanding is unsearchable. He gives power to the weak, And to those who have no might He increases strength. Even the youths shall faint and be weary, And the young men shall utterly fall, But those who wait on the LORD Shall renew their strength; They shall mount up with wings like eagles, They shall run and not be weary, They shall walk and not faint." Isaiah 40:28-31 (NKJV)

"But now, thus says the LORD, who created you, O Jacob, And He who formed you, O Israel: 'Fear not, for I have redeemed you; I have called you by your name; You are Mine. When you pass through the waters, I will be with you; And through the rivers, they shall not overflow you. When you walk through the fire, you shall not be burned, Nor shall the flame scorch you.'" Isaiah 43:1-2 (NKJV)

"'Let not your heart be troubled; you believe in God, believe also in Me. In My Father's house are many mansions; if it were not so, I would have told you. I go to prepare a place for you. And if I go and prepare a place for you, I will come again and receive you to Myself; that where I am, there you may be also. And where I go you know, and the way you know.' Thomas said to Him, 'Lord, we do not know where You are going, and how can we know the way?' Jesus said to him, 'I am the way, the truth, and the life. No one comes to the Father except through Me.'" John 14:1-6 (NKJV)

"And we know that all things work together for good to those who love God, to those who are the called according to His purpose." Romans 8:28 (NKJV) (You may also use the entire passage of Romans 8:14-39.)

"The Seventh-day Adventist Minister's Manual" contains many more texts which can be used for funerals in general but also some for specific situations such as the death of a child or a young person, or the death of elderly people or a godly woman.

Poems, Stories, and Illustrations

It is not the purpose or intent of this book to provide an extensive or exhaustive source of ideas and/or information about funerals. We simply want to share some that we have discovered and used through our years in ministry and chaplaincy.

Many years ago, I was given a copy of a poem which I have used often at the funeral for a beloved mother. It is attributed to Dr.Charles Weniger, but I have not been able to find the actual source. The poem expressed what he felt after the death of his godly mother.

"She sleeps;
My mother sleeps.
No dreaming, no, nor fitful tossing in the night,
Nor wakeful hours that long for day to come.

She sleeps, just sleeps
The quiet, undisturbed, untroubled sleep,
The short, short sleep that links
The life that was
With life eternal soon to come.

And while we labor longThrough days of strife and nights of pain,
She sleeps; just sleeps.
Our loved one sleeps
The short, short sleep
That ushers in eternal day."

Temple Bailey (n.d.) wrote "A Parable of Motherhood" that I have used several times at the funeral of a mother much beloved by her children. I recall a couple of times when I shared this poem that the children were not members of the church, or even Christian, and yet they greatly appreciated the message of the parable. It has been adapted from the original to agree with the biblical doctrine of the state of the dead:

> The young mother set her foot on the path of life.
>
> "Is the way long?" she asked.
>
> And her guide said, "Yes, and the way is hard. And you will be old before you reach the end of it. But the end will be better than the beginning."
>
> But the young mother was happy and she could not believe that anything could be better than these years.
>
> So she played with her children and gathered flowers for them along the way and bathed with them in the clear streams; and the sun shone on them and life was good, and the young mother cried, "Nothing will ever be lovelier than this."
>
> Then night came, and storm, and the path was dark and the children shook with fear and cold, and the mother drew them close and covered them with her coat and the children said, "O mother, we are not afraid, for you are near, and no harm can come."
>
> And the mother said, "This is better than the brightness of day, for I have taught my children courage."
>
> And morning came, and there was a hill ahead and the children climbed and grew weary, and the mother was weary, but at all times she said to the children, "A little patience and we are there."
>
> So the children climbed and when they reached the top, they said, "We could not have done it without you, mother."
>
> And the mother, when she lied down that night, looked up at the stars and said, "This is a better day than the last, for my children learned fortitude in the face of hardship. Yesterday I gave them courage, today I have given them strength."

And the next day came strange clouds which darkened the earth – clouds of war and hate and evil – and the children groped and stumbled and the mother said, "Look up. Lift up your eyes to the light."

And the children looked up and saw above the clouds an Everlasting Glory, and it guided them and brought them beyond the darkness.

And that night the mother said, "This is the best day of all, I have shown my children God."

And the days went on, and the weeks and the months and years, and the mother grew old, and she was little and bent.

But her children were tall and strong and walked with courage.

And when the way was rough they lifted her, for she was as light as a feather; and at last they came to a hill covered with deep, green grass waving in the gentle breeze. So restful and peaceful, too.

And the mother said: "I have reached the end of my journey. And now I know that the end is better than the beginning, for my children can walk alone, and their children after them."

And the children said: "You will always walk with us, Mother, even though we see you no more. You are our living memory. We covenant to see you on the Resurrection Morning."

Many years ago, while I was a young pastor, an retired pastor shared with me a poem I have used several times. I have done my best to find the source or the author but unfortunately I have not been successful. The poem is entitled, "Mother's Resting Now":

She's resting now, with no pain or suffering,
    At peace with God, and all her fellowmen;
The next she'll know, when wakened from her slumber,
    She'll rise in health, when Jesus comes again.

O blessed hope for all who love the Savior,
    Who know the peace God mixes with our sorrow;
We walk today in footprints of the Master
    And then in faith we rest in God's tomorrow.

For the funeral I officiated for a member of my church, her sister-in-law wrote a beautiful poem that I was glad to read as it was personal and specific to her and her family:

God saw that she was getting weary
So He did what He thought best
He came and stood beside her
And whispered, "come and rest."

She bid no one farewell
No, not even one good-bye
Sleep on, (person's name), and take your rest
We all loved you
But we realize God loves you best.

Lida Shiver Leech (1911) wrote a beautiful hymn about going through trials and difficulties while trusting in God. I have used the first stanza and refrain for some funerals. These are the words:

I do not know why oft 'round me
My hopes all shattered seem to be;
God's perfect plan I cannot see,
But someday I'll understand.

Someday He'll make it plain to me,
Someday when I His face shall see;
Someday from tears I shall be free,
For someday I shall understand.

Someone shared with me the words of an old hymn of yesteryear by an unknown author which expresses the hope we have for when we are reunited with loved ones who have preceded us in death:

Oh what a meeting there in the sky
    Meeting with Jesus and angels on high
Loved ones united, eternally
    Oh, what a day break that morn will be.

A poem by Edgar Allan Guest (n.d.) speaks of reaching out to God with our sorrows and he will strengthen us:

When sorrow comes, as come it must.
In God a man must place his trust;
There is no power in mortal speech,
the anguish of his soul to reach.
No voice, however sweet and low,
can comfort him or ease the blow.

He cannot from his fellow men,
take strength that will sustain him then;
With all that kindly hands will do,
and all that love can offer, too.
He must believe throughout the test,
that God has willed it for the best.

We who would be his friends are dumb;
words from our lips but feebly come.
We feel, as we extend our hands,
that one Power only understands,
And truly knows the reason why.
So beautiful a soul must die.

We realize how helpless then,
are all the gifts of mortal man.
No words which we have power to say;
can take the sting of grief away;
That Power that marks the sparrow's fall,
must comfort and sustain us all.
When sorrow comes, as come it must.
In God, a man must place his trust.
With all the wealth which we may own,
he then must meet the test alone!
And only he may stand serene,
who has faith on which to lean.

Life is a story in volumes three;
the Past, the Present and Yet to Be.

The first is finished and laid away.
The second we are living day by day.
The third, the last of the Volumes three,
is hid from sight; God holds the key.

"The Seventh-day Adventist Ministers Manual" (1992) has a beautiful poem which can also be used for a funeral; it goes like this:

What must it be to step onshore, and find it – heaven;
To take hold of a hand, and find it – God's hand;
To breathe a new air an find it – celestial air;
To feel invigorated, and find it – immortality;
To rise from the care and turmoil of earth
Into one unbroken calm;
To wake up and find it – glory.

You may also find online the "Seventh-day Adventist Hymn and Tune Book" published in 1888. It contains an extensive section of hymns for funerals. Some of the verses can be used or easily adapted as poems which can be quoted as part of the funeral or committal.

Discussion Questions

1. What is your favorite text, poem, or illustration to include or hear at funeral services that brings you the most comfort?
2. In what specific ways do you personalize each service?

Memorial Services

For a number of reasons, a family may choose to have a memorial service instead of a funeral. The most obvious difference between one and the other is whether or not the body is present. At a funeral service, whether the casket is open or not, the body is present throughout the service, whereas for the memorial service the body is not there.

The planning and preparation of the memorial service is very much the same as the funeral service. You can help the family work out the order of service and all the details so that it is a positive, meaningful, healing experience for all.

Here's a nice, short poem we found and have used for some memorial services. It is entitled "After glow":

I'd like the memory of me to be a happy one,
I'd like to leave an after glow of smiles when life is done.

I'd like to leave an echo whispering softly down the ways
Of heavy times and laughing times bright and sunny days.

I'd like the tears of those who grieve, to dry before the sun
Of happy memories that I leave when life is done.
– Anonymous

Conclusion

The funeral service, as difficult and painful as it may be, also serves as a very positive experience for those who are beginning or continuing the journey through mourning. It is a unique opportunity for pastors to offer help and hope as they navigate those troubled waters. Don't settle for a generic message of sorts but instead do all in your power to prepare a personal message. People will remember your time, your effort, and your words for a long time to come.

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Chapter 2

Committal and Internment

"So, when this corruptible has put on incorruption, and this mortal has put on immortality, then shall be brought to pass the saying that is written: 'Death is swallowed up in victory.' 'O Death, where is your sting? O Hades, where is your victory?'"
1 Corinthians 15:54-55 (NKJV)

Introduction

In most cases, following the funeral service at the church or funeral home, the family and friends will make their way to the cemetery for the person's final resting place. I (Claudio) still remember my first funeral. I had just been assigned to a church in Norman, Oklahoma, and before I preached my first sermon I was contacted by the conference to tell me one of the church members had been killed in a car accident and the family wanted me to officiate her funeral.

Since I was a young, inexperienced pastor (I wish I had had this book back then), I went to the funeral home the day before for some guidance from the funeral director. He was very kind, walked me around the facilities, showed me the preparation room, the casket display area, and even took me to see one of their "customers." I asked about how long my message should be…he encouraged me to make it as short as possible (looking back, of course he wanted a short service so they could be free to take care of other funerals or other customers).

The day of the funeral I was asked if I would be driving to the cemetery or riding in the hearse. I was excited to learn as much as I could, so I chose to ride in the hearse. If you've never done it, I recommend it as a worthwhile experience. Nothing exciting, per se, but it is a great opportunity to talk to the driver, learn more about them and their business, and experience a different world from that of pastoral ministry.

Discussion Questions

1. Often, the part of the service that happens at the actual grave site/cemetery is the shortest. So, what makes this one of the most important elements of the funeral?

At the Cemetery

Upon arrival at the cemetery, take your place behind the hearse. The minister always precedes the casket, so once the casket is taken out of the hearse, walk in from of it to where the grave is located. Continue toward the back of the grave or to where the funeral director indicates. Once the family is seated and the friends are gathered, the funeral director will indicate you can begin the committal service. Begin by reading a few passages from Scripture. I have used these passages often at the graveside before the prayer and committal:

> "I am the resurrection and the life. He who believes in Me, though he may die, he shall live." John 11:25 (NKJV)
>
> "I am He who lives, and was dead, and behold, I am alive forevermore. Amen. And I have the keys of Hades and of Death." Revelation 1:18 (NKJV)
>
> "Then I heard a voice from heaven saying to me, 'Write: "Blessed are the dead who die in the Lord from now on."' 'Yes,' says the Spirit, 'that they may rest from their labors, and their works follow them."' Revelation 14:13 (NKJV)
>
> "And I heard a loud voice from heaven saying, 'Behold, the tabernacle of God is with men, and He will dwell with them, and they shall be His people. God Himself will be with them and be their God."' Revelation 21:3 (NKJV)

Committal Words

The committal is the final act of the community of faith as they care for the body of its deceased member or loved one. It may be celebrated at the grave, tomb, or crematorium and may be also used for a burial at sea. Whenever possible, the rite of committal is to be celebrated at the site of committal, that is, beside the open grave or place of internment, rather than at a cemetery chapel.

In committing the body to its resting place, the family and community express their hope in the glorious resurrection morning. While we refer to the cemetery as their final resting place, we know that it is a temporary abode. Remind those present that death is not forever, but a short pause until eternal life begins at the Second Coming of Jesus. As part of the committal, you can choose to repeat the traditional words:

> Forasmuch as God in His goodness and the outworkings of His providence has permitted this our dear [mother, father, son, daughter, brother, sister, our friend] (THEIR NAME) to lay down the burdens of this life, we do lovingly commit his/her body to the ground;

Earth to earth, ashes to ashes, dust to dust, remembering, as we do, that all the issues of life are in the hands of the everlasting Father of love and compassion, and that He has promised eternal life to those who love Him.

In some places and cultures the minister takes a handful of dirt and throws it on the casket. Check with the funeral director or other pastors as to the custom in the area. By the way, always be careful near the grave. While they provide a stable frame for resting and lowering the casket, it's best to maintain proper distance lest you accidentally fall in the grave or cause the casket to do so.

Instead of using the traditional words of committal, you may choose others that may also send the same message. Horatius Bonar (n.d.) penned one of the most beautiful hymns of all times. The last five verses (12 altogether) read:

Thus, in the quiet joy of kindly trust
We bid each parting saint a brief farewell;
Weeping, yet smiling, we commit their dust
To the safe keeping of the silent cell.

Softly within that (this) peaceful resting-place
We lay their (his/her) wearied limbs; and bid the clay
Press lightly on them, till the night be past,
And the far East give note of coming day.

The day of re-appearing! How it speeds!
He who is true and faithful speaks the word:
Then shall we ever be with those we love;
Then shall we be forever with the Lord.

The south is heard, the Archangel's voice goes forth;
The trumpet sounds, the dead awake and sing;
The living put on glory; one glad band,
They hasten up to meet their coming King.

Short death and darkness! Endless life and light:
Short climbing; endless shining in your sphere,
Where all is incorruptible and pure; -
The joy without the pain, the smile without the tear.

You don't have to read the entire hymn during the committal. As a young pastor I received from a seasoned, retired pastor the adapted words of the second stanza which I have used at almost every funeral since then:

Softly within this silent resting place
We lay her wearied limbs,
And bid the clay press lightly on them,
Till the dark night be passed,
And the far East give note of coming day.

Online you can find other words which you can use for the committal. I retrieved these online at Bible.org:

NUMBER 1
For as much as it has pleased Almighty God to take out of this world the soul of _____, we therefore commit his/her body to the ground, earth to earth, ashes to ashes, dust to dust, looking for that blessed hope when the Lord Himself shall descend from heaven with a shout, with the voice of the archangel, and with the trump of God, and the dead in Christ shall rise first. Then we which are alive and remain shall be caught up together with them in the clouds to meet the Lord in the air, and so shall we ever be with the Lord, wherefore comfort ye one another with these words.

NUMBER 2
For as much as it has pleased our Heavenly Father in His wise providence to take unto Himself our beloved _____, we therefore commit his or her body to the ground, earth to earth, ashes to ashes, dust to dust, looking for the blessed hope and the glorious appearing of the great God in our Savior Jesus Christ who shall change the body of our humiliation and fashion it anew in the likeness of His own body of glory according to the working of His mighty power wherewith He is able even to subdue all things unto Himself.

NUMBER 3
In the light of these promises God has given us in His Word and in as much as it has pleased the Lord in His sovereign wisdom and purpose to take from our midst one whom we have loved, we now commit her body to its final resting place to await the fulfillment of another promise of Scripture. In 1 Thess. 4:13-18, writing to the Thessalonians church, the Apostle Paul wrote:

"Brothers, we do not want you to be ignorant about those who fall asleep, or to grieve like the rest of men, who have no hope. We believe that Jesus died and rose again and so we believe that God will bring with Jesus those who have fallen asleep in him. According to the Lord's own word, we tell you that we who are still alive, who are left till the coming of the Lord, will certainly not precede those who have fallen asleep. For the Lord himself will come down from heaven, with a loud command, with the voice of the archangel and with the trumpet call of God, and the dead in Christ will rise first. After that, we who are still alive and are left will be caught up together with them in the clouds to meet the Lord in the air. And so we will be with the Lord forever. Therefore encourage each other with these words." 1 Thess. 4:13-18

Final Prayer

After the committal you may have the final prayer. Again, while recognizing and validating the feelings of loss and sadness, this prayer also reminds everyone about the hope we have in Jesus Christ and the assurance of His courage and help during the days and years to come.

After the prayer, it is customary that the pastor shakes hands and offers a few final words of encouragement with the family or loved ones seated (or standing, if that is the case) to bid their loved one farewell.

After shaking hands, step to the side of the tent and allow others to share a few final words with the family. Some may reach out to thank you for your message or to talk to you. I choose to remain until the family and friends leave, so generally I am the last one to leave the graveside. In some places people remain until the casket is lowered to the ground, but for safety reasons in most places the casket is lowered after everybody has left. It is also less impacting for the family when they don't have to witness that moment.

In the case of veterans or former members of the military, sometimes there will be a gun salute, the playing of taps, and the presentation of the flag to the family. Check with the family and funeral director to see if that is the plan and work out those details with them before you get to the funeral home for the funeral or to the cemetery.

Cremation

It's a good idea to take time to consider the possibility of cremation instead of burial. From the biblical point of view, the Scriptures do not prescribe or prohibit the practice. In other words, the Bible does not forbid cremation, nor does it recommend or command it. There are some Christians who believe that being cremated would reduce the body to ashes and therefore it would not be possible to be resurrected. However, the body also decomposes

in the ground and yet God will call His people from their graves. The fact is that the Almighty God is powerful enough to recreate the body from dust or from ashes. We have received that promise (1 Corinthians 15:51-55).

"The Seventh-day Adventist Minister's Manual" states: "Seventh-day Adventists take no theological stand against cremation. We believe that God will be no more dependent on pre-existing matter at the resurrection than He was at creation. Local culture and the local congregation may, however, discourage its use." So, the bottom line is that being cremated or buried is a personal choice. The best decision will be made by the person and clearly communicated to their loved ones prior to their death so the family will not have to make that decision but simply follow their loved one's wishes.There are some Christians who believe that being cremated would reduce the body to ashes and therefore it would not be possible to be resurrected. However, the body also decomposes in the ground and yet God will call His people from their graves. The fact is that the Almighty God is powerful enough to recreate the body from dust or from ashes. We have received that promise (1 Corinthians 15:51-55).

Why would people consider cremation a good option? For one thing, cremation is far less expensive and less of a financial burden on the family. Some people choose cremation because they consider it to be a more environmentally-friendly option than a traditional burial with a vault. And some people choose cremation because they wish for their ashes to be spread in a specific location that is meaningful to them. In some crowded places, space for burial is becoming increasingly difficult and very expensive to find.

Conclusion

As simple and brief as the ceremony at the cemetery may be, it still carries a great deal of impact and importance for the family of the deceased. Take time to prepare yourself and your words for these few moments so they will be calming and peaceful as well as hopeful and encouraging.

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Chapter 3

Taking Care of the Survivors

"We have happy memories of the godly." Proverbs 10:7 (NLT2)

Introduction

People have come from many parts of the country to be with the family after the death of their loved one. They have visited, talked, laughed, and cried together. The family needs that support and encouragement from others. They need to know their loved one touched so many lives, and that they will not be forgotten. The viewing, visitation, funeral, and the service at the cemetery have served as reminders of who their loved one was and where they are now resting. But now everyone returns to their homes and the survivors are left to an empty bed, or an empty house. Those who visited them and brought meals or helped around the house are now back to their own lives and responsibilities, but the widow or widower, the father or mother, are at the house, by themselves, deeply missing their loved one, and desperately craving the human warmth of an embrace, a listening ear, or a hand to hold.

The pastor has been to the home to visit the survivors and to collect information, thoughts, ideas, resources, and anything they can use to make the message for the funeral personal, encouraging, and memorable. They have prepared a good message and delivered it carefully, kindly, and lovingly. They have offered support and encouragement to the family through the rituals of the viewing, the funeral, and the committal and interment, but they too must return to watching over the rest of the flock.

But the pastor's ministry for the survivors is not over yet. In fact, it cannot be over yet. Sadly, many pastors, burdened under a load of responsibilities, may forget that the survivors still need help. In this chapter we want to offer a few ideas for pastors so they can provide ongoing support and help to those who have lost a loved one.

Sermon Notes

In our experience, the funeral is so charged with emotions that often those present don't remember too much about it. It's been our practice to send the survivors a short note expressing our appreciation for having been given the honor to preside during the funeral for their loved one, and to include a copy of the message. If there are adult children who

don't live at home, you may also like to send them a copy. It's a way to show them that you care for them now that all the rituals are over and also to offer your service in case they need to call on you in the future.

Discussion Questions

1. What would you have to do to make the notes from your message available to the family?
2. What other options may be available so the family can have a tangible memory of the service?

Sympathy Cards or Letters

We think it is important to express in a tangible way the feelings of sadness and sorrow for their loss, and yours. A sympathy card is always appropriate, but a letter may also convey warm, encouraging thoughts and feelings. We are sharing the text of some of the letters we have written following the death of a person, particularly if we have been the ones who held the funeral and committal services. Feel free to use them and adapt them to the needs of the people where you serve as their pastor.

How do you go about composing a sympathy card or letter that would express your deepest feelings and bring those hurting a message of comfort? First, start with a greeting. If you are writing a letter to the parents of a child who has died, it would be a good idea to compose a separate letter to the child's siblings as well. Begin your letter with a simple acknowledgment of the loss, and make sure you are sincere as you express your feelings of sympathy for them. It is important that you refer to the person who has died by their name. For example, you may start the letter with words such as:

- "I wanted to let you know how very sorry we are for your loss. [NAME] was in math class with my daughter, [NAME]."
- "I am heartbroken for the loss your family has suffered. It was a joy to have [NAME] in my Sabbath School class for the last two years."

The next section of the letter should show the personal connection. Do not just look for good words to say but write from your heart. Honest feelings convey a lot more than a long line of profuse words. Remember to keep it personal and always refer to the deceased and other members of the family by name. Tell them how their child, and family, have had a specific, personal impact on your child or family. It is always good to point out special characteristics or qualities of their child and of their family. If possible, include one or two specific memories you have of their child. The website for St. Jude Children's Research

Hospital has some very good examples:

- "Sarah was such a talented writer. I was always amazed by her poetry. She was blessed with a gift for words!"
- "John and our boys could get into some trouble together – I will never forget the frog prank! But, that mischievous grin of John's -- It makes me smile just thinking about it."

The closing of the letter of condolence is a good place where you may offer help. It is best if the offer to help is practical and tangible and not general. Simply saying, "Call me if you need anything" sounds like an empty promise and is rarely taken up by those to whom it is offered. If you are not sure what to offer, then just express care and support.

Again, if you are going to offer help make sure that you are specific in what you are offering. Instead of saying something like, "Please let us know if we can help in any way," say something like, "We are planning to bring you a meal and will drop it off on Sunday." Or perhaps something like, "A group from the church will be stopping by on Sunday to rake your leaves." Make sure that you only offer help if you are able to follow through. If you are unable to commit to helping in a specific way, it is best to just offer words of concern and care. If your church community is partnering to provide help, let them know. Here are two examples from the St. Jude Children's Research Hospital page:

- "We are happy to help take Tyler to soccer whenever he needs a ride. Our hearts break for your entire family, and we are thinking of each of you."
- "I hope that you will find strength in the love of your church family. We are praying for you."

Your final words in this special letter may sometimes feel challenging to write. What can you say as a nice, appropriate closing? It is always appropriate to end with comforting expressions of hope and sympathy. Here are some samples from the same site mentioned above:

- "I will keep you in my prayers" (only if true)
- "I hope you feel surrounded by much love"
- "Holding you close in my thoughts"
- "With love always" (if close to the family)
- "I will call you next week to see when I can come over and help" (if you plan to follow through)
- "With sympathy"

As a pastor and knowing that most people need to talk as part of the healing process, I always closed my letter of condolence offering, "If you'd like to talk, I am always available." That is part of my role, and a gift that I know I am capable and willing to give to those who need it.

On the Death of a Father

This is a letter I wrote and used several times after making specific changes and references to the deceased and his family. You may use this letter to send to the surviving children whose father has passed away. You may also adapt it for the death of a grandfather.

> Dear [NAME],
>
> It was a source of great sorrow to me to hear of the death of your father/dad, [NAME], last week. At a time like this, words mean very little, but I did want to let you know that I am praying especially for you during this difficult situation.
>
> Losing a parent is always a big blow. [SON'S OR DAUGHTER'S NAME], knowing the kind of person you are confirms to me that he was a good man, that he was a good father and/or grandfather, and that he was loved by many; you can be happy and proud of that. Now in the midst of the grief you feel, you can be assured that you loved him and that many others did, too.
>
> May God reward you abundantly for your love and care for your dad, even as He walks with you through the pain of being separated from him; having the hope and assurance of eternal life in Jesus is such a blessing! Please convey my feelings to the other members of your family whose names and addresses I do not know.
>
> I thought you may want to be reminded of my remarks for [NAME] funeral, so I have included a copy for you to keep.
>
> If you would like to talk, I am always available.
>
> Sincerely,

On the Death of a Mother

You can use this letter to send to the surviving children when their mother has died. It is very similar to the previous one, but some more specific details were added. You may also easily adapt it for the death of a grandmother.

Dear [NAME],

It was a source of great sorrow to me to hear of the death of your mother last week. At a time like this, words mean very little, but I did want to let you know that I am praying especially for you during this difficult situation.

Losing a parent is always a big blow. Yet, you can take comfort knowing that you gave her joy up until her last day. [SON'S OR DAUGHTER'S NAME], knowing the kind of person you are and how all of you children cared for, and talked about your mother, confirms to me what I already knew, that she was a good woman, that she was a good mother and grandmother, and that she was loved by many; you can be happy and proud of that. I was delighted to see so many people at her service on Monday for it tells me how much she was loved and how much she will be missed. Now, in the midst of the grief you feel, you can be assured that you loved her and that many others did, too.

May God reward you abundantly for your love and care for your mom, even as He walks with you through the pain of being separated from her; having the hope and assurance of eternal life in Jesus is such a blessing! Please convey my feelings to the other members of your family whose names and addresses I do not have.

I thought you may want to be reminded of my remarks for [NAME] funeral, so I have included a copy for you to keep.

If you would like to talk, I am always available.

Sincerely,

On the Death of a Son or Daughter

Losing a child is one of the hardest, most painful experiences a parent will ever have. One of the concerns, especially for parents of young or adolescent children, is that they will soon be forgotten by their family and friends. Periodic letters, calls, and conversations about their children can be very helpful to the parents. Here is a letter for those parents who have lost a child.

> Dear [DAD'S NAME AND/OR MOM'S NAME],
>
> I am so sorry for the loss of your son/daughter [NAME]. There are no words that can relieve the pain that you are feeling right now but know that you are not alone as the prayers of all your friends and family surround you at this time.
>
> As a parent myself, I can only imagine the depths of anguish you must be feeling now. Losing a child is one of the most difficult experiences that you can face. I know the dreams and plans you had for your son/daughter are just memories now, and I hope someday that those memories will offer you comfort. I only hope that my words can convey a small portion of sympathy to you.
>
> I am thinking of you and will keep you in my prayers. If you would like to talk, please know that I am always available.
>
> I thought you may want to be reminded of my remarks for [NAME] funeral, so I have included a copy for you to keep.
>
> With Most Sincere Sympathy,

You can also use other appropriate words to convey the feelings of sympathy and empathy you have for the parents as they experience the loss of their child. For instance, you can use other expressions such as:

- My deepest condolences to you. I am so sorry to hear of the passing of dear little _____. I will keep you in my prayers.
- We are so sorry for your loss. You have our deepest sympathy and are in our thoughts and prayers.
- My deepest condolences on the loss of your precious child. May your beautiful memories sustain you and bring comfort during this unhappy season.
- Please accept our deepest sympathies. Words cannot adequately express our sorrow in your loss but know that our prayers are with you during this time.

If the parents have other children, it is appropriate to make specific offers to help. The website ObituariesHelp.org suggests some such as:

- I will prepare some meals that you can keep in the freezer. That way you can just thaw them out and heat them up as needed.
- I am going shopping on _____ so I'll pick up a few things for you and drop them by on the way home.
- I will set up a time with you next week to come by and clean your house so that you don't have to worry about it.
- Since I lost _____ I attend regular support meetings. I have one on _____ and I would really like for you to join me.
- I have _____ and _____ off, so I will give you a call and we can talk on whichever day suits you.
- Do not worry about your pets. My kids will come by before and after school to feed them.
- I am taking the kids to a park next week. I will stop by and take your kids along.

How you end the letter can be challenging but just as important as how you start it. ObituariesHelp.org offers a few suggestions:

- With hope that it helps you to know how much we care.
- With warm and sincere sympathy.
- With blessings, love, and prayers.
- May these flowers express what our words never will.
- Know that you are in our thoughts and prayers.
- With our deepest condolences for your loss.

The death of a child is so terribly painful that we want to make sure we express our deepest feelings of love and support to the parents. Erin Coriell (2019) compiled many words than can be used as you compose a sympathy card or letter. She offers the following for the death of a young son (some have been adapted):

1. The legacy of your son [name] will live on in the hearts of everyone who knew him. We will celebrate his memory always.
2. We extend our deepest condolences to you and your family in this time of grief. We are here for you.
3. Your son was such a beautiful presence in this world. Please know we are thinking of you during this time.

4. The joy your son brought into our lives was immeasurable. His presence was a gift. He will be greatly missed, and never forgotten.
5. We are thinking of you. Our hearts ache for your family. We will hold [NAME] in our hearts forever. Please let us know if you need anything.
6. [NAME] brought tremendous love and light in this world. We are better for having known him.
7. It is OK if you're not OK. I am here for you. I will be a shoulder for you to lean on whenever you need it.
8. The bond between you and [NAME] was incredible. In this time of heartbreak, please know I am here for you.
9. Little boys leave footprints in our hearts. They are never forgotten. The memory of [NAME] will live on and we will celebrate his life each day.
10. I am here for you. I will be an ear to listen whenever you need it. Know that you can always talk to me about your son.
11. Your son brought so much joy into this world. One of my favorite memories of him is [share your favorite memory].
12. My heart goes out to you and your family. Your son's memory will live on in the hearts of so many.
13. Life is not measured by the breaths we take but by the moments that take our breath away.
14. Your son made a big impact on the lives of many people. Please know that I am here for you during this time and always.
15. There are no right words to erase the pain you feel. Please know I am thinking of you. I love you very much.

While you are free to adapt these words, you may also need to write in the case of a daughter who has died. Coriell (2019) also offers some specific suggestions for such a situation (some have been adapted):

16. Your daughter [NAME] was a beautiful person. Please know we are thinking of you and are here if you need us.
17. In this time of deep suffering, please know that we love you. We are here if you need anything.
18. There are no words to ease your pain. Your daughter [NAME] was a wonderful presence in the world. She changed the lives of many. We are so grateful we got to know her.

19. Her life here on earth was short but her impact was grand. [NAME] came here to do great things and she succeeded.
20. I will always treasure my memories of [NAME]. Thank you for allowing me to be a part of her life.
21. Wishing you peace in this time of suffering. Please know I love you.
22. When our hearts break, they break open. I am here for you and wish you ease on this grief journey.
23. You are wonderful parents and your daughter [NAME] was so blessed.
24. I am thinking of you. I am here for you in whatever capacity you need.
25. It is OK to be sad and cry. Trust your emotions and allow yourself to grieve. Wishing you grace in the suffering.
26. Our family extends our deepest sympathy and heartfelt condolences to your family. We are here for you always.
27. The legacy of [NAME] is eternal. She will live on in the hearts of the many lives she touched.
28. The kindness of your sweet daughter [NAME] will live on. She was an incredible soul.
29. My heart feels so heavy. Words cannot begin to express how sad I am for you and your family. I am here for you.
30. Holding you close to my heart. I am here to help with anything you need; please do not hesitate to reach out.

Of course, even if the children who died are not young, the parent's pain is just as heavy to carry. Coriell adds special suggestions for parents of adult children (some have been adapted):

31. It was such an honor to know [NAME]. His/her memory will live on and he/she will never be forgotten.
32. I am thinking of you in this difficult time. Please know I am here for you when you need a shoulder to cry on.
33. I wish I could take some of your pain away. I am here for you and love you. Please reach out if you need anything at all.
34. Your son/daughter was very blessed to have you as parents. They were a kind person and their legacy will live on.
35. We are holding you close to our hearts. We are here if you need anything, day or night. Please do not hesitate to call.

36. Please know I am thinking of you always. I am just a phone call away. I am here for you no matter the time of day.
37. [NAME] touched the lives of many. I am grateful to have called him/her a friend. I will always remember his/her bright smile and caring heart.
38. I promise to keep [NAME] memory alive in my heart always. Here is one of my favorite memories of [NAME and insert memory]. I will cherish that memory forever.
39. May you find comfort and peace in time. There is no need to rush your healing. You are being held by many.
40. We will always remember your son/daughter. Their memory will live on in the hearts of those who were lucky enough to know them.

The website Sympathy Message Ideas has many more suggestions from which you can borrow as you compose your own sympathy card, letter, text message, or email to the parents who have lost a child.

In addition, the St. Jude Children's Research Hospital website offers several examples of letters of condolence, specifically after the death of a child. We are citing them here as an example for you to see and to help you write your own or adapt these to the specific family to whom you minister.

The first one is a letter you write to a colleague, perhaps someone that you are not particularly close to but to whom you wish to express your sympathy:

> Dear Thomas,
>
> I am very sorry to hear about your loss. While I did not know Anna, I was very touched to read in the obituary how much she loved baseball and how much you enjoyed going to games together. I hope those special memories will bring you comfort in the days ahead.
>
> With deepest sympathy,
>
> David Simpson

This next letter was written as someone who knew the child but are not close friends of the family.

> Dear Lucas, Katherine, and Liam,
>
> My daughter Carly was in gymnastics with Emma. I wanted to share how very sorry we are for your loss.
>
> We always knew Emma as spunky and hardworking. She never gave up even when a routine was hard. She always had a kind and supportive word for all the other girls in the gym. Liam, Carly shared that Emma spoke often about both of you and the ways in which you supported her as the youngest sibling. You must be a special family to have raised a child as focused and kind as Emma.
>
> Please know you are in our thoughts and the thoughts of the entire gymnastics community.
>
> God bless you and comfort you,
>
> Susie Mitchell

A different situation is one in which you may know the parents but did not know their child.

> Dear Kathy and David,
>
> I am very sorry for your loss. I did not know Stephen, but I know that the two of you are strong, loving people. The sense of humor that both of you have shared with the world must have given Stephen many happy moments full of love.
>
> We will be in Chicago in May and will reach out to see if it is a good time to visit with you. Until then, please know that Tom and I have you in our thoughts and prayers.
>
> Love,
>
> Kristen

This last sample is a letter written as a friend who knows both the family and their child. Obviously, this is the most personal and one in which you can offer the most specific feelings.

> Dear Maria, Eric, Violet, and Justin,
>
> Please know how much you are in our hearts and thoughts always. Robert brought light into our lives just as he did for everyone who knew him. He could be stubborn, and we will never forget how as a toddler he refused to wear shoes and insisted on going barefoot everywhere – even to church! Maria and Eric, you were so patient with him showing him always that he was loved. Violet and Justin – you shared your passion for music and books with him, both of which brought out his energy and curiosity. He kept us all on our toes. He will always be remembered with love and joy by all four of us.
>
> Please know, whatever you need we are here for you. We will call or text to see when you are ready for company, and we will bring dinner and a movie.
>
> With our love always,
>
> Olivia, Brice, Lillian, and Brody

As you read these samples please notice the specific features in each that we mentioned earlier. In particular, please pay attention to the names of the child and of the family members, the opening words of sorrow, the specific memories (if any) of the child, and the closing words to offer specific help as well as words of hope and sympathy.

On the Death of a Brother or Sister

Sometimes we are called upon to have the funeral for the adult brother or sister of a member of the church. Following their funeral, a letter like the following would be appropriate.

> Dear [NAME]:
>
> The members of the [NAME] Seventh-day Adventist Church join me in extending heartfelt sympathy to you at the passing of your brother/sister [NAME]. Though we cannot fully understand the trauma you are experiencing, be assured that you are in our prayers. Our Heavenly Father will be with you to strengthen and support you as you go through these stressful days of adjustment; may His care and compassion

reach out to you during this difficult time. Nothing is as difficult and painful as the death of a dear brother or sister; this has been your experience and our prayers are with you during this challenging time.

At an hour like this, words mean very little, but I did want to let you know that I am praying for you during these difficult circumstances.

I thought you may want to be reminded of my remarks for [NAME] funeral, so I have included a copy for you to keep.

If you need to talk, I am available.

Sincerely,

Text Message and Emails

Today's busy life makes it easier to send a quick message or email, which reaches the person right away, rather than waiting until you purchase a sympathy card, write a message, and mail it, or until you compose a letter and put it in the mail. If you choose to send a text message or email, it can be shorter than a card or letter, but be sure to express your sincerest feelings of sympathy. Again, ObituariesHelp.org offers some suggestions:

- I just heard about _____'s death. Please know you and your family are in my thoughts.
- I heard from _____ that you lost your child. I want to extend my sympathies to you and the family. Please let me know if there is anything I can do for you.
- I just heard about the death of _____. I want to offer my sincere condolences. I will call you next week to check in on you and the family.

The idea is not that you send a text message or email instead of a card or letter but rather that the former will be sent immediately upon becoming aware of the person's death, but then taking the time to write and send the card or letter.

As Time Goes By

After the funeral and interment rituals are over, and family and friends have returned to their own lives and routines, the survivors often find themselves at a loss. Hopefully, they have a good support system in their own family, friends, and church community who will help them along the journey of mourning and grief.

My practice through the years has been to continue to follow up with a periodic phone call, an occasional visit, and with a letter of encouragement. I have sent these letters at intervals of three months, six months, and twelve months after the death of their loved one. Obviously, that means that you must make note of their death on your calendar and include these periodic reminders as well. You can craft simple letters to let them know you are thinking about them and to again offer your time if they wish to talk. Here are samples of each:

> Dear [NAME],
>
> It is hard to believe that already three months have passed since your beloved mom/dad/son/daughter [NAME] passed to his/her rest. I still remember vividly his/her final days and the services for him/her. You probably also remember the number of people gathered at his/her funeral, and their expressions of sorrow and love for you and your family.
>
> I'm sure those who came from a distance, and those that live nearby, have probably gone back to their homes and their routines and you have been left to deal with your sorrow, but I want you to know that your church community is still here to help you and walk with you through this journey. You are not alone.
>
> I, too, am ready to help you through this journey. I learned a long time ago that "pain shared is pain divided." As your pastor I am here to help you carry that burden. Anytime you need to or wish to talk please call me and I will be happy to set aside time to do so.
>
> In the meantime, may the God of comfort, courage, and strength continue to surround you with His love. Let us join together as we look forward to that wonderful family reunion from which we will never part again.
>
> My prayers and those of our church family are with you and your family.
>
> Sincerely,

Here is a letter which you can use for the sixth month milepost after the death of a loved one.

> Dear [NAME],
>
> I was thinking this morning about your beloved dad/mom/son/daughter [NAME]

and wanted to let you know his/her memories are still very near and dear to my heart. I am sure these last six months have been difficult at times, a challenging period of adjustment without [NAME] in your life. But they will always be in your life through their memories.

I want you to know that our family, and your church family, care deeply about you and pray for you often.

As in the past, my offer to listen is still available whenever you need to talk to someone.

May the Lord of love and mercy continue to walk by you as you journey through the dark valley of sorrow and pain.

Sincerely,

The final letter I send is as the family nears the first anniversary of the death of their loved one. You can use this one as a sample and adapt it to fit the needs of the survivors.

Dear [NAME],

Almost twelve months have already gone by since the passing of your dear dad/mom/son/daughter [NAME]. Birthdays, wedding anniversary, and holidays have come and gone without him/her to celebrate them with us. The hole they left in our lives is still there, although perhaps more bearable every day.

I want you to know that even as these last twelve months have passed his/her memory remains with us. One year has gone by. If we looked toward the future, we would have thought it impossible to think of life without him/her in ours. Now, we can look at this year as one year less until we are reunited with our loved ones again.

Please know, as you remember the first anniversary of the passing of your dear mom/dad/son/daughter [NAME], that you are not alone. God promised to walk with you every day until His Son Jesus returns for us all. You are not alone. Your church family stands with you, ready to assist. You are not alone. Your pastor is ready to listen to you, to cry with you, and to pray with you.

May the God of comfort continue to "bless you and keep you, the LORD make his face to shine upon you and be gracious to you; the LORD lift up his countenance upon you and give you peace" (Numbers 6:24-26, ESV).

Yours because of Him,

Service of Remembrance

In the Catholic tradition, and in some other Christian denominations, the official full year of mourning is marked with a special mass or service of remembrance. While it is not the practice in the Seventh-day Adventist Church, there's nothing to prohibit or prevent us from doing it and it could be one more opportunity to bring the church family together to give the survivors a tangible show of their love and support. This service does need to be long and it could be held at the home of the deceased, at the cemetery, or at the church. At the very least, a mention of the anniversary and a special prayer for the family can be made during the church service immediately before the actual date.

Discussion Questions

1. Have you considered such a service of remembrance?
2. What do you see as the possible problems with such a service, if any?
3. What do you see as possible benefits?
4. How can you present the idea to the family and to the church?
5. What elements would you include in such a service?

Conclusion

Our ministry to survivors after the death of their loved one does not end at the cemetery. Your help, support, and encouragement will be appreciated and very valuable as they continue their journey through life without their loved one in it. It may seem like something small, but for the survivors it could be like a drink of water in a parched land.

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Section 3

Helping the Survivors Grieve

"When Jesus saw that Mary and the people with her were crying, he was terribly upset."
John 11:33 (CEV)

Mama never forgets her birds,
Though in another tree –
She looks down just as often
And just as tenderly
As when her little mortal nest
With cunning care she wove –
If either of her sparrows fall,
She notices, above.
– Emily Dickinson

Grieving is like having broken ribs.
On the outside, you look fine,
But with every breath, it hurts
– Anonymous

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Introduction

From the moment Adam and Eve ate of the fruit of the forbidden tree, sin and grief entered the lives of every human being. They grieved the loss of their innocence, then the loss of their Edenic garden home, and sometime later the loss of their son at the hands of his brother. Ellen White describes in a vivid way the experience of this first human pair:

> *"Adam's life was one of sorrow, humility, and continual repentance. As he taught his children and grandchildren the fear of the Lord, he was often bitterly reproached for the sin which had resulted in so much misery to his posterity. When he left beautiful Eden, the thought that he must die thrilled him with horror. He looked upon death as a dreadful calamity…Most bitterly did he reproach himself for his first great transgression. He entreated pardon from God through the promised Sacrifice. Deeply had he felt the wrath of God for his crime committed in Paradise. He witnessed the general corruption which finally provoked God to destroy the inhabitants of the earth by a flood. Though the sentence of death pronounced upon him by his Maker at first appeared so terrible to him, yet after he had lived some hundreds of years, it looked just and merciful in God, thus to bring to an end a miserable life.*
>
> *As Adam witnessed the first signs of decay in the falling leaf and in the drooping flowers, he mourned more deeply than men now mourn over their dead. The dying flowers were not so great a cause of grief, because they were more tender and delicate; but when the tall stately trees cast off their leaves to decay, it presented before him the general dissolution of beautiful nature, which God had created for the especial benefit of man"* (White, 1970, p. 22).

We witness death so often nowadays that it has almost become commonplace. We watch it on television, even if the news media attempts to sanitize the images. We read about deaths caused by natural disasters like tornados, hurricanes, or earthquakes, but we also become aware of mass casualties during school shootings, heat or cold waves, and pandemics. And even though hearing of all these deaths shocks us, none of them prepare us for the death of someone close to us.

Once the initial shock of the death of a loved one wears off, the process of grief begins. We can use a simple definition of grief as an intense emotional suffering caused by a loss. For many, grief is like entering a dark, hollow, empty valley from which we wonder if we will ever come out. Grieving is a personal journey, one that no one else can take for us. It is an arduous climb, a slow process, hard work, painful at every step. For some the journey will take anywhere from one to three years while for others, the process of grieving never really ends.

In the next section of the book we will explore the concepts of grief, bereavement, and mourning, and provide suggestions for those on this journey toward healing following the death of a loved one.

References

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Chapter 1

Grief, Bereavement, and Mourning

"It is the same with you. Now you are sad, but I will see you again and you will be happy, and no one will take away your joy." John 16:22 (NCV)

Introduction

The year 2016 was horrible for us. Within four months, we lost four people very special to us. In late January, Claudio's youngest brother died by suicide just short of his fiftieth birthday. A month later, Pam's beloved uncle, her dad's only brother, died after a long illness. A month after his death, a very close friend and colleague died after a short battle with pancreatic cancer. And a month after her death, Claudio's older brother died of leukemia after a two-year battle with that disease. One death after another in rapid succession. We were not able to begin the process of grieving one when the next one came. We were being beaten, broken, battered, and barraged over and over. We were kicked, knocked down, and trampled over from every side. We were drowning, gasping for air, and choking with every swallow until we thought we would die. And all along, we continued to do our job, perform our duties, put on a happy face while in front of people, teach, preach, research, write, and mentor while inside our hearts were breaking. It took several months – actually, the rest of the year – before we could feel as if the light had finally begun to shine in that dark valley.

Four years have passed since those big losses, but we miss those precious people whenever they come to our mind. Yes, we have learned to live without them, and yes, the pain is not as heavy, but there are moments where memories of them flood our minds just as our eyes begin to overflow with tears. And yet, there are also moments when we smile, and even laugh, as we remember them and our time together. All of it, the pain, the tears, the joy, and the laughter are part of the grieving process. Without getting too technical, we thought it would be appropriate to begin this part of the book by understanding common terminology about the experience following the loss of a loved one.

Grief

We begin with grief, which is the intense pain that accompanies a loss. The loss is not only the death of a loved one, but could also be the loss of employment, or of a limb, or even a relationship (such as breaking up or getting a divorce). Because grief is a reflection of what we love, it can feel all-inclusive. When we hear of the death of a person somewhere in the world, as tragic as it may be, it will probably not affect us as much as the death of someone that we know personally. And when the death is that of a loved one, someone very closed to us, we experience a loss unlike any other or many others together.

While grief is not limited to the loss of people, when it follows the death of a loved one it may be compounded by feelings of guilt and confusion, especially if the relationship was a difficult one. C. S. Lewis attempts to describe his feelings of grief:

> *"No one ever told me that grief felt so life fear. I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness, the yawning. I keep on swallowing. (Lewis, 1978, p. I).*
>
> *At other times it feels like being mildly drunk, or concussed. There is a sort of invisible blanket between the world and me. I find it hard to take in what anyone says. Or perhaps, hard to want to take it in. It is so uninteresting. Yet I want the others to be about me. I dread the moments when the house is empty. If only they would talk to one another and not to me."* (Lewis, 1978, p. I)

In section two, and chapter two, we talked about the stages or reactions to grief. We encourage you to go back and review that section as a reminder.

As we mentioned in that earlier part of the book, the work of grieving is not a smooth, linear path, but rather it is at times convoluted, taking us through different feelings, reactions, and experiences and often back to many, or all, of them. Even years later, something may trigger memories that send us back, even if temporarily, to the grief we experienced right after our loved one died. Kate Bowler writes, "I used to think that grief was about looking backward, old men saddled with regrets or young ones pondering should-haves. I see now that it is about eyes squinting through tears into an unbearable future. The world cannot be remade by the sheer force of love. A brutal world demands capitulation to what seems impossible — separation. Brokenness. An end without an ending" (Bowler, 2019, p. 70).

C. S. Lewis describes his experience so realistically and brilliantly:

> *"I thought I could describe a state; make a map of sorrow. Sorrow, however, turns out to be not a state but a process. It needs not a map but a history, and if I don't stop writing*

that history at some quite arbitrary point, there's no reason why I should ever stop. There is something new to be chronicled every day. Grief is like a long valley, a winding valley where any bend may reveal a totally new landscape. As I've already noted, not every bend does. Sometimes the surprise is the opposite one; you are presented with exactly the same sort of country you thought you had left behind miles ago. That is when you wonder whether the valley isn't a circular trench. But it isn't. There are partial recurrences, but the sequence doesn't repeat." (Lewis, 1978, p. 68-69)

We can tell you from personal experience that the dates of the death of our loved ones is as memorable as their birthday was, and often holidays, vacation spots, or special events are like loudspeakers that shout about those special people who are no longer with us, except through their memories. Pamela and I had two miscarriages, in between our daughters, and we can tell you that whenever we drive by the places where we lost our unborn babies the pain comes back as if it had happened yesterday.

Discussion Questions

1. Have you experienced people who have held onto false information about grief? What was it and how did it affect them?
2. Did you attempt to correct that belief? If so, how?

Myths About Grieving

Even though we all have experienced the loss of several loved ones, and have journeyed through grief, we don't always understand what it is, and what it isn't. In fact, we have come to believe and even express certain myths as if they were true. These are some that we hear most often and which make us cringe every time:

Myth: The pain will go away faster if you ignore it.

The fact is that trying to ignore our pain or keep it from surfacing will only make it worse in the long run. One way that we also try to accomplish this useless goal is by medicating ourselves. When my (Claudio) father died, I remember people suggesting or offering my mother nerve pills so she would not cry so much. Grief is normal and trying to suppress it through medication only pushes it away temporarily. It is like blowing air into a balloon. It is true that it will keep the air in, but the longer we try to ignore our pain it is like continuing to blow into that same balloon until one day it will burst. The problem is that when it does, and it will, it may manifest itself in a mental illness or disorder. If we want to experience real healing, it is important, indeed necessary, to face our grief and actively deal with it.

Having been a hospice chaplain, I (Claudio) have had to officiate or attend countless funerals for my patients who died. I always found it fascinating to see how people in different cultures handled their grief. Some were very calm, almost stoic, at least on the outside. Others would give themselves openly, and loudly, to their grief. They would cry, wail, and scream. I always worried more about those who suppressed the expression of their feelings than for those who openly expressed them.

British theologian and apologist C. S. Lewis writes about the anguish he felt as he mourned the death of his wife, and feeling the pangs of grief: "Tonight all the hells of young grief have opened again; the mad words, the bitter resentment, the fluttering in the stomach, the nightmare unreality, the wallowed-in tears" (Lewis, 1978, p. 69). Grief creeps up on us, unsuspected, stealthily spreading its cold mantle when we least expect it. We can't ignore it any more than we can ignore a bout of the flu, a tornado heading in our direction, or flood waters rising around our house.

Myth: It's important to "be strong" in the face of loss.
This myth implies that grieving is a sign of weakness. The truth is that feeling sad, frightened, or lonely is a normal reaction to the loss of a loved one. Crying doesn't mean you are weak and holding back your tears is not a sign of strength either. Some feel that if they cry, they will only be hurting others, so they suppress the expression of their feelings in order to "protect" them. It's as if putting on a brave front will ameliorate their own grief. Instead, showing your true feelings can actually be more helpful both to you and to them. In a way, you encourage them and give them permission to do their own work of grieving. Again, C. S. Lewis argues:

> *"Why do I make room in my mind for such filth and nonsense? Do I hope that if feeling disguises itself as thought I shall feel less? Aren't all these notes the senseless writhings of a man who won't accept the fact that there is nothing we can do with suffering except to suffer it? Who still thinks there is some device (if only he could find it) which will make pain not to be pain. It doesn't really matter whether you grip the arms of the dentist's chair or let the hands lie in your lap. The drill drills on."* (Lewis, 1978, p. 45)

We think the picture Lewis paints is powerful. Can you feel less pain by gripping the dentist's chair as she drills into your tooth? You can pretend to be as strong as steel, but when that drill nears the nerve it weakens the strongest of us all.

Myth: If you don't cry, it means you aren't sorry about the loss.
While crying is a normal response to sadness, it's not the only one. Those who don't cry may feel the pain just as deeply as others. They may simply have other ways of showing it.

Keep in mind that some may have already done some of the work of grieving even while their loved one was still alive (we talked about anticipatory grief earlier in this book).

Every one of us is different and no two people grieve in the same way. For instance, I (Claudio) tend to do my grieving in private. It may have to do with the fact that as a pastor I always want to be of help and support to those who grieve, and once my work is done, I can then take care of my own grief in private. Even as I officiated during the funeral services for members of my family, I managed to minister to all and later, privately, dealt with my own grief.

Be careful not to be judgmental of those who don't show their grief the way you think they should. Instead, make sure you are there to support them as they journey through their grief.

On the other hand, some people may criticize those who cry a lot. It makes them uncomfortable to see that they are not done with their grief, as they think they should be. Kate Braestrup, a chaplain for the Maine Stage Warden Service, and whose husband, a Maine State Police Trooper, was killed while on duty, writes, "We discovered that you can carry on a conversation and cry at the same time. You can cry while vacuuming the living room. You can cry while ordering pizza over the telephone, although the conversation is longer and more confused than it otherwise would be, and you sometimes get a topping you dislike" (Braestrup, 2008, p. 36).

Myth: Grieving should last about a year.
The reality is that there is no specific timeframe for grieving. How long it takes differs from person to person. You can't make it go faster, nor can you heal faster by following any prescribed program or agenda. Again, every person does their own grieving at the pace that works for them.

As we stated earlier, the idea of closure has become so common, but so commonly misunderstood, that people long for that closure to take place sooner or later. But they think that closure means the switch is suddenly turned on in an otherwise dark room of your life and everything returns to normal. Theodore Menten provides a better idea of what closure may look like when he writes, "Closing doesn't mean shutting the door and turning away. Closing is the realization that there is life after the death of a loved one. It is in the form of memory, and it is the survivor's responsibility and honor to carry that memory while living life to the fullest" (Menten, 1991, p. 135).

Myth: Moving on with your life means forgetting about your loss.
A dear friend of ours got married sometime after the death of his wife. Some were very critical of his decision to remarry and even accused him of infidelity or of not really loving his late wife of several decades. What we need to understand is that moving on simply means that you've accepted your loss. It does not mean that you have forgotten your loved one or that you no longer feel sadness or pain for their loss.

The truth is that you can both move on with your life and keep the memory of someone or something you lost as an important part of you. In fact, as we move through life, these memories can become more and more integral to defining our identity.

What does it mean to move on after a loss? Theodore Menten explains, "To move on is not to forget. It is to remember. It is to remember all that your loved one gave you, and all that you shared with your loved one. To move on is to celebrate those gifts and to know your loved one lives on in your memories. It is to realize how deeply he or she touched your life" (Menten, 1991, p. 136).

Again, C. S. Lewis writes of his own experience with grief:

> *"I once read a sentence 'I lay awake all night with toothache, thinking about toothache and about lying awake.' That's true to life. Part of every misery is, so to speak, the misery's shadow or reflection: the fact that you don't merely suffer but have to keep on thinking about the fact that you suffer. I not only live each endless day in grief, but live each day thinking about living each day in grief. Do these notes merely aggravate that side of it? Merely confirm the monotonous, tread-mill march of the mind round one subject? But what am I to do? I must have some drug, and reading isn't a strong enough drug now.*" (Lewis, 1978, p.22)

Even if it were easy to forget, would we really choose to do so? Would we decide that we're done with the memories of our now dead loved ones so we would not have to feel the pain of not having them in our lives?

Myth: Grief has an endpoint.
We often hear that people need closure from their grief as if to say they need to come to the place where they don't grieve anymore. The fact is that grief is forever. Granted, the intensity of grief may lessen with the passing of time, but even after many years we still miss our loved ones who have passed to their rest. My (Claudio) dad died when I was 15 years old, and even now, more than 50 years later, I still miss him dearly. There are so many times when I wish I could talk to him, have him meet my wife and daughters, and show him what I have accomplished in life. He was the life of the party and he made

Christmas the best and grandest day of the year. I must confess that after all these years, Christmas is still not the same without him.

The important thing to remember is that grief never completely ends but it does become more manageable as time passes. We have others who come to enrich our lives, who surround us with their love, and who store precious memories we carry with us throughout our lives. That makes the grief we feel for loved ones gone more bearable and less intense each day.

Myth: Once you're done grieving, life will return to normal.
How can life be normal without our loved ones in it? The truth is that we will one day reach a new normal. It will not be the same. We learn to adapt to the new circumstances and enjoy and appreciate what we have despite not having those special people still with us.

Heinz writes, "Being a widow is like living in a country where nobody speaks your language" (Heinz, 1999, p. 6). How normal can life be when someone with whom you have spent many years, perhaps most of your life, is no longer in it?

Myth: Time heals all wounds.
We like the way that Rose Kennedy, mother of the late President John F. Kennedy, put it: "It has been said, 'time heals all wounds.' I do not agree. The wounds remain. In time, the mind, protecting its sanity, covers them with scar tissue and the pain lessens. But it is never gone." Again, time may lessen the intensity of the pain, but the scar remains there our entire life.

Myth: If you are still talking about your loved one after (however many) years it means you're "stuck."
While it may be true for some people that they are "stuck" in their grief (we'll talk about that as we deal with complicated grief), thinking about and talking about those people that have meant so much to us does not mean we are stuck. It simply means we love them.

One of the fears of parents who have lost young children is that others will forget them. Since they did not live a long life, they think, others will forget all about them, which is almost like a denial of their existence.

Some people will also judge the grieving by saying that if they display photos of their loved ones, or if they have not gotten rid of all the things that belonged to their loved ones, or if they still cry for their loved ones after (however long), it means they are stuck. We will say it again and again: Everyone has their own way and time to grieve and no one else

has the right to determine that timeline for them. Theodore Menten explains, "Perhaps the most difficult transition anyone has to make after the death of a loved one is the journey from grief and sorrow to remembrance and honoring. Our loss seems to overwhelm us and, fearing that we will dishonor the one we love by forgetting, we nurture grief, clinging to it with a desperation that comforts us" (Menten, 1991, p. 136).

Myth: Women grieve more than men.
Grief is not gender specific. It is true that culturally it is more acceptable for women give an outward display of their pain through tears, but it has become more acceptable for men to cry too. Grief is individual and not specific to gender. A related myth is one that states that men don't want to talk about their grief. While research shows that men seem to have a more limited emotional vocabulary, that does not mean men don't have feelings or that they don't want to talk about them.

Myth: Your family and friends will always be your best support team.
That would be the ideal, but it is not necessarily the case. Some relatives are doing their own grieving and may not be able to help you when you need them. Also, family and friends may want to do something to help you but may not know what or how and may in fact do or say the wrong thing, which is not helpful at all.

A related myth, and frankly a gross mistake, is to assume that because you have experienced a similar loss you know how the other person feels. Our loss is individualized. It is our loss and no one else's. Even siblings experience the loss of a parent differently. That's why we always tell people to never tell someone, "I know how you feel." It is wrong and inaccurate because you have not lived their life, with their loved one, like they have.

Quite frankly, there are so many more misconceptions and myths that we could probably write an entire book just to deal with them. We have said it several times and will say it many more: Grief is unique to each individual and no one has the right to tell you how to grieve, how long you need to grieve, and when you should be done grieving.

Discussion Questions

1. What would you identify as the one truth about grief that you think is the most important?
2. Why did you select that one? Share your truth and reasons with your group.

Physical Symptoms of Grief

Often, we think of grief as a strictly emotional, or even spiritual, process, but quite often grief involves physical difficulties. For instance, you may experience fatigue, nausea, and weakened immunity – which may lead to frequent and severe illnesses. You may also experience weight loss or weight gain, generalized aches and pains, and insomnia. While any or all of these may not be anything to worry about, pay special attention to how frequently they happen, the severity of each, and how it's affecting your daily functioning. Make sure to talk to your physician and keep them informed of any changes you experience.

Tasks of the Grieving

Earlier in this book we talked about the stages that people who are dying go through, in general terms. Some people think that grieving follows the same process. However, neither is correct. As we stated earlier, the experiences that a person who is dying goes through is not linear, one step following another. Often, they experience a combination of feelings, move to another, and return to another. In the same way, people who are grieving following the death of a loved one may feel well one day only to return to a deep sorrow the next but bounce back to a period of peace for several days.

King Solomon wrote, "Better to go to the house of mourning than to go to the house of feasting, for that is the end of all men; And the living will take it to heart" (Ecclesiastes 7:2, NKJV). Who on earth would prefer to go to a funeral rather than to a party? But perhaps what Solomon was saying is that we can learn valuable lessons as we go through the journey of grief. Loss, death, suffering, and sorrow are inevitable parts of life and those who learn to lament, grieve, or mourn can have a better recovery from their pain and loss. So, instead of looking at grieving in a linear way, one step or stage following another, psychologist William Worden (2008, pp. 10-18) proposed four tasks those who grieve need to accomplish, for their own health and well-being.

> **Task #1 Accept the reality of the loss.** Some people may have a difficult time accepting the fact their loved one is dead. They may say things like, "I can't believe she's dead" or, "It can't be true." Initial denial is normal and natural, but the time must come when they need to accept that reality. That's one of the benefits of the viewing of the body and of the funeral service because they provide the visual, factual truth of the reality of the death of their loved one.
>
> When I (Claudio) was a pastor, one of my church members was killed in an industrial accident. I was called to the scene to provide support to the family while the emergency personnel worked to extricate his body. After several hours of hard

work, they were able to free him from his entrapment. Up until that point, the family hung onto the hope that perhaps he was not there, and he was still alive, elsewhere. But once the body was extricated, his wife and daughter received confirmation that it was indeed their loved one who had perished. Still in disbelief, they asked if they could see him. The emergency personnel were hesitant, but as a police chaplain, and their pastor, I made the request to the emergency personnel and assured them that I would be there, by their side, to support his wife and daughter as they viewed his body. It was important for them to see him and accept their loss.

Task #2 Process the pain and grief. Some people feel that they can't take the pain and sorrow and choose to be medicated. But being willing to accept and experience the pain and suffering caused by this major disruption in their life is critical in order to reach the place where they can continue to live as normal a life as possible. As former chaplain Larry Yeagley explained, "Pain must be experienced if healing is to occur. Pain must be expressed if growth and new life are to result" (Yeagley, 1984, p. 24).

As strange as it may sound, when it comes to grief, pain is a sign of healing. We worry more about those who seem stoic or are not able or willing to experience or express their pain. Of course, we recognize that they may have already experienced anticipatory grief and now their journey is different. But for those who have not had anticipatory grief, and yet still do not seem to be grieving, it could be problematic later in life. As Yeagly (1984) writes, "people who have suffered major losses agree that when people can't or won't experience and express pain, they become stalemated. Progress toward recovery is halted." He adds, "Going through pain has a way of mellowing the pain. The sharp sting is lessened. Eventually thoughts of the lost evoke mostly good and warm memories." Once this happens, the person is ready for the third task.

Task #3 Adjust to a world without their loved one. Some people start a new job, travel the world, or take up new hobbies. They learn to live on their own, take classes, and learn new skills. Spiritually speaking, people may grapple with questions about their faith because of the illness or death of their loved one, and question the meaning and purpose of life.

At some point in time this may mean moving to a new place, making different friends, or perhaps even having a new spouse. You will need to accept that none of this constitutes a betrayal of your deceased spouse.

Task #4 Say goodbye while maintaining an enduring connection. Day by day, they create this new balance, this new normal, in which they can remember their loved one with good thoughts and memories while living a meaningful life. As Yeagley explains, "This is the slow process of withdrawing the mountains of emotional energy invested in the lost relationship and reinvesting that energy in other relationships." He adds:

> *"Some people call this psychological amputation. Perhaps this is their way of saying that 'letting go' or 'saying good-bye' to a loved one is a major shock to the system. On the other hand, amputation is sometimes the only way to save a person's life. This is true in grief. Saying goodbye to a relationship that can no longer be is the only way to free a person to go on living in a satisfying manner."* (Yeagley, 1984, p. 25)

Even though part of you is irretrievably gone, what was is still part of you. The memories, joy, and warmth you felt with your loved one will never leave you. Think of the time you enjoyed together as a special gift from God.

As with the Kübler-Ross five stages, Worden's tasks don't flow nicely in a linear fashion. You may be working through more than one task at the same time or on one at a time but in a different sequence. You may return multiple times to the same task in the journey as you gain knowledge and strength. Some of the tasks may feel more important, easier, or more difficult than others, and you may not experience some of them at all.

The Grieving Process

As stated before, grieving is a process, a personal journey toward learning to live a new normal without our loved one. Whether you look at it through the stages of grief outlined by Kübler-Ross, or the four tasks as proposed by Worden, the process of grieving requires that you do things that will help you move further along toward healing and recovery. Chaplains and grief counselors recommend that you do these:

1. Give yourself time to heal. We have said before and it bears repeating: There is no set schedule for grieving. It is your personal journey and only you get to decide how fast you move along that path. As Chuck Swindoll (2009) expressed, "The length of a person's recovery says nothing about his or her spirituality. The mourning process is just as individual and unique as a fingerprint."

So, give yourself the time it takes to heal emotionally, keep a routine, get lots of rest, and try not to attempt too much but direct your energies toward healing. And always remember that you are never alone. As Barbara Brown Taylor wrote, "The good news of

God in Christ is that when the bottom has fallen out from under you – when you have crashed through all your safety nets and you can hear the bottom rushing up to meet you – the good news is that you cannot fall farther than God can catch you" (Brown Taylor, 2008, p. 133).

Not giving yourself time to grieve will only make it more difficult later in life, and only you can make decision as to when and how to grieve. Smith and Jeffers write:

> *"Grievers must take responsibility and make decisions about whether they will go through grief or grow through the experienced loss, and either choice has long-term consequences. No few have moaned after a loved one's death, 'I wish they would go ahead and bury me, too.' But that is not how it works unless you make that decision. Incidentally, some individuals have died with a spouse or child's death, t but the funeral was just delayed for another five or twenty-five years!"* (Smith & Jeffers, 2001, p. iv)

Perhaps one who wrote with authority on the subject of grief was C. S. Lewis who experienced it first-hand after the death of his wife Joy. Lewis explained:

> *"Getting over it so soon? But the words are ambiguous. To say the patient is getting over it after an operation for appendicitis is one thing; after he's had his leg off it is quite another. After that operation either the wounded stump heals or the man dies. If it heals, the fierce, continuous pain will stop. Presently he'll get back his strength and be able to stump about on his wooden leg. He has 'got over it.' But he will probably have recurrent pains in the stump all his life, and perhaps pretty bad ones; and he will always be a onelegged man. There will be hardly any moment when he forgets it. Bathing, dressing, sitting down and getting up again, even lying in bed, will all be different. His whole way of life will be changed. All sorts of pleasures and activities that he once took for granted will have to be simply written off. Duties too. At present I am learning to get about on crutches. Perhaps I shall presently be given a wooden leg. But I shall never be a biped again."* (Lewis, 1978, p. 65)

While we cannot prescribe a specific length of time for healing, we can encourage you to not rush to make important decisions while you're grieving. As Smith and Jeffers write, "Grief counselors advise widows and widowers, 'Make no major decisions for the first year. Focus on your grief work'" (Smith & Jeffers, 2001, p. 12).

2. Think. Ironically, some people will suggest the opposite and tell you to "put it out of your mind…don't think about it." Others may recommend that you not return to your home or visit the cemetery because the thoughts of your loved one will only be stronger. As Chaplain Yeagley recommends, "I would encourage you to be unafraid of your thoughts. Let them happen" (Yeagley, 1984, p. 27). For instance, if you remember a

special place and event, go to that place and in your mind relive that event and the good memories the occasion evokes. In your home, take a trip down memory lane by going from room to room recalling things that happened in each, words that were spoken, memories that were made.

Again, Yeagley expounds, "The thinking process helps us to accept the reality of the loss both intellectually and emotionally" (Yeagley, 1984, p. 28). The cognitive part, accepting the fact that the person is gone, comes easily. After all, you saw the body in the casket, you were at their funeral, you saw the casket at the cemetery, and perhaps even saw it lowered into the ground. The emotional acceptance may take several months, and even when it does it does not mean you will forget the person. The process of allowing yourself to think about the loved one now gone facilitates acceptance of the fact.

But also think about the pain others have or are experiencing. Isaiah's words (Isaiah 53:3–4) communicate the suffering of the One who loved us and died for us. Remember that in our deepest moments of grief and loss, we need only look to Him on the cross and realize that He understands. He alone can heal the wounded heart.

3. Talk to others. Spend time with friends and others; don't isolate yourself. What is important is that you talk to people who are willing to listen without feeling like they have to fix your situation or give you all the answers. Talking through the events of your life with your loved one, from the earliest to the latest, is not only therapeutic but could help you accept the possibility of having meaningful relationships after the death of your loved one. In other words, it will help you see that there is life and there are other people in it, that your life has not come to an end because the life of your loved one did.

The best listener there is, of course, is God Himself. As He says through Isaiah, "I, the LORD, invite you to come and talk it over" (Isaiah 1:18, CEV). The answers may not always be what we expect, or we may not even get an immediate answer. But just talking it over with God, our Father, with Jesus, our Friend, is very healthy and very healing. As C. S. Lewis explained:

> *"When I lay this question before God, I get no answer. But a rather special sort of 'no answer.' It is not the locked door. It is more like the silent, certainly not uncompassionate, gaze. As though He shook His head not in refusal but waiving the question. Like, 'peace, child; you don't understand.'"* (Lewis, 1978, p. 73)

4. Write what's on your mind and in your heart. As Yeagley says concerning the mind, "It can think thirty years in three minutes, but it takes longer to write it" (Yeagley, 1984, p. 28). A good recommendation from chaplains and grief counselors is for you to keep a

journal. Write down the details but also the feelings associated with them. If you're angry, write about it and explain why. If you feel lonely, write it down as well. If you are afraid, confused, frustrated, or you had a good day, full of joyful experiences, reflect on that as well.

Expressing sorrow and giving words to it is a healthy response to grief. David poured out his sorrow in words that honored King Saul and his son, Jonathan, David's friend (2 Samuel 1:17). Putting grief into words is a healthy way to handle the pain while at the same time honoring those who have died.

5. Cry. While those who love you and are concerned for you may tell you not to cry, we recommend you let the tears flow freely. Washington Irving (n.d.) wrote, "There is a sacredness in tears. They are not the mark of weakness, but of power. They speak more eloquently than ten thousand tongues. They are the messengers of overwhelming grief, of deep contrition, and of unspeakable love." Of course, there will be people who are uncomfortable to see you cry, but as Jennifer Stern (2017) writes:

> *"It is not the job of the griever to make others comfortable with their expression of grief. It is the job of the griever to grieve. To grieve is to actively feel and express sorrow. If your tears appear to make others uncomfortable calmly speak your truth, teach them about your tears. I cry because I grieve. I cry because I am profoundly sad over the loss of my loved one. I cry because life will forever be bittersweet. I cry because there are no words to adequately express how I am feeling. I cry because I am brave enough to face another day, to endure, to push forward, to live with grief in my heart. I cry to express, to relieve, to release."*

Dr. William Frey (as quoted by Judith Orloff, 2010), a biochemist and "tear expert," discovered that reflex tears are 98% water, whereas emotional tears also contain stress hormones that get evacuated from the body when we cry. Furthermore, Dr. Frey found that emotional tears discard these hormones and other toxins that accumulate during stress. Not only that, but additional studies suggest that crying stimulates the production of endorphins, which are our body's natural pain killer and "feel-good hormones." So, crying is extremely beneficial, even if it makes others uncomfortable.

6. Feel the pain. Swindoll (2009) wrote, "I'm convinced that no one can fully recover from loss without allowing himself or herself to feel and express sorrow completely." Having worked with countless hospice patients and their families, as well as many church members, we can assure you that the intensity of your pain is normal and eventually it will begin to wane. From personal experience with the loss of loved ones we can also tell you that the pain will probably never disappear completely, but it will become more tolerable.

On the other hand, if you try to avoid the pangs of pain, you will more than likely only prolong your grief. In fact, if you try to circumvent the feelings caused by your loss, it will only cause problems in other areas — physically, emotionally, and most certainly spiritually.

Dealing with your loss in a healthy manner can be a major avenue to growth and life-transforming change. So, move forward in experiencing your grief. That is actually a healthy part of the process. At the same time, keep a good, healthy balance by rejoining the living through acts of giving and receiving. As my good friend, pastor, chaplain, and counselor Mike Tucker explains, "The journey of grief has mile markers. As you pass the mile markers, you realize you are making progress. Skip over a marker, and you will pay for it" (Tucker, 2018, p. 37). Having lost his wife of 40 years, Gayle, after a very brief illness, Mike had to face the reality of his own pain and grief. He talks about how he faced his pain:

> *"I chose to lean into the pain. I intentionally thought about Gayle, engaged in activities we used to do together, went places we used to go, and more. As much as it hurt, I embraced the pain, cried, thought the thoughts fully, and felt the depths of my sorrow. There were times when I thought I might be overwhelmed, but eventually it all hurt a bit less"* (Tucker, 2018, p. 38).

As you allow yourself to feel the pain, be prepared to experience some anger. You may question God, or the doctors, or you be angry with your loved one because they didn't take good care of themselves, or for dying (even if that was not their choice). Elizabeth Kübler-Ross wrote, "This grief, shame, and guilt are not very far removed from feelings of anger and rage. The process of grief always includes some qualities of anger. Since none of us likes to admit anger at a deceased person, these emotions are often disguised or repressed and prolong the period of grief or show up in other ways" (Kübler-Ross, 1969, p. 4). Again, you can suppress or deny the anger, which can only compound the problem and prolong the journey through grief, or you can give it a name, accept it, express it (point number four above), and be free of it.

7. Take care of yourself – physically. During the first few days after the death of a loved one you may not have much of an appetite, or barely have enough energy to put one foot in front of the other, but it is important, as part of your recovery from your loss and grief, that you watch what you eat and drink and that you engage in a healthy exercise routine. Smith and Jeffers suggest:

> *"Finally, concerning what and how you eat, you may wisely limit your intake of foods containing caffeine, which interferes with sleep. Eat more fruits, which are easier to a grieving body to digest. Also, carefully monitor your intake of snack foods. It is very*

tempting to snack and nibble rather than to prepare a full meal. It is equally important to monitor the eating habits of other family members because it is possible to go in the opposite direction and use food as a numb-er to avoid feelings" (Smith & Jeffers, 2001, p. 15).

8. Take a vacation from grief. This is another concept we learned from our dear friend Mike Tucker. It is not healthy to be consumed with your grief twenty-four hours a day, seven days a week, month after month. Mike recommends taking a vacation from grief. In his words:

"A vacation from grief can be something as simple as taking a bubble bath, reading a novel, or going to a movie. Or it can be as big as traveling to a vacation spot for a weekend or even a week or two. I played golf from time to time in order to rake a vacation from my pain, and I even took a cruise by myself in an effort to have a respite from grief" (Tucker, 2018, p. 122).

Tools to Help You Grieve

In addition to the seven things we recommend you do as you traverse the road toward healing and recovery from your grief, there are some other tools you may use that will help you:

1. Take full advantage of the gift of laughter. Laughter releases lots of powerful positive chemicals in our brain. Family gatherings to remember the loved one who has died often lead to funny stories. Encourage them. Many times, these stories change our tears of sadness for tears of joy.

2. Stay healthy. Grief, and inactivity, may lead to sickness. So, this is the best time to follow good, healthy practices including a healthy diet, exercise, rest, fresh air, sunshine, drinking lots of water, prayer and meditating on the Word of God, and getting a healthy amount of sleep. Go to your doctor and get a physical to make sure all is well or to discover what may need attention.

3. Learn to relax. Practice deep breathing and relaxation exercises and do them every day, several times a day.

4. Join a support group. Trying to take this journey is like trying to climb a high mountain all alone. Some of the mountains we may manage, but the taller the mountain the more help we may need. Joining a group of people who have also experienced loss and pain provides you with a safe place where you can share with others while you also help others by listening and being there.

5. Draw comfort from your faith. Don't stay away from your church or faith community. Continue to practice your rituals even if it feels awkward at times or if they bring memories that flood your eyes with tears.

6. Keep up with your hobbies and interests. There's comfort in routine and getting back to the activities that bring you joy and bring you closer to others who can help you come to terms with your loss and help you through the grieving process. If you don't have a hobby or special interest, try to develop one, but look for those that help you connect with other people rather than those you get to do alone.

7. Reach out and help others dealing with the loss. When you spend time with loved ones, who have also loved and lost as you have, it can help everyone cope. Sharing stories or listening to your loved one's favorite music can make a big difference to some. Helping others has the added benefit of making you feel better as well.

8. Remember and celebrate the lives of your loved ones. A wedding anniversary or that of the day they died can be a difficult time for friends and family, but it can also be a time for remembrance and honoring them. Perhaps you may decide to collect donations to a favorite charity of the deceased, pass on a family name to a newborn baby, or plant a tree or a whole garden in their memory. What you choose is up to you. Of course, you may have to check with others who may be involved or with the proper authorities. But as long as it allows you to honor that unique relationship with your loved one in a way that feels right to you it will also help you in the healing process.

9. Don't dread the holidays. In many families, holidays are special occasions when loved ones get together and great memories are made. When a member of the family dies, the holidays change and often bring those memories of loved one to the forefront. I (Claudio) remember our first Christmas after the death of my dad. It was dismal, sad, and heavy, as if a dark cloud was hanging over all of us. It took several years before Christmas began to take a festive atmosphere again. Smith and Jeffers write:

> *"Grievers must anticipate the holiday blues. However, a holiday is an occasion to decide, 'How do I want to celebrate this day now?' You may decide to take a sabbatical and sit it out. You may decide to do something totally different this year – something that you may never try again. In whatever way you celebrate, allow moments for grief to be front-and-center."* (Smith & Jeffers, 2001, p. 2)

Discussion Questions

1. Review the list above once again. What are some practical ways we could help alleviate some of these challenges through ministry?

Empathy

We have been writing mostly to the person who is grieving the death of a loved one, but we hope if you are their pastor or friend it will help you to understand what they are going through and ways you may assist and support them.

Since grief is experienced in many ways, experts suggest that those who support a friend or loved one in a time of grieving follow that person's lead. Resist the urge to judge as to whether they appear to be insufficiently sad or if they seem to be dwelling in grief too long. It is also unadvisable to encourage the pursuit of "closure."

What can be very caring, and much appreciated, is to offer practical help. Also, if you acknowledge the loss it can be very positive and affirming. Many mourners want those around them to listen, ask questions, and share memories, thereby confirming the depth and validity of the griever's feelings and helping them heal. So, go see them, spend time with them, and listen, listen, and listen more. The bottom line is, be as empathic as possible. As Richard Rice explains, "Empathy can be much more helpful than theories and explanations. Years ago a college professor I know lost a son as the result baseball injury. He later described the most comforting thing that happened after the tragedy. Another teacher came to his office, sat down, and wept. After a while, he got up and left. He didn't utter a word. But just his being there and sharing the grief meant more than words could say" (Rice, 1985, p. 37).

Dr. Les Parrott explains to his students the difference between sympathy and empathy this way:

> *"I tell them that sympathy is standing on the shore and throwing a life ring out to a person who is struggling in the water. Every decent human being would do this. It flows with our adrenaline. Empathy is much riskier. Empathy is diving into the water and thrashing around in the cold waves with that person to bring them to safety. Not everyone does that. In fact, it's so rare that we call these people 'heroes.'"* (Parrott, 2018, p. 140)

The elderly, and those who are dying, need more heroes of this type. They need people who will jump into the pain and grief of their loved ones, to swim those troubled waters with them. They need people who are not afraid to be vulnerable, to listen attentively, to hold their hands warmly, and to be there even when they feel uncomfortable. That's what loved ones often do, but that's also something that caring friends and dedicated pastors can bring into the life of those writing the final chapter of their lives.

Related Terms

Besides grief, we often hear a couple other terms related to the experience following the death of a loved one. We just want to acknowledge those terms and provide a short explanation.

Mourning

Mourning often goes along with the experience of grief. We talk about grief as the personal experience and process, while mourning is how grief and loss are shown in public. In general terms, mourning may involve religious beliefs or rituals, such as the viewing of the body, the funeral service, and the burial. These mourning rituals may be affected by our ethnic background and cultural customs. These rituals of mourning provide some structure to the grieving process. For many mourners, a sense of numbness lasts through these activities, leaving the person feeling as though they are just "going through the motions" of these rituals.

Bereavement

Bereavement refers to the period of time during which grief and mourning happen. It is when a person experiences sadness after losing a loved one.

Conclusion

Just understanding the various experiences we may go through following the death of a loved one can help us make sense of it all. It can be a scary time, thinking we're going crazy, or that we won't survive the pain. But if we understand the process of grief it will help us know and accept the journey toward healing and recovery.

For pastors and others, we hope this information will help you feel more comfortable as you minister to those who have lost a loved one. People who grieve may not remember the words spoken at the funeral of their loved one, but they will remember the caring actions at various stages in their journey of grief.

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Chapter 2

Dealing with Grief

"The LORD is close to the brokenhearted; he rescues those whose spirits are crushed." Psalm 34:18 (NLT2)

Introduction

Grief is a normal and natural response to loss. We all experience it at one time or another throughout our life. It's inevitable. Some feel it more intensely than others, and not all losses feel the same to us or to all. James and Cherry write:

> *"We grieve for the loss of all relationships that could be held as significant and therefore emotional: moving from one house to another in early childhood can be such an event. Leaving the routine of the home to start school can cause grief for many children. Divorce can cause enormous conflict and confusion. Even marriage can cause feelings of loss for a familiar lifestyle. Dealing with addictions to alcohol, drugs, food, and so on can lead to monumental grief. Retirement, that so many look forward to, can create intense conflicting emotions. Often, these common life experiences are not seen as grieving events."* (James and Cherry, 1988, p. 4)

Since in this book we are looking at the last chapter of a person's life, we will not spend time talking about grief in general, or the specific grief cause by the death of a child, a sibling, a relative, or a friend, but will rather concentrate on the loss of a spouse or a parent. Chaplain Larry Yeagley recalls what his chaplain supervisor once told him, "Your loss is not the most important consideration – it's what you do with what's left" (Yeagley, 1995, p. 13).

Discussion Questions

1. Make a list of all the ways a new widow/widower life has changed with the death of their spouse.
2. Beside each change you listed, think of support that may be available to help in this area.

Grieving the Death of a Spouse

Having lived together for almost four decades, it is very difficult for us to even imagine what it would be like to not have the other person in our life. Many have expressed their life as being incomplete, a feeling of unimaginable loneliness. As Carol Staudacher writes, spouses have summarized their feelings with words like:

- I feel as if I have lost my best friend.
- I am angry.
- I feel guilty about something (or many things) I did.
- Now I think about my own death more frequently.
- I feel very old.
- I feel sick all the time.
- I am afraid.
- I worry about money.
- I am going through an identity crisis.
- I feel relieved after the death. (Staudacher, 1987, p. 54)

According to the Healthy@UH (2018) blog by University Hospitals in Cleveland, Ohio, "In a 2008 National Institutes of Health study that examined more than 370,000 elderly married couples in the United States, researchers found that within the first three months after one spouse dies, the chance that their partner will also pass is between 30 and 90 percent." They add that, "The death of a wife was correlated with an 18 percent increase in mortality for men while the death of a husband was correlated with a 16 percent increase in mortality for women."

Perhaps you may question if this is the result of a romantic tale or a case of a broken heart. According to Sullivan and Fenelon (2014), there appear to be three main reasons for the effect of widowhood on the mortality of the survivor.

1. On one hand, the cause may be unrelated. Perhaps the widow/widower has an elevated mortality risk because of shared household characteristics. For instance, the authors explain that those with lower socioeconomic status (SES) are more likely to be married to a low SES spouse, and "are more likely to die than those with higher SES of the same age." At the same time, they argue, "Elevated widowhood mortality may also reflect selection out of widowhood, in that the healthiest individuals remarry and leave the widowed state, leaving only the frailest as widows."

2. On the other hand, widowhood may cause higher mortality rates due to the "general 'wear and tear' associated with caregiving for a dying spouse," particularly if the spouse's death followed a lengthy illness. As Holmes (2020) explains, "Some studies have found that sudden deaths may be easier to bear than long, lingering illnesses that ultimately lead to widowhood. However, men cope with sudden deaths better than women."

3. The surviving spouse may be forced to make adjustments to their living environment. As the authors explain, "In particular, the sudden death of a spouse may be especially damaging because relative to an expected death, there is less time to develop other sources of social and emotional support." This seems to affect men more so than women. Again, Sullivan and Fenelon (2014) explain, "Men may be particularly vulnerable because they are less likely than women to have a close confidant other than wives." In addition, "After losing a spouse, role theory predicts that the surviving spouse will struggle to adjust to the loss of both material and task support." The surviving spouse must absorb the responsibilities and tasks that the deceased spouse used to perform. In some cases, the surviving spouse successfully manages to adapt, but in others the burden becomes too heavy for the surviving spouse to bear alone.

While this all sounds like bad news for the surviving spouse, that is not necessarily the case. Again, Sullivan and Fenelon (2014) argue that not all widows/widowers are affected equally. As they explain, "Ample theory suggests that widowhood increases mortality risk, but not all widows are affected equally. The association between mortality and widowhood may vary by gender, age, and SES and whether the death of the predecedent spouse was sudden or expected." One of those examples is shown in a higher mortality rate for husbands who survive the death of their wife. As the authors remind us, "Men have shown greater mortality risk in widowhood, perhaps because marriage represents their primary source of social support." Some older husbands may not be accustomed to household chores while some wives may have a more difficult time finding alternate sources of financial stability.

The effect of widowhood may also be ameliorated depending on the age at the death of the spouse. Younger widows/widowers tend to fare better than older ones. At the same time, younger widowhood may be more shocking since most of us marry and live with the idea of growing old together.

Perhaps of greater concern is the months following the death of a spouse. According to Holmes (2020), "People whose spouses have just died have a whopping 66% increased chance of dying themselves within the first three months following their spouse's death." One of the questions we hear often is what could possibly cause the death of the surviving

spouse so suddenly after the death of their loved one. Holmes (2020) explains:

> *"A study in 2008 found that widowed men have a much higher risk of dying from chronic obstructive pulmonary disease (COPD), diabetes, an accident or serious fracture, an infection or sepsis in the months following their wives' deaths. Meanwhile, the same study found that widowed women have a much higher risk of dying from COPD, colon cancer, accidents or serious fractures, or lung cancer in the months following their husbands' deaths."*

It comes as no surprise that those in a close relationship tended to experience higher levels of depression following the death of their spouse. What is surprising in the research that Holmes (2020) writes about is that those who owned homes tended to be more depressed and that "women who were dependent on their husbands for financial tasks and home maintenance chores tended to have more post-widowhood anxiety." Perhaps of great concern is that Kaprio et.al. (1987) found that death by suicide was greater during the first year following the death of a spouse.

So, what are you to do if your spouse dies? The National Institute on Aging website (n.d.) explains that the surviving spouse may experience such things as trouble sleeping, have little interest in food, problems with concentration, and a hard time making decisions (which, by the way, is one of the many reasons why it's best to not make major decisions at this time – such things as leaving your job, relocating, selling the house or property, investments, etc.).

Everyone grieving the death of a spouse would benefit from formal counseling, or at the very least some informal conversations with trusted friends or other professionals (like your pastor or physician). This is also a time to take care of yourself by eating healthy, exercising regularly, and getting enough sleep. We do recommend, however, that you do not medicate yourself to sleep or to help with your nerves. Medicating yourself may only delay or interrupt your work of grieving which will be detrimental in the long run. This is also a good time to visit and talk with friends or members of your church family and practice your spiritual exercises such as praying, studying your Bible and your Sabbath School Adult Study lesson, devotionals, and other good spiritual literature.

We want to reiterate that everyone is different, and everyone experiences grief differently depending on the type of relationship they and their spouse had, whether they shared household and financial responsibilities, their support network and family relationships, and how self-sufficient each person may be. The surviving spouse may have to learn to manage new tasks. For instance, if the husband managed the finances, the wife may have to learn how to do such things as paying bills, reconciling bank accounts, making sure

property taxes and insurance are up to date, etc. If the wife did most or all the household chores, the surviving husband may have to learn to cook, clean, do laundry, and go grocery shopping to which he was not accustomed.

One of the more common experiences for a surviving spouse is the sense of loneliness. For many years they have had someone by their side, with whom to travel, a person to talk to and to share feelings, opinions, and memories with. Now, with the death of their spouse, they find themselves in an empty house, with no one to share or spend the time with. Many, particularly women, may experience an increased sense of vulnerability and be concerned with their safety, so it would be good to make sure all locks on doors and windows work properly and perhaps they should consider an alarm system, cameras, motion-detector outdoor lights, and some sort of alarm device in case of a fall, a break-in, or other emergency.

Having lost a spouse does not mean your life is over. Locking yourself away from the world will only make you feel more isolated and lonelier. Instead, make plans to be active. For instance, you may visit your local library and make it a goal to read a book every week or two. Read at the library so you can get out of the familiar confines of your house. If you have close friends in your neighborhood you can go for walks with them, either as exercise or simply a leisurely stroll. The sunshine and fresh air can do wonders to lift your spirit.

We have known quite a few people who have volunteered in different organizations and found a new passion and meaning in life. If your spouse was cared for by hospice, perhaps you can become a hospice volunteer. Another option may be a soup kitchen, a women's shelter, or your church community center. These are not only good distractions but a way to help others and therefore replace all your self-thinking to thinking of others.

If you are in relatively good health, and after consulting with your personal physician, you may join an exercise class, a bowling league, or some other sport like tennis, biking, or hiking. For some people, bringing a pet into their home may just be what they need. Just make sure it is a pet that you can easily manage and not one that will complicate your life. If your family lives far from where you live, you have to make plans on how you will handle the care of the pet. Will you be able to take it with you on a plane or in the car? Would you have to board it at a pet care center or with a friend or relative? Does anyone in your family have pet allergies which would prevent them from enjoying your company and you theirs?

Another option to consider is to take a class at a community college or community organization or online. The distraction and learning opportunity may be very beneficial. If you can sing or play an instrument, see if you can join a community or church choir, a band or orchestra, or simply gather with friends for a sing-along.

At some point in time the thought may cross your mind, or someone may place it there, as to whether or when to see a new potential life partner. The general recommendation from most counselors is to give yourself time to grieve and not rush into another relationship. Perhaps a period of up to two years after the death of a spouse is the best timeframe. The first year the grief is most intense as the surviving family goes through the annual cycle of holidays, birthday, and anniversaries, and the second year is more of a time for renewal, restructuring, and reorganization of one's life. The point, again, is not to rush but rather to go at your most comfortable pace. It would be best to plan for group activities, inviting friends to your home or attending meetings with your friends. With friends who are married, it may feel a bit unsettling to be by yourself, sort of like a fifth wheel. Perhaps you can plan for less formal times together, like going for a walk or a picnic, a chance to enjoy the outdoors and their company at the same time.

The main thing right now is that you go easy on yourself. Do not place too many obligations, decisions, or responsibilities on yourself, but rather allow yourself the time to mourn and heal. Your marriage lasted for years and you cannot expect to feel better following the loss of your spouse after only a few weeks or months. Take care of your physical and mental health and, if necessary, find the help and support that you need.

Grieving the Death of a Parent

As we stated before, we are not talking about a young child, or even a young person, grieving their parent. I [Claudio] lost my dad when I was fifteen years old. Losing him at that young age was very different than losing my mother when I was in my late forties. In this part of the book, we are talking about grieving the loss of a parent when we are already adults, and particularly when we ourselves are a little older.

If you have enjoyed a good relationship with your parents, losing them may be a very painful experience. Perhaps you looked forward to your children enjoying their grandparents for many years to come, or you appreciated their help and advice as you navigated the challenging waters of parenting. You grieve the loss of their company, the memories you shared, their help, wisdom, and experience. Now they are gone from your life and you may feel angry and frustrated that they are no longer there. In some cases, you may feel guilty because you did not contact or visit them frequently or for not being present when they died. As with any other death, you may go through periods of shock

and emotional numbness, confusion, disbelief, denial, or a sense of unreality. Depending on the situation, you may also experience hopelessness and despair, an aching, painful feeling in your stomach, and some even have suicidal thoughts. At the same time, you may feel relief that they are no longer in pain, if they were ill or in discomfort for an extended period of time.

If, on the other hand, you have not enjoyed a healthy or positive relationship with your parents, their death may be painful in different ways. We will talk more about this situation later in the chapter.

As with other deaths, you need to give yourself time to experience the loss, grieve your loss, and heal. Medicating or denying your loss will only make it last longer and may lead to physical and emotional problems later in life. Keep in mind that the death of your parents, whether it was sudden, after a prolonged illness, or as a result of the aging process, may force you to confront the reality of your own mortality. Understanding that you too are growing older, more frail, and one day you will also die can complicate your journey through grief.

As with the grief of any other death, you need to take care of your well-being. Remember to eat healthy and hydrate yourself. Do not skip meals but aim for moderation. Try to maintain a regular schedule, particularly when it comes to your sleep patterns, keep moving, and go for a leisurely walk or exercise to burn some of that energy. Maintain or start new hobbies which will keep you distracted or help you find fulfillment in life. The practice of prayer or meditating on scriptural passages can also help you to both strengthen your relationship with God and to relax. One practice many have found useful is to maintain a grief journal. It is a way to help you process your emotions but also, as time goes by and you review it, you may see that you are indeed making progress in your journey of grief.

As we have stated before, talking with someone is always very helpful because, "Pain shared is pain divided." You need not only talk about your pain; you can also share your positive memories. Talking with those closest to you can bring up a lot of emotions, some happy and some sad, but it can also bring about that healing laughter at times. Sharing stories with your children or grandchildren is a wonderful way to bring generations together and pass on your memories to them.

One way that some people try to manage the grief following the loss of a parent, or other close loved one, is to do something in their memory. For instance, you could create a small home memorial of sorts with photos and a few mementos. You may also plant their

favorite flower or tree in your backyard or in a park for others to enjoy. If they had pets or flowers, perhaps you may consider adopting them and bringing them into your home, or you may continue to do something that they found significant. For instance, if they volunteered in an organization, like a homeless shelter, perhaps you could continue their work there. Another way to honor their memory, and help you in your journey through grief, is to donate funds to a charity or community organization. It may be one they preferred, or one that you support. You can make the donation on their behalf.

If, on the other hand, you did not have a good relationship with your parents, you may have a sense of relief, a sense of resentment, or a sense of guilt, or simply another loss among so many you have had. Relief because their life and presence may have been a constant reminder of a hurt they inflicted on you and at their passing you find release from that burden. Or you may feel resentment that they are gone and left you with unwelcome responsibilities, like disposing of their property, debts, etc. Or you may feel guilty that whatever happened between you was never resolved.

Regardless of the specific situation, it would be for your benefit to forgive them. Keep in mind that by forgiving them we do not mean you excuse, ignore, or pretend to forget what happened. Rather, by forgiving them we suggest you release them to God and His judgement, and you release yourself from the anger and resentment which have kept you subject to them. You may not always have the resolution you desire, but you do not have to carry that burden to your own grave. Some people have written a letter to their deceased parent, expressing all the emotions they feel. In some cases, they have expressed their anger, bitterness, and even hatred for their parents, or their frustration that they were not able to finish their business with them. Once they write that letter and are satisfied with what they have expressed, some choose to read it to an empty chair. The empty chair represents the deceased parent. It is their chance to verbally say what they wish they could have said while their parent was alive. Others simply choose to burn the letter. It is not as if their parents will listen to what has been written. After all, the Bible tells us that the dead do not know anything (Ecclesiastes 9:5). Reading the letter out loud and/or burning it is a symbolic release of the negative feelings that keep you imprisoned and allows you to find the freedom to live your life without carrying that heavy burden.

Needless to say, if you are having a very difficult time or feel stuck in your grief, don't hesitate to seek the help of a good, Christian, competent counselor and surround yourself with safe people who will provide you with the support and encouragement you need at this time.

Grieving the Death of a Grandparent

For many, the death of a grandparent can be extremely painful. Indeed, because some were raised by their grandparents, losing one is more like losing a parent. For many, this may be their first experience with death because of the age difference between you and your grandparents. Depending on your age when your grandparents die, you need to keep in mind that your parents and their siblings, as well as your own siblings and cousins, are also grieving their loss. In the highly mobile society in which we live, many do not get to grow up close to their grandparents, so with their death they wish they had known them better. You may also notice that with their passing there also comes a change in the family relationship. It is possible that your grandma or grandpa was the glue that kept the family together and with their death the family does not seem to have the same cohesion they used to.

One of the frustrations that grandchildren may experience is that others try to alleviate or minimize their grief by saying things like, "At least she lived a good long life." While that may be true, and we are glad that good long life gave us the opportunity to get to know her and have her in our life, it does not remove the emptiness and the pain we now feel with her departure. So, keep in mind, as Haley (2016) states, "your grief is a reflection of your unique relationship with your grandparent and your individual ability to cope with this loss. You, and only you know how much pain you are in and how this loss ought to be grieved."

And this is perhaps the bottom line. Your grief is unique to you, as is your journey through grief. You may need help along the way (counseling, talking to friends, etc.), or you may be able to manage on your own, but no one has the right to tell you how to grieve or when your journey through grief has reached the end.

Special Cases

While we have been talking about losing someone we love due to a terminal illness or old age, there are several situations that can make the journey through grief a little more difficult for some. As stated earlier, we are not talking about the death of a child or a young person, but rather someone who has reached the end of their life either after a terminal illness or simply as the natural result of advanced age. Here are four cases that we would like to pay special attention to:

Complicated Grief

The sadness of losing someone you love never really goes away completely, but it should not remain in the forefront either. If the pain of this loss is so prevalent and deep that it keeps you from discovering your new normal after several weeks or months, you may

be experiencing what is referred to as *complicated grief*. Complicated grief is like getting stuck in the intense state of mourning. For instance, you have difficulty accepting the death of your loved one a long time after it occurred, or you may be so engrossed with the person who died that it interrupts your daily routine and it even undercuts other your other relationships. The Bridges to Recovery website (n.d.) adds several more signs of complicated grief:

- Obsession with the departed person, expressed through speech and behavior.
- Deep, unbearable sadness that never seems to lift.
- Pessimistic expressions of doom, gloom, and despair about life in general.
- Irritability and a hair-trigger temper that makes the person difficult to communicate with.
- Sleeping problems (insomnia or sleeping at odd hours).
- Lack of attention to grooming and personal appearance.
- Refusing to leave the home.
- Persistent anger and bitterness toward the world.
- Withdrawal from social interactions and activities the individual used to enjoy.
- Denial and defensiveness when asked about the grief.
- Distracted performance on the job, or an inability to engage with or take interest in others.
- Worsening of any preexisting mental health conditions (depression, PTSD, anxiety disorder, substance abuse, etc.).
- Strong attachment to mementos and reminders of the departed person or, conversely, a strong aversion to those reminders.
- Inability to manage daily affairs in a wide range of contexts (work, school, financial, parental, etc.).
- Behavior that seems reckless, impulsive, or potentially self-destructive.
- Talk of suicide, or actual suicide attempts.

According to the National Institute on Aging (n.d.), about 7% of people who have recently lost someone close to them experience complicated grief. According to Khoshaba (2013), that figure may be as high as 10% to 20%. Those experiencing this may not be able to comprehend their loss, and they may experience intense, prolonged grief, and have trouble resuming their own life. Some have expressed wishing it had been them who died and have no desire to socialize. As a pastor or friend, you may notice that they display

overly negative emotions, dramatically restrict their life to try and avoid places they went with the deceased, and seem unable to find meaning or purpose in life.

If your loved one died as a result of a sudden, violent, or extremely stressful or disturbing event, complicated grief may develop into a sort of post-traumatic stress disorder or other psychological trauma. That is why, in most cases of complicated grief, there is need for professional intervention.

What could lead a person to have complicated grief? There are certain risk factors for developing such a condition that include:

- If the survivor is highly dependent on the person who died.
- If the survivor has experienced more than one death within a short period of time.
- If the survivor witnessed the death or suffering of the loved one, particularly if it they suffered a protracted illness.
- If the deaths were particularly shocking, premature, or unexpected.
- If the survivor has a previous history of mental illness, particularly depression or PTSD.
- If the survivor has a substance abuse addiction or disorder.

The treatment for complicated grief may include extensive individual, group, and/or family therapy, and in some cases, it may include medication, at least temporarily. The bottom line is that as a pastor or a friend you can provide support to the person experiencing complicated grief, and you may make recommendations, but they really need professional intervention to help them deal with it until reaching a healthier sense of self.

Joanetta Hendel (n.d.) penned a poem entitled "Anger" which in some ways describes the experience of someone going through complicate grief:

> Don't tell me that you understand,
> Don't tell me that you know.
> Don't tell me that I will survive,
> How I will surely grow.
>
> Don't tell me this is just a test,
> That I am truly blessed,
> That I am chosen for this task,
> Apart from all the rest.

Don't come at me with answers
That can only come from me,

Don't tell me how my grief will pass
That I will soon be free.

Don't stand in pious judgement
Of the bonds I must untie,
Don't tell me how to suffer,
And don't tell me how to cry.

My life is filled with selfishness,
My pain is all I see,
But I need you, I love your love,
Unconditionally.

Accept me in my ups and downs,
I need someone to share,
Just hold my hand and let me cry,
And say, "My friend, I care."

The best help and support we can give to anyone grieving, and particularly those with complicated grief, is to be there, to hold their hand, and especially to listen.

Anticipatory Grief

We have talked about anticipatory grief before, so we will not say much more at this point. As a reminder, anticipatory grief is experiencing the death of a loved one who is dying before the person actually passes away (please review section II, chapter 3).

Ambiguous Loss/Grief

To better understand ambiguous loss or grief, we want to paint four scenarios you may be able to identify with:

1. It is September 11, 2001. The two towers of the World Trade Center in New York City have been attacked by terrorists and have collapsed killing more than 2,000 people. Your spouse worked in the north tower and was supposed to be there that morning. Their remains were never found.
2. Your son travelled oversees for a short missionary project in an underdeveloped country. While there, he was kidnapped by a rebel guerilla group. The U.S.

government, following a long-standing policy, refused to deal with the terrorists and pay the exorbitant amount they were asking as a ransom. Your son was never released, rescued, or returned.

3. Your daughter was vacationing in Singapore and Malaysia and then boarded a Boeing 777 from Kuala Lumpur to Beijing. The plane disappeared over Vietnamese airspace and with it the 239 people on board, including your daughter. To this day, no trace of the plane has been found.
4. Your husband has Alzheimer's Disease and no longer recognizes you or remembers the life you both have shared. They are still alive, in the flesh, but it is as if they were dead otherwise.

The question is, do you mourn these people, as if they were dead? Or do you still hope they may be alive? Processing and grieving the death of a loved one is never easy, but what if you are left to grieve a loved one who may actually still be alive? That dilemma was portrayed in the film "Cast Away" (2000), starring Tom Hanks, who was stranded on a deserted island for four years. During that time, his wife and friends held a funeral and his wife remarried and had a child with her new husband.

When you lose a loved one in these types of circumstances, it is very difficult to proceed along the journey of grief. Do you give up hope that your loved one will be found and return? Or do you hold onto that hope and not allow yourself to grieve? And for how long? This conflict between the known and the unknown is what makes grieving such an ambiguous experience. As Psychologist Pauline Boss, who coined the term ambiguous loss, explains, "Ambiguous loss can freeze the grief process. People can't get over it, they can't move forward, they're frozen in place" (as quoted by Angle, 2019). Angle (2019) suggests five tips for coping with ambiguous loss:

1. Give a name to what you are experiencing. Sometimes just knowing that what you are experiencing has a name begins to give more clarity, and perhaps even normality, to your feelings.
2. Find a therapist. Building resilience during this challenging time is crucial to survival. We always recommend that you find a Christian therapist, preferably one that has experience with grief and bereavement, and one that may have experience in this particular area of grief.
3. Join a support group. Look for a group of people who may be going through the same thing. Joining a group for spouses of Alzheimer's patients can be very educational and freeing. A community of people going through the same or similar experience can help you be seen and heard.

4. Celebrate what remains. As Angle (2019) explains, "Learn to embrace the happy-sad: While you're grieving what and who is lost, there tend to be built-in silver linings right under your nose."
5. Discover new hope for the future. Angle (2019) quoted Dr. Boss as saying, "Once people become more comfortable with the ambiguity and the uncertainty, they are freer to imagine and discover new sources of hope."

Again, as part of the support team for someone who may be experiencing an ambiguous loss, you can be there to keep them company, to listen, and patiently hold them up when they feel like they are falling down.

Discussion Questions

1. Why is it important to understand the various kinds of grief?
2. In what ways could having this knowledge impact ministry to those who are grieving?

Other Types of Grief

Sometimes naming your grief can be the first step in the healing process. When we feel tired, sad, upset, or whatever other symptoms of grief we may be experiencing, we may not even realize we are actually grieving. Eleanor Haley (2013) has an extensive list of other types of grieving. We just want to comment briefly on those we have not mentioned before:

Chronic Grief – A person may experience strong grief reactions that do not subside and instead, last over a long period of time. At the same time, they continually experience extreme distress over the loss and don't seem to be able to progress toward feeling better or improving their normal functioning.

Delayed Grief – The survivor does not experience grief symptoms and reactions until long after the death of their loved one or a much later time than is typical. This could also happen because the griever consciously or subconsciously avoids the reality and pain of the loss and therefore suppresses these reactions.

Distorted Grief – The griever experiences extreme, intense, or atypical reactions to a loss. For instance, you may notice odd changes in behavior and self-destructive actions. Anger and hostility toward oneself or others, which may lead to depression, are common. One common definition of depression is "anger turned inwards."

Cumulative Grief – When a person experiences a second or several more losses while still grieving a first loss. This is also referred to as "bereavement overload" or "grief overload."

Prolonged Grief – This is similar to chronic grief in that the grief reactions are prolonged and intense. As a result, the griever is debilitated by their grief and all daily functions are impaired for an extended period of time. Often, the griever spends much of the time thinking about the death, longing for reunion with their loved one, and unable to adjust to life without that person.

Exaggerated Grief – This refers to an overwhelming intensification of normal grief reactions that may worsen over time. The griever may experience extreme and excessive grief reactions which could include nightmares, self-destructive behaviors, drug or alcohol abuse, thoughts of suicide, abnormal fears, and the development or emergence of psychiatric disorders.

Secondary Loss – When a primary loss impacts many areas of one's life resulting in multiple losses stemming from the primary loss. The person ends up experiencing grief from the primary loss but also from the other resulting losses.

Masked Grief – The person grieving may be experiencing symptoms resulting from their loss but they are not able to recognize them. Often, the grief symptoms show up more as physical symptoms or other maladaptive behaviors.

Disenfranchised Grief – This happens when our culture, society, or support group makes us feel that our loss and/or grief is not that insignificant, and therefore our pain is invalidated. For instance, when the death is stigmatized (as can happen in cases involving suicide, overdose, HIV/AIDS, drunk driving), when the relationship is seen as insignificant (like the death of an ex-spouse, a co-worker, a miscarriage, or a pet), when the relationship is stigmatized by society (as in same-sex relationships, the death of a person who was a member of a gang, or the partner from an extramarital affair), or the loss is not to death (such as in cases with dementia, a traumatic brain injury, a mental illness, or substance abuse).

Traumatic Grief – When the grief is compounded with the traumatic distress suffered as a result of a loved one dying in a way perceived to be frightening, horrifying, unexpected, violent, and/or traumatic. For instance, a loved one is killed during a home invasion or a robbery.

Collective Grief – This refers to grief felt both by an individual and also by a collective group such as a community, society, village, or nation as a result of an event such as a war, natural disaster, terrorist attack, death of a public figure, pandemic, school shooting, or any other event leading to mass casualties or national tragedy.

Inhibited Grief – When a person shows no outward signs of grief for an extended period of time because they are suppressing them. The problem is that suppressing their grief will eventually lead to physical manifestations and somatic complaints.

Abbreviated Grief – The person experiences a short-lived grief response. The grieving process often seems shorter because the role of the deceased is immediately filled by someone/something else (they quickly remarry, move to a new place away from all the memories of their loved one), because there was little attachment to the deceased (a relative with whom they had very little contact), and/or the individual is able to accept and integrate the loss quickly due to anticipatory grief.

Absent Grief – For some people, they show absolutely no signs of grief and act as though nothing has happened. There is no apparent shock or denial, especially in the face of a sudden loss. There is a concern if it goes on for an extended period of time. At first it may seem like they are in shock, but for them the shock never wears off.

The purpose of this list is to remind us that we should not diagnose others, or ourselves. Instead, we hope it will help us see that we all grieve differently and that just because you can't tell someone is grieving doesn't mean they aren't.

As we journey through grief, we are encouraged to know that we're never alone. God walks with us through the darkest valleys. He promised, "Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me" (Psalm 23:4, ESV). In our family devotional, "Family Faith" (2016), we wrote:

"The phrase 'Though I walk' provides us with hope that even when we experience the trauma of death, as everyone ultimately does, God is with us. We don't have to walk this path alone.

The words 'walk through' indicate movement. For believers this is a tremendous promise. We do not remain in the place of death. Though it may feel shattering and all-consuming in the moment, it is temporary. We will pass through it when Jesus comes to raise the faithful to life eternal. And even though we may be surrounded by the shadow of death, we don't have to be afraid of it, for it has no power over us. The shadows will lift. The sunlight of God's presence will break through and fill our lives with gladness once more.

As terrifying as dark valleys may be, it is encouraging to remember that our walk doesn't end in the valley of death. When the mountains press in on every side and disaster threatens to smother us; when we lose our loved ones to death and fear being alone in life, we have the assurance that we will pass through the valley. With Jesus as our Savior, we are never forsaken. We are never truly alone."

Conclusion

As we have stated before, our intent is not to provide an exhaustive guide to deal with grief but rather a primer, an introduction, or a quick start guide of sorts, particularly for pastors, so they can be better equipped to support those who are grieving, or for loved ones going through grief themselves. Many excellent resources have been written and it can easily become the study of a lifetime, or an obsession of sorts. In the next chapter we want to provide more helpful information for pastors and friends of those grieving.

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Chapter 3

Ministry Without Words

"God blesses those who mourn, for they will be comforted." Matthew 5:4 (NLT2)

Introduction

In the almost four decades we have served in the pastoral and educational ministry, we have attended or officiated at countless funeral services. During the viewing, or family time, we watch and listen to how friends and family interact with the loved ones of the deceased and we have to cringe when we hear well-meaning people say the most absurd and even horrific things. Again, we know they mean well. We know that they want to express their sorrow and hopefully say something that will help those grieving feel better. But in the process, they often say things that may be more harmful than helpful. King Solomon in his wisdom wrote, "Like one who takes away a garment in cold weather, and like vinegar on soda, is one who sings songs to a heavy heart" (Proverbs 25:20, NKJV). A newer version of the Bible renders that verse this way: "Singing to someone in deep sorrow is like pouring vinegar in an open cut" (Proverbs 25:20, CEV).

We have stated several times in this book that it is better to listen than it is to speak, and that it is better to do something practical than to offer to help only if called upon. In this last chapter of the book, we want to talk about what is best not to say, what is best to do, and what may be better to say, at the appropriate moment.

So, if you want to be of help and to minister to the person who is grieving, what should you do? Consider these rules from David Pogue (2019) before you even consider going to visit someone who is grieving or say anything to them.

Rule 1: It's not about you. Your goal is not to feel better, to find relief from your own pain and grief. It is about the other person and their loss.

Rule 2: There is no bright side. The apostle Paul reminds us (1 Thessalonians 4:13) that even though we have the hope in the resurrection, we still mourn. It's just that our mourning is different than it is for those who don't have such hope. But we still grieve. At this moment, when we feel pain from having lost our loved one, it is hard to see the bright side beyond the grave.

Rule 3: Be careful with religion. We're writing this book to pastors and in general to people who espouse the Judeo-Christian faith, and yet we're telling you to be careful how you interject your religion or religious beliefs into the conversation with a person who is grieving the loss of a loved one.

Rule 4: Let them feel. As you go visit and minister to a person who is grieving, your role is not to remove their pain or their grief but rather to help them along that journey. So, don't tell them how they should feel or what they should be experiencing. Let them feel what they feel.

What You Should Not Say

We can't tell you how many times we have heard people say, "I know how you feel." Again, we know they mean well and that what they mean to say is, "I have felt similar pain as what you are feeling." We know they mean, "I am here to share in your pain, because I understand what it's like to feel similar pain." We know they mean to say, "I am here for you." Unfortunately, none of what they meant to communicate comes out and instead what people hear is a cliché, something the person expressing condolences felt they had to say. Kübler-Ross and Kessler write, "No one can give you words to make you feel better, there are none." They add: "Your loss and the grief that accompanies it are very personal, different from anyone else's. Others may share the experience of their losses. They may try to console you in the only way they know. But your loss stands alone in its meaning to you, in its painful uniqueness" (Kübler-Ross & Kessler, 2005, p. 29).

So, what are some of those things we often hear that should not be said? Rabbi Harold Kushner (1981) explains:

> *"It's hard to know what to say to a person who has been struck by tragedy, but it's easier to know what not to say. Anything critical of the mourner ('don't take it so hard,' 'try to hold back your tears, you're upsetting people') is wrong. Anything which tries to minimize the mourner's pain ('it's probably for the best,' 'it could be a lot worse,' 'she's better off now') is likely to be misguided and unappreciated. Anything which asks the mourner to disguise or reject his feelings ('we have no right to question God,' 'God must love you to have selected you for this burden') is wrong as well."*

Perhaps Rabbi Kushner's general guidelines can help us refrain from saying something that does not really help the grieving.

1. Don't say anything critical of the mourner. This could include such things as:

- "Don't take it so hard."
- "Try to hold back your tears…you're upsetting people."

- "She would have wanted it this way." Steelman (2019) writes, "Unless the person planned for his or her funeral, there is no way to know what his or her preferences would have been. Speaking for the deceased may invite unnecessary quarrels between friends and relatives, who all have different relationships and views of what the deceased would have deemed appropriate."
- "Stop crying."

2. Don't say anything that tries to minimize the mourner's pain.

- "It's probably for the best."
- "It could be a lot worse."
- "He/she is better off now."
- "This all happens to everyone eventually."
- "At least they lived a long life…you know, some people die so much younger than him/her."
- "It was his/her time to go."
- "You'll be OK after a while."
- "It's been a year already." (As if to say, it's time for you to move on.)

3. Don't say anything that asks the mourner to disguise or reject their feelings.
These could include such things as:

- "We have no right to question God."
- "God must have loved you (or them) to have selected you for this burden (or test)."

4. Don't say anything that tries to give a theological explanation for their loss or how they should feel. For instance:

- "It was God's will." First of all, how do you know that is indeed the case? Doesn't such a statement elicit other questions like, "Why was it God's will? Why couldn't God take someone else?" and many more for which we don't have an adequate answer. But even if we did, would that remove the pain they feel with their loved one gone? As Tasneem Abrahams (n.d.) states, "Regardless of your religious beliefs, and even if you know the person shares your faith, when you lose someone you love it is natural to experience feelings of anger and question God or whatever higher power you believe in. Reiterating the role the will of God has played in the person's loss can fuel these feelings at a time when the grieving person most needs to hold onto their faith."

- "Everything happens for a reason." Abraham (n.d.) writes, "There can never be any reason good enough that will make the pain of loss any less. When you say this, you are expecting the grieving person to think about their loss logically, when in reality there is no logic in grief."
- "Birth and death are all part of the natural process of life. We just have to accept it."
- "His/her death is just a natural consequence of living in a world were sin reigns. After all, 'The wages of sin is death' (Romans 6:23) and 'we are all sinners…we're all going to die.'"
- "This is all part of the Great Controversy, and we're just actors in this play."

Because of their theological understanding, some people may say things like, "They're in a better place." Of course, that assumes that the person was a believer and that upon their death they go straight to heaven. In all the years we have been in the ministry, working with people of various faith backgrounds, it seems as if no matter what they believed they are all in heaven. We don't want to question their theological beliefs, but if it were true, should that knowledge automatically remove the pain we feel as a result of our loved one's death? As Rabbi Harold Kushner (1981) states, "To try to make a child feel better by telling him how beautiful it is in heaven and how happy his father is to be with God is another way of depriving him of a chance to grieve."

As Seventh-day Adventists we believe that at death we simply go to sleep until the return of Jesus. But reminding the grieving of this tenet of our faith does not remove their pain now.

5. Don't say anything to compare their experience to that of others.

- "When my mother (or another loved one died) it was horrible, but eventually I got better."
- "I know how you feel." We cringe every time we hear this one. Our experience losing a loved one may be similar, but our feelings are not necessarily the same. When my (Claudio's) brother died of leukemia there were several people who said, "I know how you feel, my brother also died of leukemia." I know they meant well, and I didn't chastise them for saying so, but the fact is I was grieving the death of my brother. He was not their brother…he was my brother. They had no idea what I was feeling and should not compare their relationship or their pain with what I experience with and for my brother.

6. Don't give advice as to how they should be feeling or reacting to their pain.
For instance:

- "You need to be strong."
- "He/she (their loved one) would have wanted you to be strong."
- "You're handling this better than I expected." Perhaps they're just trying to appear strong on the outside while they're crumbling on the inside. By making this statement you may be strengthening their belief that they shouldn't be suffering the loss of their loved one.

7. Don't try to point out the positives as a solution for their pain.
For instance:

- If their father died, don't say: "At least you still have your mother."
- If one of their children died, don't say: "At least you have other children." This is also important in the case of miscarriages; don't say, "Don't worry, you can try again."
- "You can always find someone else and get married." As Steelman (2019) explains, you may be "thinking that you're helping them to see the silver lining. But to the bereaved it can sound like you're suggesting a loved one is replaceable."

8. Don't ask about their wellbeing or make promises about their wellbeing.
For instance:

- "How are you doing?" As Liz Steelman (2019) explains, "When you offer this well-worn phrase, the person is most likely hearing something different: Something like, 'Please tell me you're doing ok, because it's uncomfortable if you say you're not doing well.'" More often than not, people will simply respond with a "fine" or "OK." In fact, if they really say how they are feeling, it is not unusual for the person asking to feel uncomfortable, because it is not what they might have been expecting to hear.
- "You're going to be alright."
- "Just give it time…things will be back to normal."
- "It will get easier."

9. Don't make general offers to help.

- "Please let me know if there's anything I can do for you." Saying this puts the responsibility on the person grieving to reach out for help.
- "Call me if you need anything."

10. Don't ask too many questions just so you can satisfy your curiosity.

By human nature we may all be curious, but sometimes retelling all the circumstances surrounding the death of a loved one can be very personal and very painful for the grieving person to talk about. Respect their privacy and be content with the amount of information they wish to share. Don't make statements like:

- "I'm so sorry your brother died of lung cancer. Was he a smoker?"
- "It was so tragic that your father died in the car accident. Did he fall asleep at the wheel?"
- "I'm so sad to hear your mother died. How long did she battle with her disease?"

11. Don't overshare or let your story take center stage.

Many people simply stay away for fear of not knowing what to say or what to do. As a result, the person grieving is lonely during a time when they need to be surrounded by people who care about them. I know that watching someone hurting may be uncomfortable but being uneasy is a small price to pay to support and help them during their journey through grief.

Sometimes it seems like a good idea to share personal experiences with a person who is grieving. These may be experiences which we have had ourselves or perhaps what we have learned from others. Where we need to be careful is to remember not to compare experiences as a way to encourage the person who is grieving. To say something like, "My mother also died of the same disease your mother did," or, "I know of someone who went through the same pain you are experiencing" is not helpful. Haugk has some very good suggestions:

1. Use personal experiences sparingly. The danger is always that you will shift the focus away from the suffering individual.
2. Share personal examples later rather than sooner. Over and over, research respondents said how much they appreciated individuals sharing personal experiences when the sharing was accompanied by a good amount of listening both before and after they shared. Sharing personal experiences becomes less helpful when you make them one-way communications with your story as the centerpiece.
3. Be brief. You don't need to relay every aspect of your experience. You may be tempted to share more detail than necessary. There is one excellent way to determine if more is called for: Allow the person to ask for more information. Once again, you will want to carefully follow his or her lead.

4. Sharing how you handled a painful situation can either be helpful or harmful to a hurting individual. If you present yourself as an imperfect human being, struggling with and working through a particular issue or situation, your story may be comforting. But if you imply that you handled the event in an almost superhuman or saintlike fashion, your story may seem judgmental to the suffering individual.
5. Avoid telling a suffering person about a traumatic, painful, or difficult experience that you have endured. For example, sharing the saga of your own anguished deliveries with a nervous, first-time mother who is soon to give birth is thoughtless and unkind. Consider how your story might affect the distressed person before you decide to share it.
6. If you have been through an experience similar to the one an individual is facing, you could share information that would relieve his or her anxiety or otherwise help him or her to face this experience. You may also know of a particular support group tailored to the kind of suffering the other person is going through. You might know of a treatment, a counselor, a physician, or a clinic-factual information from personal experience that would make life easier for the individual. (Haugk, 2004, pp. 60-61)

We love the words of a perceptive pastor that Haugk shared: "O Lord, please keep your arm around my shoulder and your hand over my mouth" (Haugk, 2004, p. 64). When it comes to ministry for a person who is grieving this is a great prayer to repeat.

Discussion Questions

1. Do you think it's a harder task to be quiet or to speak? Explain
2. How can we overcome our desire to "fix it" by saying too much?

What You May Say

We have said it before, but we must say again. It is better to listen than to try and come prepared to say something that will help the person grieving feel better. At the same time, "A word fitly spoken is like apples of gold in settings of silver" (Proverbs 25:11, NKJV). At the right moment, the right words can be welcome. Here are a few that you may choose to say, at the appropriate time:

This must be really tough right now. Making this statement acknowledges that what they're going through right now is very painful. Don't ignore or try to sidestep their feelings. Instead, encourage them to grieve fully and without judgment.

"I'm sorry you're suffering," or, "I'm sorry you're in pain." None of us want to see our loved ones suffering, particularly if it is a prolonged illness. But knowing that their loved ones are not in pain anymore does not make the grief and pain any different. It's best for you to focus on the survivor and their pain at this moment.

"Tell me more about (their loved one)." One of the fears some people have is that their loved one will be forgotten. They are part of their life, and always will be. If you didn't know them well, this is an opportunity for you to get to know them better. If you knew them well, you can also add some of your own memories of their loved one.

"I can't imagine how you're feeling." It sounds similar to what we said should not be said, but the difference is even if we have gone through similar experiences we can imagine what they must be going through. By saying it this way, you are giving the person who is grieving the loss of their loved one the opportunity to identify their pain and perhaps find someone with whom to commiserate their mutual losses. Once you make this statement, "I can't imagine how you're feeling," be quiet and let them tell you in their own words, if they wish to do so.

"You must really miss him/her." Again, Steelman (2019) writes, "The loss of a loved one is likely the source of the pain – focus on that, rather than brushing it aside as a non-negotiable aspect of life."

"You might not be feeling great, but that's OK." You are giving them permission and the freedom to feel however they want to feel right now. It's OK to not feel OK.

"Remember when?" As we stated before, one of the best and nicest things you can do for a person who is grieving the loss of their loved one is to share a special memory you have of them. Even if you did not know them very well, you can still find something to tell them which brings pleasant, funny, or at least a special remembrance of their loved one.

"May God surround you with His love and courage during these difficult days." As Abraham (n.d.) explains, "If you know the person shares your belief in God, try to remind them that God loves and cares about them and God is aware of their pain."

"I am so sorry for your loss. It's hard to know why we lose the people we love." A statement like this acknowledges the fact that some things don't make sense, and that there's no possible explanation that will remove their pain at this moment.

"I wish I had the right words but please know that I care and I'm here for you." This statement acknowledges both your caring feelings and the fact that no words are adequate to remove their pain or to make them feel better.

"Would you like to talk about what happened?" You are inviting them to share without directly asking for details. They may choose not to say anything at the time, but you are opening that door to them.

What You Should Do

Listening instead of talking, or saying a few words at the right time, can be very helpful for the person grieving the loss of their loved one. But sometimes what they need is tangible actions. Nina Herrmann Donnelley writes,

> *"Whatever you do, it is important to do it with as little fanfare as possible. Things will be confusing enough; and the quieter you can be as you go about your task – without engaging in morbid whispers – the better. If your friend talks, listen. If he doesn't, don't feel you need to carry on a monologue. Also, it is not necessary to keep asking permission (as it is with personal matters) to answer a doorbell or a phone each time it rings – just do so. When you arrive, you can simply say to your friend, 'I'm here to help in whatever way I can unless that is not something you want right now.' You may get only a nod or smile in return, but it will mean yes, please stay."* (Herrmann Donnelley, 1987, p. 37)

So, instead of saying, "Let me know if you need me to do anything for you," why not think of specific things the bereaved may need and offer to do them. People are more open to such specific offers than to have to "bother" others by asking them to do things for them. Here are a few suggestions.

- "I'll come over to do a few loads of laundry."
- "I'll drive carpool for the next month."
- "We're coming over tomorrow to mow the lawn."
- "I brought one of my favorite dishes. I hope you'll like it too."
- "My son wanted to polish your shoes. He likes to see how shiny he can make them look."
- "I'd like to honor their memory by planting a tree (or a plant) in the park (or church, library, etc.)."

All these offers for help are very specific and help the bereaved know that you care. At the same time, it helps them not have to make a request and ask.

Discussion Questions

1. Think about next steps. Has the information in this book changed how you respond to helping others write their last chapter?
2. What would a grief ministry in the church look like?

Conclusion

Most people really do care for the person who has lost a loved one, and they want to be helpful. At the same time, they fear saying something that may cause the person grieving to start crying. Haugk writes, "Caregivers sometimes worry that if a suffering person breaks into tears, it must mean that the caregiver has done something wrong. In truth, most of the time it means just the opposite – you've done something right, very right" (Haugk, 2004, p. 67).

I (Claudio) remember the morning when I was asked to come help a police officer (in the police department where I served as chaplain), as he assisted the family of a man who had died. The man had had terminal cancer, so it was not a criminal case, but the police were called when he died. The officer was at the home, with the family, waiting for the funeral home to come take the husband and father's body away. I spent several hours with the family while waiting for the funeral home and later after they had left. In fact, they asked me to have the funeral service since they had no church affiliation.

During my conversation with the family, I asked them to tell me about Bob (not his real name). Bob's wife told me how they had met, about their marriage, about their vacations, and several other memories of their life together. Bob's son also shared a few memories of his dad, but I noticed that Nancy (not her real name), Bob's daughter, had not been saying much. So, I turned to her and said, "I bet you must have been daddy's girl." She looked at me for a brief second and then started sobbing. I told my wife and daughters about it when I got home and my girls said, "Dad, that's mean!" But I told them, "That's exactly what she needed. She needed encouragement to begin her journey through grief."

You can be that person who encourages the survivor through their journey of grief. It may make you uncomfortable, maybe fearful, but at the end you may be just who they need at the time. The apocryphal book of Sirach states, "Do not avoid those who weep but mourn with those who mourn" (Sirach 7:34, NRSV).

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Websites with Helpful Information About End-Of-Life Care

The Conversation Project
www.theconversationproject.org

National Hospice and Palliative Care Organization
www.nhpco.org

AARP
www.aarp.org

Family Caregiver Alliance from the National Center on Caregiving
www.caregiver.org

National Institute on Aging
www.nia.nih.gov

Caring Connections through NHPCO; download advance directives
www.caringinfo.org

Center to Advance Palliative Care
www.capc.org

End of Life Palliative Education Resource Center
www.eperc.mcw.edu

Information on "Five Wishes" advance directives
www.agingwithdignity.org

American Academy of Hospice & Palliative Medicine
www.aahpm.org

American Academy of Pain Medicine
www.painmed.org

Children's Hospice International
www.chionline.org

End of Life Nursing Education Consortium – ELNEC
www.aacn.nche.edu/elnec

Hospice & Palliative Care Nurses Association
www.hpna.org

Especially for Clergy
www.quodlibet.net/otto-hospice.shtml

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