

LESSON 12

COUNSELLING ON ISSUES RELATED TO ULTIMATE CONCERNS

Introduction

Aims

1. To give the minister an understanding of grief and its process and equip him to minister at this critical time.
2. To help the minister to understand the dynamics involved among those who contemplate suicide, the work to prevent it, and to minister to family members of those who have attempted or committed suicide.
3. To equip the pastor to minister to those who face terminal illnesses and to help their family to face an uncertain future.

Ministry to the Bereaved

Life's greatest crisis is death. It stirs emotions that no other experience can move. Its powerful force is described in only one relation in the following words:

Death does to marriage what God allows no man to do. It puts asunder. When that happens, grief is imminent as a painful crisis. Marriage makes of a man and a woman one flesh. Death tears that flesh in two, and through the loss of one to death, leaves the other a mere remnant of a person. That experience of fragmentation is known to us as grief.¹

The present study is concerned about the reactions of those who remain after the death of a friend or loved one. One should be concerned not only for the proper and adequate disposal of the physical remains of the one who has died, but also for an adequate ministry to those who are bereaved.

Definition of bereavement

The manner in which one reacts to the death of one who has been significant in his life is commonly called grief or bereavement. This reaction may vary from an extreme anguish of spirit in which the person weeps freely, or it may be a stifled sob. Some may not weep at all. Grief has been described as an anxiety over a significant loss,² and as a destructive force that is violent in its attack and grim in its persistency.³ It involves the separation from loved ones, which causes a deep-seated loss that one feels for a long period of time.

Restate the aims for this lesson in your own words.

(Compare your answers with the text.)

Life's greatest crisis is _____.

(death)

The manner in which one reacts to the death of one who has been significant in his life is commonly called _____ or _____.

(grief, bereavement)

Symptoms of bereavement

Bereavement has physical as well as emotional symptoms or manifestations. Perhaps the most thorough study in this area has been done by Enrich Lindemann, a Boston psychiatrist, who studied the grief reactions of people whose family and friends perished in a fire that destroyed the Coconut Grove Night Club in 1942.⁴ Lindemann says that the most severe symptoms of grief come from ten days to two weeks after a tragedy.⁵ Physical symptoms are a feeling of tightness of the throat, choking with a shortness of breath, sighing, an empty feeling in the abdomen, and lack of muscular power. Respiratory disturbances come frequently when people are encouraged to talk about their loss. Some complain that they have no appetite, and have to force themselves to eat. They say that the food has no flavour or that it tastes like sand.

Freud made studies of grief reactions, and enumerates the emotional features of grief as a profoundly painful dejection, the abrogation of interest in the outside world, the loss of the capacity to love, and the inhibition of all activity.⁶ These reactions will be mentioned more in detail later in the lesson.

The purpose of grief

Most people are quite disturbed during the process of grief, because they have little control over the expression of their emotions. They cannot understand what is happening to them. They fear that they may be losing their mind. Some force themselves to hold back the tears, although they would really like to let them go.

Modern research in the area of grief reactions has helped us to see that there is a certain amount of "grief work" that a person has to do after experiencing a loss through death. It is through this experience that one disengages himself from the demanding relationship that has existed and reinvests his emotional capital in new and productive directions for the health and welfare of his future life in society. Tears are nature's "safety valves" and have a comforting and soothing effect upon the mourner.⁷ Lachrymal discharge may result from emotional pain as well as the pain that evokes the shedding of tears. "Whenever stimuli of grief, disappointment, anger, or 'overwhelming' joy exceed the tolerance of the organism, the ensuing state of tension is alleviated by a release of energy from various organs or organ systems which abolish the tension."⁸

The Process of Normal Grief

Jackson states that the grief reaction may be conditioned in four ways: (1) by the personality structure of the individual; (2) by the social factors that are at work about the individual; (3) by the importance of the deceased in the life system of the survivor; and (4) by the value structure of the individual.⁹ It is possible to predict how one will react to grief by the type personality that one is. "The immature,

List physical symptoms of bereavement.

(Compare your answers with the text.)

List the emotional features of bereavement.

(Compare your answers with the text.)

Is the following statement true or false?

Grief is a process by which one disengages oneself from the demanding relationship that has existed and redirects one's emotions in new and productive directions for the health and welfare of one's future life in society.

(true)

Give four ways that grief reaction may be conditioned.

(Compare your answers with the text.)

dependent person, in his effort to overcompensate for feelings of personal inadequacy, overinvests his emotions in supportive relationships with others, and is thus more vulnerable emotionally to the loss of his love object.”¹⁰

Stages in the grief process

Depression – Depression is usually the first threatening enemy to the grief-stricken when a loss comes. They will have time to sit and think about the loved one who has departed this life. They will feel very lonely, especially if they are retired and have a lot of time on their hands. Cases are frequent where the spouse may attempt suicide in order to go and be with the loved one who has died. As the pastor visits in the home of these people, he can sit and talk with them about the departed loved one. Sometimes the people will want to ask questions about death, heaven, and the afterlife. They may simply want to engage in reminiscence with the pastor about the experiences of previous years. The pastor should feel that this is time well invested, because he is helping these people to work their way back to a normal life.

Pining. – By pining we mean that the person longs to re-live the past or spends long periods of time thinking about going to be with the loved one who has died. They are unable to make plans for themselves in the future, because life has lost its purpose for them. This is closely related to depression. Older persons tend to do more pining than younger ones. Young people and young adults, more than older people, tend to have more ability to get involved in their work, embark upon a new venture in their business, and establish new friendships.

Hostility. – A part of the grief process is the venting of anger that people have over the death of a significant one in their lives. This anger may be manifested towards the doctors and nurses, the undertaker, and any other people who had something to do with the patient in the last days of life. The pastor will hear about the mistakes of the surgeons, the poor hospital care on the part of the nurses, and the other ways in which people did not measure up to expectations. He should not try to defend these people, but simply recognize that this is their way of working through their own sense of loss.

At times the person will be angry at the one who has died. The husband may feel that his wife has abandoned him with two or three children to rear. The wife may feel that her deceased husband did not make adequate preparations for his family in the event of death, or that the business affairs were not in order. Sometimes people have difficulty expressing their anger towards the one who is now gone. When the marriage has been characterized by conflicts, the person may feel that God is punishing because of the attitude expressed towards the spouse while he or she was living. Children tend to feel guilty if they have been angry with a parent that suddenly dies. They feel that they have contributed to the death. Parents at times feel guilty when a child dies because they tend to feel that they did not do everything possible to prevent the death.

Give an example of grief depression.

(Compare your answer with the text.)

Longing to re-live the past or spend long periods of time thinking about going to be with a loved one who has died is called _____

(pinning)

The venting of anger that people have over the death of a significant one in their lives is a part of the _____

(grief, process)

The pastor will listen actively to those who share with him their inner feelings. He should not try to persuade them that they should not feel that way. The best therapy is helping them to exteriorize their feelings. When the pastor gets the message across to his people that he accepts them with their negative feelings, this will make it easier for them to confide in him.

Guilt. – We have already mentioned guilt in the previous section, because sometimes guilt comes immediately after anger. Feelings of guilt will come forth from most people during the process of working through grief. They will feel guilty because they did not do enough for the person in the last days before death. They will talk about wishing that they had called the doctor or the ambulance sooner. They may mention an argument which they had with the deceased years previously and now still feel guilty about it.

Again, the pastor will not try to argue people out of their guilt. He will rather reply to them with empathy and indicate that he understands the feelings that are being expressed. He will make responses which indicate that he is following closely the line of thinking of the one who is talking. He can point out the things that the person did which represented interest, love, and care.

Acceptance of loss and reaffirmation of life. – The final stage of grief is that of acceptance. The person in time realizes that life continues. Slowly the one in grief will file away the memories of the past relationships with the one who is gone. He will move away from the sadness that has prevailed since the time of death. As Stanoff says, the person will detach the emotional feeling from the experience of loss. Thus he or she will begin to make plans for the future which do not include the departed one. The person may talk about moving to another house or even to another city and embark upon new business and social ventures. The stimulus of the new will be therapy to them.

People who have been married and lost a spouse may begin to talk about the possibility of developing friendships with widows or widowers. They may make vague references to their interest in finding opportunity to meet new people. They should be encouraged by the pastor and others who work with them in the church programmes. For many the opportunity to marry again will never come. In some cultures it may be looked upon rather negatively if the widow thinks of marrying, while it is expected of the widower to marry within a few months following the death of his wife.

Acceptance of the loss occurs gradually. The person will come to thank God for the relationship which he had in the past, but will recognize that it no longer exists. Some make a final, decisive visit to the cemetery, and there express their last manifestations of grief. A friend of mine told me that there was something final and decisive about his visit to the cemetery two years after the burial of his first wife. Within a few months he was married again and moving forward in new directions in life.

They will feel guilty because they did not do _____ for the person in the last days before _____.

(enough, death)

He or she will begin to make plans for the _____ which do not include the _____ one.

(future, departed)

Draw a line to match the following:

Depression	Long periods of time thinking about going to be with the loved one
Pining	The first threatening enemy of the grief stricken
Hostility	The venting of anger over the death of a loved one
Guilt	They have not done enough for the person in the last days before death
Acceptance	The person begins to make plans for the future

(Compare your answers with the text.)

Grief work is said to be completed when the person renounces his longing for the lost person and accepts the real world without the loved one. He or she engages in the daily activities without constantly thinking of the one who is no longer present. He or she reaffirms that life is good and challenging, and moves towards the future with an attitude of confidence.

Indications of abnormal grief

If a person is not able to work through his grief in a period of from six weeks to one year, then there is the possibility that the grief may become the vicious destroyer of the spirit.¹¹ The absence of grief work as well as unusually prolonged grief are both indications of a need for help in dealing with the situation.

One indication of abnormal grief is when the bereaved refuses to recognize the loss. Instances have been reported where the bereaved prepares a place at the table at mealtime, or refuses to do away with clothing and other personal items of the one who has died. Some have written letters to the deceased, acting as if they were off on a trip. Others go to the cemetery daily, sit, and converse with the deceased.

Another manifestation of abnormal grief is when a person quickly marries again. He may marry a good friend of the deceased, in order that they can spend time in conversation about the person who has departed. He may look for someone who physically resembles the one who has died, or one who is engaged in the same type work. All these actions are indications that the person has not worked through his grief adequately. Another is to become involved in a new business venture too quickly. He may take unwise risks.

The grief reactions may be delayed for several months. When a second person of significance in the life of the grief-stricken dies, there is an excessive expression of grief. In this case the person is grieving over the first loss rather than the second. Sometimes Christians are erroneously told that they should not grieve if the loved one was a believer, because they have gone to a better place. This serves to repress grief, and will make future grief work necessary.

Lindemann mentions nine alterations in the conduct of persons in grief, which he calls distorted reactions.¹² These are: (1) Overactivity without manifesting a sense of loss; (2) The acquisition of symptoms belonging to the illness of the deceased; (3) A recognized medical disease of a psychosomatic nature, such as ulcerative colitis, rheumatoid arthritis, and asthma; (4) An alteration in the relationship to friends and relatives; (5) Furious hostility against specific persons, possibly the doctor or surgeon; (6) Alteration of conduct that resembles schizophrenic proportions; (7) The lasting loss of patterns of social interaction; (8) Activities that are detrimental to one's social and economic existence; and (9) Agitated depression with tension, agitation, insomnia, feelings of worthlessness, bitter self-accusation, and obvious need for punishment. Such persons may be dangerously suicidal.

Circle the right answer:

Grief work is said to be completed when the person renounces his longing for the lost person and accepts the real world without the loved one. true false

(true)

An indication of abnormal grief is when the bereaved refuses to recognize the _____.

(loss)

A quick remarriage also indicates _____ grief.

(abnormal)

List five of what Lindemann calls distorted reactions of persons in grief.

(Compare your answers with the text.)

The minister's role with the bereaved

The opportunity to help. – Dr. Lindemann suggests that the average person who suffers a loss through death needs from six to twelve hours of someone's time in order to talk through their loss and adjust anew. Although he feels that the helper should be the physician, he recognizes that this will be impossible with the majority of people. Ministers and social workers can adequately deal with the ordinary cases of grief and refer the more serious cases to a psychiatrist.

Michaelson emphasizes the role of the minister in this situation in the following statement:¹³

Who of all the professional people can help a man through death? The medic, of course, can help him before death, but that is finally too late. Who is there to administer the salve which can reduce the sting of death itself? The mortician can rough the face of death and make it seem to the living not quite so ghastly. The medic can anesthetize the last painful gasps of the dying and thus quite bountifully reduce its wretchedness. But who can grapple with the face of death itself? I say, with every expectation of being charged with professional pride, that there is only one, the minister. He alone has what the Bible calls "the words of eternal life," which is what, at last, the dying man needs.

Kean suggests that the minister should not wait to be consulted in cases of grief.¹⁴ He rather should take initiative to minister, although people may try to hide their feelings.

Some ministers find it difficult to deal with people suffering bereavement. When this is the case, the minister needs to make a careful study of his own emotional health. Perhaps he has latent problems that need working through. One minister refused to make hospital calls because of his own severe emotional reactions to such circumstances. Some pastors make arrangements for the funeral by telephone, and appear on the scene just in time for the service. Then they disappear as quickly as the service is completed. These are indications that the minister needs to spend some time talking about his own difficulties regarding death and grief.

The funeral message. – A few suggestions to the minister with relation to the funeral message are in order. The minister should be careful that through the service he helps the people to face the reality of death and its effects. Such statements as "He is not dead; he is just away for a time," are inappropriate. Nor should the pastor identify the death as the "Will of God." The primary objective of the funeral message is to offer comfort to the bereaved. It should be an affirmation of our Christian beliefs in life after death, heaven, and eternity. It need not be long. It can refer briefly to the life of the bereaved. References should be truthful. If the person did not live an exemplary life, no references to this fact should be made. The pastor will do well to quote abundantly from the Bible, using the passages which offer hope in the afterlife.

Ordinary cases of grief can be dealt with by _____ and _____ workers. More serious cases can be referred to _____.

(ministers, social, psychiatrists)

Name one important aspect of the funeral message.

(Compare your answer with the text.)

The time after the funeral. – The period immediately following the funeral service will offer opportunities to the pastor to serve as counsellor. The minister must show a spirit of sympathetic interest and understanding. He should make it easy for the bereaved to express openly any feelings that they may have. These feelings have already been mentioned, and will range from the very positive to the very negative. They may include hostility towards God, the deceased, the pastor, or someone else.

The pastor should not make statements that tend to sedate the bereaved.¹⁵ Also, it may be harmful to tell people to get busy, put their sorrows behind them, and face the future bravely.¹⁶ Such generalizations as: “All the world gets over grief,” “Six months from now and you will feel differently,” and “In time you will forget,” are not comforting. Another statement that is frequently heard is: “She is not really dead. You have not lost, but gained her.” Attempts like these to reassure tend to make the person feel more empty.

The pastor must realize his own limitations in dealing with the bereaved. He must be aware of the tendency that people have to become too dependent upon him. He should not break off a relationship suddenly, but he should not feed people’s dependence upon him. He can tell them that his weekly visit will be reduced to a visit every two or three weeks, because others are demanding his time also.

Ministry to Those Who Threaten Suicide

Who attempts suicide?

Studies show that there are certain conditions which make suicide attempts more frequent. We mention some of these conditions in order that the minister may be alerted to the things that represent alarm signals.

Those in recent bereavement. – Statistics show that there is a higher number of suicide attempts among those who have lost a parent or spouse within the previous two years than among the population in general. Also, studies indicate that there are five times as many suicide attempts among those who are experiencing grief than among the population in general. One of the reasons for this situation seems to be the lack of support systems to help those who have experienced a death. This points up the need for the pastor and church people to be more aggressive in helping those who are in grief.

Those whose parents have divorced. – Suicide among teenagers is the second most frequent cause of violent death in the United States, following automobile and motorcycle accidents. Studies show that one of the most frequent causes of suicide attempts among young people is the divorce of their parents. Dr. Perry Gross, a surgeon in a major city, declares that young people may be smart enough to get into the ivy league universities, but they cannot understand all that is at work when their parents inform them that they are getting a divorce. This creates so much turmoil in some of them that they see no purpose in continuing to live.

The period immediately following the funeral service will offer opportunities to the pastor to serve as _____

(counsellor)

The pastor should not feed people's _____ on him.

(dependence)

There is a higher number of suicide attempts among those who have experienced recent _____

(bereavement)

One of the most frequent causes of suicide among teenagers in the United States is the _____ of their parents.

(divorce)

Those with certain personality traits. – There are certain personality characteristics which seem to indicate a greater tendency to attempt suicide. (1) The obsessive personality is one whose world has to function in a very orderly manner. If it does not, they tend to be unable to cope. (2) The person with a history of emotional depression often attempts suicide. This person lives with a dark cloud of hopelessness over him, which tends to follow him wherever he goes. Some day he may act out his feelings by attempting to end it all. (3) Others attempt suicide because of extreme feelings of love or hate towards another. We frequently read in the newspapers the account of a young lady who commits suicide because her lover has rejected her for another. It has been said that suicide is the last act of anger.

Certain personality characteristics seem to indicate a greater _____ to attempt _____
(tendency, suicide)

Facts and fables about suicide

E. S. Shneidman and N. L. Farberow have done extensive work with people who are suicidal, and they wrote a definitive book on the topic entitled *The Cry for Help*. They listed a number of facts and fables that people use regarding the suicidal person. First, there is a common saying that those who talk about killing themselves will never do it. Facts show that eight of ten persons who commit suicide have given clues and warnings about their plans. Therefore, we should take a threat as something serious. Second, the suicidal person is gambling with death, in hopes that someone will hear their cry for help. They really do not want to die. Third, people get over being suicidal. When the crisis has passed, they tend to readjust to life and move forward with purpose. Therefore, our task is to help them to get over the immediate crisis which they are facing. Fourth, suicide is not more frequent among the rich than the poor. Studies show that people from all socio-economic levels attempt to take their lives. It is not the rich man's disease or the curse of the poor man. Fifth, the tendency to contemplate suicide is not inherited, as some tend to believe. There are cases in which various members of a family will attempt suicide, but this does not mean that it is an illness or something inherited within the family. Sixth, the one who attempts suicide is not necessarily mentally ill. Studies of suicide notes indicate that most persons who attempt suicide are genuinely unhappy, but not necessarily mentally ill.¹⁷

Shneidman and Farberow have listed six facts and fables people use regarding the suicidal person. NAME THEM.

(Compare your answers with the text.)

Pastoral care to the suicidal person

Be alert to signals. – As the pastor engages in his routine visits among those who are in grief, those who are depressed, and those with other difficulties, he will be alert to pick up any signals which might indicate that the person is contemplating taking his own life. Contrary to popular opinion, the person is usually not hesitant to talk about his thoughts. He will welcome the opportunity to share his inner turmoil and will be hopeful that this person will intervene in some way to prevent his attempt. People usually want someone to stop them. English and Pearson make this observation about suicidal thoughts:¹⁸

The pastor will be alert to pick up any _____ which might indicate that the person is contemplating taking his _____ life.

(signals, own)

While he (the patient) may occasionally have them and conceal them, generally he is quite frank about them and welcomes both an opportunity to talk about them and to seek protection from them. It is not harmful to speak about suicide, for discussion does not condone the idea, nor does it shock or hurt the pride of the person. If the question is asked calmly and matter-of-factly along with others, it has no special significance beyond a rational seeking of information.

Offer pastoral care with empathy. – In visits that the pastor makes among members and prospective members of the church he may hear signals which persons give. The following report shows how a young person openly talked with a student about his plans to commit suicide. The young man's mother had been ill for some time. He was the only source of support for her, and was presently without work. The following verbatim picks up on the student's ministry.

- Student: You say you are without work.
Young man: Yes. I have been looking for work for several days now, but no one will hire me.
Student: You have found it very discouraging because of your mother's illness and the difficulty in getting work.
Young man: Yes. It seems that everything and everyone is against me right now. I don't know what to do.
Student: It seems at times like there is no solution to your difficulties.
Young man: Yes. In fact, I have about decided to give up.
Student: What do you mean?
Young man: Well, I have been saving up these pills for several weeks now from those that the doctor gives my mother. I have enough now to end it all. (Shows paper wrapper of pills)
Student: You feel like your situation is hopeless.
Young man: Well, the doctors say that mother cannot live more than just a few more days. When she is gone, if I can't get work I'm going to take a handful of these pills and say goodbye to this . . . world.
Student: Well, I know that you have had a hard time with your mother's illness and not being able to get regular work, but you should realize that we here care about you. We will try to help you.
Young man: I have been sleeping in a room at the church. But the pastor told me that I had to get out. I moved my mother last week because the odors from her illness were so bad. She is now in a charity hospital. The pastor said that I was lazy or I would have found work. But I have tried, I really have. I just wish that someone would believe me (begins to sob).
Student: Well, Tom, I do believe you. And let me assure you that I will do everything in my power to help.

The minister needs to offer pastoral care with _____

(empathy)

Why don't you give me those pills that you have and let me keep them? I will talk with my friends and see if they can help you.

The young man turned the pills over to the student pastor. This student and others contributed to buy food for the young man. Within a week his mother had died. Student and faculty gave enough money to pay the burial expenses of his mother. Within a few days after the funeral he went to another city with hopes of finding employment and being near other relatives.

The previous verbatim shows how people will usually talk openly about their frustrations that force them to contemplate suicide. If the counsellor responds in a frank and open manner, without appearing to be shocked, he will give the person more opportunity to vent his feelings. If he reacts with the idea that this thought is scandalous, or a grave sin, then the person will probably refrain from giving any additional detail about his feelings or plans.

Give positive reassurance that is realistic. – The student was sincere in offering to help, and did so. The pastor or helper should not reassure without some hope of being able to help the one who is facing a crisis. Every pastor needs an emergency fund which he can administer and thereby help people who are destitute. The student also enlisted the help of others for the young man and for the funeral expenses of his mother. The pastor can usually find some source of hope which he can hold out to the person in crisis. When the use of spiritual resources are appropriate, he should not hesitate to offer to read some portion of the Bible and pray with the person in crisis. He should also offer to make contact with friends and relatives, and encourage them to give some extra time and attention to the person, until he is able to get through the immediate problem which he faces. At times there are special groups in the church that like to visit and minister to people who have special needs.

Make referrals when indicated. – At times it will be necessary to refer the person to a psychiatrist or mental health agency in order to prevent his attempting to take his life. The pastor must be able to assess the situation and decide about this matter. If there are no friends or relatives that are available to be with the person, then probably he will need to refer them to a specialist or a charity agency in the community. These agencies will take care of the patient, depending upon his need, and charge an amount that is proportional to the person or family's income. While this help is not as extensive as what the person would receive if he had the resources for a private hospital or a personal therapist, these agencies do render a valuable service. They help most people to reach the point that they can cope with their situation.

What to do in case of an actual suicide

In spite of all that the pastor and others do towards ministering to the one who threatens suicide, probably the pastor will have some time in his ministry when he must

The pastor or helper should not reassure without some _____ of being able to help the _____ who is facing a _____.

(hope, one, crisis)

At times it will be necessary to refer the person to a _____ or _____ health agency.

(psychiatrist, mental)

minister to the family members of one who has taken his or her life. They may have appeared to be the people least likely to do such a thing and may have given no indications of their distress. The important thing to do under these conditions is to be present with the survivors in order that they may deal with their own emotions. Surprise, shame, shock, guilt, and anger may all be mixed together, and it may take weeks for them to let it all out. These folks will need several hours of the pastor's time in order for them to adjust to the effects of such a tragic experience. The pastor will enlist laymen to help in being able to listen and thereby minister. He will give them training over a period of weeks. This can be done as each of the laymen accompanies the pastor on visits among the folks in the community.

The pastor will help the family that has experienced a suicide in it by encouraging them to face their pain openly and not try to hide the truth. Concealing information of this nature will cause a negative affect upon the family members. They will always wonder if the people know the truth as they talk about the death of their loved one. It is better to promote mental and spiritual health by admitting and facing openly what has happened. In a conference that a professional gave she openly shared the information that her first husband had taken his own life. Later, she admitted that it was the first time that she had publicly mentioned it. She felt much better and felt that in the future she had less to conceal from others. This promoted openness.

At times surviving members of the family will have intense guilt feelings about their failures towards the one who took his life. They may have intense anger which limits their effectiveness in the work which they do. In this sense we can say that suicide works! It does cause those who survive to suffer. Good pastoral care will help these people to make peace with themselves and the deceased, and move forward in new stimulating experiences in life. The best help that the pastor can give is being willing to listen and respond empathetically to those who share their guilt and anger.

Ministering to the Terminally Ill

An uncertain future

People become ill. They go to a doctor, who does various tests, x-rays, and diagnostic studies. Some are told that the doctors have discovered a tumor, a malfunction of some organ, or some other condition which appears to be quite serious. Sometimes surgery is recommended and performed immediately. At other times other kinds of treatment are recommended. Usually the physicians have hope, and seek to instill hope in the patient and family members. When the situation appears hopeless, the physician usually shares this truth and suggests the best procedure for facing an uncertain future.

The doctor told a patient that she had cancer in her lungs. She had had surgery previously, and they were hopeful that they had removed all the cancerous tissue. But

The important thing to do under these conditions is to be _____ with the survivors in order that they may deal with their own _____.

(present, emotions)

Circle the correct answer.

The pastor should urge the family that has experienced suicide to cover it up so they will not have a bad image in the community true false

(false)

Uncertainty clouds the future of the _____ ill.

(terminally)

now it was evident that the cancer had spread. The doctor explained in detail the treatment that they were going to follow, without saying specifically that there was no hope. As the patient heard the news, she continued to exclaim with surprise: "My God, my God!" After the doctor had gone, she continued to verbalize her feelings of desperation. She had understood that her condition was serious, and that there was a possibility that she would die in a short time. The doctor told her to get her mother and children together with her husband, and make plans for their future care.

Eventually the patient was dismissed from the hospital and a programme of radiation therapy was developed for her. She lost her hair through the treatments and bought a huge blond wig. Her husband made a vow to the Lord that he would not shave or cut his hair until she was well. As time passed her husband looked more and more shaggy. They came by to visit now and then. They smiled warmly each time, and assured me that she was feeling better each day. Her illness is apparently in remission now.

In another case a 38 year-old woman came to the hospital for tests, had surgery, and was dead within a week. I had a few opportunities to talk with her before the surgery and just once afterwards. She wished that things could have been different in her life, her home, and with her children. She worried about what would happen to them after she was gone. I talked with her husband several times. He seemed to feel relief that she was not going to linger and suffer for a long time. He parked his camper in the hospital parking area in order to be near her as much as possible. He grieved when she died, but seemed to be making plans for the future in the best way possible.

These two illustrations show the vast differences in the way that terminal illnesses affect different people. Some linger for months or even years as they experience a remission from the spread of cancer. Then suddenly they are struck down again. Others die quickly after the diagnosis is first told them. It is impossible for the doctor to tell the patient and family with certainty how much time they have. Much depends upon the attitude of the patient.

Reactions of those who have terminal illnesses

Extensive studies have been made in recent years concerning the reactions of people who are terminally ill. Dr. Elizabeth Kubler-Ross and Carl Nighswonger have worked extensively in this area and have given us information on the progress in the attitude and thinking of the patient.¹⁹ They mention the following stages, which are neither clearly delineated nor necessarily progressive in every patient.

Denial. – The first reaction of most patients when they receive the news that they have an illness that is incurable is that of denial. They say: "I don't believe it. It can't be true." Or they may say: "This is not really happening to me. They have got the reports confused with those of someone else." They begin to talk about the fact that they are only 45 and their relatives have all lived beyond 70. They may even go to another doctor or another city and have more

*Is the following statement true or false?
It is impossible for the doctor to tell the patient and family
with certainty how much time they have.*

(true)

*Most patients when they first find out they have an
incurable illness _____ it.*

(deny)

extensive tests run. They may show more stamina now than before the diagnosis, and make themselves believe that they are getting better.

Anger. – Anger is the next stage. These patients become angry with God, their families, their doctors, their work, and others. They feel that God has treated them unjustly. As one woman who had just lost her husband said, “We felt that God had given us a bad deal when we first learned that my husband had an incurable illness.” They lash out against the doctor for not finding out about the problem sooner. They blame others for their not knowing about it in time to do something. They ask: “Why couldn’t this have happened to someone else?” They feel that they have so much yet to get done in life. If they are in the hospital, they are usually unco-operative with the nursing staff. They resent the fact that they have lost autonomy over their own bodies, and now others are giving them orders about what they must do.

The pastor and other Christian leaders need to understand what is happening to the patient when he passes through this stage. Sometimes we are tempted to judge and tell them that their anger is not correct. The best pastoral care for these people will be acceptance of their angry feelings. If we were in their position, we probably would be manifesting the same emotions. The pastor can expect anger. If he does not find it on the surface, it is probably repressed while he is present in the room. At times the family members will report that the patient is angry and upset when others are not present. If the pastor does not find anger, he can suspect that the patient is covering over his emotions.

Bargaining. – During the stage of bargaining the person recognizes that the sickness is real, that it is happening to him or her, and that death is inevitable. The person begins to bargain with God, asking for additional time. They will express their desire to be able to stay alive until a significant goal has been reached for them or their family members. They ask for just a little more time until their grandson has graduated from high school or college, or until their next birthday. When this goal has been reached, then the person sets another goal a little farther into the future, and begins to strive to reach that one.

When the pastor visits during this stage of illness, the person will express happiness that he or she is still around, and will talk about the immediate goal that is before them. They learn to live with their cancer and to talk about it openly. They realize that they must make the most of the time that they have. They usually experience a greater level of intimacy in their marriage and in other relationships. They may want to talk with the pastor about spiritual concerns which are of great significance to them now that they realize that their time is short.

Depression. – Depression will be present from the time that a person realizes that he or she has an incurable illness. As the disease progresses, the person sees that there is little or no hope. The person weakens physically. Depression

The next stage is _____

(anger)

The patient begins to _____ with _____

(bargain, God)

From the time that a person realizes that he or she has an incurable illness, _____ sets in.

(depression)

deepens. The person realizes that a great deal of money is being spent for treatment. The patient worries about the medical and burial expenses. The person realizes that he may never return to work and that many goals that he had in life will not be achieved. The patient prefers to be alone. He or she sleeps a great deal of the time. Visitors are not as important as before. Sometimes the hospital staff or family members must arouse this person to give medication and attend other needs.

When the pastor visits during this stage of illness, he finds that the people have little desire to talk. They usually let the pastor take the initiative to tell about what is happening in the church and among the people in the community. They will usually be happy with a short passage of Scripture that is read and a brief prayer. The pastor needs to be able to meet them where they are, and not try to cheer them up. Rather he will respond to them in a warm, friendly manner, and assure them of his love and concern for them and their family members.

Acceptance. – Patients reach a stage in which they accept their illness and the fact that their time is short. They usually become more tranquil. Depending upon the disease, they may lose strength and even lose consciousness during the last days. They sleep more, and sometimes request that no visitors come to see them. Adults sometimes request that their children no longer come to visit them. They express very little emotion. They show little interest in what is happening in the world. A 65 year-old male patient told me that he knew that he was dying, and he did not want to ask any questions of anyone. He said that he knew it by the way that his wife acted when she came to visit, but he did not want to discuss it with her. Nor did he ask the doctor about his condition. He was friendly, but just did not want to know about the future. He seemed content with himself and his situation. Within a few days he quietly passed away.

Hope. – Hope is present from the beginning of the terminal illness, but diminishes as the illness progresses. At first the patient will try out all sorts of treatment, and puts a lot of hope in new forms of treatment that are being developed. Some pray and believe that God is going to heal them. A prominent pastor in a large city announced that God would cure him after the surgeons had operated and declared that he had only a short time to live. The church had all night prayer services to pray for his healing. He maintained that God would heal even until his death. After he died many of the folks insisted that God had really healed him of his illness, but that God wanted him in heaven with him.

At times the patient will experience remission because of some treatment. Both the doctor and the patient rejoice over this fact, and are grateful for more time for the patient. Sometimes people who were expected to die recover and are able to live somewhat normally for a long time. It is impossible to predict just when people will die. Hope is an important element in their lives. We should encourage the

Patients usually reach a stage in which they
_____ *their* _____.

(accept, illness)

Hope diminishes as the illness _____

(progresses)

people always to have hope and trust in God's power to heal. As ministers we are agents of hope. We can quote the passages from the Bible that encourage us to have hope (Rom. 5:2; 1 Thess. 1:3; Titus 1:2; 1 Peter 1:3).

Pastoral care to the terminally ill

Pastoral care to the terminally ill will respond to the patient from his or her frame of reference, depending upon where they are in the particular stage of their illness. Much of the time will be spent in supportive listening. These people may want to open their hearts and tell the pastor things which have been hidden from everyone else. They may want to have a time of confession of sin. They may want to know more about God, death, and the afterlife. They may want to talk about their fears. Or they may want to talk about the future of their spouse or their children. The pastor will be prepared to respond to the person depending upon where he is in his thinking, and in his pilgrimage.

The pastor should avoid going into the sickroom with his own agenda at any time, but especially as he ministers to those who are dying. He should feel free to talk with people about their faith, and most people will be anxious to clarify any questions or doubts that they have. He can affirm the faith which he sees and hears in the expressions which the patient makes. He can talk quietly with them about their need to trust in Christ as they face the uncertain future.

At times family members will ask that the pastor be present when people are to be told by the doctor about their incurable condition. The pastor should accept this invitation, but he should be careful not to act as if God can intervene and change the medical diagnosis. He should not offer a divine cure, nor should he be fatalistic and act as if the situation is hopeless. He can assure the people of his concern for them and his willingness to come and minister to them from time to time. It is appropriate to pray quietly with the family, and ask for God's help in this situation. He will also be available to talk with different members of the family as the opportunities come. His pastoral care at this time will be very significant for the patient and the family members.

We should encourage the people always to have _____ and _____ in God's power to heal.

(hope, trust)

List ways the pastor can render pastoral care to the terminally ill.

(Compare your answers with the text.)

Footnotes

- ¹Carl Michalson, *Faith for Personal Crises* (New York: Charles Scribner's Sons, 1958), p. 164.
²Wayne E. Oates, *Anxiety in Christian Experience* (Philadelphia: The Westminster Press, 1955), p. 48.
³William Rogers, *Ye Shall Be Comforted* (Philadelphia: The Westminster Press, 1955), p. 12.
⁴Erich Lindemann, "Symptomatology and Management of Acute Grief," *American Journal of Psychiatry*, CI (1944).
⁵Quotes by Edgar N. Jackson, *Coping with the Crises in Your Life* (New York: Hawthorn Books, Inc., 1974), p. 196.
⁶Sigmund Freud, "Mourning and Melancholia," *Collected Papers*, Vol. IV (London: Hogarth Press, 1950), p. 153.
⁷Edgar N. Jackson, *Understanding Grief* (New York: Abingdon Press, 1957), p. 154.
⁸Gert Heilburnn, "On Weeping," *Psychoanalytic Quarterly*, XXIV (1955), p. 245.
⁹Jackson, *Understanding Grief*, p. 27.
¹⁰*Ibid.*, p. 27.
¹¹Rogers, *Op. cit.*, p. 12.
¹²Lindemann, *Op. cit.*
¹³Michalson, *Op. cit.*, p. 170.
¹⁴Charles D. Kean, *Christian Faith and Pastoral Care* (Greenwich, Conn.: The Seabury Press, 1961), p. 104.
¹⁵Jackson, *Understanding Grief*, p. 156.
¹⁶Richard C. Cabot and Russell L. Dicks, *The Art of Ministering to the Sick* (New York: Macmillan Co., 1952), p. 315.
¹⁷Norman L. Farberow and Edwin S. Shneidman, *The Cry for Help* (New York: McGraw-Hill Book Co., Inc., 1961), pp. 13-14.
¹⁸O. Spurgeon English and Gerald H. J. Pearson, *Emotional Problems of Living*, Third Edition (New York: W. W. Norton & Co., 1963), pp. 524-25.
¹⁹Elisabeth Kübler-Ross, *On Death and Dying* (London: Collier-Macmillan Ltd., 1969).

Recommended Reading

Edgar Jackson, *Understanding Grief*. New York: Abingdon Press. 1957.
Paul Pretzel, *Understanding and Counseling the Suicidal Person*. Nashville: Abingdon Press, 1972.
Spiegel Yorick, *The Grief Process: Analysis and Counseling*. Nashville: Abingdon Press, 1978.
Granger Westberg, *Good Grief*. Philadelphia: Fortress Press, 1975.

Home Study Exercise

Basic activity(Levels 1,2, and 3). After reading the study guide text, answer the following questions.

1. What is meant by bereavement? _____

2. What is the purpose of grief? _____

3. List four ways that grief reaction may be conditioned. _____

4. Define the following stages in the grief process and give an example of each: depression, pining, hostility, guilt, acceptance of loss. _____

5. List the stages in the grief process._____

6. When is grief work completed?_____

7. How can the pastor recognize abnormal grief?_____

8. Who has the best opportunity to help people through their bereavement?_____

9. What should a funeral message include?_____

10. What ministry to the bereaved can the pastor have after the funeral?_____

11. Why must the pastor not allow the bereaved to become dependent on him?_____

12. Who attempts suicide?_____

13. List six facts regarding the suicidal person given by Shneidman and Farberow._____

14. How can one render pastoral care to the suicidal person?_____

15. What can the minister do when an actual suicide occurs?_____

16. State the reactions of people who have terminal illnesses._____

17. How can the minister render pastoral care to the terminally ill?_____

18. State the aims for this lesson_____

Supplementary activity(Levels 2 and 3). Read pages 231-55 in *Pastoral Care in the Church* and answer the following questions.

1. According to the author, what is a “creative crisis”?
2. How does the responsible person handle guilt?
3. What suggestions does Brister give for pastoral care to persons who feel guilt?
4. What does the pastor represent to the sick and to their families?
5. List resources the Christian minister may use in helping the bereaved work through their grief.

Advanced activity(Level 3). The following activities are based on the Supplementary reading assignment.

1. Why is guilt such a serious crisis for people and how can the minister help persons experiencing guilt?
2. Evaluate the chaplain’s interview found on page 245.
3. Discuss abnormal grief reactions and how the pastor can minister to these situations.

Seminar Discussion

1. Define and discuss the stages in the grief process: depression, pining, hostility, guilt, acceptance of loss.
2. Discuss the funeral service. As a group, plan and conduct a model Christian funeral service.
3. Discuss the pastor’s ministry to the bereaved.
4. Discuss the problem of suicide and pastoral care to the suicidal person.
5. Discuss pastoral care to the terminally ill.

CONCLUSION

The pastor or layman will exercise pastoral care and counselling within a theological framework that is biblically based and relevant to the issues which people face in our day. Basic to our ministry is a theology that is adequate to satisfy the multiple demands of a dynamic ministry in a changing world.

The relationship which the pastor or layman establishes with those to whom he ministers will be the chief element to bring change in attitude, belief, and behaviour. For this reason the pastor will seek to establish and maintain a relationship which will facilitate ministry. We have emphasized the place of the ministry of presence, because this was basic in Jesus' example as He identified with people in need of ministry. His example inspires us to give of ourselves in an incarnational ministry to others.

The pastor will use all that he can learn from the helping disciplines, including the behaviouristic sciences, in his attempts to minister. These disciplines will be supplemental and not foundational. The biblical truths give us the norms for successful living, and therefore will be determinative in our ministry. The effective pastor and layman will learn the appropriate application of these truths and the proper timing for their utilization. The resources of the Bible, prayer, individual and corporate worship, and private meditation will be valuable sources of help for those who minister. Equipping people to draw from these resources will be meaningful ministry to those who are struggling with problems as well as serving as a preventive to avoid problems in the future.

We have sought to point out underlying issues which have contributed to problems which occasion the need for pastoral care and counselling. We have deliberately avoided the approach which offers stereotyped answers, because we feel that this tends to overlook the specific issues which contribute to the difficulty, and the individuality of each person. The pastor and layman can relate to people, explore with them their situation, and thereby help them to gain insight into how they can work towards a solution. Through the use of the spiritual resources that are available through the Christian faith each person can find the dynamic which he or she needs to move forward in a new direction in life.

The pastor or layman will exercise pastoral care and counselling within a theological framework that is _____ based and _____ to the issues people face in our _____.

(biblically, relevant, day)

The relationship which the pastor or layman establishes with those to whom he ministers will be the chief element to bring change in _____, _____, and _____.

(attitude, belief, behaviour)

These disciplines will be _____ and not _____.

(supplemental, foundational)

Is the following statement true or false?

Through the use of the spiritual resources that are available through the Christian faith each person can find the dynamic which he or she needs to move forward in a new direction in life. _____

(true)