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Toward a Theological Understanding of the Psychological Implications Accompanying Death

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TOWARD A THEOLOGICAL UNDERSTANDING OF THE PSYCHOLOGICAL IMPLICATIONS ACCOMPANYING DEATH

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by

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TABLE OF CONTENTS

LIST OF TABLES

INTRODUCTION

To minister effectively to dying and bereaved persons, a pastor ideally should understand the psychological needs of a dying person and the emotional process of grief. He could then be a facilitator of communication between the dying person and his or her family. He needs a theological stance that can integrate his religious tradition, his own experience and a view of the world that has intellectual integrity today. He should be aware of the ethical and legal questions that confront both professionals and families. He needs to be sensitive to unverbalized feelings as well as the real meaning of words at a time of loss. He needs, above all, to listen and to hear, to help the dying person and his family move toward an acceptance of death as an integral part of the wholeness of his or her life as a Christian. The chapters to follow represent not only some facts as to how others have faced, come to grips with, and resolved sensitive situations, but also how pastors, as counselors, must come to the aid of those who are suffering and lead them toward an understanding of death in a Christian perspective.

Sensitive situations often mean that there may be stress and avoidance of the subject of death by the person who is dying or his loved ones. More often than not, a person who is dying has indicated that no one can work through the anticipation of

his death for him. It is a subject that must be faced by the person dying, and then, hopefully through transmission of his thoughts concerning death, he may comfort the loved ones who are to be left behind.

In a time when Western culture denies death as a reality, there must also be an attack on the prevalent attitudes and mores concerning death. As one author has put it very concisely, "Meaning connotes emotional involvement, and no definition is real to us until it is tested in our experience of living."[1] This means that meaningful relationships must develop through real live experiences on a personal level, or otherwise we cannot hope to understand the emotions of others. Death of a loved one is not to be understood merely in terms of rhetoric on the part of the one counseling the bereaved, but it should be understood on the basis of personal encounter with the process of death itself on the part of the one counseling the bereaved. Once a person who counsels has experienced the death of a loved one on a personal level, he can then hopefully relate to the needs of another experiencing grief in a similar circumstance.

This thesis is an attempt not only to understand the bereavement and grief of loved ones who are left behind, but it is also an uncompromising work depicting the reality of death and the pressing needs that arise when it is imminent, needs that are unique to every individual and that must be treated as such. As a Christian, I hope to convey thoughts that will relate to the

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[1]Glen W. Davidson, Living with Dying (Minneapolis: Augsburg Publishing House, 1975), p. 15.

personal needs of both the bereaved and to the suffering and dying patient. It is hoped that this paper will help the pastor to realize that he is not the "living" ministering to the "dying" but that he himself, as a living person who will die someday, is ministering to those who will die sooner than he.

Many are not ready to die because they are not prepared for death. When faced with imminent death in one's own family, one often hears the plea, "No! Not yet!" However we view the possibilities, some day death will become imminent for all of us mortals unless Christ intervenes with His Second Coming. However calmly we may choose to speak of death or dying, we as humans have taught ourselves to fear death and to shy away from talking about it. But silently, swiftly, the implacable scythe of death sweeps by, and we, the bereaved, are left behind. We stand bewildered, empty, silent, as the remains of our loved one are lowered into the ground. We hear the words of the minister; "Ashes to ashes; dust to dust: in the sure hope of the resurrection." If only we had had a few more days to say what we wished to say to the departed. Would not it have been easier to adjust if only there were more time? Perhaps we could undo some things that we had done which affected our relationship with the deceased. Would not all this have made it easier if only there had been more time? This thesis will deal with these reactions and others common at the time of a death.

This study is based on the conviction that every death leads to a resurrection. This is the core of the Christian

faith. Death is the end of every life but it leads to the resurrection. This is the beginning of the new life. It is a progression, a proper progression, the way God meant for things to be, the necessary means of the ongoing of life itself beyond the grave. It is important that every bereaved person in Christ be led to see this vital issue.

The death of the beloved, after all, is the beloved's own death. Nobody else can experience it for him. So many things enter into the mind of the one dying (and also that of the potential survivor) that there is no total recompense for any explanation apart from St. Paul's own answer: "Our bodies are sown in corruption, raised in incorruption; sown in dishonor, raised in glory" (1 Cor. 15:42-43)! The death of a loved one means that in a fearsome way we, too, enter into the Valley of the Shadow of Death and there we must come into touch with our own personal feelings about death.

It is hoped that through the pages of this thesis anyone suffering from such reactions from death of a loved one, such as grief, depression, and anxiety, can find himself armed with invaluable knowledge concerning death and then experience a richer and more abundant life with meaning as a very essential part of living.

This is a thesis more about life than death. Once Christians saw life as a preparation for death. Through this study, it is hoped one might come to grips with death or dying, and, as pastors/counselors help these persons to meet this lonely business of grief and bereavement which accompanies death.

By these means, it is desired that the reader will not only envision a better and more in depth understanding of the psychology behind death and dying, but that also he might see this as it is envisioned through the Christian eyes of this author. As the author, Joseph Fletcher, has so appropriately penned these words describing death and dying: "It is the living that fear death, not the dying!"[2]

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[2]The Euthanasia Educational Fund, Inc., The Right to Die with Dignity (New York: The Euthanasia Foundation, Inc., 1971), p. 4.

PART ONE

WHAT IS DEATH?

CHAPTER I

THE SCOPE OF THANATOLOGY

Everybody is a survivor. Sooner or later each person suffers from the loss of a close relative, friend, or an acquaintance. Nobody in this culture is given systematic preparation for the loss and bereavement except a fortunate few who have been able to work through their own death and who thus avoided great distress. Survivors face tremendously difficult choices, before, during, and after the death of a loved one.

All survivors are potential victims who must also prepare for their own deaths by making each day count while they are still alive. Survivors can help shape the process of dying by making it a more positive encounter with the people for whom they care deeply. One needs to pay sufficient attention to the inevitability of death, and make a personal preparation for it.

The psycho-social viewpoint of death and its implications potentially assist one in defining death. As grim as the subject of death may appear, its problems are only made worse by avoiding reality. Because of this almost universal denial, death always seems to come as a surprise. Then comes the crisis. Suddenly there is an urgent need for quick solutions and decisions, at a time when the survivors are least able to cope. Even worse

survivors may discover that only unpleasant alternatives are available. In hindsight, they may realize that better choices were possible earlier but only if they knew before what they know now.

In the psycho-social viewpoint of dealing with death, we can recognize two important factors: (A) This viewpoint is not a theory, and (B) It is not a medical cure for the mental illnesses which accompany death. Basically, the psycho-social viewpoint of death and dying is to help both the terminally ill patient and the survivor(s) to maintain equilibrium in the presence of social, economic, and emotional disruptions. Since the in-depth studies on death and dying have received new prominence in recent years with such authorities as Dr. Elisabeth Kübler-Ross and her clinical work in Chicago, J. Donald Bane and his work with clergy roles in the death process, Bernard Schoenberg and others in their works in the area of grief, and through the efforts of many others, these professionals have all indicated that it would be much more useful if more psycho-social guidance systems were developed for use by clergy, psychologists, psychiatrists, social workers, medical doctors, nurses, and the like.[1]

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[1]Elisabeth Kübler-Ross is an emminent authority on death and a psychiatrist with Ross Associates, Flossmoor, Ill.; J. Donald Bane is a Fellow of the American Association of Pastoral Counselors, Director of a counseling center for the Foundation of Religion and Mental Health and Assistant Chaplain at Westchester County Medical Center. Valhalla, New York; and Bernard Schoenberg is a Medical Doctor, Associate Dean for Allied Health Sciences, and Associate Professor of Clinical Psychiatry, Columbia University, and Director of the Foundation of Thanatology.

Kübler-Ross stated it this way: ". . . death does not have to be a catastrophic, destructive thing; indeed, it can be viewed as one of the most constructive, positive, and creative elements of culture and life."[2] Kübler-Ross's words echo the concerns of the psycho-social camp of thought. To relieve the suffering and destructive elements accompanying death and replace them with positive, healthy, constructive elements through a better understanding of death and the emotions which appear with the loss is the primary concern of the psycho-social viewpoint.

There are a variety of discrepancies in our American attitudes about death that make us victims of social contradiction, and are often identified as survival "gaps" because they threaten the well-being and emotions of the recently bereaved. Neither science nor medicine offer us a choice when it comes to preparing for death. One can conceive of death as natural; as normal within a certain stage of life, and even in some circumstances a welcome part of living. Still, the position taken by the media--television, radio, newspapers, and magazines--is that death is a tragedy, ignoring the fact that death is a natural phenomenon. The acceptance of death, then, by means of personal readiness to die is resisted and often interpreted as the wish to die. The latter is quickly equated with suicide and the ignoring of all the values of life which our society holds dear.

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[2]Elisabeth Kübler-Ross et al., Death--The Final Stage of Growth (Englewood Cliffs, New Jersey: Prentice Hall, 1975, p. 2.

There is an almost invariably universal denial of death. Therefore, many taboos have been erected concerning the subject of death. These barriers block inquiry into death as well as stop many from facing death realistically. Mass media again must accept its share of the guilt for stopping our society from expressing its feelings about death.

A corollary to this is the universality of death itself. Accompanying this fact is also a failure of society to be ready to accept death or the news about a fatal disease. Birth and death are two inevitabilities, but the former is considered "normal" by society while the latter is always regarded as pathological, abnormal, distasteful, or morbid. In the last decade or so there has been an awakening, however, not only in research concerning the feelings and attitudes about death in our society, but also research into comprehension of death and working through one's own death. The study of the bibliography on the subject of death indicates that more than half of its hundreds of listings are dated within the past five years. Graduate students are writing theses on various aspects of the subject of death. Seminars and conferences are provided by professional groups to acquaint their membership with the problems, insights, and resources relating to the subject. In recent years, a number of useful training films have been prepared which illuminate the problems of the patient who enters the final phases of his physical existence.

As one surveys this burst of literary and educational activity, he is obliged to ask what the dozens of books and

hundreds of articles have contributed to our understanding of the psychological processes of dying and the role of the professional pastor and counselor in working with the persons engaged in these processes. Has it been made possible for more people to approach their death with a reduction of fear and anxiety and an increase of inner security?

To attempt to answer these probing questions, first, it seems clear that the major emphasis in the research and writing of recent years has been strong in clinical observations and weak in philosophical assumptions. For example, many authors have been clinicians, who, by nature of their occupations, have simply observed the inevitability of death from a sterile setting. Without probing into the person's inner feelings and dealing with his anxieties, many clinicians have attempted to give a very clean cut and simplistic definition of death. But these authors have missed the mark in assessing the meaning of the philosophy of life that is basic to any major venture in either life or death. Not applying spiritual behavior and fear of God and trust in His saving powers has also caused many authors not to find answers to personal security in the face of death and dying. Observations of numerous patients in a stage of the dying process reveal much about the life after death. Kübler-Ross has dealt in recent studies with the concept of life after death. She maintains that once one approaches death and becomes "clinically dead" and is then revived, one never fears death or dying again, but can now approach it with a realistic view of the future life. She notes

how those who have died clinically and then have been revived have found inner peace and have experienced some religious phenomenon which otherwise is unexplainable. The patient then expresses no fear of dying again after revival occurs.[3]

Secondly, much of the material developed in recent years has been preoccupied with the clinical model that has pervaded much of medical practice. The term "Health Care Delivery Systems" reminds one of a conveyor belt or assembly line industrial model and the phrase "terminal illness" seems to apply to a place where a bus or train or plane ended its scheduled trip. A person DIES; an object TERMINATES. The clinical sterility of death seems to make death nothing more than a mechanical eventuality which is the termination of an object's existence, with little or no caring or concern expressed or involved.

The dehumanization of those dying tends to be a clue to the attitude of mind of the clinician towards those entrusted to his care. Language gives a clue to the attitudes some professionals hold concerning dying. The words referring to the ward for dying patients as "the vegetable bin" or the words referring to its patients as "vegetables" is at its best degenerate talk. We find similar talk about the residents of nursing homes who are suffering various stages of physical and mental disintegration.

Thirdly, little of the writing and research to date seems to reflect the growing interest in the nature of con-

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[3]Ibid., p. 118.

sciousness and the ways in which consciousness may be modified so that even the process of dying can be approached as a significant humanizing venture which gives the person dignity and self-worth even in the final stages of dying.

Even in some of the earlier work that has been centered on the human dimensions of the patient, such as that of Kübler-Ross, the emphasis has been more on psychological processes than on philosophical and religious assumptions about the nature of man and the meaning of life and death held by both the professional and the patient. Kübler-Ross's later works have taken a different model. She has by means of various articles and releases noted her most recent studies on death and dying in which she relays a more personal attitude towards the feelings of the dying patient and the realities of death experienced by the patient who has clinically died and been revived. Kübler-Ross now reveals a more profound reverence for life as she probes deeper into death itself. She has now revised much of her earlier thinking about death as the end to life. She reveals a reverence for life and a conviction that there definitely is a life after death. Yet, it would seem that she stops short of saying that she personally accepts this theory as fact as we Christians do. We will discuss the Christian scope of death later on in this chapter.

When the process of dying can be made a significant part of the life experience of the individual, the benefits are shared by those who die and those who confront the dying of another. A reduction in guilt, anxiety, and defensiveness

is replaced by a sensitivity and understanding that enriches communication with genuine human concern. As Margaretta K. Bowers puts it:

> The counselor becomes less threatened as he becomes more humane; in the same way the human dimension of the dying person when properly supported becomes a resource for living during those last days--not merely regarded as a threat but also as a time of spiritual growth and a time for doing the important unfinished business of living.[4]

The psychology of death model which will be used is one which not only stresses the dignity of man, but also the one which looks at death from a theological point of view, offering spiritual hope for a life after death without pain and suffering.

In speaking about the methods of psychological autopsy, one should at first define the term. Psychological autopsy simply means a method or methods whereby one notes that a fatal illness is not wholly an organic matter, but a manifestation of impersonal, interpersonal, and intrapersonal forces impinging upon people within a psycho-biological medium.[5]

Just the mention of "psychological autopsy" to most professionals (pastors, counselors, psychologists, physicians, and the like) will evoke a response of amusement or just plain disbelief. How can one do an autopsy on anything as intangible as the mind? The term itself is paradoxical. Something psychological is something mental, and can mean anything which pertains to the mind or what one is mindful of (whatever is

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[4]Margaretta K. Bowers et al., Counseling the Dying (New York: Aronson, 1975), p. 4.

[5]Avery D. Weisman, ed., The Realization of Death (New York: Aronson, 1974), p. 23.

perceived, thought, or acted upon rationally). Autopsy is to literally "take apart" that which is whole.

To aid specialists such as physicians of special ailments or diseases, it is especially hopeful that this method will aid in bringing professionals together to better understand the needs of the dying patient by working with death and its implications for those yet living by means of understanding how mankind approaches death. Psycho-social assessment, added to the regular autopsy, aspires to a more comprehensive and comprehensible exchange. Thus, the subject in the autopsy is not merely the mortal remains, but the primary person who is pushing toward death, either by illness or by knowledge that death could be imminent. This includes individual feelings, values, responsibilities, relationships--these all come under close scrutiny during the psychological autopsy.

Therefore, a psychological autopsy is very useful to convey information about the dying person. Life-style, past history, disposition during the fatal illness, and so forth aid the professional in understanding and counseling the dying. By understanding and empathizing this coming of death with the patient, one not only helps him but also aids himself in better understanding others in the hours before death, as well as being able to work out his own death thoughts satisfactorily.

This author has taken the liberty at this juncture to revise slightly a table by Edwin S. Shneidman so that this method of psychological autopsy might be used by clergymen as counselors

in better understanding their patients' views of death and dying.[6] Basically, this method, called the LASPC Method after the initials for the Los Angeles Suicide Prevention Center where Shneidman and his associates did their initial investigative work in this area, can be adapted to other areas of death and dying. The table (Table 1) on the following page is such an adaptation. It can be useful in becoming familiar with the aspects of death and dying.

Anyone who cares enough to find out what happens to a person when he dies can become more effective in future dealings with the dying patient. By using data compiled through this method of psychological autopsy, one can develop a technique of ministering to the personal needs of the dying victim and shield him against possible despair and anxiety in many instances.

Regular autopsies simply take death as a given fact, without referring to the subject as a person once alive and vital. At the end of a life-cycle the investigation into death is needed and wanted by many professionals. To know the why and how of death is to know much about the patient in life. By discussing the recently deceased patient in these terms, a more compassionate professional will develop, one who can effectively deal with others who are dying.

In the many dying patients a pastor visits in the course of a lifetime of ministry, each one is a learning tool in developing his counseling technique. At the risk of sounding rather cold and callous at this point, one must be honest and realize that effective training comes by way of personal experiences

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[6] Ibid., p. 28.

TABLE 1

OUTLINE OF THE LASPC VERSION OF
THE PSYCHOLOGICAL AUTOPSY

1. Identifying information (name, age, address, marital status, religion, occupation, etc.)
2. Details about his feelings as he works through his death with the counselor (time left, illness, thoughts about what death is like)
3. Brief outline of patient's history of illness
4. Patient's personal history, life-style, etc.
5. Patient's thought on family (Who will care for my wife? The children?)
6. Patient's reaction to stress, emotional upset, periods of disequilibrium
7. Recent tensions or anxieties
8. Escape mechanisms patient may resort to (alcohol, drugs, etc.)
9. Patient's relationship to others, including his family, friends, the physician, pastor, counselor, etc.
10. Fantasies, dreams, ideas, premonitions, or fears patient has regarding his own death
11. Changes occuring in the patient before death occurs
12. Information regarding patient's like (upswings, plans now unfulfilled, seekings of success or failure in life)
13. Assessment of adjustment to his own death (his role as he sees himself, feelings regarding imminent death, etc.)
14. Patient's ability to adjust to his own death (how he views himself as a dying entity, leaving his family, friends behind)
15. His reaction to the inevitability of death
16. Summarization of patient's outlook (positive, negative, etc.)

and involvements more than by any other technique ever developed. Unknowingly, pastors utilize a form of psychological autopsy by studying cases of deceased patients in their spiritual care. If one is made aware of it, he can then use this skill to better advantage through organization of his approaches to dying patients in the future. Table 1 concerning psychological autopsy is an example of a helpful tool in development of counseling skills and techniques which will, in turn, make one a more effectual counselor to the dying patient. This is the advantage of using the psychological autopsy method in deriving one's own methodology of dealing with and counseling the dying. Such study methods can be of great benefit in thanatological counseling.

In order to better understand our more modern work in the field of thanatological counseling, one would do well at this point to take a closer look at the roots of thanatology. The study of thanatology is ancient, with its roots reaching back into biblical times, as well as into Greek, Latin Patristic, and even Medieval traditions. To understand better the roots and origins of this fascinating study, one must look into some of the recognized traditions in thanatology.

Milton Gatch in his book, Death: Meaning and Mortality in Christian Thought and Contemporary Culture, traces some of the roots of thanatology, such as the Socratic view found in Plato's Phaedo, in which Plato traces Socrates' thanatology. The author notes that in order to protect themselves, neither Plato nor Socrates was willing to commit himself to the views expressed.

They carefully devised their formulated statements to avoid risk of life at the hands of the powers that be.[7]

According to Plato's Phaedo, recorded Socratic views of death include the following:

> Socrates' definition of death assumes at once the existence of two separable entities, one of which can exist independently of the other. Death is simply the release of the soul from the body. This dualism of the physical and the incorporeal is absolutely vital to what follows, for in Socrates' view the body is a hindrance to the soul as it seeks to acquire knowledge.[8]

So Socrates saw death in two separate entities, soul and body. For Socrates, the best was for the soul to escape the body to seek its own wisdom apart from the hindrances life causes. He continues:

> Truth, like the soul is incorporeal; there exist absolutes or ideas of goodness, beauty, and the like, understanding of which by the soul is impeded by the physical distractions and desires of the body. Thus, "If we are ever to have pure knowledge of anything, we must get rid of the body and contemplate things by themselves with the soul itself." True and full knowledge is impossible so long as the soul is joined to the body. Death, therefore, is a happy event, a moment of fulfillment for the seeker after truth. The notion of freeing the soul from the body must be added to that of separation.[9]

Also, Socrates' view of the separation of soul and body for perfection of thought has some parallel in Christian thought when we seek to depart and be with our Lord Jesus, "which is far better" than the life we now live in this existence. Although,

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[7]Milton McC. Gatch, Death: Meaning and Mortality in Christian Thought and Contemporary Culture (New York: Seabury, 1969), p. 28.

[8]Ibid., p. 29.

[9]Ibid.

in the world of Socratic thought, the emphasis was not upon perfection unto eternal life through faith, but it emphasized instead the purification of the soul to pure reason; by separation of the body in death. When Christians use similar terms, they are not speaking of purification of soul for purity of thought not clouded by the imperfections of the body in life; but rather they are speaking of perfection of the soul by Jesus Christ through faith by His grace alone. If we count these views similar, we must also note the distinctiveness of the Christian faith which is the only religion that identifies with a Savior and separates the man from his own state of "perfectness" according to human reason in order to identify him as a sinner in need of God's grace and forgiveness in Jesus Christ alone, and for the sake of the Gospel.

Following the Greek tradition another era is to be viewed, the Greek Patristic tradition, in which is seen the early Christian views of death. One example would be Origen and his works of the first half of the Third Century A.D.:

> The work of Origen in the first half of the third century comprises the first body of Christian theological writing by a man thoroughly conversant with Hellenistic philosophy. Origen was apparently recognized as a formidable figure in philosophical circles in Alexandria. The fact that he was a Christian and, therefore, employed unusual mythological references to the Judeo-Christian Scriptures seems to have been regarded only as pagan philosophers.[10]

Obviously, Origen's views of death corresponded closely enough with those of the pre-Christian era Greek philosophies that there was little dispute in the first half of the Third

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[10]Ibid., pp. 54-55.

Century about the obvious views of Greek patrists. Socrates had held that the soul could not be perfect unless the body died. To the pagan Greek philosophers this was correct. If the Greek fathers chose to use similar terms in Christian thought, their choice did not seem to disturb the pagan element according to their own personal philosophies.

This was not the final touch that the early patrists gave Christian thought. Gatch carries the thought further:

> Trained by the same teacher under whom Plotinus worked, he [Origen] attempted in his profoundly biblical theology to see his own religion as an allegory of Platonist philosophy . . . the combination of philosophical Gnosticism, biblical mythology, and a profound piety achieved by the great Alexandrian teacher was the most creative and comprehensive theology of the patristic age.[11]

The implications of Origen's work with regard to death are extremely important and cannot be adequately treated here because, on the whole, they were rejected by later theologians and because they were so complicated that an adequate exposition of them could not be treated in the length of this paper. But one can surmise that Origen completed an early system of thanatology which took into account the Platonic world of thought. This picture of death could well be related to our Christian world view today. We must consider the world in which Origin lived, his thought, and the influences surrounding him. Although he borrowed from pagan thought to defend Christian thought, Origen must be regarded with respect to his debate in the treatise against Clesus in which he answered allegations of

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[11]Ibid., p. 55.

a pagan philosopher against Christianity:

> Therefore we do not say that after the body has been corrupted it will return to its original nature, just as the grain of corn that has been corrupted will not return again to be a grain of corn. For we hold that, as from the grain of corn arises an ear, so in the body there lies a certain principle which is not corrupted from which the body is raised in incorruption. . . And we do not escape to a most outrageous refuge by saying that anything is possible to God. We know that we may not understand the word "anything" of things which do not exist or which are inconceivable. But we do say that God cannot do what is shameful, since then God could not possibly be God. For if God does anything shameful, He is not God.[12]

Hence, Origen is saying that God does not in His own right play party to the sinful nature of mankind. He does not recognize and condone the sinfulness of man and resurrect the corruptible, but the body is raised in incorruption. On this one point, Origen distinctly differs from the pagan Greek philosophers to the point of challenging them on the basis of the Word of God, "This corruptible must put on incorruption" (1 Cor. 15:54).

The natural progression of thought at this point would be to turn to the Latin Patristics and their Weltanschauung concerning death. Christian and non-Christian, the Latin-speaking peoples were greatly influenced by the Greek doctrine of the soul, which became a part of the basic intellectual equipment at the time of the Christianizing of the Roman Empire. But the Latin mind, like the Hebraic, was deeply concerned with the processes of history and with the moral implications of action within history. The destiny of the soul, thus, became

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[12]Ibid., p. 56.

envisioned in terms of justice or the consequences of the quality of human life, which preceded the separation of soul and body.

This contrast is perhaps best seen in comparing the two conclusions of the most important documents of the ancients, namely, those of Plato's "Republic" and the "Republic" of Marcus Tullius Cicero:

> . . . [Plato] that souls will meet various fates according to their state of enlightenment. . .man must pursue truth and enlightenment, keeping his soul unsullied. Thus, man's ordering of his earthly life--and especially of its political aspects--will affect the destiny of the soul.
> . . . [Tullius] no longer is the education and its reunion with truth the primary focus, but rather, the virtuous, active life in the earthly city is the ultimate city of value, and it is rewarded by the perpetual bliss of the soul. The good state of both its leaders and its citizens can reap the rewards.[13]

Thus, human life could acquire a tone of urgency in Roman thought which differed importantly from the attitude of the Greeks toward life as is found in the setting of history. History and human action in history, morally judged, are directly connected with the destiny of the immortal soul. So we see that the body may be the prison of the soul in both Roman and Greek thought, but it is the historical, embodied person who, by valor and virtue, wins salvation for his soul. Hence, for the Romans as well as the Greeks, salvation of the soul was in direct relation to the deeds done in the mortal body.

The first Latin Christian writer we know was Tertullian of Carthage. He was an African lawyer and rhetorician, who

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[13]Ibid., p. 66.

lived in the late second and early third centuries, who by his work, On the Resurrection of the Flesh, exhibits a tendency to stress the judgmental aspect of the resurrection and the willingness to consider the possibility of a punishment of the soul between death and the resurrection:

> . . . That souls are even now (after death) susceptible of torment and of blessing in Hades, though they are disembodied, and notwithstanding their banishment from the flesh, is proved by the case of Lazarus . . . Therefore as it has acted in each several instance, so proportionately does the soul suffer in Hades, being the first to taste judgment as it was the first to induce to the commission of sin.[14]

For Tertullian, the soul must go through a period of purifying in order to remove the sins of the flesh before the resurrection, and then comes the reuniting of the soul with the flesh at judgment so that the soul and body together may then suffer the deeds done according to the flesh:

> . . . but still it (the soul) is waiting for the flesh in order that it may through this flesh also compensate for its deeds . . . This, in short, will be the process of that judgment which is postponed to the last great day, in order that by the exhibition of the flesh the entire course of the divine vengeance may be accomplished.[15]

The rigors of African Christianity in general and of Tertullian in particular--developed against a background of persecution--always tended toward apocalypticism, that is, revelation of the ultimate divine purpose for man. In the case of this first great Latin theologian, the rigoristic inclination was so strong that he ultimately allied himself with the

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[14]Ibid., p. 67.

[15]Ibid.

Montanist schism.[16] He was a religious rigorist. His belief in historical and ultimate punishment and reward are such that even the sternest of Old Testament prophets do not out reach him. Man must be responsible for what he has brought on.

For Tertullian the soul was corporeal, possessing a peculiar kind of solidity in its nature, such as enables it both to perceive and suffer. At the same time he adopts the Hellenistic view of the soul, Tertullian blends it with another metaphysical picture which makes it possible for the soul to suffer the consequences or to enjoy the rewards of its modes of historical behavior. And thus, too, Latin theology puts unusual emphasis upon the fate of the soul immediately after its separation from the body.

Nevertheless, it is clear that the major thrust of the theology of Tertullian regarding man's fate after death is not to emphasize the destiny of the soul at the expense of the traditional teaching concerning the resurrection of the body. Just as it would be unjust to think of the soul as waiting idly for the Last Day to arrive, it is unjust to believe that God does not take seriously the flesh of man and intend to reward or punish it.

In New Testament theology, Paul writes concerning many of the same facets of thanatology as did the early Christian Latins who, no doubt, borrowed much of their theology from Paul's writings. At this point in the paper one would

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[16] A mountainous sect from the Latin montani referring to their habits and homage.

want to examine Paul's writings about death and eternal life as found both in 1 Corinthians 15 and Romans 8.

Beginning with 1 Cor. 15:12, we see the analogy between the resurrection of Jesus Christ with the resurrection of all the dead which die in the Lord. He refers to death as sleep in terms of "those fallen asleep" (verse 18). Note here the division of thought from the Latin fathers such as Tertullian. Paul speaks of sleep as the mode of the body after temporal death occurs. The Latin patrists viewed more the condition of the soul after death rather than the state of the body before the resurrection occurs. By "sleep" Paul refers back in time to all the saints fallen asleep, saying that if they who trusted in Christ and are already dead did not have anything more than vain hope in a dead Savior, then they will not rise from death and are lost forever. Paul is building a powerful case for the resurrection of all the dead. In verse twenty of this chapter he clearly states: "now is Christ risen up from the dead, the firstfruits of them that have fallen asleep" (1 Cor. 15:20).

Paul continues in verse 39 and following to indicate that mankind is a special creation of God, apart from the animals, having a special kind of flesh after the order of creation. It is a special creation that can only be a part of Christ through the anastasis of the dead. Paul's use of egeirontai correlates death with those to be raised, just as Christ, the firstfruits of them fallen asleep was raised from the dead. Paul emphasizes the power of the resurrection found

in the proclamation of the Gospel (to-kerygma-hamon) and the hope is there too, because Christ rose from death; not because He did not rise from death! Paul makes this emphatically clear.

The climax arrives:

> So it will be with the resurrection of the dead. The body that is sown is perishable, it is raised imperishable, it is sown in dishonor, it is raised in glory; it is sown in weakness, it is raised in power; it is sown a natural body, it is raised a spiritual body. (1 Cor. 15:42-44)

The order of things is the natural body first and the spiritual body last. Like as Adam was, so are we. But Paul quickly points out that the spiritual body in the resurrection, after that miraculous change occurs, remains a mystery to mortal man (mysterion) in verse 51. But when this mortal body puts on immortality, we can then be absolutely certain of one thing: "Death is swallowed up in victory."

In Romans 8 a similar quote about death and eternal life occurs:

> Not only so, but we ourselves, who have the firstfruits of the Spirit, groan inwardly as we eagerly await for our adoption as sons, the redemption of our bodies . . . for I am convinced that neither death nor life . . . nor anything else in all creation can separate us from the love of God that is in Christ Jesus our Lord (Rom. 8:23, 38-39).

Paul indicates that we must die according to our sinful flesh in order to receive eternal life (verses 12 and 13).

Pauline thanatology permeates Christian thought throughout the ages up to date. Currently, while many medical doctors, technicians, nurses, and the like are looking for answers to give comfort to both the dying and the bereaved, Paul already

by inspiration has given such guidelines many years ago. His answer was found in the power of the resurrection. Jesus Christ, the firstfruits of all fallen asleep, gives hope for a new life which is perfect without end.

We note that although suffering and sorrow play a role in death in the world of Christian thought, Christ underplays that role and He upstages the fruits of the resurrection; "Because I live, ye shall live also" (John 14:19). Today, modern thanatology is again looking at the role of suffering and sorrow in death. It is becoming an intense awareness media for adjustment to the inevitable, death. The more time one has to adjust to death, the more readily one can face death without the aftermath of suffering in various ways by the survivors. Paul helps in that adjustment by not allowing the believer in Christ to suffer intensely without the relief of hope which goes beyond the grave. This hope, when realized in modern death and dying situations, can create a different attitude in the dying patient and the potential survivor. "For me to live is Christ," says Paul, "and to die is gain" (Phil. 1:21).

And Paul refers to such intense suffering that one must needs adjust to as "the sting of death." But he does not leave one at death's door with the stinger still festering in the flesh. Paul asks, "O death, where is thy sting? O grave where is thy victory" (1 Cor. 15:55)? The stinger is extracted forever. "Thanks be to God, who gives us the victory (over sin and death) through our Lord Jesus Christ" (1 Cor. 15:57)! Relief from suffering has come through Christ, the Great Physician.

For the Christian, then thanatology is a study of the inevitable, with a look to the future. Death must come upon all men for all have sinned and fallen short of the mark. At this point, all would agree, both Christian and non-Christian alike. For the believer, Christ makes all things new. Life may "end" for the non-believer, but the Christian through Christ's promise, "Where I am, you may be also" (John 14:3), expects the victory crown at the end of life's race, just as surely as Jesus Himself is raised from death's jaws.

Secular thanatology deals with the "here and now" of life's processes, expecting the natural outcome of life found in its final stage, death. It attempts to make life easier to close out its last rays with hope until there is no more hope. In this view, all secular thanatologists agree basically. Life's end can be made a little easier through carefully letting the patient down a little at a time so that the terminally-ill person adjusts to the inevitability of his own death. The Christian thanatologist, be he doctor, clergyman, nurse, or other in the field, goes the same route but with one vital difference. Death is not the conclusion to life. Death does not end the hope, either of the patient or the survivor. In the midst of death there is life. This hope conveys a fresh, clean start in a new and perfect life with Christ. Life is much more than simply an organic tradition.

The organic tradition looks at life as a social network, examining personal behavior, relationships, economic status, emotional life, everything that pertained to his life. Avery

Weisman, in his book, The Realization of Death, says: "We can find out what a patient died with, in terms of organic remains, rarely what he died from, and never what he lived for--his sense of purpose, even how he managed to live at all in the midst of turbulent and threatening times."[17] Paul says these things of the flesh are not so important. "Do not judge a man or what he eats, drinks, or on what day he worships" (1 Cor. 10:31). Weisman says basically the same thing; one cannot hope to know everything that made the person what he was in life, organically speaking. Other than the disease or complication the patient died with, the reason for death escapes one unless he knows "it is appointed unto man once to die, and then the judgment" (Heb. 9:27). The only thing we can know by organic tradition is the probable cause of temporal death from a medical viewpoint. From the Scriptural view, all men die because of original sin's curse upon them. Whatever the organic cause of aid in the process of death, the real cause is sin. Thus, to the Christian, the organic tradition of man becomes stultified, apart from the Law of God that says that every person must die as a consequence of sin. Real death comes from the curse of the Law.

In this chapter we have attempted to look at the current psycho-social views of death and dying, develop a psychological model for death and dying that the Christian counselor can adapt into his work, and see, through our encounters with the dying, different models which can aid in our work with the living.

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[17] Avery D. Weisman, The Realization of Death (New York: Aronson, 1974), pp. 14-17.

This chapter has explored death both historically and traditionally through Pauline, Greek and Roman patristic, and modern views. Basically, the attempt was made to relate the differences between the Christian and non-Christian views of thanatology.

CHAPTER II

MINISTRY TO THE DYING AS A LEARNING PROCESS AND ENCOUNTER

This chapter deals with the minister's encounters with the dying patient, how the encounters develop his ministry to the living, and some of the ways he can learn from his experiences by developing keen insights into the problems accompanying death and dying.

The drama of death is one of many moods and scenes. Once death has entered into the lives of those surviving persons who loved the deceased, it takes on forms of intensity, disbelieving, contradicting, and countering that the person "is not dead" but that a miracle may still come forth from somewhere to revive the dead loved one. But death is an absolute as surely as life begins. It must end, one must "rest from his labors," in the certainty of temporal death. Facing that time in the life of one deeply loved can result in crisis upon crisis. In some instances, however, we need to note that the survivor may not face many crises, but this is more of an exception to the rule or norm of behavior. Even a devout believer in Jesus Christ who dies leaves those who mourn and who need comfort. The pain of separation at death is a very real and vital pain, one that helps the Christian survivor

adjust to life on earth without said loved one's company. Hence, the pastor, in his role as counselor and comforter, can bring about certain adjustments in the lives of the survivors which can develop into good feelings over a period of time.

Good feelings after losing a loved one in death do not come simply or easily in most instances. Adjustments must be made if the survivor is to find comfort after such a despairing situation has entered his or her life. Often, despondency occurs after loss, and many times it lasts over a period of months or possibly even years before the "spell is broken" and the person returns to a useful, normal pattern of living.

Ministry to the dying person, as well as to those surviving the death, can be a definite learning encounter. To explain what encounter means, one must look at the definition given by Rollo May in his book, Psychology and the Human Dilemma, to understand better what ministry's encounter with death and dying ought to be:

> . . . I mean it (encounter) to refer to the fact that in the therapeutic hour a total relationship is going on between two people which involves a number of different levels. One level is that of real persons: I am glad to see my patient. . .Our seeing each other allays the physical loneliness to which all human beings are heir. Another is that of friends: we trust--for we have seen each other a lot--that the other has some genuine concern for listening and understanding. Another level is that of agape or esteem: self-transcending concern for another's welfare. Another is that of erotic: . . .if one person in a relationship which is therapeutic feels erotic, the other will too. Erotic feelings of his own need to be frankly faced by the therapist; otherwise he will, at least in fantasy, act out his own needs with the patient. But more important, unless he accepts the erotic as one

> of the ways of communication, he will not listen for what he should hear from the patient and he will lose one of the most dynamic resources for change in therapy.[1]

The levels of May's encountering cannot all apply to the dying patient. But the following levels do specifically apply: that of "real persons," "friends," and "agape" as valid encounter relationships between patient and pastor in the counseling relationship.

For instance, in the "real persons" category, the pastor/counselor often needs the strength that he sees in a dying patient when he encounters one with a staunch faith. It can lift his spirits as well as help the dying patient by means of the minister's personal ministry and the comfort of God's Word. The encounter is real. The two enhance each other in their gladness to see and be with each other. This, of course, is within the therapeutic relationship of counselor to patient.

Perhaps the most personal relationship one encounters with his patient is that of "friends." There develops a genuine concern for each other, and the trust bond develops that lasts and aids the patient to meet with death without a great deal of fear or anxiety. Trust can be exceedingly beneficial to the pastor/counselor in this type of counseling encounter.

The most difficult is the "agape" encounter relationship with one's patient. When death comes after so much build-up of the relationship into the category of self-transcending

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[1]Rollo May, Psychology and the Human Dilemma (New York: Nostrand & Company, 1967), pp. 120-21.

esteem and concern for the patient's welfare, the counselor can and often does develop deep-seated feelings of loss that are not easily resolved, which becomes a type of unrequited love. It may very well take months for the counselor to recover from this type of encounter relationship when the patient dies.

We encounter survivors of the deceased often in our counseling, too. These encounters are often those of grief and anxiety. Such encounters need to be in many cases followed up for some time to come. Through a number of brief encounters at different time intervals, the pastor/counselor can aid in relieving their suffering by their simply knowing that there is someone who cares. Or as Rollo May again expresses the feelings of personal encounter for the benefit of the therapist:

> . . . it is not possible for one person to have a feeling without the other having it to some degree also. . . . I am convinced that there is something going on in one human being relating to another, something inhering . . . that is definitely more complex, subtle, rich, and powerful than we have generally realized.[2]

To summarize the encounter in terms of the pastor/counselor to his dying patient, one can say that there is a great probability that such encounters mean more than can be ascertained by any degree of measurement. To be with someone in their greatest hour of need can do more than one could know. Feelings are important to adjustment. Adjustment is important in the dying process as well as the acceptance of death by both patient and survivors. We cannot overstate the importance of encounter for the counselor and the patient, and the counselor and survivors.

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[2]Ibid., p. 122.

One very important factor about encounter is that once the therapist has entered into an encounter, it is difficult to be a part of it without giving much of one's self. If this is known, the pastor/counselor can protect himself to a degree from too much giving of self. This above all is important to healthy mental being on the part of the therapist, doctor, minister, nurse, or other professional relating to the patient in the encounter.

But one cannot establish such encounters without becoming a part of the involved parties in the dying process. The dying process has been outlined by a variety of people in the medical field who have prepared detailed charts on the stages of dying within such a process. One such doctor who has detailed the dying process is Elisabeth Kübler-Ross. She has developed a table on the stages of dying which is here numbered Table 2.[3] Not all authors agree completely with all the stages Kübler-Ross uses; however, this seems to be one of the most complete outlines to date in the field of thanatology.

The drama of death climaxes itself through a number of emotions and responses. Entering into these emotions and responses, one can see how they might help in better understanding the dying patient. Each stage of dying can be an act of emotion in the drama of life and death.

From the beginning of the patient's knowledge of a terminal illness there is hope, Kübler-Ross says. But the initial

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[3]Elisabeth Kübler-Ross, On Death and Dying (New York: Macmillan, 1973), p. 264.

TABLE 2

STAGES OF DYING

The "stages" of dying:

AWARENESS OF ILLNESS

ONE: SHOCK/DENIAL — This is a defense mechanism that crops up as a red flag with a reaction of "Oh, No! Not me!" This is a non-acceptance of news that death is imminent.

TWO: ANGER — Lashing out with uncontrolled anger or rage. Hope begins shortly after denial and lasts until the end. This is not necessarily a religious hope, although we cannot measure religious hope in a patient or separate it from the hope of help. At this point the patient should be accepted even if he angrily lashes out at the doctors, nurses, the pastor. Otherwise the patient may withdraw from functioning.

H O P E

THREE: DEPRESSION — A loss of dreams, functioning, and a giving up gradually while hoping to retain what body functions one can, a loss of self-identity.

FOUR: BARGAINING — Attempts are made to find an alternate solution to imminent death, change of doctors, best clinics, praying for a miracle of deliverance, etc.

FIVE: ACCEPTANCE — The patient gives up slowly until there is a total loss of interest. Then comes resignation to the imminent. The patient often deals in platitudes like; "Will I be missed?" or "Who will water my flowers?" Much listening and acceptance of the patient is required.

At this juncture, death occurs when all possible hope for recovery is gone and acceptance of death is completed. — DEATH OCCURS

PLEASE NOTE: Sometimes one is better prepared for death than one might expect, so not all persons go through all "Stages." All patients maintain some hope to the last. Time gives the patient a space in which to think through and prepare for his own death.

knowledge that he is going to die is too much for him and often results in "shock." Shock is the terrible feeling that this is not happening to the patient but to someone else. "Oh no!" is the basic reaction encountered by the patient when learning of his illness. "You can't mean me!"

After the initial shock has passed the patient enters into an emotional stage which often includes the following: denial, anger, and depression. Anxiety is found throughout denial, anger, and depression. These are defense mechanisms that the patient imposes on himself to block his fear of dying. Denial is his way of blocking out the news he has heard from his doctor. Anger is his lashing out at anybody and everybody over his state of health. He blames others for his predicament. Rage often accompanies his accusations. This emotional state of anger and rage can last until shortly before the end. But hope prevails that someone will help, have a cure-all medicine which somehow will prolong his life. The Christian relies upon his faith in God at this juncture. His hope prevails through faith in Jesus Christ throughout death unto eternal life. Depression then can follow his anger. Dream-loss, loss of body functions, a gradual giving up, and loss of self-identity can characterize this phase of the state of emotional depression. Just letting go of all that once was dear is typical of depression in a terminal illness.

The next state, or stage, is that of negotiation. The patient wants to bargain for his life against the prospect of impending death. Kübler-Ross calls this stage bargaining.

It is definitely an attempt to find an alternate solution to death by the patient. Maybe the patient wants to find another doctor, get a second diagnosis, go to the best hospital, pray for healing, and the like. Ministers encounter these feelings often when they work with cancer patients. Pleading with the pastor to "do something" is not an uncommon occurrence.

The state of cognition is the state of realization that he, the patient, will indeed die from his illness. He becomes aware of the fact and his anxiety becomes intense. Fear grips him as he contemplates his death. He often may envision his funeral with mourners crying over his casket. Fear again is encountered as he jolts back to reality, sees his predicament, and the fact that he is still alive at this point. He is beginning to accept death as inevitable. Then resignation will occur as he sees that nothing will relieve him from his terminal condition. Hence comes another state, that of commitment, which is closely allied with cognition.

Commitment is that state or stage in which the patient finally not only realizes and recognizes his hopeless station in life, but he then becomes committed to the fact that death must occur. Many a Christian patient, once committed to death (resignation), often will express himself in terms of "Why can't the Lord come soon?" "I am prepared for death--trusting in my Savior." His commitment is to finish what has begun in him--reaching out and laying hold of death with boldness.

Completion of death occurs when the body gives up the will to live. Loss of interest, resignation, and knowledge

that death is near hastens life to its closing in death. The only regrets usually expressed are those of uncompleted tasks, those things he would liked to have done if there were only more time. Time in his life has come to an end.

Briefly, these are the states, or stages, of the dying process. Although many of the authors have worked out elaborate explanations of these states of dying, this author chooses to treat them in a cursory fashion to develop a theological understanding of the psychological implications accompanying death.

One brief thought to be mentioned here about hope is that it runs from awareness of the terminal condition until the end when death occurs. Kübler-Ross is not speaking of the Christian hope in eternal life at all. She is only trying to say that hope lasts until death occurs, hope that something will change and the patient will not have to experience death. Christian hope transcends both life and death into eternity. If hope were only in this life, then Christians would be miserable creatures. When the Christian thanks God who gave him victory over the sting of death through His son, Jesus Christ, this hope continues into eternity with his Lord. Then the completion of the dying process is only a stepping stone over the bridge to eternal life.

Now that something of the dying process has been explored, one can begin to review the question, "How does one work through death?" It has been said that "To write about death is to contemplate one's own death." This is a good place to begin.

What is it like to die? When one writes concerning the aspects of death from either a theological or psychological viewpoint, one discovers soon that it is impossible to write about death and dying without first thinking about one's own death. Many of the fears, guilt feelings, anxieties and emotions connected with dying surge through the mind and cause the body to shudder when one connects them with his own person. "How will I die?" Then hope comes that one's death will be an easy one, not one that is violent or painful, but one of easy "release." It can and certainly should be noted here that the pastor/counselor or other professional in the healing arts, in order to become more aware of the feelings of the dying patient and the bereaved, must consider the feelings emoted at the thought of his own death so he might enable his patients to better cope with their own feelings about death.

Working through death, then, becomes a personal thing to be dealt with at one's own level of experience. The patient who is dying must deal with death as an actual eventuality coming soon. The counselor must view death by working out his eventual death, even though he may be completely well and healthy at the time of his working through the process. "What would I do if it were I lying there on the hospital bed?" "How would I cope?" "What would I feel at such a time?" The time to face a crisis can be before it happens if the counselor does his homework and prepares for his own death.

The so-called "living will" has been a step in this direction. It gives anyone the comfort and assurance that in

event of his death his wishes will be followed. Even during the dying process, he can "will" that no life-support systems will prolong his life beyond what is accepted as "normal." If the condition is not reversible, and the only way one could go on living is by artificial means which are extraordinary and undignified, then one has the right through the decreed will to have these extraordinary life-support systems withdrawn.

The "living will" also gives one the time to think through his own death. "What kind of service do I want at my funeral?" "Who will be in charge of the arrangements?" All of these items and many others not discussed are a part and parcel of the living will.

The most important aspect of the living will is its content. It gives the maker a chance to think out his own death, to face its realities with honesty and forthrightness. Certainly, one very crucial aspect of working through death is facing the inevitable with honest feelings, no matter how difficult it may be to go through.

Working through death has yet another dimension. It also applies to the survivors of a loved one's death. Many a person will go through trying times after the death of a loved one. Such problems as melancholia with its distorted behavior and introversion can become serious and have disasterous results. An affective hypercathexis displacement can occur, in which the survivor wants to disassociate himself from the remaining loved ones (anybody and everybody who loves him a lot). He does not want to be hurt any more, for his injury has already been great

through the disassociation with someone he loved deeply by way of death. The depth of that displaced feeling of hurt and not wanting to be injured again by such a painful separation can cause him to lapse into this state, coupled with depression and guilt feelings about the loss.

In any cathexis there is a tendency to place all of one's psychic energy, either consciously or unconsciously, in the mental repression of a concept, image or idea which for some reason the patient is not able to face in reality. If he becomes intense in his feelings to the point of nearly becoming unbearable, it is hypercathetic. It is an overcharge of psychic energy into that object to the degree that it becomes fixated in his behavior patterns. In an occurrence of the death of a loved one, this often is an unconscious response to that death. It is affective in that it is a displacement of psychic energy from the normal pattern of behavior into that of abnormal behavior because of some triggering device, namely, death of a loved one from whom he cannot bear to part.

An example of affective hypercathetic displacement would be: A father dies. His son cannot face the reality of his father's death. Many things were left unsaid or undone. The son then begins to react adversely to his family and friends and attempts to alienate those whom he loves because he fears he cannot bear the loss of another whom he loves. Therefore, he tries to break off such relationships, and he acts out his alienating role by aggressively attempting with

much psychic energy to separate himself from his loved ones. His psychic energy is directed toward the lost love object.

The survivor often works through the stages of death before he can return to normal, useful relationships with others and feeling life is worth living again. The grief cycle must also run its course. Many of the reactions of the patient who is dying are also the reactions of the one closest to him in life.

Working through death can be a worthwhile experience and valuable also to the counselor. For a better understanding of the patient and those with whom the counselor will be working after the loved one's death, it is highly advisable to do so. The pastor's responsibilities also lie in examining the aspect of religion to the dying patient and his relationship with God.

By assessing where his faith lies, and/or how much faith he has in God, the counselor can assume certain things and continue his counseling on a spiritual level in accord with where the patient is in terms of his relationship with his God and Savior. It is important when counseling on a spiritual plane to begin with the patient at his level of understanding. If one would begin with some deeply theological and dogmatic concepts of death with a patient who possesses only a childlike knowledge of the Scriptures, he might be overwhelmed with the counselor's theological knowledge and not be helped very much spiritually.

"Any theological thinking about death must be existential. In fact, thanatology could be a clue to realistic theological thinking on any subject since the immediate prospect of quitting

the life we know calls into question the religious beliefs held since childhood."[4] Thus a discussion of this kind must be completely of a personal nature and designed more by actual experience than by theological proclivity.

This personal touch with the dying patient could go back to the idea of the encounter again. By encountering the dying patient in a Christian setting, one can see where to go from the onset and build upon this encounter a trust and love which conveys concern for that person in Jesus Christ. When a patient is convinced he has only a short while to live, he may find in himself a deep sense of disappointment and literal agony for having to leave behind a life which he was very much enjoying. For the Christian there is also that dominant sense of the presence of God in whom he trusts for whatever is to come. This thought can be articulated by the verse of Scripture, "My God shall supply all your needs according to his riches in glory, by Christ Jesus" (Phil. 4:19). This feeling is often in the mind of the dying person without such articulation of words. Faith is more than simply returning to words burned into the memory from days gone by. At the moment when death approaches all beliefs in self fall away as unimportant and only faith in Jesus Christ remains.

Only faith remains--a faith which remains viable to the situation, even when death is near for the patient, a faith that says to the patient "I can endure" inspite of the overwhelming

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[4]David H. C. Read, "Dying Patient's Concept of God," Death and Ministry (New York: Seabury, 1975), p. 59.

odds that tell him he will lose his life, a faith which could be the only meter in measurement of his hope even though death will win out for a moment; this is the Christian faith to which the Christ-filled patient clings in the face of loss of his life. In the face of fear, the patient has a hope that transcends this world. Hope is a God-given escape "mechanism." As Paul says: "For me to live is Christ, and to die is gain" (Phil. 1:21). And: "Thanks be to God which giveth us the victory in our Lord Jesus Christ" (1 Cor. 15:57).

The discussion of faith leads one to consider the ingrained attitudes of so many people, whatever their religious beliefs, concerning the nature of their relationship to God. Both those who have been regularly exposed to the Christian Gospel and those who have no connection with organized religion seem to share a conception of God in which their "claims" upon him seem to dominate their minds. They seem to perceive God as the one responsible for bringing them to this point of crisis and death, and they are inclined both to justify themselves and to register complaint at the harsh treatment they have received.

Coupled with this feeling is often the powerful idea that what they are enduring is some kind of punishment inflicted upon them by God. One of the most common remarks revealing this attitude is: "What have I done to deserve all this?" Such a remark may come from someone who has been a devout church member and feels badly rewarded for his long service. It may also come from someone whose thoughts about God have

been infrequent and unclear. He has imagined God as a shadowy, menacing Figure in the background of his life.

What seems certain, especially to the pastor/counselor, is the comparative failure of the Church to convey the conception of God that lies behind the doctrine of justification by faith. The Lutheran Confessions stand fast as ready helps to lend a greater understanding to the concept of justification. Both Luther's writings and the Augsburg Confession's articles of faith are shining examples of this kind of clarity which help the believer adjust to the pitiful ways of this life because of sin. There is a veritable "gold mine" in the strongly Scriptural stance on justification as far as counseling the dying is concerned. Without justification by faith, through God's grace to us, without the knowledge Christ paid the price of that sin and because of it we inherit eternal life by such a faith, the patient will not find peace of mind. It seems though, inspite of innumerable sermons on the grace of God and the receiving of the Sacrament, average church-goers often fail to grasp the central theme of the Gospel. Perhaps there is a failure to stress the Law and Gospel concepts in a clear and concise manner in our congregations and among those with whom we deal. Many outside our church fall upon their good deeds, hoping for salvation in them. Certainly, in our Synod there ought not to exist such an unclear tenet. Law ought to clearly respond to the person who says: "I have been a good person all my life . . . God certainly couldn't refuse to accept me." Gospel, on the other hand, answers the question posed so long ago by the Jailer at Philippi: "Sirs,

what must I do to be saved?" (Acts 16:30). Faith in Jesus Christ was then and still is the answer for sinful man.

If a dying patient has faith, he has found peace with God. The gift of the Spirit, of faith, is a healthy gift indeed. For by this gift a believer in Christ has definite knowledge of where he is going, regardless of the body's dying now.

With a strong biblical background and teaching on justification by grace through faith in Christ the prevailing ignorance about life, body and soul, and life after death will become points of strength. That one belongs, body and soul, in life and in death, not to himself but to his Lord and Savior, Jesus Christ, means that the teaching of grace makes life worth living and temporal death the victory over sin, death, and Satan's powers. Unless we have such teaching in our schools and churches, one cannot expect many to face the end with this kind of confidence and hope. Yet it would seem from the thoughts expressed by the terminally ill that many are groping after such a concept of God and recognize it when it is expressed to them in prayer of Scripture reading at bedside in the hospital.

The impersonal and highly philosophical concepts of God that are often expressed in Reformed theology have promulgated in many quarters work righteousness which leads the patient on his deathbed to ask; "Where did I go wrong?" "What did I do to God to deserve this punishment?" Experiences in the counseling ministry have taught that the dying person's concept of God is usually highly personal, and it is to the most personal form of God the patient clings in prayer before death.

Vague forms of experience and concern for the "ultimate" have no bearing on a personal relationship with God when "the chips are down," when all is lost but their hope in a loving faith relationship with Christ in eternity.

A good example of the "hopeless case" is to be found in the following:[5]

Pastor: Good morning! How are you today, Mr. S____?
Patient: Very well, thanks. I am surprised to see you.

Pastor: Oh? You know who I am?
Patient: Yes. My wife speaks of you often and has pointed you out to me.

Pastor: Good! Then you can guess why I came to visit you. I want to tell you about a Savior from sin that can give to you eternal life.
Patient: Well, Pastor, it's nice of you to come, but I. . . well, I don't need your kind of help.

Pastor: All I came to give you was the simple truth that Jesus died for you and wants you for His kingdom. He loved you so much as to give His life for you, as well as your wife, Attie.
Patient: Yes, and I appreciate your concern. Attie has spoken highly of you, but, Pastor, you can't help me at all.

Pastor: Jesus Christ can help you. He is the Great Physician of souls. And that's all I want to share with you. My concern is your illness. You have cancer?
Patient: My illness is terminal. The cancer has spread over my face around the nose and into the back of my right eye so far. But only the doctors can help me. You can't. After all, you preachers are out only for the almighty dollar. You don't care how you bleed your people. And people on their dying beds get soaked, too. I'm sorry, you just can't help me at all.

Pastor: Mr. S____, I am not the person who can help you. You are correct. The doctors have the God-given talent to assist in prolonging life. But what will you do after there is no more help forth-

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[5]A personal experience-encounter with a non-believer.

coming from your doctors? What then? Do you have any hope for life after death?

Patient: Look, Reverend, I tolerate you because of my wife belonging to your church. Please don't sell me on that religion bit. I won't buy it!

(at that moment, Mr. S____ turned to his roommate in the semi-private room, and asked him if he would buy what "this preacher is selling." Then, after a few curse words and some other raw language he swore he never wanted the pastor in his room again).

Pastor: Mr. S____, you spoke of the doctors helping you. What will you do when the time comes for help and they can do no more for you? Christ can and will help. He loves you so much. . . enough to have died on the dreadful cross for your sins.

Patient: Okay! You have it your way! But don't sell your money-grabbing religion to me. I have been my soul-support all my life. Everything I've wanted has come my way. I've had a good life. What happens now doesn't matter so much. Would you kindly leave me alone now?

Pastor: Right! God bless you and give you insight into eternal hope. Your wife wants me to see you again. I hope you will let me come.

Patient: Don't bother yourself. She is a woman and weak and all. She doesn't know what's good for me. The doctors are doing all that can be done for me. Thanks anyhow, Preacher.

Pastor: Again, thanks for your time, Mr. S____. I'll remember you in my prayers always.

Mr. S____ later was put into a nursing home. He was 75 years old. After several months stay, his wife called me to say I should come over again (I had seen him a number of times between, with always the same negative results). When I arrived at the nursing home, Mr. S____ was raving and in a semi-conscious state. After speaking to him and hoping he recognized me, the same questions were asked again, but with very few responses from the patient. Although he no doubt heard every word, his responses were only curse words and

swearing. He died some hours later with no visible response to the Word which was continually spoken to Mr. S____ throughout his illness by the pastor. Also, his wife and two daughters had been with him continually throughout his illness and when he died. They were devout Christians and members of the Lutheran Church. He refused to even hear what they wanted so desperately to convey to him. At a time when Mr. S____ needed a personal relationship by faith to God he had actually nothing to fall upon for help. There was no hope. He died a miserable death.

The hopeless cases can cause much personal grief to the pastor/counselor who will often ask himself over and over again; "Why couldn't I reach him?"

One should not blame himself if this kind of hopeless case should happen to him. The patient has obviously placed his hope in material things, medical treatments, and the like. Doctors, medicine, examinations, treatment, and all other could not save him in the end. One can only hope and pray that he heard the Word and responded in his heart. Life can be seemingly cruel and can become a source of depression if one only looks at the results of sin and fails to turn toward the joys found in Christ. The pastor/counselor needs to look to Christ for strength in times of hopelessness and despair. When human weakness seems to overcome the counselor's good sense in counseling, it is such a time for God's strong hand of guidance to intervene. The hopeless case is truly a result of unforgiven sin and an unregenerate heart. But the pastor/counselor must recognize he is working toward the whole man, body, soul and spirit, for

which Christ died. It is in this framework of healing that he can take heart when such a depressing case occurs, and there he can rest his case at the cross. Jesus says: "My strength is made perfect in weakness" (2 Cor. 12:9). His "strength:" our "weakness."

One is conscious at the deathbed of the overpowering desire for utter sincerity in all that is said and prayed. The dying patient who shares the same belief as his pastor wants to hear it expressed again, while those patients who have been without deep religious conviction often seem to reach out for some genuine assurance of some vague hope at the end. Mr. S____ begged for "someone to please help" moments before his death. But he never asked for God's help and intervention in his life at the last.

These reflections indicate the need for franker discussion of the topic of dying before the period of terminal illness is reached, and of man's need for a more basic relationship to his Creator and Savior. It is encouraging to note here that the trend is away from covering up terminal illness and allowing a frank and full discussion of all its implications, both for the believer and the unbeliever.

In summation of this section, we have stated that death is both an encounter and a process for the pastor/counselor and the patient. The attempt has been made to point to such areas of encounter and process so as to enable one to experience a richer and fuller ministry to the dying patient. The function of religion in the dying process, both to the Christian and to

the unbeliever, was seen through the eyes of the pastor in encounter. How the dying patient's concept of God relates to peace of mind and heart for him was also explored.

CHAPTER III

IS DEATH A UNIQUE EXPERIENCE?

Death can be considered a unique experience. However, the reverse of that is also true, that it is as common as life itself. Here we find a seeming paradox in terminology. Let us consider death at this point and see if it is "either/or", or possible "both" unique and common simultaneously.

First, death is unique in that every individual must face that time in his own life. To him in his world of experience this is a first and therefore can be identified as unique. In this consideration, the dying person finds the personal encounter to be difficult for the most part in viewing his own death, as we have demonstrated by outlining the dying person's reactions to the news of his impending death, those points we labeled previously as states or stages of dying. Temporal death is a once-in-a-lifetime occurrence not to be repeated except in rare cases where a patient who technically has died regains hold on life.

The following poem expresses the uniqueness of one's own death as viewed from a very personal perspective:

> Let me not pray to be sheltered from dangers but to be fearless in facing them.
> Let me not beg for the stilling of my pain but the heart to conquer it.
> Let me not look for allies in life's battlefield but to my own strength.

> Let me not crave in anxious fear to be saved but hope
> for the patience to win my freedom.
> Grant me that I may not be a coward, feeling your mercy
> in my success alone; but let me find the grasp of
> your hand in my failure.
>
> -Rabindranath Tagore,
> Fruit Gathering

Facing the problem of one's own pending death is also unique in that no one else can face it; it is one's own death, his personality and total being, what he has been in life, and he alone must face personal death. Kübler-Ross puts it into these words:

> Finally, we may achieve peace--our own inner peace as well as peace between nations--by facing the reality of our own death . . . Perhaps what I am trying to say is that we can help them (patients who are dying) die by trying to help them live, rather than vegetate in an inhuman manner.[1]

Peace from within one's self while dying comes from facing life's realities, and, in the Christian, also facing the fact that Christ strengthens him even in the face of that ultimate and unique crisis of death. Kübler-Ross refers above to the job also of those in the helping professions and their role in helping the dying to remain human in their crisis encounter with death.

How the living feel about dying can also be seen in a study recently completed by the University of Iowa College of Medicine which is a descriptive analysis of 114 accounts of near-death experiences obtain from 104 persons.[2] It relates

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[1]Elisabeth Kübler-Ross, On Death and Dying (New York: MacMillan, 1973), pp. 18, 21.

[2]Russell Noyes, Jr. and Roy Kletti, "Depersonalization in the Face of Life-Threatening Danger: A Description," Psychiatry, 39 (1976): 19-27.

to depersonalization in the face of death and the feelings and emotions experienced by these patients. Unanimously, these patients described death as an experience with no fear, no anxiety, no terror, an experience that they would not be afraid to face again once they had experienced it. In the study these patients mentioned, too, that their past experiences would flee before their eyes--only good feelings were experienced--and their only anxiety was to leave those whom they loved with unfinished tasks they had begun in life. The most amazing thought they all transmitted to the analysis teams was that once they had had the pleasant experience of death they were no longer afraid to die again.

Noyes and Kletti further state in this study:

> From our examination of near-death experiences we may conclude that what Heim (1892) wrote over eighty years ago was substantially correct. He described a syndrome commonly reported by emotionally-disturbed patients to which the term depersonalization was later applied . . . Similarly, one may today take comfort from the fact that, suddenly confronted by death, he might find within himself the resources for coping with that frightful prospect. In such an urgent moment, strength might be found to effect a rescue, but failing in that, to face life's end with serenity, even acceptance.[3]

This study basically confirmed what Albert Heim noted in his study of those victims of great falls in the Alps some eighty years before, from his article dated 1892 entitled "Remarks on Fatal Falls," from Yearbook of the Swiss Alpine Club[4] which basic information was incorporated and substantiated by the

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[3]Ibid., pp. 27-27.

[4]Albert Heim, "Remarks on Fatal Falls," Yearbook of the Swiss Alpine Club, 27 (1892): 327-37.

University of Iowa study. Mystical states of consciousness where one sees phenomena beyond that of normal sensory experience in life commonly develop during periods of intense emotional arousal. These conditions were present in the patients who came near death and were revived again.

Kübler-Ross, in lectures around the countryside, has noted many interesting things about death. She repeats the experience reported by Noyes and Kletti; "They (the patients) are never again afraid to die,"[5] once they were revived from death after being resuscitated. "None of the patients who have had a death experience--and returned--are ever again afraid to die," according to Kübler-Ross. And, too, she says that during this time of "death" the patients experienced identical feelings "of peace and beauty and wholeness." She also told an interviewer for Family Circle Magazine that she no longer believed, as she once did, that death was the end of everything. "Now, I am sure it is not," she said.[6]

In viewing the aspects of psychotherapy for dying patients we need to look at the growing importance of the meaning of health and illness as forms of organic behavior that reflect the emotional state of the patient which may well be a clue to the meaning of death and the process of dying for the patient. His dying is a form of organic behavior and as such is not without meaning to the total being. When a patient judged

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[5]Elisabeth Kübler-Ross, "When Face to Face with Death," The Reader's Digest, August 1976, p. 84. (These interviews are condensed from Family Circle Magazine.)

[6]Ibid.

to be dying inexplicably returns to health, the meaning of that behavior is important to explore even though it may be difficult or impossible to explain medically.

Dr. Margaretta K. Bowers cites the example of a patient who had been comatose for days and judged by medical attendants to have only a few hours to live. After a visit by his clergyman while remaining in this comatose state, something happened which is remarkable here:

> There was no sign of recognition on the part of the patient and everyone in the family said he had not recognized anyone for a couple of days. The pastor put one hand on the patient's forehead, took his hand with the other, offered a brief prayer, and maintained the physical contact for some minutes. Shortly thereafter the patient became conscious, began to eat; in two weeks he left the hospital and lived quite normally for two years before a terminal episode.[7]

This case history is somewhat akin to Kübler-Ross's experiences with those already clinically "dead" who were resuscitated. They recalled what had happened around them and even the voices of the resuscitation team. This patient also recalled the pastor's visit, his hands, and the words of the prayer, although he was comatose at the time of the event. Some kind of psychological intervention took place. A hopeless case found some hope, and organic behavior appeared to be related to the changed state of emotion.

In the conflict between libido and mortido, between the will to live and the will to die, the major factors may be psychological or spiritual. If the will to live is the

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[7]Margaretta K. Bowers et al., Counseling the Dying (New York: Aronson, 1975), pp. 76-77.

major factor in recovery from seeming terminal illness, then it is important not to withhold the therapeutic resources that strengthen this will to survive. While time becomes relative in disease, and especially so in terminal illness, the need for a goal in living is never more necessary than when living or staying alive becomes difficult. Viktor Frankl says, "It is a peculiarity of man that he can only live by looking into the future--sub specie aeternitatis."[8]

The goals of therapy on a dying patient are to strengthen the meaning of life, for this can restore life, and, if not, it can help him face his death with richer awareness and meaning. The Christian counselor can at this juncture help illumine the life of the believer who is dying by the comfort of the Gospel. The goal of the therapist, be he doctor, minister, or psychotherapist, should be then to help the terminally ill patient work his way through death in order to become a fuller, richer person. He will not die defeated and crushed by life.

The patient who has a very weak will to live in a catastrophic situation, except where brought about by extreme physical fatigue, is almost invariably an individual whose will to live was weak before he became ill. As Soren Aabye Kierkegaard said:

> If a person is at one moment in despair, this shows he has been in despair all his life.[9]

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[8]Viktor Frankl, From Death Camp to Existentialism (Boston: Beacon Press, 1959), p. 38.

[9]Soren A. Kierkegaard, "Sickness unto Death," Fear and Trembling and the Sickness unto Death (New York: Doubleday, 1954), pp. 16-18.

The presenting symptom does not give the true picture. If an attempt is made to solve the problem as if it were a result of the illness, it will meet with little success. Help is really needed in terms of how to live, not in terms of how to die. While in a sense it may seem wrong to tackle the patient's problems when that patient is severely ill, to tackle the deep problems of inner frustrations and those of self worth and being in relationship to God is all important. For instance, a patient whose relationship to God is weak may need the comfort of the Gospel and/or the reminder of the Law, depending on what has happened to that faith. A weak faith is strengthened through the Word and the working of God's Holy Spirit. The patient who has forsaken God in his life may need the reminder that "the soul that sins shall surely die" (Ezek. 18:4, 20) before he is open to the living response of the Gospel, "Your sins are all forgiven" (1 John 2:12).

So the purpose oftentimes in counseling the dying is to strengthen the will to live where possible, even though it may only help temporarily until the patient has time to "get it all together" before death finally occurs. But therapy in this vein should not raise false hopes. For example, one who is dying desires for the most part truthfulness insofar as it deals with his illness and even his relationship to God. Frankness, sincerity, and earnestness can be deeply beneficial to the dying patient. The concentration should be more on the expansion and freeing of one's self from guilt, anxiety or fear, rather than dealing with the physical recovery in a

hopeless case. For the believer in Christ, such freedom comes strictly and assuredly from the Gospel, "You shall know the truth, and the truth will set you free" (John 8:32).

A patient may wish to fight for life for several different reasons. The two reasons seen most frequently are the fear of death, and also, the wish to live. Experience seems to indicate rather strongly that in serious physical illness the fear of death is not a very powerful tool. It does not seem to bind together the individual's physical resources to fight the pathological processes concerned with death itself. The wish to live seems to be a much stronger weapon against death which brings more of the total being together to fight dying.

The Bowers book on counseling of the dying person emphasizes the strength of the wish to live.

> The wish to live appears to be much stronger a weapon for this purpose and to bring more of the total organism of the patient to the side of the physician. . . In mobilizing this wish to live we must have goals in the future that are deeply important to the patient. . . We need an ideal to work toward. . .the freedom to be one's self without fear--this is a goal acceptable to our Zeitgeist and worth fighting and suffering for. It is literally a goal worth living for. Patients, once they grasp this goal, seem to find it so.[10]

It is not easy to help the patient seek this goal, since for many the hope of living has past and they only see death as the answer to their illnesses. Generally, patients who have lost the will to live already have also abandoned any hope for the

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[10]Margaretta K. Bowers et al., Counseling the Dying (New York: Aronson, 1975), pp. 83-84.

attainment of self and have generally judged and condemned their inner self, believing it unacceptable, and hence, giving up all hope of recovery, finding their will to die overwhelming.

One such patient was Mr. N____. Mr. N____ was a man of character, faithful to his Lord and church, and strong in his beliefs. He entered the hospital for treatment of pneumonia. While there, he encountered difficulty with his prostate gland and was told he would have to have surgery to cure the problem. Mr. N____ was 77 years old, but with reasonably good health for his age. Because Mr. N____ had a great fear of pain, his anxiety increased tremendously. He expressed fear of pain and begged not to go through surgery. Four days later, Mr. N____ died. No other reason was given for his death other than that he had lost his will to live. He would rather have died than to have submitted his body to pain through surgery. He expressed such feelings both to his wife and to his counselor.

Although the man was a professing Christian, his will to die was stronger by far than his will to live. His mortido overcame his libido. It was Spinoza who said; "An emotion can only be controlled or destroyed by another emotion contrary thereto, and with more power for controlling emotion."[11] The wisdom of Paul again shows how the Christian sees the world and what his ultimate goal might be, as it could have been with Mr. N____; "For me to live is Christ, and to die gain" (Phil. 1:21). For the Christian who is ready to meet Christ after temporal death, the fear of death is removed and the fear

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[11]Benedict Spinoza, Ethics, Part IV, Proposition 2.

to die fails. Thus, he is no longer approaching death by fighting it, but succumbs to it with inner peace and tranquility, knowing that he will then be relieved of suffering and will meet his Lord.

So in this chapter we have seen that death can be a truly unique experience when one considers his own death. Death is also common, in that it is the lot fallen upon all men since Adam's fall into sin. Uniqueness of death is found only in the fact that each one must experience death for himself. Both the will to live and the will to die are a part of the total physical and psychic makeup of man. Certain body "signals" of which we are not completely cognizant trigger the will with brain messages which in turn control the will. Thus, depending on the messages the brain is receiving, either the libido or the mortido may take over in the dying patient. We have also expressed some feelings which the living have about dying and some of the psychotherapy practiced with the dying patient, as well as religious considerations in counseling the dying person.

CHAPTER IV

GRIEF: PERSONAL AND COMMON

Grief is one of the most common emotions expressed by persons suffering the loss of a loved one. Grief is the companion of death in that it accompanies such a loss in almost every instance of death. The survivors literally suffer the agony of separation from their loved one at death's intrusion. Paul, in speaking of such an intrusion and the pain accompanying death, asks, "O death, where is thy sting?" The tremendous power of that question is felt when he reiterates by saying, "The sting of death is sin, and the strength of sin is the Law" (1 Cor. 15:55). Hence, we can see that Paul not only recognizes the pain and agony felt by loss in death, but he even identifies the source of that pain for the person left behind through the separation caused by death. Paul mentions sin as the source, and the power of sin is in the Law which identifies sin for what it is, namely, a transgression of God's ordinances.

Another term often used clinically for grief is bereavement. Bereavement is a relative experience to the situation in life, the dependency developed between loved ones, and the familial ties. In looking closely at grief, Arthur C.

Carr states,

> As a response to the loss of a loved person, grief is a universal reaction experienced by all individuals at some time in life.[1]

He continues the discussion of bereavement by saying:

> As one's interdependence on others grows, particularly through familial ties, the likelihood increases that one must also face separation, loss, and death, which elicit intense feelings of grief and mourning. The capacity that makes one capable of warm, satisfying relationships also leaves one vulnerable to sadness, despair, and grief when such relationships are disrupted.[2]

Intense grief is easily recognized through signs of sadness and depression. These signs bear a temporal relationship to major separation or loss which frequently are caused by the death of a loved one. During such a loss the sympathy, care, and attention of others are important supports which make the loss more tolerable and continued living more viable.

To a surprising degree, we are tested and confronted by loss and separation throughout our lifetimes, and some of these are more subtle than others, but all tend to prepare us for the eventuality of death. Some of these confrontations are so well disguised that they may never be recognized or acknowledged. In other instances, they may be sharply felt, but custom or pride may prevent us from expressing the sadness felt. This may all be true especially for the pastor as counselor to the bereaved. He may keenly feel the loss due

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[1]Arthur C. Carr, "Bereavement as a Relative Experience," in Bereavement, Bernard Schoenberg et al, editors (New York: Columbia University Press, 1975), p. 3.

[2]Ibid.

to his close association with the deceased, and yet he must be a catalyst to affect change in the bereaved.

The great author and scholar, C. S. Lewis, wrote a small book about the grief he encountered at the death of his wife, American-born poet and critic Joy Davidman, who died of cancer, entitled, A Grief Observed, under a pseudonym of N. W. Clark, which was published shortly before his own death in 1963. In this book, Lewis describes his grief in the opening lines:

> No one ever told me grief felt so like 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.
>
> 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 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.
>
> There are moments, most unexpectedly, when something inside me tries to assure me that I don't really mind so much, after all. Love is not the whole of a man's life . . . One is ashamed to listen to this voice but it seems to be making out a good case.[3]

The loneliness and emptiness can be heard in Lewis's words. He wants to have those who love him around, but he does not want to afford the effort to speak to them. He wants reassurance, but he wants it through solitude. He tries to convince himself that love is not all that a man is made of, nor is death the end of life for him because he has lost one near and dear to him. But the grief of loss comes pouring through in sequential torrents. Lewis's mastery of imagery

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[3]C. S. Lewis, A Grief Observed, (New York: Seabury Press, 1961), p. 7.

puts into play words which describe grief in the most open way. His description of grief is a masterpiece in syllabicating personally felt grief. Such personal grief can be felt almost bodily by the reader through his vivid outlay of feeling and emotion. This is an example of personal grief in colorful and honest language.

Grief can also be described as traumatic separation, such as occurs in, for example, sudden death. A young person, with much to live for and no sign of any illness, is suddenly removed from the scene by sudden death, either violent or non-violent, without warning can leave the survivors in shock. This, too, is an example of sudden and personal grief. Without the process of aging where eventually the body loses its vital functions slowly and over a long period of time the loss through death is a startling one.

Common grief, in contrast, is grief that accompanies the death of all people. For instance, death occurs to a 90-year-old grandmother. Death was simply a glance away for several years. She had lived a rich and full life. Death was her reward. Her skin texture had weathered the times. Her body functions had failed her gradually as death grew closer to a reality. She was prepared to die and told her family so. All the family felt the grief, but also felt the relief of her passing. Then one member or more in the family expressed that relief that she had finally found her peace with God. This death is the death that is often felt as inevitable for mankind. "So death passed upon all men"

(Rom. 5:12b). The common death of all mankind is caused by sin. Theologically, death is the common denominator and precursor of mankind since the Fall. In this sense the description of death is that of what is common to all men.

One of the dangers of personal grief, however, is that it may lead to other problems in the life of the bereaved. Again, C. S. Lewis describes such feelings with these words:

> Not that I am (I think) in much danger of ceasing to believe in God. The real danger is of coming to believe such dreadful things about Him. The conclusion I dread is not "So there's no God after all," but "So this is what God's really like. Deceive yourself no longer."[4]

Lewis is saying clearly that one of the real dangers is to your personal view of God as a loving, kind God, who cares and will help you in the time of need. So often people will blame God for the cruelties suffered at His hand. This is damaging to the person's faith in God, and has to be dealt with by the pastor as counselor so often. Patience and kindness with reassurance of God's love in Jesus Christ is the answer for such feelings.

A brief word here about the Judeo/Christian grief cycle should be in order. Granger Westberg mentions this in his book, Good Grief, in the following: "But religious faith--at least the Jewish-Christian faith--has never said that a truly religious person does not have grief. What it has said is that there are good ways and bad ways to grieve, and that what a person considers to be of most importance in his life will definitely affect the way he grieves."[5]

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[4]Ibid., pp. 10-11.

[5]Granger Westberg, Good Grief (Philadelphia: Fortress, 1971), p. 2.

While various authors have outlined detailed patterns of the grief period, the Jewish grief-work cycle can be described in a general way by two steps. The first step is the realization that the loved one is gone--dead--and nothing can reverse this state. It is a direct confrontation with reality. It forces the bereaved to look at the hard, cold facts of death. Jacob expressed this feeling when mourning for his son, Joseph, whom he believed to be dead, in the words, "No, I will go down to the grave, to my son, mourning" (Gen. 37:35). The mourner is placing himself beside the dead one, in the grave next to his, in feelings of despair.

The second step is that of "coming up" from the depths of the "grave." In this step the mourner begins to reformulate his life and again recognizes that life is worth living. He must slowly begin to establish relationships and take on responsibilities. The reality of this part of the mourner, who is always in grief, must be acknowledged by the mourner himself, his family and friends, and the rabbi. If not, confusion, embarrassment, and guilt will accompany the shedding of tears when the loved one is remembered in years to come. This is a part of the Jewish Grief Cycle which is recognized at Yizkor, the unveiling of the tombstone in memorial services for the deceased, and at Yahrzeit, the yearly anniversary marking the date of the loved one's death.

In the Christian death cycle much is done the same way. The reality of death must be the first step toward recovery to a normal life. The knowledge that the loved one

is not coming back to this veil of tears, that he has departed to be with Christ, is in essence such a reality.

Then the second phase is to return to a normal life pattern. Reestablishment of ties with friends, relatives and family, the rebuilding of life's normal patterns, is the "up from the grave" of the despair cycle. Much help is often needed to aid the survivor(s) in rebuilding their lives from loss and conquering the feeling of uselessness (especially in the death of a spouse in old age). The differential lies in the fact that a Christian has hope in the resurrection from the dead which is not common to the Jewish ethic. A believer's hope lies in life after death, and that death is only a precursor to a better life. Such hope reestablishes the Christian with a firm footing in the sure promise of Christ himself, "Where I am, there ye may be also" (John 14:3). Such a hope transcends the Jewish or Hebrew ethic and builds a hope only founded upon Christ's promise.

But another trait common in the Hebrew grief-work cycle is the shiva, where condolence calls are made to the bereaved. While the bereaved cannot himself either answer the door or take telephone calls (the door usually if possible remains unlocked during this period), the meal is prepared by friends and brought over to his house. Friends and relatives come to help him. Each night a minayan of ten men come to pray communally to say a kaddish or memorial prayer for the deceased. But if the ten men cannot come to the home, the mourner must come to the synagogue services himself. The

community shows the bereaved that he is in the first stage of grief, and they in turn are to take him through the second stage, that is, lift him up to form new relationships and live once again. The Jewish customs of mourning allow the bereaved to move through the second stage--the sheloshim period (first thirty days after the burial of the loved one) and the first year--as those customs by which he severed his relationships with the community are dropped by the wayside and he begins to develop his life among the living again.[6]

Some customs can be related here to the Christian grief cycle. For the Jewish cycle, the kaddish said each night and the shiva said each day in behalf of the mourner after the burial helps him to reestablish important relationships with God and his fellowmen during the year following the burial. The Christian grief cycle is less formal and not planned out as is the Hebrew cycle. For Christians, the love of Christ and the act of a merciful God come into play. While we have various customs of bringing meals to the bereaved to ease the load borne after the death of a loved one, and while many prayers are spoken for the bereaved that God would intervene in their lives and make their burdens light if it be His divine will, there is no limit to the amount of time a person is to grieve for the dead. A Christian realizes that his help is from God and that God in His time and season will relieve the suffering. The Jewish cycle affects the

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[6]J. Donald Bane et al, Death and Ministry (New York: Seabury, 1975), p. 112.

person by his knowing ahead of time the amount of grief he will be allowed before his return to the living. The Christian grief cycle relies solely upon the almighty God and His Son, Jesus Christ, to aid the suffering and strengthen the faith of the bereaved after the death of a loved one. God is all-powerful, able to do all things. Through the help of the Holy Spirit, man can resume a normal life after grief, by faith. That faith is made stronger through God's hand intervening in the affairs of weak and sinful man. Faith sustains and overcomes the anxiety and dread over loss of the loved one.

Working through grief, then, for the believer in Christ is working toward an acceptance of God's will which intervenes in the lives of mortals. To work through grief adequately, one must first recognize that the loved one is dead. Nothing can bring him back to life on this earth, nor would we want to return him to this "veil of tears." Recognition of death and dealing then with one's honest feelings and emotions is the beginning toward a successful recovery from the loss through the death of a loved one.

Working through grief must be both an intrapsychic (working through one's own grief) and an interpsychic thing (working out the problem of grief through others helping and sharing one's grief). Certainly, no one can hope to find peace within until he had worked out and accepted the death of the loved one for himself. No amount of counseling will bring this about until he has worked it through and accepted death's ultimate outcome as irreversible. But counseling can help

in preparing the person, or opening him up, for such an acceptance when he himself is willing to face the dilemma head-on.

Intrapsychically, the bereaved must face death realistically to restore a healthy frame of reference and outlook to his life. Interpsychically, he needs and depends on outside help for added strength to face such realities in life. Knowledge that someone cares in his crisis gives added strength to face reality. The counselor can do much to help here. The pastor, whose reference is to the Word of God and the comfort that comes from knowing that Jesus Christ loves and cares for sinful man, can give hope in the case of a Christian's death in the midst of a God-fearing family.

Viewing all of this in perspective brings us to the pertinent review of what was said in the comparisons between the Jewish and Christian cycles of grief in this section by way of a clearcut definition of a theological (Christian) view of grief. Such a definition is as follows: Death brings about a sorrow and a separation that everyone that loves someone deceased must face. This separation brings loneliness and despair, in spite of the knowledge that the deceased loved and trusted in Christ as his Savior. The separation is a void that only time can fill, but the love of Christ bears the brunt of the pain, because the Christian who dies in the Lord has gained the victory over death and can die no more, nor suffer any longer. The strength of the Christian faith, then, overcomes sorrow at length and restores strength to the

faint-hearted and downcast soul. His faith sustains the loss by death and his hope, too, is that he will someday be with Jesus in eternity. His reward is in heaven with all the saints! As C. S. Lewis phrased it: "How wicked it would be if we could call the dead back! She said to the chaplain but not to me, 'I am at peace with God.' She smiled, but not at me."[7]

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[7]Lewis, p. 60.

PART TWO

THE CLERGY AS PROFESSIONALS

CHAPTER V

MINISTERIAL LEADERSHIP IN THANATOLOGY

How does one speak to the dying person as a pastor and counselor? What role does his profession play in the real healing of pain found in the bereaved? What can the pastor do as a professional to aid in the growth of the dying patient both mentally and spiritually? Considerable caution and tact must be taken by the pastor/counselor in his working with the dying patient.

Caution should be taken in his use of certain words and sentences which could create useless pain on top of the physical pain already being endured. An abrupt word here or there could do more harm than good. It is far better to allow the patient to "talk out his feelings inside" to help him, rather than one leading the patient on by interjecting the counselor's own feelings into the situation. If there are noticable attempts on the patient's part to avoid discussion of his death then it may be best for the pastor/counselor to avoid it also.

Clergy often feel isolated and unfit to tie in with other professionals involved in caring for the dying. Often clergy are not called until the end of life is imminent, and then they exercise their ministry unrelated to what the rest

of the health care team (doctors, nurses, and staff at the hospital) have been doing.

As J. Donald Bane et al put it:

> Effective teamwork between clergy and medical professionals requires that all involved move beyond the stereotypical pictures they have of each other to an understanding of those concerns which are unique to each group.[1]

It is sometimes forgotten that in a health care team there also needs to be someone not only who cares for the physical life of the terminally-ill patient, but also there must be someone who helps with the care of the spiritual life of the patient and the bereaved after the death of that person occurs. Doctors mostly end their care of the family after the patient himself expires. Pastoral care continues.

This chapter addresses itself to the issues involved when clergy work as professionals along with other professionals in the care of the dying and bereaved. One will want to see the clergyman's role as representative of his religious institution and how he relates to the others who work in health care institutions. What are the common grounds that all of a health care team share in thanatology specifically, and what are some of the things a pastor maintains as unique to his role in the care of the dying and the bereaved? One shall attempt to look at these probing questions and answer them with specific and concrete answers.

Pastors can improve their total context of care by facilitating communication among others on the health care

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[1]J. Donald Bane et al, Death and Ministry (New York: Seabury, 1975), p. 133.

team, developing ways for professionals to care for each other in their grief, initiating educational programs for both professionals and lay persons, and extending the care and communication of both patients and their families before death occurs if possible. All of this is predicated on the basis of the terminally ill patient having time before his death occurs to facilitate communication.

In ministering to the dying, the clergy plays out a repeated drama. Some satisfaction is felt by the minimal help they can bring at the time of the funeral, but the bereaved is left with unresolved grief and unrelieved unhappiness. The minister himself feels like there must be something more "I can do," but the question at hand is "What can I do to minister not only to the dying patient, but after the death to the bereaved?"

Far too often pastors appear to be loners confronting the processes of dying and of bereavement with no support for the personal questions, feelings, and emotional drain that this ministry involves. In addition, the institutional system to which the pastor belongs, the Church, has often ignored the practical issues of death in the past years. The church has made dogmatic statements and pronouncements about death and life which seem rather vague to most dying patients and to the bereaved while not speaking to the immediate needs of these parties. These statements often are more unhelpful than helpful in these instances.

The clergyman can be of great help to the dying if he is skilled in a few basics and if he builds upon his knowledge of those basics in counseling the dying. Knowing that dying often is accompanied by emotional pains, possible long suffering, the fear of suffering, fear of loneliness, fear of people being either dishonest or too honest to the point of being cruel, fear of depleting the family's resources, fear of not dying bravely or in control and thus seeming to be spiritually weak at point of death, fear of expressing emotions such as anger or withdrawal or misunderstood joy and peace, fear of dying with one's secrets of life being revealed, fear of leaving meaningful relationships with loved ones behind as one leaves this world, are all statements of the basic feelings the patient must face in confronting death. Purposefully, the term fear was used in each of these points which are basic to the dying patient because, although the feelings expressed often begin as feelings of discomfort, they soon become to many dying individuals the symptoms of anxiety which changed into fears through contact with others who chose to express to the dying party their fears about death.

Elsewhere in this paper, discussion of the confrontation with death and dying was elaborated[2] when the author spoke of the clergyman's encounter with the dying as a learning process. One must look again at that same thought from a little different angle as one talks about death with the

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[2]Reference is to Chapter I of this paper, pp. 5-31.

dying patient. The first consideration needing discussion is that of consideration of the ramifications of dying. The pastor/counselor is often called upon for professional services or to be an expert in discussing this topic. This can lead him to the assumption that he, therefore, must have all the answers and that the human doubts, fears, frailties, and questions are not allowed him or at least cannot be expressed out loud. The fear that dying without bravery will show a profound lack of faith had been a problem with many Christians who are dying. One pastor's wife told the chaplain as she lay dying:

> "Chaplain, my biggest fear is that I won't be able to carry this off, that I won't be able to die bravely enough and I'll show a lack of faith and bring shame on my husband."
> Faith can and does contain doubt. Being a clergyman or clergyman's wife does not mean that one is less than or more than human. Clergymen often decry being placed in some superhuman role but they should be aware of how they may create this image in the eyes of others by always being the strong one, always being serene in the faith, always having the ready answer for someone else's question and problem. To dare to express one's own humanness and to personally confront the issues of dying and bereavement is the first task. Such a confrontation should not be merely introspective but should be shared openly with others. Then ministry can come from the person and be inclusive of the meaningful elements and statements of the faith.[3]

The first need for the dying and/or bereaved is to be listened to with great care. Then one can discover the unique ways in which they are coping with their crisis, allow them this opportunity as we stand beside them, and assist them to discover their strengths and some realistic supports

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[3]Bane, pp. 137-38.

for their weaknesses. Then their religion will become a meaningful experience to them as they personally discover their faith and receive strength in and through it by discovering a more open and meaningful relationship with their Savior in time of great need and trial. Within the institutional church counseling by the untrained pastor has tended to inhibit the grief process. Somehow the Church has given the impression that a demonstration of a person's faith is tied up in how calm he bears his own burdens and how strongly he holds up under the stress. This is an erroneous concept of faith. Somehow, the realities of life have become taboo such as the fact that death is the natural end of man because of sin. There is a distinction between what is real and what must be hidden from others. Many religious people who are working through the grief cycle express feelings of emotion over attending church worship services. Some say that they cannot attend because they are "afraid of breaking down." They are afraid they might embarrass someone and make them feel awkward if they did not know how to handle the situation, or they chose to stay away from church worship altogether. To this the pastor/counselor must remind the patient that although death comes via sin, Christ has forgiven him and he need worry no longer about letting others know his true feelings about dying.

In counseling a dying person, one needs to know to what extent they have been told about their illness. Some dying patients do not want to hear the truth, although they

well might have had their own suspicions about the gravity of their physical condition. It is especially important that the counselor know his patient's outlook on life and that he try to help the patient cope with his condition in both the present situation and looking toward the future time. Improving the patient's outlook toward the future and toward coping is very important to the patient's attitude in facing reality in a grave illness.

These are but some of the problem areas which will confront the pastor as counselor to the dying and the bereaved. He is basically part of the health care team, along with doctors, nurses, anesthetists, therapists and the like. He, like the others, shows care for the sick and concern for the condition they are in, but, unlike the others, he also has the God-given mandate to be a physician to the total person, the dichotomy of both body and soul as a whole, functionary unit for which Christ shed His blood upon the cross. The pastor/counselor is to care for the dysfunction of both the temporal and the spiritual man.

Of such a team as mentioned above, we find them serving at least four basic functions:

> (1) mutual support among professional colleagues, (2) the coordination of total care of patients and their families, (3) relating the care given in the hospital to community resources, and (4) providing a forum for dealing with ethical issues. While developing such a group could improve the care of the dying and the bereaved, the benefits could also accrue to other patients. Bereavement is not confined to loss of life; patients facing amputations, mastectomies, colostemies, renal

> dialysis, and other therapies that irrevocably change their lives, experience many of the feelings similar to those of persons facing death.[4]

Such a team can give mutual support to one another also. A multidisciplinary team can cover many areas of benefit to the dying patient as well as others mentioned. If the clergy are allowed to work in such a team effort, more can be accomplished by the total work put out by the group together, if the pastor/counselor is trained to do his work. For example, chaplains in medical centers are more apt to have status on such a staff, and, through him such a program for clergy can be initiated. It is difficult for the pastor to initiate such a program on his own in most community hospitals because of logistics, sterotypes, and the past practices of ministers which have instigated a kind of stigma against the clergy as counseling professionals in their own right.

Some of the reasons that hospital personnel, doctors, and other professionals are rightfully suspicious of some clergy is that because of their ignorance of the nature of illness per se, they tend to lump together all illnesses as being caused by sin. While the natural state of man is sin, the professional clergy must still relate to the forgiven child of God rather than the natural man when dealing with Christians. For example, this author witnessed a clergyman from a Fundamentalist church go into a psychiatric ward in a Georgia hospital and proceed to tell his member that because of her sins and lack of faith, she was now being

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[4] Ibid., p. 193.

"punished" by God. This kind of ignorance has often turned the medical and psychiatric professions against the clergy in general. The clergyman must be careful in his pronouncements to the patient and instead be helpful in working out the problem, not in adding an extra burden to those already being borne by the patient. Professional ignorance, lack of true Scriptural understanding of faith, hope, and love, and an overall lack of competent counseling techniques have all lent themselves to this difficulty and a stigma hard to overcome. Also, another problem adding to this dilemma is that of the "wandering" pastor, who, instead of staying within the bounds of visiting his own members, goes from bed to bed attempting to minister to all the sick, while not knowing their needs.

The most supportive thing we can do is to listen to the needs of each other. Doctors and nurses may possibly feel responsible for a patient's death. In some cases they may be responsible. Clergy can help by listening with neither a judgmental attitude nor reassurance, but by indicating openness to listen and counsel while sharing candidly his own feelings about death and dying, eternal life, and so forth, he can be of much assistance to the others.

Sometimes a doctor will respond to a patient's questions, such as "Am I going to die?" or "How long am I going to live?" with "Go ask your clergyman!" It is not really that the doctor cannot answer, but that he may be saying in reality "This is too frightening a subject for me

to discuss with you." Here again is a place for the trained pastor/counselor to assist. He can aid by asking questions like, "It sounds like you are having a few disturbing thoughts. Would you like to talk about them?" Or, perhaps he might ask, "Can you tell me more about what you are feeling this moment?" These are leads to opening up the patient to talk about his illness, and, eventually, to face the facts about it realistically. After such a perspective is gained, the patient may be entirely open to talk about his illness and even his impending death.

But pastors as counselors to the dying are very human. They must at the same time face their own feelings about dying in an atmosphere where understanding and sharing are in order for both patient and pastor alike. They rely upon God's grace in Jesus Christ to carry and sustain them through their weakness of the flesh. They put their trust in the Holy Spirit for guidance when they feel such pressures and anxieties while working through death with a dying patient. Usually the patient has been known to the pastor for some time. Many times, he even has related many good times together with the patient and now faces the loss of that fellowship with him. These experiences can be very traumatic for the pastor as counselor as well as the patient. Delicacy is the by-word at this juncture. This must be coupled with patience and understanding, plus caring for one another, as we mentioned in the first section of this thesis.

All who minister to the dying and to their families need to be sensitive to all the signs and intents of the patient's questions. The counselors can and should operate within the framework of sensitivity, for this is important both to health care personnel and to the clergy as well. In a large hospital or medical center where there exists much of an impersonal atmosphere, the pastor as counselor has much to do while working with his patients who are dying. He brings a message of hope after death, he is sensitive to the patient's needs and wants, he shows he cares in such impersonal surroundings, and he works constantly to help better the outlook of the patient in spite of his surroundings.

Finally, the pastor who counsels the dying with a degree of frequency will note that certain skills develop as he works alongside the dying patient. The knowledge of such skills we have previously explained. But the working of the pastor/counselor with the dying develops the knowledge he has assimilated already, and polishes it to a fine edge so that he will be a skilled clinician according to his training by practicing what he has learned.

What the clergy has learned about counseling the dying in this section is that he is a part not only of a health care team, but he is also a very special type of counselor. He offers the means of grace, Jesus Christ, the living Word, as well as help for coping with the dying situation faced by so many he counsels in his ministry. He is special in that he offers what no other member of the counseling team can

give, namely, life and salvation through Jesus Christ for all who will but put their trust in Him.

The pastor as counselor must be understanding. He must be a willing listener. He needs to exercise patience and understanding in a case of terminal illness. He must let the patient talk about his illness. If the patient avoids the issue, so should the pastor. Let the patient be the one to work out his feelings. The pastor as counselor then plays the part of supporter and reinforcer as the patient looks for help in working out his own death. These skills, once developed, will aid the pastor in his counseling the dying throughout his ministry.

This concludes the segment on the ministerial leadership in thanatology. Pastors can take a greater role in the work of thanatology if they recognize their abilities to counsel, and if they understand that it takes a patient person to minister to the needs of the dying. He can be most helpful as a supporter of the patient's needs, and in his role as pastor, he can be supportive of the patient's faith by helping the patient build up his faith and confidence in the ability of his Lord to guide him "unto all understanding" in Christ Jesus" (2 Peter 3:18).

CHAPTER VI

SOME ACTUAL CASE ILLUSTRATIONS

Every pastor who has had several years experience in the parish ministry has had at least a few opportunities to counsel with dying patients. The pastor has also had some instance where he has worked with the bereaved after the loved one's death. But the learning is only a part of counseling such cases, and experience is only a part also.

The vital part of counseling the dying and bereaved comes through knowledge of certain facts and procedures such as the psychological autopsy method,[1] or learning from the dying themselves what feelings and emotions they are experiencing, and then ministering to the particular needs of that individual. Or possibly, we could speak here of the learning encounter method, already discussed in Chapter II.

Whatever the type of methodology utilized by the pastor as counselor, experience is the best teacher in the field of dying and bereavement. There are many fine references on the market today, such as all of the works by Elisabeth Kübler-Ross, many of which were researched for guidelines to this paper. Much is being done today to aid especially the clergy, as well as other professionals, in helping and under-

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[1]Reference is to Chapter I of this paper, p. 13-18.

standing the dying. But again, all the knowledge gained by reading from the experts' material in this field must be practiced by actual encounter with the dying person. To experience the grief process in others after a loved one's death also aids in learning techniques which will help the counselor in working through it with future bereaved persons. Psychosomatic symptoms become readily identifiable to the pastor/counselor who by his experience, knows what to recognize about the grief cycle and looks for certain stages of grief in that person's actions and reactions, things such as being tired and not being able to sleep, body aches, emotional tension, disappearance of optimism, panicky feelings, absentminded behavior, guilt, anger, hurt, and the like. Unless the bereaved recognizes these as stages of the grief cycle, he may think something is wrong with him. The counselor learns to identify such stages and, thus, to help the bereaved work through his feelings about the death of the loved one.[2]

Recognition of the problem either with the dying or the bereaved can be an asset to the pastor's counseling the individual and of helping him in the area where he needs help. Often clergy have gotten the reputation of not being able to help in matters of grief or terminal illness because they rush in with quick solutions to nonexistent problems of the patient involved. Educating the clergy to ascertain what is wrong

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[2]Elisabeth Kübler-Ross, Death: The Final Stage of Growth (Englewood Cliffs, New Jersey: Prentice-Hall, 1975), pp. 100-104.

first and then minister to that particular need is vital to good sound counseling.

Sharing of clergy experiences with the dying can be beneficial to the learning process for other clergy in the field of death and dying. Here are, in the following citings, some actual case illustrations and verbatims from the experiences encountered through such a ministry. They deal with almost every phase of death one might encounter in his ministry, and were compiled over the last thirteen years.

CASE 1 - DYING AND DENIAL

Harriet was a middle-aged woman, with slightly graying black hair, a wispy frame, and shining, alert eyes. She was planning to go with her husband one summer to the mountains in Southern Appalachia to look for property to purchase for her and her husband's retirement years. She was excited over the prospect of moving out of the city where she had worked as a clerk in a college book store for years and going to the mountains. Her husband was nearly seven years older than she, slightly balding, and very cordial and friendly. He had had some health problems of late that worried her, so Harriet devoted much of her energies worrying about Tom. At one point, she even encouraged him to retire early so they could be together for some years before their health would begin to fail them. But something went awry. She suddenly began to feel a critical pain in her abdomen which was related to a lump she had felt there for some months now. Harriet went to a doctor. The doctor, after a biopsy, told her of

his findings. She had a metastasized cancerous growth which had attached itself to her liver. Harriet grew frantic and did not want to visit with either clergy or her husband. She was horrified to think of the results. At first, she did not want to talk about it. She could not accept in any way, shape or form that she was a victim of cancer. She was told she had six months, more or less. "What can I do?" She asked that question the first time she wanted to talk to the pastor. Many of the next months were spent in and out of the hospital. There were no answers to the questions she was asking. There was nothing either she nor anyone else could do now.

As the next months passed, however, much time was spent with Harriet by the pastor. There was a process of conditioning here that was to help Harriet accept her death. After many hours spent with one another, the pastor and Harriet began to come to terms together with the subject of her death. She began to plan for her death. Harriet picked out her funeral text, John 10:10; "I am come that they might have life. . ." She wanted few flowers at the funeral service. The property she owned was to be divided amongst her daughter and grandchildren, according to a will she made out. Above all else, she wanted to plan out her own dying at home, without the fears of tubes and respirators, IVs, and the like for artificial life support. She had finally, after several months, come to terms with her own death in a very brave manner. She had worked through her own denial of death

and had decided to die in the peaceful surroundings of her home with her husband and relatives at her bedside. At almost six months past her first surgery, Harriet died. The pastor had been with her almost every day during that six months for at least an hour or two at a time until the coma came, and then, death. Harriet was 49 years old at death.

But the real denial came from her husband, Tom. He denied the fact that she was going to die right up to the time she died. He even did not believe she had died after death occurred. Harriet had attempted to condition Tom for her impending death. But her work, although valiant, had failed to help him. He denied she had died.

Many months passed after Harriet's death, with Tom sulking and feeling the pain of his grief. This just could not have happened to him. It must be a dream, a nightmare, or something unreal.

The pastor's care extended far beyond that of Harriet. She was now at peace with her Lord, being a devout believer. But Tom was another story. His grief was long and hard. He suffered untold agony over his wife's untimely death. All his plans had gone up like so much smoke. Now what? Where could he turn? The pastor as counselor never let him go on without some thought as to what had happened and the reality of the death itself. It took months to help Tom work through his grief cycle and to an acceptance of the immediate past. He searched his soul, he blamed God, he felt guilty that he did not take her to the best doctors, but he was lost without her.

When Tom came around through much care and understanding, he was a "new man." He was relieved of his grief in such a way as to help him reach out again to his friends and begin again to enjoy life. His memories bittersweet were all still there, perhaps just below the surface, but nevertheless they were there. But he accepted his wife's death.

CASE 2 - SUICIDE

Bob was 38 years old. He and this pastor/counselor had been friends for some twenty-six of those thirty-eight years of his life. We had been best friends over the years and had shared our lives together through both the Lutheran school and high school.

The only method the author has of dealing with this case is that of psychological autopsy, since he is dealing with what he recalls of his best friend of many years in retrospect.

Bob grew into adulthood early in life. He was very popular with the girls, and had already had sexual experiences with girls by this time. He was a sharp dresser, and he could really play the piano. Bob could win friends very quickly, and just as rapidly, turn others into his enemies.

We often confided in each other, as best friends would. Bob seemed to have a superiority complex; he was always projecting his image as that of one better than the next person. He often confided his real feelings as we talked which gave quite a different picture of Bob. He was insecure. His hopes were set so high on life's achievements that this author's

opinion of Bob is that he could never hope to succeed according to his own set standards.

As Bob grew up into adulthood, life seemed to pass him by. Friends eventually married and left his side. He put so much trust in the ability to surround himself with friends. When they married and left, he did not marry. He became introverted and withdrawn. He removed himself from all activities which could have kept him active and happy. He gave up after this author left for college, leaving him behind with his own world which had now become very narrowed indeed.

What happened after our separation is speculation on the part of this author, realizing that, if anyone really knew Bob, it was he. Bob was now a loner, one without close friends. He was left behind in the race of life. He became withdrawn completely from society. He quit work and kept to himself. His only confidant was a live-in mistress whom he kept in his trailer villa. He must have found loneliness a thing he could not bear.

On that fateful Monday, the second week in May, 1975, Bob entered a local hospital with a blockage of the intestines. He was told by his physician he must have surgery on the obstruction. That day he signed himself out of the hospital. Scarcely nine hours later, he took his own life with a .38 caliber pistol, one shot to the temple.

In retrospect, what could this author have done to have helped Bob before his suicide. This is where the

psychological autopsy applies. Suicides will rarely call upon anyone for help. They will, instead, bury their emotions into their sub-conscious reason, and leave the pent-up emotions there until all-of-the-sudden they burst out in such rage and self-hatred that there is no turning point unless a friend can reach the person.[3] The term "friend" is utilized because the person who counsels a potential suicide victim must become a real friend and confidant to enable close communication and understanding to affect a relationship which reverses such a self-destructive tendency.

After taking apart the victim by means of psychological autopsy, the author, though painfully, must feel that Bob's inner fears of death and pain were overwhelming to his state of well-being. Bob chose death over life because he could possibly no longer face living without hope in a future. This author does not know whether Bob in his last days foresook his Lord before his death.

For the author, much of this psychological autopsy has been grief work also. He has felt the sting of death and has remembered Bob's denial of personal faith in the one true God as manifested in Jesus Christ, His only Son, our Lord.

CASE 3 - PSYCHOLOGICAL STAGES OF DYING

Dora was a grandmother of four. She was eighty years old, and had suffered from a heart problem for a number of years. She had a daughter who really worked with her to keep her

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[3]Avery D. Weisman, The Realization of Death (New York: Aronson, 1974), pp. 30-31.

active in church and home. Dora's daughter would keep her mother often, and in the meanwhile, invite the pastor over to her house for a day of relaxation. It was there that Dora and the pastor met often and it was there that the pastor got to know Dora.

Dora had been told by her doctor that she needed a pacemaker installed, a device to keep her heart in rhythm. Her heart would slow up to thirty-eight beats per minute, a drop from the average eighty to ninety beats per minute.

She entered a local hospital with pneumonia. While there, her heart again slowed to thirty-eight beats per minute. In the seriousness of the moment, although this had happened many times before, the family called the pastor to come in and see her.

Dora greeted the pastor as he entered her room at the hospital. He thought that she looked just the same as she did so often when he had visited her before. Her problem was the same. The doctor did not understand why her heart slowed up, and he had said that it was a "malfunction" which sometimes has no explanation.

The pastor entered the room. Much was the same as he had remembered from previous times. He had called upon Dora both at home and several times when she had been hospitalized for the heart problem. What could be different this time?

The pastor came to counsel and comfort Dora, hoping that this time was not her last:

PASTOR: Dora, I am glad to see you!
CLIENT: Oh thank you, pastor, for coming. Did you bring the Lord's Supper?
PASTOR: Yes, I did. Permit me to read a Scripture lesson to you. I have chosen John 14:1ff., "Let not your heart be troubled, neither let it be afraid." God is with you and will protect you throughout your illness and until life eternal. You believe this, right, Dora?
CLIENT: Yes, pastor, I do. God has been good to me. I very truly can't complain about that. You know what I mean, don't you?
PASTOR: Yes, I think I understand. God shows His mercy fresh to you daily. He renews your strength like the eagle's. He cares and watches over you.
CLIENT: You know, pastor, I've been thinking about my sickness. What if I don't make it. . .uh. . . recover, that is. What will the family do? Can they make all the arrangements?
PASTOR: Why do you say this?
CLIENT: Well, because I know I am very sick. It is only a matter of time. I do not want to leave my daughter and granddaughter behind, but I know it must come.
PASTOR: Certainly God watches over you. He gives you comfort in your time of distress. I think I feel what you are suffering. No one can take your place on the sick-bed, but I can feel your pain in what you tell me.
CLIENT: What I want to say is this: I can think only of the loneliness of dying. My daughter is afraid to come see me like this. She is afraid I am dying. I am, too. Do you think I will recover, pastor?
PASTOR: You know how you feel inside. I am not your doctor, but you know that your Lord is by your side, no matter what happens. He will sustain you in your time of need. He promises that to you.
CLIENT: I know, but I still have fear of dying without my loved ones about me, especially my daughter. Can you help me?
PASTOR: I think so. Let me talk to your daughter. But you need to think about your soul and how Christ gave His life for it. Do you think you have found your peace with Christ, your Savior? Are you ready to die?
CLIENT: Pastor, I have been ready to die for a long time. I often wondered why the Lord didn't take me sooner. Why does God take some before suffering a long time and others later on?
PASTOR: That is in God's hands. We must accept His will and know that what He ordains for us is always in our best interest as believers in Him.

CLIENT: I know, but the feeling I have right now is that of loneliness, desertion, nobody cares, nobody comes, I am alone. Does God really care for me?

PASTOR: Rest assured that God cares not only for all for whom He died in the Person of Christ, but He cares for every individual blood-bought soul. He cares 

CLIENT: That is what I believe, too, pastor.

Dora had much to work out in her life. She went on for several days, about the same. Then, while the pastor was visiting her about a week later while she was still hospitalized, she asked for Holy Communion. While the pastor was visiting her, and just after the Communion had taken place, Dora slumped in bed, her eyes rolled to the top of her head, and she ceased talking in the middle of a sentence. When the nurse was called, she immediately phoned the doctor, who in turn pronounced her dead.

While Dora had only gone through a portion of the stages of death (not all people go through all the stages mentioned earlier) Dora did show some of the stages, and perhaps would have gone through more of them if she had not died so suddenly. The pastor as counselor can and should recognize the stages of dying as they come about in the lives of his patients who are terminal.

CASE 4 - APPROPRIATE DEATH

This is the case of Mrs. G. Mrs. G. had never complained throughout her terminal illness. It first had been diagnosed as aplastic anemia, but, later on it was termed leukemia. Mrs. G. was about seventy-nine years old. She was a staunch

Christian and she showed her strong faith to those who came to visit her while she had her long sojourn in the hospital.

Mrs. G. was a witness to all who knew her. Her faith was openly displayed not for only the family, but also all who knew her. Her only wish was to die sooner, for, as she herself phrased it, "It just isn't right for an old lady to linger on like this--why doesn't He (the Lord) take me now?" She was prepared to depart this life, to die and be with Christ.

During the pastor's visits with Mrs. G. much was discussed. Many was the time she would talk simply about her own personal faith in God and how she was prepared to die. Her death, she expounded, would be a blessing. While seeing her over the months of her illness, the pastor not only counseled her, but his faith was strengthened and his will uplifted by her strong profession of faith, even in the face of death. His faith, too, was up-lifted. When visiting her one day, the sun was shining through Mrs. G.'s window on an upper level in the large hospital where she had resided the last months of her illness.

PASTOR: Mrs. G., I think you should be happy with all that warm sun shining today. It is the warmest out its been this winter. Spring is not far away.

PATIENT: Yes, I know. But it seems I don't know what's really going on outside other than what I can see through the window.

PASTOR: Spring can't be far away, you can tell. How are you feeling?

PATIENT: Very well, but I don't know if I'll ever enjoy it out there again. The doctor told me my illness is terminal, that I have only a short while to live. Pastor, I am ready to go--I have been for some time--and it's not right for an old person to suffer so long--why can't I be taken now?

PASTOR: The Lord, in His own time, solves such problems. God is gracious, you believe that don't you?

PATIENT: I believe my Savior is coming to take me home. Thank you pastor for all you've done. You have been kind to me. I appreciate all you have done. Would you pray for me?

PASTOR: Yes! Certainly, I shall be glad to do so. Let us pray. . .

Mrs. G. died shortly after this conversation. Mrs. G. was calm and conscious to the end. She desired to meet her Lord, and did so. It truly was what one could term an appropriate death for a believer in Jesus Christ. Her calm witness to the pastor/counselor was as uplifting to his faith as it was to hers for him to counsel. There was a mutual need fulfillment in this case. And the reward of counseling this Christian was that one can see clearly what a difference faith can make in the facing of death for a believer in Jesus Christ. It was truly a God-given pleasure and opportunity for this pastor to have known her. His faith was uplifted by her quiet witness to the living Gospel, Jesus Christ.

These are but a sample of case illustrations which will sound familiar to the pastor/counselor as he faces the dying and encounters their hopes, frustrations. anxieties, and helpless feelings. The pastor/counselor must truly be one who listens to his patient, who can not only hear what he is saying, but sometimes what he is not saying that is intimated between the lines. The good pastor/counselor is a ready listener.

After seeing actual case illustrations about how the counselor approaches the dying patient, the question arises,

"What can the Church and the pastor together offer the dying?" What can they do for the desperate person who needs his faith strengthened so badly at death's door? In the next chapter we hope to answer some of these questions.

TABLE 3

THE BURIAL SERVICE

AT THE CHURCH (Pp. 80-93, The Lutheran Agenda)	AT THE GRAVE (Pp. 94-98, The Lutheran Agenda)
Outline: 1. The Comfort from the Scriptures 2. The Hymn 3. The Invocation 4. The Psalm 5. The Lesson(s) and Hymn 6. Reading of Obituary 7. Prayer(s) 8. Message (optional) 9. Concluding Hymn 10. Lord's Prayer 11. Benediction 12. Silent Prayer Bells may be rung or tolled as is customary both before and after Service.	Outline: 1. The Comfort from the Scriptures 2. Hymn (optional) 3. Scriptures 4. Prayer 5. Lord's Prayer 6. Hymn (optional) 7. Benediction During the committal customs of the particular parish may be observed, such as the lowering of the casket into the ground, sprinkling of dirt or flower petals upon the remains, etc., as allowable.

CHAPTER VII

WHAT THE CHURCH AND THE PASTOR DO TOGETHER FOR THE DYING

There are a number of supportive groups among the professions we have named throughout this paper, but, for the believer in Christ the mainstay in time of dying, death itself, and grief, is the church and its pastor. Doctors and nurses are good supportive persons in the sterile setting of the clinic or hospital, but ultimately, the church and its representative, the pastor, are brought in to minister to the terminally ill believer. Sometimes, this is so because of the miracles one so often associates with the church and pastor through faith in God. The family and the dying patient expect still a possible miraculous healing to be affected through such supportive parties as the church and pastor. Specifically here then we shall speak only in terms of what the church through its pastor offers to the terminally ill patients, most of whom are already Christians when they learn about their terminal illnesses.

We spoke of being Christian as connecting the dying and bereaved with the church because mostly the Christian members of a congregation will be the ones who will avail themselves of the pastor's services after death, as well as

when dying, to perform not only comforting services of private communion and a preaching of the Word as means of grace, but also to conduct the funeral services of the deceased loved one. But we want to note here that while this is mostly true, yet there are many outside the membership of a Christian denomination who seek out the church for funeral services for their dead because nearly everyone wants to have a clergyman conduct such services. The reason is given in a book by James R. Adams, where he says:

> People often assume that the church has a significant part in funerals and burials because nearly everyone wants to have a clergyman conduct the services. Even families who have had little or no connection with the church will request that an ordained minister be called in when death occurs. This is the socially acceptable thing to do and is not an indication that the people have any Christian conviction whatsoever. They just want to do what they assume is the proper thing, and if they are not acquainted with a clergyman personally, they will have the funeral director hire one to say a few words in the funeral parlor and at the gravesite. Even families with close ties to the church may think of the church simply in connection with the professional function performed by their minister when death occurs.[1]

The role of the clergy then in terms of the calling he has to minister to the needs of his flock ties into this concept that the pastor's professional function is the appropriate burial of the dead in Christ. Sometimes this is a very matter-of-factly approach many take toward the church; it is the church's job to handle death of our loved ones, so let them do it.

The function of the Christian Church is much more than this type of common feeling geared toward the institution.

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[1]James R. Adams, The Sting of Death (New York: Seabury Press, 1971), p. 43.

There are more factors one must examine in order to build upon the true function of the Church in terms of death and dying. First, the clergyman is a professional specialist that a family may call upon both during the terminal illness and after death occurs. The bereaved family members may have high regard for their pastor and count him as a friend, but they are likely to have a stereotyped picture of what he is to do and say at the time death occurs. He, the pastor, can be both a professional and a friend to the bereaved, while showing that he is not stereotyped in what he will say and do at the funeral, burial, and later on in the follow-up on the bereaved. Here much could be said about the clergyman's role and function as a helper-facilitator, who aids the bereaved into getting in touch with their feelings and working toward getting them back into the real world and over their initial "slump" after the loss of a loved one has occurred.

A word needs to be added here about the means of grace as a way to reach the bereaved. Christians can be helped to cope with their feelings of despair and anxiety through the comfort of Christ's promises and of God's love and concern. The Lord's Supper can be a strengthening help to them when they feel spiritually weakened through the ordeal they have just come. Christ's own words, "Lo, I am with you alway" (Matt. 28:20), give a certain reassurance and comfort that He is there and willing to help bring comfort and that also He does care! As we have attempted to point out throughout sections of this paper where applicable and appurtenant we

have spoken about Jesus Christ, His love and concern for us, and the means of grace as apropos and salient to the ministry of the pastor/counselor to the dying and the bereaved.

The two main functions or tasks which most communities expect from the pastor are to conduct the funeral and to administer the burial rites. One author puts it this way by quoting a layman's view of the pastor's job: "'I know what's expected of the clergyman; he is supposed to get the dead started on their way to heaven.'"[2] So much is taken for granted on the part of the people toward the functions of the clergy in such times. Some people even hope that somehow, through the pastor's words and the funeral rite's prayers and Scripture lessons, the person's faults will be overlooked which he had in life and that it may help God forgive his shortcomings.

But one of the most important tasks of the pastor is that of ministering to the bereaved. His task is seen as bringing some consolation to the bereaved family members in their home, especially if they are members of his congregation. Those comforting words which he is to speak in their time of grief are usually contemplated; he will talk of God's will and how the dead is better off now that he is at peace with God. He is quite likely to use some techniques of "grief work" he has picked up in his training. He might even utilize other techniques he has picked up from other ministers or through readings of those more experienced than himself.

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[2]Ibid., p. 44.

Depending on his training, the pastor/counselor will usually either encourage the bereaved family to cry and get their feelings out in the open to get in touch with them, or he will ask them to remain brave and calm. But the truth of the matter is that many bereaved people have found that what their church offered them after death occurred was of little help to them. This is a critical statement, but, putting one's self in the place of the bereaved, one can see that what the church normally offers does not meet the needs of the bereaved who face an uncertain future without the presence of a loved one. It is important to reassure the bereaved about life after death in Christ. This may bring the most comfort which can be afforded at such a time of loss. Although the funeral service pointed out the joys of eternal life with God, the bereaved need such reinforcements and reassurances when they have suffered a death in the family.

Some problems develop while ministering to the bereaved persons. Some in the family may think that drugs and sedation are the answer to keeping the emotionally upset member from showing his or her grief openly, which is a mistaken notion.[3] Often, when sedated heavily right after a severe shock of sudden death, a bereaved person may not even be capable of expressing his feelings at all because of it, and this can retard the emotional healing that needs to take place by getting out the grief.

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[3]Ibid., p. 45.

Again we see the role the church plays in trying to relieve the tensions and anxieties people harbor after the death of a loved one. But the problem of suffering the loss of a loved one is often not helped to any great extent by the church when it continues to bless the fictions about death that our society has invented itself. Some pastors and congregations have been able to break out of such a pattern and live realistically with the bereaved in their congregations. Adams says:

> They (the clergy) have been able to break out of the pattern and live realistically with the bereaved. In trying to comfort people who have been hurt by death, they have realized that they are helpless in the presence of grief. They have been able to curb their natural desire to solve the bereaved person's problem for him by offering good advice or soothing words.[4]

In other words, standard rhetoric and soft platitudes are not the answer to the grief cycle of the bereaved person. Rather, the answer lies in letting the grief-stricken individual work out his own suffering and pain within, through a process worked out naturally on his own, with help from the clergyman only as he sees the bereaved's need. We often lack abstract words for human emotions as pastors counseling the bereaved and are too quick to offer a concrete solution for bereavement. It seems the polite thing to do to offer comfort to the bereaved with quiet words speaking of physical or material things, but often we do not speak to the real anxieties created by such a death in the family. We need to speak more to the abstract feelings

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[4]Ibid., p. 49.

felt at death sometimes in order to reach the bereaved. For example, a woman loses her husband by a sudden heart attack. The world about her seems hopelessly out of control. She might put those feelings into words; "It feels like a raging, swollen river of waters engulfing me as I watch everything that once seemed sure and certain as a solid rock now being washed away mercilessly." The pastor must speak to the feelings expressed, but caution is the keyword here. One ought not offer solutions, only try to meet needs that are clearly expressed, and even then, let time work with the solution. Another important item to remember is not to be in haste to relieve such pain, suffering, and heartache in the bereaved.

The professional role of the church and its clergy when death occurs is to perform those functions which are common to the majority of Christian congregations, such as the funeral service, committal, and follow up on the bereaved. Not only the funeral services and the burial rites are performed but often there will be funeral dinners, gatherings of family and close friends, and the like. After the burial, the pastor will also make house calls as follow-up sessions with the bereaved where many of the techniques previously mentioned are put into practice (for example, helping them through the grief work cycle, and others).

The professional clergyman does not let this serve as the end of the care the church offers to the bereaved family. Continued expressions of concern, coupled with quiet listening, and attentiveness to the person hurting, will help the patient

over whatever period is necessary for properly working out the grief cycle. God's Word, the comfort of Christ's reassurance that He is present always, and lessons from the Psalms (compare Psalm 39) are mainstays to the bereaved, who finds comfort in the promises God still gives to him directly through such words of peace. Here, the pastor is a help, too, by being the messenger of God's grace by the reading of the Word in his devotions with the bereaved. God does what man is not able to accomplish through His almighty Word and deed. The counseling pastor must not forget this power he has at his disposal as he works out the bereaved's feelings with him.

The heart of the funeral service is in the kerygma, the message of the Gospel. As it is true in life, so it is true in death, that comfort comes through the Holy Spirit working in and through His Word to lend reassurance to the bereaved. The importance of the message cannot be de-emphasized at this point, but must be upheld as a crucial and most important function in the bereavement process. It is crucial that the Word of God bring comfort to the bereaved, even if only a word or two is recalled by him later on. It just might be that that word or two recalled may bring comfort beyond any further words as the bereaved mentally goes back over the events of the immediate past days or weeks of bereavement.

Another thing to remember as a pastor working within the structure of our present funeral and burial rites in the Lutheran Agenda[5] is that these rites are a source of pro-

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[5] _____, The Lutheran Agenda, (Saint Louis: Concordia Publishing House, _____).

claiming the Word of God to the survivors, many of whom may not only need the comfort of the Gospel, but, because of their sins also may need the pronouncement of the Law of God to remind them that they one day must find peace with God through His promises or suffer the pangs of hell. One example of such texts from the Agenda is this:

> Man that is born of a woman is of few days and full of trouble. He cometh forth like a flower, and is cut down; he fleeth also as a shadow and continueth not. Behold, Thou hast made my days as an handbreadth: and mine age is as nothing before Thee. Verily, every man at his best state is altogether vanity.[6]

In God's sight man is nothing of himself and by himself. It is only through Jesus Christ that man has been redeemed through His sacrifice, the Agenda intimates. As we readagain from the Agenda:

> Blessed by God, even the Father of our Lord Jesus Christ, the Father of all mercies and the God of all comfort, who hath loved us, and hath given us everlasting consolation and good hope through grace, and hath begotten us again unto a lively hope by the resurrection of Jesus Christ from the dead.[7]

Here we see both the Law and the Gospel coming forth. First, the Law that tells us man is nothing but vanity apart from God. Then comes the comfort of the Gospel that tells us of God's love in Jesus Christ. Throughout the Lutheran Church--Missouri Synod's funeral and burial rites one can find such references to the Scriptures which apply to the hearts of men. There is something there for the bereaved; there is something there for the unbeliever; there is something there for the spiritually

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[6]Ibid., p. 80.

[7]Ibid., p. 81.

weak Christian. Use these to the best advantage as one as pastor/counselor works with the bereaved as well as the congregation attending the services of death and burial.

Although touched upon before it is important here to reemphasize that the pastor needs to recognize the state of helplessness the bereaved finds himself in after the funeral and burial are over. It must run its course and finish the cycle in the person bereaved before a morning will dawn bright and new for him and he then returns to a normal life. The amount of work done with the bereaved is proportionate to the amount of grief needing displacement. The pastor/counselor needs to judge how much and how long to follow up on a bereaved person. Death would not hold the terror for the bereaved it does if it were not for the fear of the way our lives are spent. Misdeeds and sin in our lives develop a fear of God and His wrath, and this, too, can be a point of long bereavement if the deceased had tried to "hide his guilt" from others, but it was known to his family. If the bereaved can work through these "guilt feelings" and find himself through the comfort of God's Word and pronouncement of forgiveness in Jesus Christ, he will find comfort in the reassurance that he is not in control of life. It is God who guides and shows His love to us through His Word of forgiveness. The bereaved then can join in the Psalmist's prayer: "So teach us to number our days, that we may apply our hearts unto wisdom" (Ps. 90:12). Joy and fulfillment come through as the bereaved works his way through the death of a loved one.

If the bereaved can work out his grief through proper channels of the grief cycle, that is, if there are no hidden barricades to a healthy psychological solution to his grief, then it will be healed in time and with kind, thoughtful Christian care and concern. But, again, Adams reminds the counselor:

> If the trouble that death causes has not been identified, however, the cry for help not been uttered, the passages of Scripture intended to bring comfort will be meaningless words and the Gospel merely a beautiful fantasy.[9]

The application of the Scriptures must fall upon receptive ears. The preparation for such Scriptural counseling of the bereaved then is proportionate to the identification of the problems being encountered. If the bereaved is hiding grief and cannot face it, other problems may develop of a more serious nature which might result in need for psychiatric help to break into their world of hidden grief.

In this chapter we have attempted to look at what the church and the pastor together offer the dying and the bereaved. We sought to picture the role of the pastor in the bereavement process, and how the church service works into family grief, the professional function that the church performs when death occurs, how our funeral and burial rites work into the grief process, and how grief must run its cycle before healing occurs. All of this, working together with God's Word as a reference and guide to spiritual help and renewal of soul and life, can affectually influence and build anew a life shattered by the

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[9]Adams, p. 56.

occurrence of death in the household when properly utilized by a concerned and understanding pastor/counselor.

In the next chapter we will briefly describe some of the common denominators of death and how they influence the lives of people, both the dying patient and the bereaved survivors.

TABLE 4

THE COMMITTAL SERVICE

(Agenda, Pp. 94-103)

1. "At the Grave" gives Scriptural insights into both the finality of temporal death, and also the joys of the Resurrection hope, beginning with the words (p. 94) "We brought nothing into this world, and it is certain we can carry nothing out. . . ."

2. "The Burial of the Stillborn" provides valuable comfort and aid to the distraught mother and father in time of sudden and unexpected death (pp. 99-100)

3. "Burial of a Suicide" is geared to overcome despair at God's unsearchable ways (p. 103)

PART THREE

DEVELOPING A THEOLOGICAL UNDERSTANDING OF DEATH

CHAPTER VIII

THE COMMON DENOMINATORS OF DEATH

In the course of growing up, there is a continued experience with separation and loss. Important values, real and symbolic, are associated with the body. The child's conception of the perception of his body--the "body image"--become important aspects of how he feels about himself and how he relates to others. Changes in the body occur throughout life and must be integrated into his image, both in regard to the reality of the change and to the feelings he has about it, since the body is an important mediator between his external environment and the self as a psychological entity. Basically, what we are saying is that all these values, whether real or symbolic, come into play on the total self throughout life as one learns to face loss and disappointment. That is one common denominator that all share in learning about loss during a lifetime.

Anything that threatens life's normal pattern of continuance is threatening to the individual's ability to accept and cope with such dramatic adjustments. To receive the news that one is terminally ill, for example, is such a threat to one's pattern of living that he often finds himself in shock and disbelief. Such shock can remain for quite

awhile until the patient accepts the reality of his condition after all bargaining for his health has passed. Strange behavior may develop when the threat to life occurs. The person may have difficulty coping for sometime to come because of the defense mechanisms which guard the mind from such thoughts. This is but another common denominator that we all share to some degree at some point in our lives prior to death. After the news has been told to the fatally ill person by either the doctor or pastor, "Son, you are going to die in a short while. I'm sorry; I wish there was something we could do," where does one turn from here?

The key answer to the above question is "Coping." Coping with our feelings about death can be difficult but it is not impossible. Sometimes the pastor can be most effective if he simply skips a long theological answer as to why it all came about in such a manner as to warrant facing death, and simply say a short prayer, give a firm handshake and a look of understanding, a firm grip of the arm about his shoulder, a smile, and leave shortly thereafter. When a patient is having bad feelings about himself and others (example: anger, remorse, rage) while finding himself after the knowledge that he is going to die has been assimilated, he mostly likes to think and not have long speeches or lengthy explanations of things. He would rather have time to think out his situation. Having to cope with death is another common denominator we all face at some portion of our lives.

An all-important procedure that the pastor/counselor faces in ministering to the dying or bereaved is that of application of proper empathy. In the first chapter of this paper we addressed ourselves to the application of empathy toward the dying. Empathy keeps the psychological balance between sympathetically becoming involved with the dying patient and not becoming emotionally attached to that same person while ministering to him. It is easy to say and hard to accomplish empathy in some cases. Long, tedious caring for a dying patient who was a good friend in life's better times, but who has become dependent upon the counselor's visits and needs them to uphold his sanity through the agony, may get to the counselor in a very emotional way so that the counselor suffers from the patient's death as well as the other bereaved in the family. Although empathy is difficult to maintain at times, it is nevertheless an important part of counseling the dying and bereaved.

From the book on "feeling therapy," Going Sane, Joseph Hart says:

> A person has feelings, but to express them he must go through layers of defenses that keep his feelings blocked. Without the crisis of the feeling moment, a person would never begin to move toward feeling and would remain in his reasonable and safe "insanity." He is left with a fragmented life, fearful of his own insanity and longing for complete feelings.[1]

Of course, "feeling therapy" has been with us for some time in one form or another in psychology and counseling. It has surfaced as "nouthetic counseling" in Jay Adams' works where

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[1]Joseph Hart, Going Sane (New York: Aronson, 1975), p. 24.

he pushes for "teaching and wisdom" counseling from the Bible through the Spirit and Jesus Christ to heal all the broken-hearted, to bind up the wounds, etc., from the Greek verb noutheteo "to teach" (wisdom).[2] Or perhaps we could point out the fact that reality therapy under William Glasser follows similar processes and procedures by getting the mentally sick person who denies the world of reality around him to "wake up" to the world again.[3]

All the above recognize human feelings and the loss of reality when illness strikes. The death of a loved one can cause illnesses such as melancholia, mentioned at length earlier, or other illnesses where the person becomes lost, despondent, out of touch with the real world about him, and depressed, filled with anxiety about his own future and how he will survive after the loved one's death. All these therapies deal with the human feelings and are an attempt to put the ill person who has suffered through such a death of someone close to him in touch with his real feelings. Only the methodology may vary. But the important concept the pastor/counselor can borrow here is that, whatever the methodology, he should help put the person bereaved in touch with his feelings. This is an essential part of learning to cope with death.

The important idea is that of the human worth of each individual who has to go through personal loss by death, and

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[2]Jay E. Adams, Competent to Counsel (Grand Rapids: Baker, 1970), pp. 41-42.

[3]William Glasser, Reality Therapy (New York: Harper & Row, 1975), p. 6.

because of that human value we need to reclaim each person and restore in him a normal pattern of living again after suffering from death of a loved one. One of the professional roles of the clergyman in thanatology is the helping-facilitating role. He aids by careful listening and good rapport with his client. With the strength of the Holy Spirit to guide him through the Word, the pastor may be able to help immensely.

But social judgments about death often keep emotions under the surface which need to come out. Such things as keeping calm and brave after the loss of the loved one by death, going on as if nothing really happened, not crying, showing little or no emotion because of one's masculinity, and so forth, are but a few of the social stigmas which retard the healing process after one encounters death of a loved one. Fear is another emotion that keeps the bereaved from finding relief from his internal suffering. Such fear as comes from the idea that no one can see me smile or laugh too soon after my loved one's death, or, I dare not go out in company and show I am having a good time for quite awhile, these are but a few of the social stigmas and taboos that often retard the mental healing of the bereaved. As we have said, it is very important to bring out and face one's emotions, for it is there that there can be satisfactory dealings with them once one can recognize them for what they are, reactions to death.

Social judgments upon the bereaved are, too, a common denominator in dealing with death. When one lives and moves

within a certain society, it also faces confrontation daily with the norms of that society. The taboos, folkways, and mores of a particular society shape our human behavior. Customs about death and bereavement affect all who live within a given society and social structure. We then must deal with the psychological aspects of death and ministry to the bereaved through the maze of social judgments inflicted upon the person by a particular culture. Many of these kinds of dealings have been confronted in the scope of this paper.

After looking at death and dying, bereavement, and counseling the dying and bereaved throughout this thesis, with concern for the moral, theological, and psychological aspects of these, we now should formulate a "theology of death" to complete this study of thanatology. In the final chapter we shall attempt just such a definition.

CHAPTER IX

A THEOLOGY OF DEATH

The role that theology plays in death is a vital role. Martin Luther, in the year 1542, expresses death in the following terms:

> Denn das die sich betrüben, so keine Hoffnung haben ist nicht wunder, sinds auch nicht zuverdencken, nach dem die ausser dem Glauben Christi sind, entweder allein dis zeitlich Leben achten und lieb haben müssen, und dasselb ungern verlieren, oder sich nach diesem Leben, des ewigen Tods und Zorn Gottes, in der Helle, versehen müssen, und dasselbs ungern hinfahren.[1]

In this foreword to a collection of funeral hymns of 1542, Luther attacks the hopeless and downcast person and tells him that there most assuredly is hope in Christ by faith. He compares those who have no hope with those who have hope in Christ. The person with no hope cherishes his temporal existence and does not desire to lose it. But, Luther continues, looking at the Christian who possesses hope in eternal life after temporal death:

> Wie Christen aber, so von dem allen durch das theme Blut des Sohns Gottes erlöset sind, sollen uns uben und gewehnen im Glauben, den Tod zuverachten, und als einem tieffen, starcken, süssen

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[1] Martin Luther, "Die Vorrede zu der Sammlung der Begräbnislieder 1542," vom D. Martin Luthers Werke, Weimarer Ausgabe, (Weimar: Böhlaus Nachfolger, Akademische Druck-u. Verlags. Geaz, _____), 35:478.

> Schlaff anzusehen. Den Sarck nicht anders denn als unsers HERRN Christi Schos oder Paradis. Das Grab nicht anders, denn als ein sanfft Faul oder Rugebette zuhalten. Wie es denn für Gott in der warheit also ist, wie er spricht Joh. XI. 'Lazarus, unser Freund, schlaffet.' Matth. 9. 'Das Meidlin ist nicht tod, sondern es schleffet.'[2]

We should become accustomed by faith to looking at death as "a sweet, sound sleep," Luther points out. He relates that the casket is nothing more than the bosom, or Paradise, and the grave is like a soft bed of rest. Thus we can say, "Lazarus, our friend, sleeps," or, "The little maid is not dead, but is asleep." Since we Christians have been redeemed through the precious blood of God's Son, we should practice despising death and look at it only as a peaceful rest from our labors. Hence, for Luther, in his forward to funeral hymns, death is nothing more than a restful night of sleep, and the resurrection is like waking the next morning fresh and vibrantly alive in Christ. This was Luther's theology of death.

Elisabeth Kübler-Ross calls death "The final stage of growth, a termination of a long line of growth experiences, the agony and rebirth in a new city."[3] All these descriptions place death at the end of life, just as birth was its beginning point, a natural outgrowth of life's processes and experiences. But the expression "rebirth in a new city" indicated that this doctor's thoughts are certainly that there is life beyond death. (We quoted Kübler-Ross earlier on this subject).

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[2]Ibid.

[3]Elisabeth Kübler-Ross, Death (Englewood Cliffs: Prentice-Hall, 1975), p. 147.

Death has never been a popular subject. The last thing most people want to talk about is death. But it is a reality of life, it is always there, waiting in the wings. Waiting to claim parent, child, husband, wife, loved one, friend--and me. I will die. But, what is on the other side of death? Can one really know the answer? The Holy Scriptures give the answers to those questions in this manner:

> Then He showed me the river of the water of life, bright as crystal, flowing from the throne of God and of the Lamb through the middle of the street of the city; also on either side of the river, the tree of life, yielding its twelve kinds of fruit, yielding its fruit each month; and the leaves of the tree were for the healing of the nations. There shall be no more anything accursed, but the throne of God and of the Lamb shall be in it, and his servants shall worship him; they shall see His face, and His name shall be on their foreheads. And the night shall be no more; they shall need no light of lamp or sun, for the Lord God will be their light, and they shall reign forever and ever. (Rev. 22:1-5)

This description of the throne of God gives one an idea of heaven and the river of the water of life, which shall be the inheritance of all true believers in Jesus Christ on that triumphant Day of Resurrection. The end of the journey for the faithful Christian is eternity, life after death.

The vitality of the Gospel is its Christo-centricity. Jesus Christ is at center; His death and resurrection show He is victorious over death--our death. Sin and death now reign no more for the believer. "In Adam we all die--in Christ we shall all be made alive again" (1 Cor. 15:22). Death truly becomes a bridge to a new and perfect life for the child of God. We must all pass this way--the way of all mortals--until Jesus

Christ comes again to take us with Him to the throne of God in heaven where the river of living water flows beside the tree of life, where man will live forever.

A theology of death as a working model can be very simply defined for the true Christian and child of God as this: Death is the result of the fall of man into sin. Death is the common lot of all men. For all have fallen short of the mark; all have sinned against God and are conceived in sin. Death is not the final stage of growth, however, but there is one more stage beyond the grave. That absolutely final stage of growth for the Christian is his transmission from death into life. This "final" stage is eternal. It is filled with supernal bliss and joy. There is no more suffering. It was only appointed to man to die once; then comes the Judgment! Death, then, is the bridge to eternal life for the child of God through Jesus Christ, his Lord and Savior.

Death is for the believer:

Asleep in Jesus, blessed sleep,
From which none ever wakes to weep;
A calm and undisturbed repose,
Unbroken by the last of foes.

Asleep in Jesus! O how sweet
To be for such a slumber meet,
With holy confidence to sing
That death has lost its venomed sting!

Asleep in Jesus! peaceful rest,
Whose waking is supremely blest;
No fear, no woe, shall dim that hour,
That manifests the Savior's power.

Asleep in Jesus! O for me
May such a blissful refuge be!
Securely shall my ashes lie
And wait the summons from on high.[4]

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[4]"Asleep in Jesus," The Lutheran Hymnal, 587.

CONCLUSION

In the length of this thesis, the author has attempted to come to a strictly Christian theological view of understanding the psychological implications concerning death. By taking the most recent studies and reviews of death, dying, and grief, he has attempted to bring into a Christian perspective the psychological concerns about death and dying. As a Christian pastor and counselor, he has also tried, through means of tracing history of thanatological concepts, current thanatology studies, and varying information concerning death and dying, the grief cycle, grief work, bereavement, ministry to the dying and bereaved, and the Christian (theological) view of death, to enlighten and help other students of counseling and theology identify problems in death and dying and by this means lend aid to the suffering.

But above all, it is a paper of preparation. By this, it is meant that it is to indicate that death is the common lot of man, and that no psychology alone can give peace to the dying or comfort the bereaved. Only hope in Jesus Christ through faith can grant such peace which transcends all human life into eternity. This is "the peace that passes all understanding."

"For God so loved the world that He gave His only-begotten Son, that whosoever believeth in Him should not perish but have everlasting life." ---John 3:16.

TABLE 5

SOME COMFORTING PASSAGES IN GRIEF AND DEATH

See the following references to the Holy Scriptures:

1 Cor. 13:12	James 4:14	Ps. 17:15
Ps. 116:15	Rev. 20:11-13	John 14:2
Heb. 9:27	Phil. 1:23	1 Cor. 15:26
Eccl. 9:5	Isa. 61:1	2 Cor. 1:3-4
2 Tim. 1:10	Job 14:14	John 10:10
Heb. 10:16	2 Cor. 5:5	Ps. 90:12
John 1:4	Matt. 28:6	Num. 23:10
Rev. 21:4	Phil. 4:13	Ps. 27:5
Isa. 40:11	1 Cor. 15:58	1 John 5:4
Amos 5:8	Ps. 88:18	1 Thes. 4:13
Phil. 3:20-21	1 Cor. 15:49	1 Cor. 2:9-10
Matt. 25:34	Rev. 14:13	Rev. 7:14
Heb. 12:5-6	Ps. 23:4	Matt. 19:14
Mark 10:14	2 Sam. 12:23	Luke 8:52
Ps. 37:37	2 Cor. 5:1	Rom. 8:38-39

These texts are fine texts for funeral sermons as well, and this list is by no means exhaustive, but it is meant to give guidance to clergy in preparing both funeral addresses and in giving comfort to the bereaved as well as the dying.

BIBLIOGRAPHY

Adams, James R. The Sting of Death. New York: Seabury Press, 1971.

Adams, Jay E. Competent to Counsel. Grand Rapids: Baker Book House, 1970.

Bane, J. Donald, ed. Death and Ministry. New York: Seabury Press, 1975.

Bayly, Joseph. The View from a Hearse. Elgin: David C. Cook Publishing House, 1970.

Bowers, Margaretta, et al. Counseling the Dying. New York: Jason Aronson, 1976.

Carr, Arthur C. "Bereavement As A Relative Experience." In Bereavement, p. 3. Edited by Bernard Schoenberg. New York: Columbia University Press, 1975.

Clinebell, Howard J., Jr. Basic Types of Pastoral Counseling. New York: Abingdon Press, 1966.

Collins, Gary. Fractured Personalities. Carol Stream, Illinois: Creation House, 1972.

Davidson, Glen W. Living with Dying. Minneapolis: Augsburg Publishing House, 1975.

Davison, Gerald C., and Neale, John M. Abnormal Psychology. New York: John Wiley and Sons, 1974.

Frankl, Viktor. From Death Camp to Existentialism. Boston: Beacon Press, 1959.

Gatch, Milton McC. Death: Meaning and Mortality In Christian Thought and Contemporary Culture. New York: Seabury Press, 1969.

Glasser, William. Reality Therapy. New York: Harper and Row Publishers, 1965.

Gutzke, Manford G. Fear Not. Grand Rapids: Baker Book House, 1974.

Hart, Joseph, ed., Going Sane. New York: Jason Aronson, 1975.

Heim, Albert. "Remarks on Fatal Falls." In Yearbook of the Swiss Alpine Club, 27 (1892): 327-37.

Hiltner, Seward. Preface to Pastoral Theology. New York: Abingdon Press, 1963.

Hunt, Gladys M. Don't Be Afraid to Die. Grand Rapids: Zondervan Publishing House, 1971.

Jourard, Sidney M. Healthy Personality. New York: Macmillan Company, Inc., 1974.

Kierkegaard, Soren. "Sickness unto Death." In Fear and Trembling and the Sickness unto Death, pp. 16-18. New York: Doubleday, 1954.

Kübler-Ross, Elisabeth, ed. Death: The Final Stage of Growth. Englewood Cliffs: Prentice-Hall, Inc., 1975.

_____. On Death and Dying. New York: Macmillan Company, Inc., 1969.

_____. "When Face to Face with Death." In The Reader's Digest. Condensed from an article in Family Circle Magazine. Pleasantville, N.Y.: Reader's Digest, Inc., August 1976.

Lewis, C. S. A Grief Observed. New York: Seabury Press, 1961.

Luther, Martin. "Die Vorrede zu der Sammlung der Begräbnis-lieder 1542." D. Martin Luthers Werke, Weimar Ausgabe. Weimar: Akademische Druck - u. Verlagsaustalt, Geaz, Band 35:438, 1932.

May, Rollo. Psychology and the Human Dilemma. New York: Nostrand and Company, 1967.

Motter, Alton M. Preaching About Death. Philadelphia: Fortress Press, 1971.

Noyes, Russell, Jr., and Kletti, Roy. "Depersonalization in the Face of Life-Threatening Danger: A Description." In Psychiatry, 39 (1976): 19-27.

Read, David H. C. Death and Ministry. New York: Seabury Press, 1975.

Spinoza, Benedict. Ethics. Part IV., Proposition II, 1911.

The Euthanasia Educational Fund, Incorporated. The Right to Die with Dignity. New York: First Euthanasia Conference, November 23, 1968. (Reprint: June 1971).

The Evangelical Lutheran Synodical Conference of North America. "The Order for the Burial of the Dead." In The Lutheran Agenda. Saint Louis: Concordia Publishing House, pp. 67-103, n. d.

_____. The Hymn "Asleep In Jesus." Number 587. In The Lutheran Hymnal. Saint Louis: Concordia Publishing House, 1941.

Weisman, Avery D., ed. The Realization of Death. New York: Jason Aronson, 1974.

Westberg, Granger. Good Grief. 13th Printing, Philadelphia: Fortress Press, 1973.

Williams, Philip W. When A Loved One Dies. Minneapolis: Augsburg Publishing House, 1976.

Winter, David. Hereafter - What Happens After Death. Wheaton: Harold Shaw Publishers, 1973.