Helping Write The Final Chapter

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Foreword

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

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

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

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

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

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

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Dedication

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

Section 1

Helping the Dying

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

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

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

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Introduction

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

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

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

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

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

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

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

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

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

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

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

Chapter 1

When Life Takes a Wrong Turn

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

Introduction

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

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

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

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

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

Why Me?

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

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

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

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

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

Discussion Questions

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

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

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

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

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

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

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

Richard Rice explains,

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

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

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

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

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

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

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

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

I Just Don't Know What to Say

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

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

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

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

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

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

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

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

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

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

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

Discussion Questions

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

Can You Hear Me Now?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

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

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