

LIFE-LINE CONVALESCENT MINISTRIES

Ministry Guide and
Training manual

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INTRODUCTION

Life-Line Convalescent Ministries was founded in February of 2000 with a vision to minister in our Convalescent and Retirement community here in San Diego County and beyond.

Life-Line Convalescent Ministries meets or exceeds all HPPA and California State rules or regulations regarding patient confidentiality and personal contact.

We provide non-denominational services in the form of Bible studies, church services and friendly room visitation. All Church services are based upon the Word of God.

Grief counseling is also provided as needed. We recommend *GriefShare*, a national program offered in many churches throughout the country.

How can you help?

- Through prayer
- Join an active visitation team
- Lead a Bible study
- Support us financially
- Ministry Administration

Do you have a special gift?

If you have a heart for people who are hurting not only physically but spiritually, and you have a gift you believe can be used of God to minister to individuals in Convalescent and Retirement homes, contact us, we will be please to talk with you.

LOOK CLOSER , SEE THE REAL ME

(Found in a geriatric ward of a hospital in Scotland - author unknown)

What do you see, tell me, what do you see?
Who are you seeing when you look at me?
A crabby old woman, not very wise,
Uncertain of habit, with far away eyes
Who seems not to notice the things that you do,
And forever is losing a stocking or shoe.
Is that what you're thinking? Is that what you see?
Then open your eyes, for you're not seeing me.

I'll say who I am as I sit here so still,
As I rise at your bidding and eat at your will.
I'm a small child of 10 with a father and mother,
Sisters and brothers who love one another.
A young girl of 16 with wings on her feet,
Dreaming that soon her true sweetheart she'll meet.
A bride at just 20, my heart gives a leap,
Remembering the vows I promised to keep.

At 25, now I have babes of my own
Who need me to build a secure happy home.
A woman of 30, my children grow fast,
Bound to each other with ties that will last.
At 40, my grown-up sons will be gone,
But my man stays beside me to see I don't mourn.
At 50, once more babies play round my knee,
Again we know children, my loved one and me.
Dark days are upon me, my husband is dead,
I look at the future, I shudder with dread.
My children are busy with babes of their own,
I think of the years and the love I have known.

I'm an old woman now, grace and vigor depart,
But thousands of memories live in my heart.
Inside it, you see, a girl still dwells,
And now and again my tired heart swells.
I remember the joy, I think of the pain,
And I'm loving and living life over again.
So open your eyes, please open and see.

Not a crabby old woman, look closer-see me!

Meet the Directors of Life-Line



***Pastor Jim Hakes** President and founder of **Life-Line Ministries** has a vision not only for San Diego County but for our nation also. “There is a growing need as a large segment of our population will become Many will not have families to visit with them.”*



***Ken Davis** is committed to the growth of **Life-Line Ministries**. He is not only on the Board of Directors but in the trenches very week ministering to the sick and dying. “This is my Passion in life.”*



***Pastor David Horner**, serves on the Board of Directors of **Life-Line** and ministers in individual homes and hospitals. “One of my goals is to help prepare families for end of life decisions that they may have make.”*

Funeral/Memorial Services

Lost a loved one and need help with arrangements? Whether you need assistance with your arrangements or would like Life-Line to make the arrangements for you. We would be honored to perform the memorial or funeral service for you and your loved one. There are no set fees for this service. We believe everyone needs to be remembered.

Please contact pastor Jim Hakes or Pastor David Horner for additional information.

Our Mission

Reaching out to a fallen world, ministering to residents and staff of Convalescent Homes, Retirement Homes, Special Care Facilities, Drug Rehab Homes, Assisted Living Residences, etc. With your help we can change the world, one person at a time.

DOCTRINAL STATEMENT: WHAT WE BELIEVE AND TEACH

“Our mission is to communicate God’s love in order to share the saving knowledge of Jesus Christ.”

Bible: We believe that the Bible (Old and New Testament) is the inspired Word of God and wholly without error. (2 Timothy 3:16-17; 2 Peter 1:20-21)

God: We believe that there is one true God who has revealed Himself in the Trinity. He has revealed Himself through the Scriptures as the Father, Son, and Holy Spirit. He is one God with three distinct persons equal in perfection and eternity, and all three are one God. (Deuteronomy 6:4; Matthew 28:19; 1 Corinthians 8:6)

Jesus Christ: We believe that Jesus Christ of Nazareth is the second person of the Trinity. He is the eternal Word and only begotten Son. He is eternally God but became a man by the miracle of the virgin birth. He thus became “Emmanuel” (God with us), the perfect God-Man. He is fully God and fully man. He died on the cross of Calvary to pay for the sins of the world and rose again three days later to give true life to all who would put their complete trust in Him for reconciliation to the Father. (Colossians 1:15; Philippians 2:5-8; Hebrews 4:14-16; Revelation 11:15-17; 20:4-6, 11-15)

Holy Spirit: We believe that the Holy Spirit is the third person of the Trinity; that He convicts the world of sin, righteousness and judgment; and that He gives believers spiritual gifts to be exercised by the believers to edify and exhort the body of Christ, which is the church. (1 Corinthians 2:10-11; Hebrews 3:7-9)

Man: We believe in the distinctiveness of man to rule over the entire God-created earth. God created man alone in His image on the sixth literal day of creation. All men have sinned by nature and by choice, are sinful and lost, and are without hope in and of themselves of eternal life. (Genesis 1:26-28; Romans 3:10)

Salvation: We believe that salvation is by grace through faith in the finished work of Christ on the cross of Calvary. Salvation is a free gift from God, neither merited nor secured by virtue or work of mankind, and it can only be secured through personal faith in the person and work of Jesus Christ. (John 3:16; Ephesians 2:8-9)

Church: We believe that the Church is an elect body of believers baptized by the Holy Spirit at the moment of salvation. The Church's mission is to teach believers God's instructions for living and to preach the gospel of Jesus Christ to all people. The Church's ordinances are Baptism and the Lord's Supper. (Ephesians 4:10-12; Matthew 28:19; 1 Corinthians 11:23-29, 12:13)

Second Coming: We believe in the Second Coming of Jesus Christ and that His coming, which is our blessed hope, is always imminent. (2 Thessalonians 4:16-17; Revelation 21)



Ministry Conduct

Visitation Rules

“Our mission is to communicate God’s love in order to share the saving knowledge of Jesus Christ.”

1. When at all possible, our practice is to enter a room in pairs of the same sex..
2. Knock before entering and make eye contact with the patient. You must have permission from the patient or the patient’s family to enter his or her room. Sometimes a smile, a head nod or other friendly gestures can be an indication of permission to enter the patient’s space. “Therefore receive one another, just as Christ also received us, to the glory of God” (Romans 15:7).
3. Upon entering the room, gently approach the patient very slowly and introduce yourself and the ministry that you represent.

Note: A Life-Line Ministries **badge is to be worn at all times**, even if the home that you are in issues you its own badge.

4. Please respect the patient's privacy by not sitting on his or her bed or using his or her restroom facility.
5. We are there to comfort patients. Comfort most often comes in the form of Scripture reading, praying, or conversation with them.

“Use your spiritual gift for ministering” (Romans 12:7).

“Rejoice with those that rejoice, and weep with those that weep” (Romans 12:15).

6. Before leaving the home, it is advisable to wash your hands in the public washroom provided. It is also recommended that you bring your own hand sanitizer.
7. Always leave a room in the exact condition that it was found. If a door was closed when you entered, then please ensure that the door is closed before leaving.

Notes: Some patients are required to have their door closed at all times due to oxygen conditions. Please obtain permission to enter a room where the door is closed due to special needs such as oxygen and/or contamination.

If the patient is in a wheelchair with the brake on, then please ensure that the patient is left with the brake on.

8. Please, never give a patient food or water. If the patient asks for food or water, simply notify the nurse on duty.
9. Please ensure that all patients' names and room numbers remain confidential and are never released to the public, per HPPA regulations.
10. Please report any elder abuse, as mandated by state law, to “Advocates for Residents” at (800) 640-4661 or, in the case of a crisis, (800) 231-4024. Also inform Pastor Jim Hakes at (619) 672-1290 or your area leader.

Please be courteous, loving, and humble and show respect for all patients, both in and out of their rooms. Remember, these are the same ones we are trying to reach and serve for Jesus.

- a. “Let a man so consider us, as servants of Christ and stewards of the mysteries of God” (I Corinthians 4:1).

- b. Never accept money from a patient. If a patient wishes to tithe, please contact Pastor Jim Hakes.
 - c. Please do not hesitate to call Pastor Jim Hakes, (619) 672-1290, or David Horner, (619) 251-8301 cell or (619) 660-8241, if a patient is near death.
11. Any personal note taking about a patient is to be kept personal. That is your business. Although there is no law against creating information on any patient such as name or room number, please be advised that if such information should get into the wrong hands or become part of an elder investigation, the volunteer will be held liable and accountable to the State for the misuse of such a document. If you require a listing of patients with name and room number or any other confidential information, please see your area leader. Please be wise as a serpent because the days are evil.

Bible Study Rules

“Our mission is to communicate God’s love in order to share the saving knowledge of Jesus Christ.”

1. All Bible studies must be held in an open designated area. The activities director on staff usually chooses the established location.

2. Our teaching is based upon the inspired Word of God, the Bible. “Every word of God is pure; He is a shield to those who put their trust in Him” (Proverbs 30:5).

3. Please be on time for each Bible study assignment.

4. If you cannot make it to your assigned Bible study, follow these steps:
 - a. First, call any other Life-Liner to substitute. Let the activities director know who is coming.

- b. Second, if you are unable to find a sub, **call or notify** Pastor Jim Hakes at (619) 672-1290. If at all possible, please give at least 24 hours notice.
5. **Note:** If you wish to call Pastor Jim on a Sunday, please call him on his cell phone, (619) 672-1290, and leave a message or contact the activities director in charge.
6. Please report any elder abuse, as mandated by state law, to “Advocates for Residents” at (800) 640-4661 or, in the case of a crisis, at (800) 231-4024.
7. Please find out and **adhere to all the rules and regulations** applicable to the home or location to which you have been assigned.
8. Please do not hesitate to call Pastor Jim Hakes, (619) 672-1290, or David Horner, (619) 251-8301 cell or (619) 660-8241, if a patient is near death.

Any personal note taking about a patient is to be kept personal. That is your business. Although there is no law against creating information on any patient such as name or room number, please be advised that if such information should get into the wrong hands or become part of an elder investigation, the volunteer will be held liable and accountable to the State for the misuse of such a document. If you require a listing of patients with name and room number or any other confidential information, please see your area leader. Please be wise as a serpent because the days are evil.

Hospital/Shut-in Visitation

When church members/attendees are hospitalized or confined to their home, it is an important time of ministry. During these times of crisis, people are more open spiritually and they need the support, prayer, and ministry that the Church and its leadership can offer.

Contact the church office and/or Pastor David Horner to let them know who is hospitalized. **Leave Name, Hospital, and Contact person with a Phone Number.** Although you and your Small Group will be offering care, your Pastors will want to be informed and involved.

As a Small Group/Class Leader, you and your small group/class members are primary individuals to minister to those in your Small Group/Class who are hospitalized and shut-in. You are all uniquely positioned to touch this person and their family through your personal ministry and involvement.

People who are hospitalized or homebound are usually weak physically and emotionally. At these times in their lives, they need pastoral ministry—that is, they need someone who can stand between them and God conveying His love and strength.

When you visit someone in the hospital or at home, your main goal is to let him or her know that you care and that God cares. If people feel loved and cared for, you've accomplished your major objective.

Do's

When you learn that someone in your Small Group/Class has a major illness or an unexpected accident, contact them or their family as soon as possible.

As you plan your visit, consider taking another Small Group/Class member with you. Jesus sent His disciples out to minister two by two because this is an effective pattern.

Before you make the visit spend five or ten minutes in prayer. God for any special instructions He has for you as you minister to them. Listen.

Do more listening than talking when you visit.

Listen for needs beyond the words that people say.

Pray with the person before you leave. You can initiate this by saying; "I'd like to pray with you before I go."

DON'TS

Don't thoughtlessly share stories about your own illnesses or experiences of those close to you.

Don't say or imply that someone is sick because of his or her lack of faith.

Don't feel pressured to read Scripture. Share a verse or passage if it seems appropriate, but don't force it.

Don't stay too long. Ten to fifteen minutes should serve as an average.

Don't go in a room if the door is closed. When this is the case, ask at the nurses' station to see if it is okay to enter.

Don't violate hospital policies, such as visiting hours.

WHAT IF...

1. Someone is having surgery:

Visit them earlier in the day or the evening before. In this way you will not be interrupted by or interfere with preparations for surgery.

Possibly read Psalms 121 to them. It recalls that God who watches over them "will not slumber nor sleep" (verse 4), and that "The Lord will watch over your coming and going both now and forevermore" (verse 9).

2. Someone has a baby:

Don't visit them immediately! Give them a night to rest before your visit.

Pray for this new life inviting the Holy Spirit to be active in preparing its heart to receive Christ and serve Him.

Invite God's blessing upon the entire family and home.

3. Someone is dying:

Call a Pastor immediately; Pastor Jim Hakes and Pastor David Horner will be available most days. Pastors want to be involved in ministry to the person and their family at this time.

Listen and care for people, resisting the temptation to argue with the feelings of denial and anger, which are a natural part of the grief process.

Sit with people. Just be there. It's not what you say, but the fact that you were there that communicates concern at times like this.

Chapter
2

Death and the Caring Community

USA Today, September 16, 1994. Drs. Hillel Finestone and David Conter of the University of Western Ontario think medical doctors should take acting classes so they can at least pretend they are concerned about their patients. These two doctors are not being facetious. They have written their thoughts for the medical community to seriously consider. “We do not put forward the idea cynically,” they said. These physicians feel “acting classes should be required in medical school so doctors can learn just when to provide a perfectly timed compassionate look, or a touch on the hand.” An accompanying commentary from Great Britain by Dr. Chris McManus of St. Mary’s Hospital Medical School in London said, “Acting may ultimately save doctors who are at risk of professional burnout.”

Can everyone be taught to be compassionate?

Who Switched the Price Tags, Tony Campolo, 1986 Joseph Stowell, president of Moody Bible Institute, heard a powerful story about compassion from a Jewish/Christian friend who had recently returned from a trip to Denmark. Having never been there himself, Stowell was deeply interested in hearing about the trip. There was obviously much to tell, but the highlight of the trip took place on their tour of the palace where each of Denmark’s kings have lived.

The guide told of the time when Hitler took over their country and required King Christian X to read the edict concerning an armband that all Jews must wear. The Danes listened to their king read these words from the palace balcony as tears brimmed from his eyes. When he finished delivering Hitler’s edict, King Christian X reached into

his pocket and pulled out a yellow armband. He then slid it up his arm. Those present to witness this moving declaration of compassion were inspired to do the same. Throughout Denmark, many non-Jews acquired yellow armbands of compassion to help hide the Jews from Hitler's henchmen. Compassion occurs when another's problem is embraced as our own.

To whom are we as Christians to show compassion?

Who Switched the Price Tags, Tony Campolo, 1986 Through the atrocities of World War II came an unmistakable lesson on compassion. A young Jewish boy from Poland was rounded up by the Nazi troops to be shot with his family and neighbors. They were forced to dig a common grave then the soldiers gunned them down. The bullets ripped through all those around him, but he miraculously escaped injury. In trauma, he collapsed among the corpses and was buried as dead.

The shallow grave provided just enough air to sustain him until nightfall. He then clawed his way out and ran for safety. His dirty, naked body was covered with blood and did not solicit a welcome from the homes he encountered. In the shivering cold he begged for help, but each resident turned him away for fear of the Germans. In desperation, he tried a different approach. He timidly knocked at the door and cried, "Don't you recognize me? I am the Jesus you say you love." A compassionate woman embraced the little boy, took him in, and raised him as her own. Compassion is best realized when we recognize others as the Jesus we say we love.

God's word is powerful. His word works miracles. He uses us as individuals to administer the Word as a doctor prescribes medication to the physically sick.

Showing compassion to others while using the Word of God, guided by the Holy Spirit, not only ministers to the spiritual needs of individuals but the mental and the physical aspects, all three.

Not only is it important to share the word, but also it is important in how the word is delivered.

Romans 8:28. Shared many times with those in trouble, distress and sorrow.

Though the word of God is truth. If you were about to lose a loved one to cancer, and someone who was there to comfort you, and they read **Romans 8:28** this way.

"And we know that in all things God works for the good of those who love Him, who have been called according to his purpose."

Should the one who comes to comfort you read verses ahead of vs 28 and in a more compassionate manner, this is what you would hear.

Rread **Romans 8:26b-28**

“We do not know what we ought to pray for, but the Spirit himself intercedes for us with groans that words cannot express. And he who searches our hearts knows the mind of the Spirit, because the Spirit intercedes for the saints in accordance with God’s will. And we know that in all things God works for the good of those who love him, who have been called according to his purpose.”

In what manner would you wish to be comforted?

As we read in the second short quotation by *Tony Campolo*: “Compassion occurs when another’s problem is embraced as our own.”

Two things we must do.

1. We need to assure our brothers and sisters of God’s love.

In the book “**Death and the caring Community.**” We read:

“It is very wrong to treat death lightly. Or to *blithely*

MEANING (1 : be of a happy lighthearted character or disposition
2 : lacking due thought or consideration)

assume as death approaches that our brother or sister must be eager to be with the Lord. Death is, and always has been, an enemy. If we Christians approach death with a strange confidence, it’s not because we welcome it. It’s because we have a personal relationship with God like the one expressed in **Psalm 73:23-26**

“Yet I am always with you; you hold me by my right hand. You guide me with your counsel, and afterward you will take me into glory. Whom have I in heaven but you?

And earth has nothing I desire besides you. My flesh and my heart may fail, but God is the strength of my heart and my portion forever.

It’s appropriate to leave the future in God’s hands.

Romans 8 we read: “But hope that is seen is no hope at all. Who hopes for what he already has? But if we hope for what we do not have, we wait for it patiently.”

It’s important to note here that the hope of which Paul speaks is not death, nor is death its doorway. The hope is that time coming when God will set all things right: when resurrection will bring us all to the perfection He has planned for us, and when death’s last taint will have been purged from the very universe itself.

2. We need to be agents of God.

We need to be a family, gathered around. By our presence, by a touch, by the warmth of a familiar voice, we let a person know in unmistakable ways that he is valued and loved. We let a person know that when all the things that he once did to make himself important are stripped away, he is loved as a significant member of God's family. By the love of the Family gathered around, we communicate the reality of a God who also hovers near, to shepherd His loved one through the darkness of the valley of the shadow of death.

“Until you have given up your self to Him you will not have a real self . . . The principal runs through all life from top to bottom. Give up yourself, and you will find your real self. Lose your life and you will save it. Submit to death, death of your ambitions and favorite wishes every day and death of your whole body in the end: submit with every fiber of your being, and you will find eternal life. Keep back nothing. Nothing that you have not given away will ever be really yours. Nothing in you that has not died will ever be raised from the dead.” C. S. *Lewis Mere Christianity*.

Chapter
3

A Basic Course in Caring *The Caring Community*

Larry Richards
Paul Johnson, M.D.
Used by permission.

"I beseech you therefore, brethren, by the mercies of God, that you present your bodies a living sacrifice, holy, acceptable to God, *which is* your reasonable service. And do not be conformed to this world, but be transformed by the renewing of your mind, that you may prove what *is* that good and acceptable and perfect will of God". **Romans 12:1-2** (NKJV)

"Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God." **2 Corinthians 1: 3-4**

Section I:

Personal Attitudes Toward Death and Dying

Section I (blocks 1-4) deals with the individual's personal attitudes toward death and dying. **Section II** (blocks 5-9) deals with the reactions of the terminally ill individual and/or his family. **Section III** (blocks 10-15) focuses on responding to the life-threatened in a supportive and caring Way.

The grieving individual will suffer in much the same manner as the person who has been declared terminally ill. Loss is loss, be it the loss of ones own life or the loss of a loved one.

1: Numbered Days

Goal: To examine our personal attitudes toward death in order to prepare for ministry with the life-threatened.

“The length of our days is seventy years—or eighty, if we have the strength; yet their span is but trouble and sorrow, for they quickly pass, and we fly away. Teach us to number our days aright, that we may gain a heart of wisdom”. **Psalm 90:10,11**

What is your attitude toward death? What "wisdom" might you gain by numbering your days.

Questionnaire

There are no right or wrong answers to these questions.

- Agree Disagree a. I have never thought of myself dying in a traffic accident or some similar accident.
- Agree Disagree b. I often read the obituary items in the paper.
- Agree Disagree c. I see death as involving only a temporary separation from my loved ones.
- Agree Disagree d. I think that medical science is likely to make discoveries that will extend my lifetime twenty or thirty years.
- Agree Disagree e. I seldom think about death or dying.
- Agree Disagree f. I think capital punishment is cruel and unusual punishment.
- Agree Disagree g. It's always a tragedy when someone dies.
- Agree Disagree h. I expect to face my own death calmly and peacefully.
- Agree Disagree i. Exceptional medical means (drugs, support machines, etc.) should always be used to preserve no matter what a person's mental condition.
- Agree Disagree j. I find it uncomfortable to think or talk about a person who has died.
- Agree Disagree k. I am both fascinated and frightened to think about having a relationship with someone who may be terminally ill.
- Agree Disagree l. If a person only has enough faith. God will always rescue him or her from the threat of death.

3: *Fears*

Goal: To become sensitive to the fears associated with death, dying and loss.

Death watch— Family learns of life as Mom slowly dies

Life, says Sylvia Gardner, is like living with an ax hanging over your head and never knowing when it's going to fall.

Her ax is cancer. It was supposed to drop 13 months ago. It's still hanging, and Sylvia is still hanging on.

Mrs. Gardner is here with the help of the Community Home Health Care Agency, an arm of the Maricopa County Department of Health Services. She is enrolled in the Mayday program, which provides care for terminally ill patients in their homes. The program is set up to allow a patient to die with dignity and ensures that no extraordinary measures will be taken to prolong life.

A public-health nurse regularly visits Mrs. Gardner, as does a social worker, and together they attend to her physical and mental needs. For families like the Gardners, the Mayday program is a means of keeping the family together, at home. It also is designed to allow the family to share in the experience of dying.

For the Gardners, sharing cancer is a daily fight to remain calm and keep a positive outlook.

"I accept the fact that I have cancer," says Mrs. Gardner, who is 47. "I did not accept the fact that I was going to die when they told me I was going to die. I told the nurses that I was going home with my family to face this with them, together."

The Gardners live in a modest home in rural Tolleson. The family began facing the crisis together two years ago when Sylvia was diagnosed as having cancer of the uterus.

She lives quietly. Some days are better than others. There is constant pain, but she takes only vitamins. No more chemotherapy, no more experimental drugs. She says it's easier that way.

'Toward the end, it might get a little bit sloppy, a little heavy for my family," she said. "I don't want a bunch of needles and tubes stuck in me. For what? To watch my family die a little bit with me?"

When death comes, the program will take on a new course. The family will notify the emergency room at Maricopa County Hospital and ask for "Doctor Mayday." That will signal the hospital to dispatch a vehicle to the home to pick up the body. No frills, no flashing lights, no sirens.

Ray Gardner is a burly, nervous man who still seems to be angry at the cancer, at the doctors, at the ultimate unfairness that will claim his wife's life. She was dancing, and someone turned off the music. It is not a question of fairness.

At 43, he is a young man, but an industrial accident left him with a damaged back that won't allow him to work full time. He collects disability. He also cares for his wife and watches over their four children.

"Leave her?" He snorts at the question. "What choices have I got? When I was sick and hurt in a wheelchair, she stayed with me. But I get some nights that I want to get up and run. I get so lonely. I have to survive—I have four children."

The youngest, 9-year-old Bret, doesn't understand why his mother is sick all the time, even though the Gardners have tried patiently to explain the disease to him.

He draws pictures of his mother battling cancer. A stick-figure boy is shown punching a crayoned cancer cell. He frequently begs his mother to "give those old cancer cells to me, Mom, I can fight 'em for you; I can beat 'em up."

The eldest child, Barbara, is withdrawn and elusive at 17. She won't talk about the illness. She has the added burden of the household chores as well as riding herd over her younger brothers.

Mrs. Gardner spends her days in a bed or in a chair in the family room. She is thin and tired, and her voice reflects the minute-by-minute strain of her fight. She sees the situation as a learning experience for the children.

"It will help them," she says. "I feel positive about dying at home and letting them partake of it. When it happens, it's going to hit them hard.... But they can be in on it. I want my family to come closer together.

"They stand to lose their mother," she says. "They have to take over the house. They are going to do it as kids, not as adults. That's not easy."

The family dog, Apricot, a white poodle, curls up at Mrs. Gardner's feet. She smiles.

"I never did go through the angry stage," she says. "I never questioned and said, 'Why me?' I just accepted it as the will of God. I thank God I have had the time to get back into my church, to take a second look at my life and see what needed to be done."

Ray Gardner looks at his wife of 18 years who is reclining weakly on a chair. His eyes are misty.

"I'm mad about it, sure. I'm upset about it. But I can't do anything. You gotta sit and wait. That's what it's all about-facing born and dying."

(Reprinted with permission of the *Arizona Republic*)

Read the list below and pick out the three which you identified with most closely, and put a check mark beside the three selected.

Fear of _____ **helplessness** _____

Fear of being alone, _____ **deserted** _____

Fear of pain and _____ **suffering** _____

Fear of being a _____ **burden** _____

Fear of _____ **humiliation** _____

Fear of what will happen to _____ **projects** _____

Fear of _____ **punishment** _____

Fear of _____ **separation** _____ from loved ones

Fear of _____ **future** _____ for loved ones left behind

Fear of _____ **impairment** _____, or being _____ **unable** _____ to care for self

Fear of the _____ **unknown** _____

Fear of loss of _____ **emotional** _____ control.

If you have other fears, write them here _____

“Awareness States”.

1. _____ **Closed** _____ Awareness
2. _____ **Suspected** _____ Awareness
3. _____ **Pretence** _____
4. _____ **Open** _____ Awareness

The godly do experience fear and other

" _____ **negative** _____ " emotions—and fears are an opportunity for each of us to grow in our capacity to trust. We

must not reject or condemn others for their fears, any more than God does.

My heart is severely pained within me,
 And the terrors of death have fallen upon me.
Fearfulness and trembling have come upon me,
 And horror has overwhelmed me.
So I said, "Oh, that I had wings like a dove!
 I would fly away and be at rest.
Indeed, I would wander far off,
 And remain in the wilderness. Selah
I would hasten my escape
 From the windy storm *and* tempest."

Psalm 55:4-8

When I am afraid,
 I will trust in you.

In God, whose word I praise,
in God I trust; I will not be afraid. What can mortal man do to me?

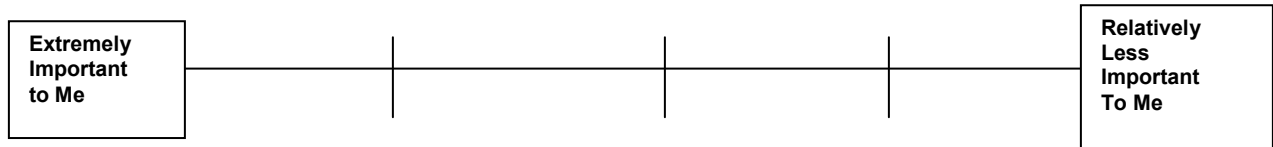
Psalm 56:3,4

4: *We Count*

Goal: To help you see some of the differences that support from a caring community can make for the grieving and life-threatened.

Rank personal concerns along a continuum like the following: Each person is to imagine he or she has a life-threatening illness, and to place only one item on each segment of the continuum.

THE CONTINUUM



Items:

- _____ **financial** _____ needs met
- know _____ **family** _____ cared for
- not suffer _____ **great pain** _____
- not _____ **lose control** _____ | of my life
- continue my _____ **work** _____
- know others _____ **really care** _____

- not be _____ **abandoned** _____
- _____

(for item of own choosing)

How does Christian faith help us deal with the areas ranked on the continuum above? The Christian has a distinctive view of who God is, and a personal relationship with God.

The key questions to discuss from Bible verses below are:

- What is God's _____ **commitment** _____ to us as His people?
- How can a ___ **personal relationship** ___ with God help the life-threatened?

Read **Psalm 37:23-25; Matthew 6:25-34; Romans 8:38, 39; 1 Corinthians 10:13; Philippians 1:6; Hebrews 13:5b-6.**

God does care about the deep needs of the life-threatened and those suffering grief. God acts through us, His people, to meet needs. Meeting needs means moving toward relationships with the life-threatened. There are many simple and yet important things that a caring community can do to provide support.

Section II:

Reactions of the Terminally Ill Individual

5: Denial

Goal: To help you recognize and learn how to respond to denial behavior in a seriously ill or grieving person.

The section now being begun focuses on reactions to life-threatening illnesses, and is designed to help you recognize them and respond supportively.

One writer defines denial as *"a general term used to cover any sort of behavior that allows a person to avoid facing reality, to evade a painful perception or to keep separate from it, or to escape confronting anything unpleasant."*

Discuss two questions:

- a. Might denial ever be helpful to a life-threatened person?
- b. Might denial ever be harmful?

List No. 1 Following is a list of words and actions which may indicate denial.

- a. Says he believes **___an error has been made_____** by his doctor(s).
- b. Explains disease symptoms as of **_____an other, less serious illness_____**
- c. Says the doctor has promised quick **_____restoration_____**.

- d. Never talks about death or dying; turns head away if dying is mentioned.
- e. Talks _____ **constantly** _____ about plans for the future,
- f. Openly says " _____ **I don't believe it** _____."
- g. Seeks treatment through _____ **non-medical remedy** _____ or God's healing,
- h. Never asks questions about the _____ **disease or the symptoms** _____.
- i. Refuses _____ **treatment** _____, expecting symptoms to _____ **disappear** _____ by themselves,
- j. Does not _____ **recognize** _____ drastic changes in physical appearance,
- k. Speaks of treatment or hospitalization as of very short duration.
- l. Talks of illness as _____ **minor** _____,
- m. Knows what the illness is but professes to be sure he will _____ **recover** _____,
- n. Explains reasons why he or she can't die yet. (God wouldn't be so cruel; my children need me; etc.)
- o. Does not seem to hear _____ **question or comments** _____ on illness.

List No. 2 Possible responses to a person's denial.

Patient Statement or Action Response

a. "The doctor thinks it's cancer, but he's too young to really know."

a1. "I'm afraid no doctor would make a mistake about something as serious as that."

a2. "Don't you think you ought to consider whether the doctor might be right?"

a3. "I understand treatment for cancer is becoming more and more effective."

b. "I think it's just a touch of flu, or maybe I've been working too hard."

bl. "I've never heard of flu hanging on as long as your illness."

b2. "I suppose that's possible, isn't it."

b3. "I guess the important thing is to take your medicine and rest."

c. "I don't believe it. This can't be."

c1. "I'm afraid it's true. And probably the sooner you face it the better,"

c2. Silence.

c3. "I'm sure everyone feels that way for a time."

d. "I don't trust the doctors these days. So what I'm going to do is try a natural, all-grain diet."

d. "Why don't you take your medication and forget about those quack fads."

d2. "How many doctors have examined you?"

d3. "Do you suppose the diet *and* the medication would make a good combination?"

e. "Next year, when we get these bills paid, I want to take a three-week travel vacation with my whole family."

e1. "Are you worried about getting the bills paid?"

e2. "That does sound relaxing."

e3. "Being with your family is important too, isn't it?"

List No. 3

- does this response help me openly share my thoughts and feelings?
- do I feel this response is an attempt to force me to give up denial, or does it reinforce denial?
- is this a *caring* response?
- what other responses might be helpful?

How to respond to denial. Principles to be observed include:

- do not attempt to break through denial, but do not reinforce it.
- try to let the person know that you care and are willing to talk about death or dying if and when the person is ready.
- try to show that you do care.

6: Anger

Goal: To help you recognize and learn how to respond to anger in the seriously ill person.

Psalm 73:1-14

What emotions were discovered? What were their causes? How should we view anger? At times like these we do not need condemnation from others; we need a different kind of help entirely.

Psalm 73: 14-28

Try to trace the change in feelings of the psalmist.

-
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-
- What caused the change in the psalmist's outlook and feelings?
 - What feelings replaced the feelings of anger? Evaluate the following responses to a person who expresses anger toward God or toward another person. Which are most likely to help him or her work through and beyond the anger?
 - Stress the fact that anger is sin and insist he or she ask forgiveness.
 - Strike back with an angry retort, so he or she can see what it's like to be hurt.
 - Ignore the outburst.
 - Apologize for whatever it is you've done, or agree with his or her attack on others.

- Try to express understanding of the anger though not agreement.

What might accepting or encouraging responses be like? Here are a variety taken from a nurse/patient relationship training course.

Patient: "Get out of here! I didn't send for you—I have enough people pawing over me already!"

Nurse: "I'll be here when you want me."

Patient: "The doctors here don't know what they're doing! I can't get a straight answer out of any of them!"

Nurse: "Tell me what you want to know, and maybe I can get answers for you." (Sits down and makes it clear that she is ready to listen.)

Patient: "I told you I didn't want any visitors! Can't you leave me in peace!"

Nurse: "Call me when you want me—any time."

"I'll suggest that people call you before they come, so you can tell them if you feel like having visitors."

"I notice there are some visitors you don't object to. Can you tell me what makes them more comfortable to have around?"

Patient: "Jones will really be happy now! The- — has been after my job for years!"

Nurse: "This man Jones—what is he like?" Patient: (Throws the water pitcher on the floor.)

Nurse: "The pitcher isn't a bad thing to throw when you get mad. It's unbreakable."

"If you feel like getting it off your chest, I have time to listen."

Patient: (Turns impatiently to the wall when the nurse speaks to him.)

Nurse: "Please remember that I'm available to talk whenever you feel like it." (Makes a point of coming in regularly and sitting down for a few minutes, making it clear each time that she has time to talk—and listen—for a little while. Does this again

and again, until she hits on a time when the patient is ready to talk.)

Patient: (Stares at the nurse belligerently when she asks a question.)

Nurse: "You look so angry." (Stated calmly) **Patient:** (Pulls abruptly away when the nurse touches him.)

Nurse: "There are times when I hate having people touch me. When you're a patient, you probably get more of it than you want."

Patient: (Deliberately throws book on floor.) **Nurse:** "You're very angry, aren't you?"

Patient: (Begins to put on his clothes and refuses to respond when the nurse protests.)

Nurse: "I know you're angry and hurt. Sit down and talk a while before you rush out."

It's important to remember that anger may not be just a "psychological reaction" to the stress of life-threatening illness. It may also be caused by real needs that a helping person can meet.

7: *Depression/Grief*

Goal: To help you to learn to recognize depression/grief and respond supportively.

Sometimes people label the grief or the depression experienced as "self-pity." A person with these feelings may be unable to express them because, like anger, they are not socially acceptable. In this session we first want to identify feelings associated with depression/grief, and to note actions or words, which might express those feelings without being openly labeled.

Grieving Stages

shock (similar to denial)

disorganization (confusion, failure to follow through on regular tasks, loss of motivation)

volatile emotions (hysterics, anger, breaking things, locking self in room, beginning to drink, etc.)

guilt (blaming self, regrets over past failures, etc.)

loss and loneliness (intense feelings of abandoning or being abandoned)

(From Robert Kavanaugh, *Facing Death*, Los Angeles: Nash Publishing, 1973)

Many different actions can show this grief/depression response, not just tears or moping.

"You must sorrow in a godly manner, which will always lead to repentance wherever it is needed." *Pastor Steve Carr.*

“Godly sorrow brings repentance that leads to salvation and leaves no regret, but worldly sorrow brings death.”

2 Corinthians 7:10

“You must be balanced enough to allow someone to share your grief, but you must also take the necessary action that will help resolve the grief. This will always entail seeking a deeper relationship with the God of all comfort (**2 Corinthians 1:3**).

He heals broken hearts (**Luke 4:18**). When Jeremiah remembered his afflictions and problems, he said his soul would ‘sink’ within him (**Lamentations 3:19-20**).

However, when he considered the Lord in prayer he found the hope he needed (**Lamentations 3:21-24**). This will be your ultimate solution as well.” *Pastor Steve Carr*.

8: *Review*

Goal: To review normal responses of individuals to life-threatening illness.

GRAMPS VIDEO: A man ages and dies film.

9: *Recognition*

Goal: To help you discover how much you have learned about recognizing the feelings and needs of the seriously ill and grieving person.

Psalm 88

Identify common feeling or reactions of the life threatened:

Social death

Abandonment

Guilt

Fear

Anger

Despair

Bargaining

Depression

Study Chapter 6 Hand out

Section III:

Responding to the Life-Threatened

10: *Hope*

Goal: To help you approach relationships with both the life-threatened and the bereaved with a positive attitude, and with awareness of the hope that does exist for them.

Evaluate the following statements.

- a. Living for another twenty-five years would give my life meaning and purpose in itself.
- b. Finishing a project I am working on now would give my life meaning and purpose.
- c. Being able to do what I plan for the next year or so would give my life meaning and purpose.
- d. Having a good relationship with my loved ones and contributing to others' lives would give my life meaning and purpose.
- e. Fulfilling God's plan for my life would give my life meaning and purpose.

Evaluate the statements in light of the following Scriptures: **Matthew 6:31-34; Romans 13:8-10; I Thessalonians 4:11,12; I Timothy 6:11-16; James 5:13-16.**

Discuss: What *does* give meaning to a person's life? Does the fact that each of us will someday die—some sooner than others—really make a difference in meaning?

Write own obituary, seeking to express in it some sense of what makes life meaningful to you—and what would make your life meaningful.

Re-Read Chapter 6

11: *Listening*

Goal: To develop skills for sensitive listening,

Encouraging Expressions of Needs

Showing readiness to listen

1. _____ **Sits** _____ quietly by bedside.
2. _____ **Asks** _____, "Is there anything you'd like to talk about?"
3. _____ **Invites** _____ the patient to ask questions.
4. Asks, "How do you feel about being **_in the hospital_**?"
5. Asks, "How do you feel about your **___treatment___**?"
6. Says, "Tell me **___more___** about how you feel."
7. Asks, "Is there anything I can do for you?"
8. **_Waits_** several seconds for the patient to respond when asked a question.
9. **_Nods_**, showing acceptance of what the patient says.
10. **_Reveals_**, "Yes, something like that happened to me."
11. **___Responds___** by building on what the patient says.
12. Talks about patient's **___family, friends, work___**, etc.

13. Expresses sadness to match patient's sadness.

14. Says, "I'm so sorry you...."

15. Expresses anger to match patient's anger.

16. Says, "I'm sorry I can't change things for you."

17. Cries when patient cries.

Role play: Carry on conversation, one taking the role of a seriously ill person, the other as role of friend. Practice sensitive listening.

12: *Prayer and Scripture*

Goal: To help you gain understanding of how to share prayer and Scripture with the life-threatened.

Find 5 to 10 verses which might be meaningful to the life-threatened such as **Psalm 23** or **Hebrews 13:5b, 6** as examples.

Suggested criteria for Scriptures to use:

1. Be _____ **relevant to the needs** _____ of the life-threatened
2. _____ **Emphasize** _____ personal relationship with God
3. Focus on who God is and _____ **His love for us**.

Both Scripture and prayer will normally be introduced as part of the listening and sharing that takes place between a friend and the life-threatened. "Preaching," or seeking to convince the other of a doctrine or truth, seldom is appropriate. Instead, the great realities of faith that bring hope and comfort will come as a natural part of the conversation. The focus will be on the individual's needs, and on God, who loves him and is able to meet those needs. Prayers will typically be brief, and meet the same three criteria for choice of Scriptures.

13: *Sharing Christ*

Goal: To learn to more effectively share Christ and the Gospel with the life-threatened.

Share how you first heard about Jesus, and the factors that led to you becoming a Christian.

Story of Senator.

Afterward restate the principles suggested in the text:

- a. Listen to ___**show respect**___ before trying to witness.

- b. Do not ___**impose**___; share the Gospel as an affirmation of your personal faith.

- c. Stress personal benefits and present experience.

- d. Focus on ___**personal relationship**___ with Jesus, not church affiliation or subsidiary doctrines.

14: *Hearing God's Voice*

Goal: To help you sense God's leading in this area of ministry.

This session is not designed to force or to manipulate. It is designed to confront the question of God's intention for you.

Pursue a divine perspective. This is not easy. There are so many challenges in the present. But faith helps us see the big picture-as difficult as suffering and serving the suffering are, there is an end in sight and a better future to anticipate.

The Apostle Paul spoke of this view when he said: "We do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day. For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we do not fix our eyes on what is seen, but what is unseen. For what is seen is temporary, but what is unseen is eternal." (**2 Corinthians 4:16-18**)
Those we serve have a better future waiting and we have a Father who sees what we've done in private to serve them, and will remember and reward us for that service: "God...will not forget your work and the love you have shown him as you have helped his people and continue to help them."
(**Matthew 6:4; Hebrews 6:10**)

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1. Adapted from Charlotte Epstein, *Nursing the Dying Patient* (Reston, Va.: Reston Publishing Co., 1975), p. 22.

2. Epstein, *Nursing*, pp. 41-46.

The Deacon

It started when I was giving my deacons some training in *JL* terminal personality stages. One of my men said, 'Next time you visit someone going through this, I'd like to come.' So I took him with me to see Jack.

"Jack had cancer in the lower part of his body. He'd already had a colostomy, and had almost no lower body functions. We visited with him in his bathrobe, in his home. His wife was also there. This was my second or third visit, and I was just trying to relate to them.

"Jack had been president of a large corporation, and when he got cancer they ruthlessly dumped him. He had run through his insurance at this point, and used his life savings, and had practically nothing left.

"I had told my deacon to listen, but not say anything. But in the middle of it my deacon just had to witness. He said, 'Jack, you speak so openly about the shortness of the life you have left. I'm sure you've thought very much about dying. I wonder if you've prepared for your life after your death?'

"Jack stood up, livid with rage. He tottered there in his bathrobe, shaking and cursing. 'You — — Christians,' he shouted. 'All you ever think about is what's going to happen to me after I die. I don't know that anything will, and I don't care. If your God is so great, why doesn't He do something about the real problems of life?'

"Enraged, Jack went on to tell us that he was leaving his wife penniless. He was leaving his daughter without a college education. He was going out with a whimper, not able to provide a thing for them. And with that he ordered us to get out.

"We got outside and I said, 'You see what can happen. You went right past the man's feelings. You mirrored your own values across to him, and assumed that your values would be his, when in fact he has a totally different structure of concern.'"

It's no wonder that we feel uncomfortable at the thought of talking with a person with a life-threatening illness. How will such a person react? How will he or she feel? What can we say or do that will really help? Certainly the deacon who accompanied Pastor Ralph Neighbour, of Houston's West Memorial Baptist Church, *wanted* to help. But he failed to be aware of the likely reactions to terminal illness. And he had not heard the many clues Jack gave to the state of his feelings.

In this chapter we want to examine common reactions to life-threatening illness. We want to become aware of common fears and worries. We want to become more sensitive to the needs of those who have discovered that they may soon be cut off from the land of the living.

"Later my deacon insisted I take him back, which I did *not* want to do. He said, 'I'm either going with or without you, and I think we'd both feel better if you went with me.' So we went. The wife refused to let us in. I begged her. I said, 'I know we made him angry before. But this is very, very important.'

"Finally she let us go in. He was in bed. He'd gotten considerably weaker over the last week.

"This deacon pulled out a little note pad and said, 'Jack, I know I offended you before. I humbly apologize. But I want you to know I've been working since then.

"Your first problem is how will your wife and daughter have a place to live when she doesn't have any income. I checked in the neighborhood. You've owned this house for X number of years; I compute you have a minimum of X dollars in the house. We have a realtor in the church who's agreed to sell your house, and give your widow the real estate commission.

"I guarantee you that a group of men along with me will make the payments for any months that might elapse till the house is sold. So stay here till you die, and if you'll permit me, we'll make your payments.

"Then, right down the street, there's this large apartment house. I've contacted the owner. He's offered your wife a three-bedroom apartment for her and your daughter. When your house is sold, we'll move her over there. He will pay her \$850 a month plus free utilities in return for which she can collect rents and supervise plumbing and electrical repair. She'll be there till your daughter graduates from high school, and the income from your house should pay for her college.'

"The final thing is, I've gotten a team of young men from the church who've volunteered to pool their money and rent a U-Haul truck and move her, so it won't cost her a cent.'

"I want you to be able to die in peace, knowing that your wife and daughter are cared for. One thing I need is your permission to execute these plans for you after you've gone.'

"And Jack just cried like a baby."

Senator

How do we sensitively communicate the good news to others? All too often Christians use an overeager approach, which may almost frighten others. In general a gradual, even humble approach is most helpful. Paul Johnson's experience with a Washington state senator illustrates his own approach to sharing Christ and the gospel's hope for eternity.

The senator, whom we will call Senator Powell, was very well known in the community. He was very proud of his position, and wanted everyone to address him as "Senator." If you didn't he would correct you immediately.

He was also the editor of a successful neighborhood newspaper, and chairman of the hospital board.

"So here was a man who died when he was about sixty, and everyone was afraid of him because his way was domineering, ugly, almost mean. When he was chairman of a committee, it went his way. He was a very unpleasant man to be around.

"I had worked with him on several committees, and so knew him. He developed a neck cancer that spread rather rapidly. He was hospitalized, and having known him and that he was in real dire straits, I went in to talk to him.

"I said, 'Senator Powell, I just want to come in and tell you I'm really sorry you're sick.' When I told him, I felt it was probably the last chance I'd have to make any impression on him so far as his future was concerned. I felt fairly certain he was not very familiar with any spiritual things. So I said, 'Senator, you're in real trouble, and you know that. I just want to share with you what I believe. It may not make any sense to you, but I want to share what I believe, and if it would give you any support, that would really make me feel good.

"You know, I happen to believe that Jesus Christ is the Son of God. He was here, He revealed God's love to us. And not only that, He recognized we're all sinners, and He came to provide a way we can be reconciled to God.

"For that, He had to die on the cross, and He did die, for you and for me. Our behavior isn't going to be the key to whether we live again. It's how we relate to Jesus Christ, the Son of God.'

"I went through that with him, and he didn't say anything. His face was very stern; he showed no reaction at all, but just looked straight ahead. So I said, 'I hope you start feeling better, but I just wanted to share that with you.' And I left. I had no way of knowing how he had reacted; in fact, I thought he had probably resented it.

"The next morning I came into the hospital very early. When I came in I was being paged. I called the operator, and she said, 'Senator Powell wants you in his room.'

"I thought maybe I was going to go in there and he was going to tear me apart. But when I went in, he said, 'Dr. Johnson, nobody has ever talked to me like that before.'"

"I said, 'Really? Well, what did you think of it?'"

"Anybody who has ever talked to me in any religious way has been a man of the cloth, and all he wants is money. He's never been interested in my "soul," or where I'm going, or anything like that. How come you're interested in me?"

"I said, 'Because you're a friend of mine. And what's more, I just want to be sure you know the Good News of the Gospel, because it is good news. It provides something nobody else can provide. Science apparently is not doing so good for you. Man isn't really coming through, and he's not solving your problem. So you have to look somewhere else, and the only place I know you can look that has any value at all is in what God has provided. And that's through Jesus Christ His Son, who really cares for you, whether you know it or not.'"

"That totally disarmed him, and he said, 'You know, I'd like to know more about that.' I said, 'You know, you're opening up to something that's been kept from you for all these years. And I just want to pray with you. Do you mind if I pray with you?'"

"He said, 'No!'"

"I think that was probably the first prayer he'd ever heard in his behalf.

"I saw him daily after that, and when he left the hospital he said, 'I want you to come visit me.'"

"I told him, 'I will. In fact, I'll visit you every day.' So I went and visited him, and we talked about eternal things. There was a TV program that laid out the Gospel that he watched when I wasn't there. He watched, and then he'd have questions. Impossible questions. About the universe, and the cosmos. And all I could say was, 'You're asking questions I can't answer. But you know who made all this? The one who's interested in you.'

"I'd say, the thing I do know, He's the only one who came out of the grave."

"He'd say, 'You really believe that?'"

"I'd say, 'I know that. I don't just believe, I know that.'"

"He'd say, 'How do you know that?'"

"I'd say, 'It boils down really to faith. I wasn't there. But you know, I wasn't there when George Washington was president either, but I know he was president.'"

"He was a good reporter, so that kind of held together for him.

"He died shortly after that, and I really believe he came to faith. I feel sure I'm going to see Senator Powell in the Kingdom, and I'm going to have a neat time talking with him. And he's going to be so glad that I came into his room."

In this experience Paul Johnson was more direct than normal, but he still followed several important practices. Normally Paul's approach involves much listening to find out where people are, to sense how open and receptive they may be. In Paul's experience, "many people are not receptive to the Gospel at all, initially. They will often even be antagonistic. Some are angry at God about their condition. Others don't believe in God, and are even antagonized by the fact you believe in God. They don't understand God's nature at all, or know who He is. Many—a majority—have just existed and never given Him a thought. Or have been given the wrong introduction to God through the churches. So often much misinformation needs to be *undone*, and you are in fact trying to communicate this eternal hope from below zero. So you must be very careful."

The practices Paul Johnson has found helpful are:

(1) *Listen*. Listening not only shows respect, it earns a hearing. Often listening will provide clues to the best way to share.

(2) *Don't impose*. Paul's way of saying "this makes sense to me; it may not to you," is a powerful weapon. First, it assures the individual that his right to accept or reject the gospel message is fully respected. There will be no attempt to frighten, coerce, or force agreement. Second, it casts the sharing in the form of personal witness. There is no arguing over doctrine here; instead there is simply the affirmation of personal faith. For either medical personnel or a person who has proven himself to care, and thus earned respect, such a witness carries significant weight.

(3) *Stress personal benefits*. Paul Johnson tends to focus on the individual's present experience. Faith in Christ brings significant comfort. Man's effects, and science's advances, are finally reaching their limits. There's a reason then to explore the possibility that a God who is greater than men and science exists and loves you.

(4) *Focus on personal relationship*. It's important in sharing the Gospel to keep the focus on the Person of Jesus and His love for each individual. Church affiliation and denominational distinctives all fade to insignificance in view of the individual's need for a personal relationship with God through Jesus Christ. That Jesus is the Son of God, died for the individual, and loves him now, is the heart of the good news we share.

In each dimension of the ill individual's life—his present, his immediate future, and his eternal future—there *is* hope. Those in the caring community approach ministry

to the life-threatened with this confidence, and so enter a relationship with the ill with positive expectations. We also know there are keys to communicating hope; keys which operate whatever our relationship with the individual. In our relationship we do respect the individual's right of self-determination, and resist the tendency to wrest control from him or her. In our relationship we focus on options the future holds as positive possibilities for the individual. And in our relationships we help the individual experience, the immediate future, and the eternal destiny of the seriously ill. set goals toward which he or she can move.

In our ministering relationship we can use these keys to bring hope into the present

Chapter
4

Dealing with Grief

By Pastor David Horner *(Adapted from a series of 6 booklets on grief)*

What is grief? How does it affect you?
How can you handle it successfully?

Grief is, according to Webster's dictionary, "an intense emotional suffering caused by loss, disaster." It is "deep sorrow"

Emotional suffering, inner pain that if allowed to go on too long will lead to physical suffering and agony, weight loss, and an unbalanced family life. In some cases families have broken up because of the tremendous emotional upheaval that has been brought into the life of a person through the loss of a loved one.

Your ability and willingness to handle grief are the determining factors as to how you will fare when a loved one dies. What you do with your grief depends on you. The duration of the grieving process and the means by which one deals with ones grief will vary as we progress toward recovery. Life will once again function as usual, being affected only periodically by our memories.

Cultural background matters a great deal in the process of grief. Many cultures have a set pattern, which is to be followed. Consider the natives of New Guinea, when a husband dies, the wife has many strings of beads placed around her neck. She will remove one string a day. When all are removed, this reminds her that the grieving process has come to an end for her.

A Jewish family will take an active part in the ceremonies, in the preparation of the body for the funeral, as well as at the gravesite. Following the funeral, the family remains in their home for one week, covering all mirrors, and having no visitors. They are able to express their grief freely, without fear of being seen or interrupted.

EMOTIONAL PRESSURES

C. S Lewis in his book **“A Grief Observed”** said: *“Why didn’t anyone ever tell me that grief was so much like fear?” Yes it is like fear”*.

Fear is an ever-present feeling—fear of the unknown, fear of “what is going to happen to me now”. When you are fearful you are thinking of yourself, not of others. For the bereaved to think of themselves at the beginning is quite normal, especially if the deceased had gone through a long illness before death. In this case, there have been many pressures on you and your family that have now ended. You may feel a sense of relief or release producing an unwarranted feeling of guilt.

When You Mourn

The life of a mourner is broken up and for some; it seems that it may never be put back together. Every emotion and feeling is brought to the surface for all to see, however, seeing does not equate to understanding. It is difficult for observers to know how to offer comfort at a time like this. They become afraid of offending you by saying or doing the wrong thing, so they simply do and say nothing.

In Psalm 23 we read: *“Though I walk through the valley of the shadow of death, I will fear no evil, for thou art with me.”*

Even though at this time you might feel God is so distant, He is there for you when you call on Him.

When the Psalmist King David lost his son to death he said: *“Can I bring him back again? I shall go to him, but he shall not return to me”* **2 Samuel 12:23.**

It’s quite normal and acceptable to God that you express your deepest feelings of loss: *“Jesus said to her, ‘I am the resurrection and the life. He who believes in Me, though he may die, he shall live. And whoever lives and believes in Me shall never die. Do you believe this?’”* **John 11:25-26.**

In God’s time He will turn your mourning into joy. It might not seem that way now, but God is able, trust Him.

“And God will wipe away every tear from their eyes; there shall be no more death, nor sorrow, nor crying; and there shall be no more pain, for the former have passed away.”

Revelation 21:4.

“Precious in the sight of the Lord is the death of his saints.” **Proverbs 116:15**

Why God?

Why? It's just not fair....

When you are going through grief you may have unresolved differences with the one who died.

For example, consider a young man whose brother was killed on a motorcycle following a heated argument. The brother left with an angry spirit. Racing off on his motorcycle, not fully in control, he failed to negotiate a sweeping curve, the motorcycle slammed into a power pole and he was killed instantly.

Recovery will be aided when you are willing to honestly deal with the memories, pain and conflict together with the reminders of the joyful warm, loving and pleasant times you have spent together.

You need to forgive yourself in order to recover from your grief. You may feel guilt because you think you neglected to resolve differences before your loved one died. You may feel that had you done something different your loved one might still be alive; you may feel you were irresponsible or neglectful while your loved one was ill. A Christian counselor can help you resolve these guilt feelings.

Recovery from the loss of a loved one is sometimes very slow and exceedingly hard work. It takes a great deal of courage to deal with the many memories and interactions of a life shared together.

The time of grieving and sorrow is a time one might take advantage of. It is a time when you can begin to look at yourself and re-evaluate your relationship with God and those about you.

Grief is a proper expression of emotion. Jesus Christ grieved with Mary and Martha. **John 11:33-38.** He did not only grieve over Lazarus's death, but he showed his grief to the family and friends who were gathered at the grave, even though He knew that He was going to raise Lazarus from the dead.

Why did He do this? Why did He grieve with all who were there? It was because He was a man, showing us what we need to do in times such as these.

Sorrow refines our character just as the furnace refines gold. The ore is put into the furnace and when it is completely melted, the impurities rise to the surface and are skimmed off. The process is repeated over and over again until there remains only pure gold.

So God also does with our lives; when we go through trials and sorrowful times, one is in the process of having ones character refined as the gold. In time our true character can be revealed to us and we grow through the experience.

Ecclesiastes 7:2-4 says: *“It is better to spend time at funerals than at festivals . . . Sorrow is better than laughter, for sadness has a refining influence . . .”*

Grief is a Process

Shock and denial are experienced soon after the news of the death. In the case of a sudden death, our body may be numbed. *“I just can’t believe he/she is dead.”* Likewise when a loved one has a terminal illness and is not expected to live for any great length of time, the shock comes before death. *“I can’t believe that this is happening.”* *“He/she can’t die”* The intensity of the shock will depend on your relationship with the deceased. However, the sooner you are able to accept the loss, the sooner you will be on your way to recovery.

The Bible tells us:

Psalm 119:75-76 *“I know, O Lord that your laws are righteous, and in faithfulness you have afflicted me. May your unfailing love be my comfort, according to your promise to your servant.”*

God is faithful. Just try Him and see for yourself. He will not let you down.

1 Corinthians 10:13. *“No temptation (or trial) has seized you except what is common to man. And God is faithful; he will not let you be tempted beyond what you can bear. But with the temptation, he will also provide a way out so that you can stand up under it.”*

God will never give you more that you can bear. Trust in Him to show you how to get through.

Romans 5:3. *“We also rejoice in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope”.*

We can rejoice in our sufferings, which produce perseverance. There is a light at the end of the tunnel.

Psalm 27:8. *“My heart says of you,” ‘Seek his face!’ Your face, Lord, I will seek.”*

The Lord is the believer’s light and his salvation. Do you have faith in Jesus Christ as your personal Lord and Savior? If not, trust Him today.

The Bible tells us: *“Yet to all who receive him, to those who believed in his name, he gave the right to become children of God.”* **John 1:12.**

“Believe in the Lord Jesus, and you will be saved.” **Acts 16:31**

The Bible also says: *“Everyone who calls on the name of the Lord will be saved.”*
Romans 10:13.

Will you ask Him into your life today?

Living through it

You might suffer not only from the obvious feelings of deep pain, but also from depression, sadness, fear, emptiness, irritability, restlessness, loss of concentration, hope and energy.

Occasionally, individuals having lost their mate, becoming totally unable to face the situation they find themselves in, have become involved in drugs and alcohol, losing everything they owned, leaving the grandparents to take care of the children.

What a dangerous way to handle grief.

Many times, death in the family is the straw that broke the camel's back. Families are broken up by in divorce.

There are times when the bereaved are not very pleasant to be around, their problems seem to consume them. If you are employed, your job can suffer due to lack of concentration, motivation and energy. Lack of sleep also adds to the feelings of helplessness and loss of hope.

All of the above feelings and reactions are quite normal when you are in a state of bereavement, although they are not necessarily the rule. Should you experience such feelings to the extreme for any length of time, help should be sought.

A closeness with family is important at this time. If family is not available or not in close proximity, perhaps your pastor, doctor, or a very close friend can be the understanding counsellor.

There is a danger at this time, for those who have lost a mate to become prematurely involved in a relationship with a person who takes the place of the late spouse.

Becoming involved with someone of the opposite sex early on in your grief process can be quite disastrous.

During your years spent with your deceased spouse, your habits and character have been influenced by them. You are probably not the same person you were at the time you first met. Now your life has been uprooted and you are not the person you were before the death.

Take time to deal with your grief (at least a year) before you get involved with a new partner. If you become attached to someone new during early grief, and you feel you are compatible at that time, when you recover completely from your loss, you will have changed back to your more familiar self, and then might find that the person you met is not quite what you thought they were. With God's help you can find comfort and

completeness within your own life and with your family before attempting to establish a new personal relationship with the opposite sex.

Remember the grieving process is a natural and necessary one. There is no healing without the pain. You can run from it if you like, but sooner or later you must come to terms and be willing to face the fact.

Remember: "Easter Fridays do turn into Easter Sundays".

Children. . .

We will address the needs of children next time. Children have problems coping also with the death of a parent, sibling, or friend, they can become violent. In several cases I have seen when there has been the loss of a parent, the children have become quite violent with other children at school.

The Bible tells us:

Romans 8:38-39. *"I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord."*

GriefShare is a 13 week program. Each weekly meeting consists of a short video followed by discussion and sharing. This is a well structured event with qualified facilitators.

It is a safe environment where you can share your innermost feelings and allow your emotions to be expressed. What is said during the meetings is kept in confidence between the group members.

For a GriefShare program in your area go to www.griefshare.com and look up the location nearest you. You may also make contact with us through the address below and we will assist you.

What's in the box Daddy?

In January, 1980, following the death of my former wife, we held the memorial service at our church, followed by a private interment at the cemetery, with only close friends and family in attendance.

While walking away from the grave site, my youngest daughter who was seven years old at the time, looked back at the casket and said: "Daddy what is in that box?"

She had been told that mommy was now in heaven, and even though she had been raised in the church all her life, she had a limited understanding of what was happening right then. In her mind there was confusion, how could mommy be in heaven while she was still here on earth in that casket.

Visiting with a family who had recently lost their daughter, offering my condolences to the eight year old daughter whose mother it was who died, replied: "O it's all right my mother is with God now, I talked to her while I was asleep last night and she is OK".

While explaining the death of a loved one to a child, you will find that once you have satisfied their immediate curiosity, they are happy to go on their way, until the next question comes up in their minds.

I received a phone call from a seven year old boy one evening, "How did your wife die," the little voice asked. I replied "She died of cancer." "Yes, I know that, but how did she die." he replied. He was not satisfied until I had explained the full process to him. When he had heard all he needed to know he simply cut me off mid-sentence by hanging up the phone.

Children will handle a death in a variety of ways. Two boys in their early teens became very violent following the death of their father. They were in fights at school all the time, while becoming very disruptive at home.

One can not change the feelings of a child, however as parents we must correct the wrong behaviour that results from those feelings.

Children will surprise you.

In his book "Killing Giants, Pulling Thorns", Chuck Swindoll tells the story: "A little girl had lost a playmate in death and one day reported to her family that she had gone to comfort the sorrowing mother. 'What did you do', asked the Father. 'I just climbed up on her lap and cried with her'."

How to Help Children Grieve

Grandpa Joe has terminal cancer. Great-aunt Susie is in the nursing home hospital ward. Your child's classmate just died in a car accident. Terrorist attacks and reports of wars fill the evening news ...

Death is an ever-present fact of life, yet even adults face it with difficulty. Here are some tips to help your children through the grieving process.

Teach that death is part of life. Parents often avoid talking about death in an effort to protect children from unpleasantness. Instead, look for teachable moments. Wilting flowers, changing seasons, or the death of a family pet provide an opportunity to show death as a part of life. Visit elderly friends or relatives to show children that aging is normal. Children will accept and confront death if adults allow it.

Be honest. Present the information in a straightforward manner with age-appropriate information by explaining, "Granddad died last night." Avoid saying, "He went to sleep" or "He's gone away." These terms leave children wondering if they will die when they go to sleep or if the person is coming back.

Don't delay telling about a death. Delaying can do more harm than good. If you wait, someone else may tell your child or he will overhear it in conversation. Learning the news from you is less frightening.

Answer questions. Some children are satisfied with the facts. Others will ask a multitude of questions. Allow questions, answer them, and admit it when you don't have the answer.

Recognize fears. Death can be a scary concept for children. If your child expresses fear about seeing the body or going to the funeral, don't force the issue. Comfort and reassure your child following the death of somebody he knows.

Let them see you grieve. Children need to know that grieving is acceptable. Allow children to see you cry. Emotional pain is part of losing a loved one.

Cherish the memories. Continue to talk about the loved one who died. Look through photo albums, talk about funny things the deceased said or reminisce about pleasant experiences. Children take cues from us and model their reactions accordingly. Show them that death and grief are part of life.

—Candy Arrington

Life must go on

Robert L. Wise, in 'Where There is no Miracle' writes: "Hurting throws our emotions off balance: our eyes tend to perceive only what we feel."

Your familiar and comfortable lifestyle has been upset by your loss. Confusion reigns in your life. You now have to deal with everyday problems and decisions. It is hard enough to deal with your own feelings and emotions, let alone help another member of the family with theirs. However sometimes that is the case. Life must go on.

You may find that you have a lack of concentration. If you have returned to work, or through necessity have been forced to start work in order to support yourself financially, because of the lack of sleep and pressure in dealing with your new and unwanted role in life, you might seem a little standoffish to some. Those around you for the most part do not know what to do or say, so they avoid you.

Also, self-centeredness could become a problem, because of feeling sorry for yourself and all you have to endure through no fault of your own.

Many times the past may surface. Bad feeling toward the deceased that were unresolved may come to the surface. Allow yourself to accept God's forgiveness. He knows what you are going through and will grant you peace.

Now is a good time to clear away the debris of the past and get down to a sturdy foundation that you can build your new life upon. Your life at this time is an open book; take your time in writing the newest chapter. Don't make any hasty decisions; in fact it is advisable not to make any major decision for at least a full year following the death.

Watch for new wrong habits that could have lasting consequences in your life and the life of your family. Some have turned to medication to aid them in their coping. Seek a doctor's advice. I remember that during my time of loss, I visited the doctor's office because I was unable to sleep.

A wise doctor can counsel you against taking medication. He might prescribe only enough to help you through a short period of time and advise you against the possibility of becoming too dependent on the drugs. Also, the use of alcohol can have a lasting effect on your life. Stay away from alcohol.

Help comes in many forms

Don't be afraid to ask for help in reorganizing your life. Seek out a good friend, pastor or support group. Be very careful of becoming attached to someone who is going through the same situation as you are; as the old saying goes; "the blind leading the blind" can become a reality.

Re-evaluate your spiritual life. Set new life patterns based on Biblical principals. Look into new areas of Christian service. Many times doing for others can be healing. Here again, a trusted friend, relative or pastor can be very helpful. If you have never had much of a religious life before the death, take time to investigate the possibilities.

There probably are many decisions you have put off in the past. Now is a good time to look into and progress toward making those changes. It might have been furthering your education, taking a trip, looking into that hobby that you always wanted to do. Set some new goals for your life. Have something to look forward to. If you have children, talk with them; you might see another side to them and their interests than you thought possible before.

*“Always be joyful because you belong to the Lord. I will say it again. Be joyful. Let everyone know how gentle you are. The Lord is coming soon. Don't worry about anything. Instead, tell God about everything. Ask and pray. Give thanks to him. Then God's peace will watch over your hearts and your minds because you belong to Christ Jesus. God's peace can never be completely understood. Finally, my brothers and sisters, always think about what is true. Think about what is noble, right and pure. Think about what is lovely and worthy of respect. If anything is excellent or worthy of praise, think about those kinds of things. **Philippians 4:4-8 NKJ***

Perfect Peace

Sunday September 18, 2005 Sunrise, Pastor Tony Foglio (Sunrise Church) wrote in his message:

“What an awesome phrase, ‘Perfect Peace.’ No matter what life’s circumstances may bring, we can have perfect peace. In the midst of war, through sickness, during financial difficulties, and even in life’s darkest hours we can have God’s *Perfect Peace*. However, this peace comes with a cost. The cost is a mind stayed on Christ. Instead of worrying about situations, we are to meditate on Christ. Instead of fretting about circumstances, we are to dwell in His presence; we are to totally trust in our Creator. A mind that is stayed on Christ is a worshipping mind. A worshipping mind is a trusting mind, and a trusting mind is at perfect peace. Therefore, when trials and difficulties come your way, bring Christ to mind by praising and worshipping Him. If you do these things, He will keep you in perfect peace.”

“You will keep him in perfect peace, whose mind is stayed on You, because he trusts in You.” (Isaiah 26:3) (Day 260, Page 996, Sunrise Devotional Bible.)

Normal Again?

“You have experienced a loss, encountered it with courage (at least some of the time) and have survived.

You’ve learned that:

- You can survive.
- The pain does lessen.
- Much of what you feared did not come to pass.
- Healing does occur.

But don’t just settle for surviving, and healing. Use this experience as a springboard for greater growth.

Let Go of the Loss and Move On

At a certain point (and that point differs from loss to loss and from person to person), it’s time to leave the loss behind and move on.

Don’t be surprised if you actually miss the process of mourning. Some people mourn the loss of the mourning process.

Let go of the past. Look forward to the future.

You will, of course, occasionally look over your shoulder, but, for the most part, focus on the future and keep moving ahead.

Let yourself enjoy the excitement of uncertainty”.

Taken from “How to Survive the Loss of a Love” Published by Prelude Press.

Make a Conscious Decision

There comes a time when you tell yourself, “enough is enough”. Make a conscious decision to move on with your life. This is not to say that there will not be times when you will relapse into mourning for short periods of time. Special days, like birthdays, anniversary dates, Thanksgiving and Christmas and many other important dates can be difficult times. If you were married, your anniversary will be a very tough time to deal with. The anniversary of the death of your loved one will also be hard to get through.

In order to deal with these “flash backs” make plans ahead of time as to what you will be doing and who you will be spending that time with. In other word, protect yourself.

“ALONG THE ROAD”

By Robert Browning Hamilton:

“I walked a mile with Pleasure
She chattered all the way.
But left me none the wiser.
For all she had to say.
I walked a mile with Sorrow
And ner’er a word said she;
But, oh, the things I learned from her
When Sorrow walked with me!”

The Bible says:

“Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God...” **Philippians 4:6**

Find and maintain strength in Jesus Christ. Ask Him to meet your every need. Be patient, He will answer, in His time.

“He who did not spare His own Son, but delivered Him up for us all, how shall He not with Him also freely give us all things?” **James 4:2**

Dear friend,

I do pray that these six booklets have been a blessing. As you make progress in your every day life, should there come a time that you find yourself slipping back into familiar disturbing patterns of mourning experienced in the past, don’t allow yourself to linger there too long. Talk to someone, a pastor, a trusted friend or your doctor. They can help you.

As you recover from your grief, have you given any thought to sharing your recovery with others who have recently lost a loved one? In 2 Corinthians 1:3-4 we read:

“Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our tribulation, that we may be able to comfort those who are in any trouble, with the comfort with which we ourselves are comforted by God.”

God Bless you,

Pastor David Horner

LIFE-LINE CONVALESCENT MINISTRIES

