CARE AND SUPPORT FOR THE DYING AND THEIR FAMILIES

Terminal Patients
Hospital visitation
Bereavement counselling
Support of a person in mourning

THE FULL GOSPEL CHURCH OF GOD

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ROLIEN NUN – I WANT TO HELP YOU

CARE AND SUPPORT FOR THE DYING AND THEIR FAMILIES

VISITATION OF THE SICK

To support a terminally ill person is more a question of being there for the person than offering words of advice. The person needs you **presence**.
The effects of sickness have a very broad impact on the lives of people that it would be good to explore a ministry which will cover all these fields:

1. A sick person has lost his independence and feels helpless and useless.
2. The experience includes physical (and sometimes mental) pain.
3. Isolation from normal life can lead to depression or morbidity.
4. Sickness has financial implications. (The cost of the treatment and the loss of income).
5. Separation from the family can have detrimental effects; the person can easily feel left out and inferior.
6. The marriage can suffer (especially if it is a chronic illness).
7. The person experiences a feeling of uncertainty.
8. It is of great importance to be a willing **listener**, because the patient is given an opportunity to get rid of his "secret" fears and uncertainties. It is very important to **really listen** when the person talks. Listen between the lines. Sometimes the person will find it difficult to have the confidence to talk about his deepest fears because it is normal for him/her to be afraid of judgement or rejection.
9. Be sure to act **normally and naturally** during your visit.
10. Be **brief** – a sick person tires easily and doesn't have the strength to listen to a long story. Don't talk too much. Rather give the patient the chance to talk. You have come to listen and to support.
11. Guard against giving the impression that you are **in a hurry**. It is advisable for you to sit during your visit. Don't give the impression that the visit isn't valuable to you. You care – that's why you're there. It isn't just a routine visit.
12. Don't talk about **yourself**. It is fatal for you to spend the whole time telling the patient how much you know about their specific illness and how many people you know who have died from similar illnesses. Don't give the patient the impression that you know anything about their illness. If he asks you anything about it, only say what is essential; it is the doctor's responsibility to inform him of the extent of his illness. You are there to fulfil his physical and mental needs.
13. Don't tell the person how **bad** they look; boost him rather than breaking him down.
14. Don't **whisper or use communication signs.** This causes distrust and suspicion and can seriously damage the trust relationship between you and the patient.
15. Be careful not to avoid **serious conversation** if it is initiated by the patient. Maybe he has a serious need to talk about it and feels rejected and unimportant if he feels that his needs are not important enough to talk about. If he wants to talk about death – discuss it with him.
16. Don't cause **conflict** or **confrontation** with the hospital staff.
17. Find out if there is anything that you can help with e.g. give someone a **message** or **buy him something** etc. Help him with the things that he can't do for himself, regardless of how unimportant it might sound to you!

EMOTIONAL CONDITIONS THAT SHOULD BE NOTED

1. THE PATIENT WHO WITHDRAWS

This condition is fatal because the patient believes that it is the attitude of a super holy person. This person has the wrong idea about his illness and believes that he will lose his so called "holiness" if he admits his fears. Possibly he thinks that a) "God is punishing him" and therefore he must accept his illness ; b) that it will supposedly make you "holy" if you don't complain and also don't have any fears.

2. THE REBELLIOUS PATIENT

Here you must differentiate between a **negative** and **rebellious** patient. The Rebellious patient feels powerless and will lash out against man and God.

Don't reprimand such a patient. Don't even try to comfort such a patient; rather use the time to evaluate the spiritual condition of the patient. It is important for the person to formulate his own emotions so that it can be coped with. Your role is to listen and to pray …

3. THE DEPENDANT PATIENT

This person experiences a feeling of hopelessness and self-pity. He is so dependant and reliant on others that he won't have any positive participation in the healing process.

4. THE MANIPULATING PATIENT

This person will try to get you on his side by making accusations against the doctor, the treatment in the hospital, and even against his family. Don't allow this! This increases his feeling of self-pity to the extent that he later may even begin to believe it himself.

Don't agree with him if he makes accusations. Turn the conversation subtly into a positive direction away from the accusations.

Remember that different illnesses, release different emotions.

5. THE ACUTELY ILL PERSON

This person is usually suffering from shock and pain and will have an intense need of continual visits. With these patients it is completely normal for them to be **argumentative, irritated, or pessimistic**.

It is very important that these people should be given the opportunity to express their emotions. Let them talk first – then you help with answers; short and to the point and supportive. This person must feel that **you understand.**

6. THE TERMINALLY ILL PATIENT

Here, death-bed counselling can be used with great success and blessing as we will discuss later.

7. FEAR OF AN OPERATION

With sympathetic actions the patient can be helped by focussing his eyes on the Lord for support and encouragement. Scriptures that can be used with great success are: Psalm 23, Romans 8:28, John 14:27 and Isaiah 43:2

8. RECUPERATION
As loneliness and boredom are present, the visit can be supportive.

Emphasise **gratitude** rather than **loneliness.** By putting the greatest emphasis on gratitude towards the Lord for what He has done it will help as a counter to loneliness.

Other people might be feeling depressed and must be helped to find new meaning for their lives. They must rather see illness as a **victory** and not as a **spiritual defeat**.

DIVINE HEALING

It must be stated pertinently that we do not believe in faith healing, but that Christ is the great Healer. God heals you, not YOUR faith!

The following is the schematic breakdown of the various facets of healing:

1. GOD HEALS AND HEALING IS AN INTEGRAL PART OF GOD'S PLAN FOR MANKIND.

   a) Preventative healing.
   Exodus 15:26 (If I do certain things I can prevent sickness; eg. By not smoking or drinking.) Proverbs 4:20-22

   b) Jesus healed the sick.
   Matt 9:35, Acts 10:38 (Only that which was under the power of Satan – not that which you bring upon yourself)

   c) Jesus gives the commission to His disciples to heal the sick.
   Matt 10:8 (Healing linked to thoughts of the kingdom)
   Luke 10:9 (The urgency of the message – 70 appointed)

   d) Miracles were common in the early Church.
   Acts 3:6, Acts 5:12, Acts 6:8, Acts 14:3 (God decides when He wants to heal him. Jesus walked past him, but Peter healed him later)

2. HEALING IS PROMISED IN THE NEW TESTAMENT.
   It is important to remember that healing implies a process, but a **miracle** is an instant experience. Mark 16:17-18, James 5:14-15 (The laying on of hands – point of contact).

3. GOD WANTS YOU TO BE HEALTHY AND IS AWARE THAT THE SOURCE OF YOUR SICKNESS IS THE DEVIL.
   Job 2:7, John 10:10, 3 John 2, Matt 8:2, Acts 10:38, Luke 13:11-16 (Bound by a demon).

   a) It is also important to remember that I can bring sickness on myself.
   1 Cor 11:30 (Drink judgement over yourself), James 5:16, Luke 5:20. The easiest way to bring sickness on myself is **unforgiveness.**

b) As long as you believe that sickness comes from God you will not **rebuke** it.

c) As long as you believe that God has a purpose with it, you won't **withstand** it.

d) In this case you won't be able to pray the prayer of faith. (James 5:15)

e) As long as you believe that sickness is from God, you must be consequent in your actions and not:

i. Complain and moan
ii. Go to the doctor and get medicine
iii. Pray for it, Because this would mean that you want to take action against God's will.

4. PSYCHOSOMATIC DISEASES

In many instances it may be that the physical illness and symptoms are merely symptomatic of an **inner ailment** for example:

a) Fear
b) Guilt
c) Psychological problems
d) Discord
e) Unforgiveness
f) Gossip
g) Unholy and immoral lifestyles
h) Poor self-image
i) Feeling of low self-worth

Many ailments are imaginary and are only a way of looking for attention.

5. THE POWER OF CONFESSION

According to Rom 10:10 it is clear that confession has a great influence and power. The word confession is derived from the Greek word "**homologia**" which literally means to say it again or repeat that which has already been said. Therefore, when someone becomes sick, it is advisable to go to the Word of God to find what has already been said with regards the sickness.

E.g. Mark 16:18 declares that through the laying on of hands the sick **shall** be healed.

I come and confess again in faith that which God has already said *"lay your hands on the sick and they shall be healed".* According to Heb 3:1, Christ is the High Priest of our profession and intercedes for us with the Father according to our confession.

The same principle is true in respect of **positive** as well as **negative confessions; i**t is therefore really important to stay positive.

Continuous talking about ill health will increase the negative impact the disease has on the body. Unfortunately the destructive impact of negative talk also affects the person's faith and every other aspect of his being.

GOD DESIRES TO HEAL YOU

His Word is His will. His Word declares the following:

Isaiah 53:5 *"But He was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was upon Him, and by His wounds we are healed."*

1 Peter 2:24 *"He himself bore our sins in His body on the tree, so that we might die to sins and live for righteousness; by His wounds we have been healed."*

Matthew 8:16 *"When evening came, many who were demon-possessed were brought to Him, and he drove out the spirits with a word and healed all the sick."*

Acts 10:38 *"How God anointed Jesus of Nazareth with the Holy Spirit and power, and how he went around doing good and healing all who were under the power of the devil, because God was with Him"*

Exodus 15:26 *"He said, "If you listen carefully to the voice of the LORD your God and do what is right in his eyes, if you pay attention to his commands and keep all his decrees, I will not bring on you any of the diseases I brought on the Egyptians, for I am the LORD, who heals you."*

Psalm 107:20 *"He sent forth His word and healed them; He rescued them from the grave."*

Proverbs 4:20 *"My son, pay attention to what I say; listen closely to my words."* 21 *"Do not let them out of your sight, keep them within your heart."* :22 *"For they are life to those who find them and health to a man's whole body."*

James 5:14 *"Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord."* :15 *"And the prayer offered in faith will make the sick person well; the Lord will raise him up. If he has sinned, he will be forgiven."*

Malachi 4:2 *"But for you who revere My Name, the sun of righteousness will rise with healing in its wings. And you will go out and leap like calves released from the stall."*

Isaiah 40:29 *"He gives strength to the weary and increases the power of the weak."*

Isaiah 40:31 *"But those who hope in the LORD will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint."*

Psalm 103:2 *"Praise the LORD, o my soul, and forget not all his benefits."* :3 *"Who forgives all your sins and heals all your diseases,* :4 *Who redeems your life from the pit and crowns you with love and compassion…."*

Matthew 4:23 *"Jesus went throughout Galilee, teaching in their synagogues, preaching the good news of the kingdom, and healing every disease and sickness among the people."*

Matthew 8:1 *"When he came down from the mountainside, large crowds followed him." :2 "A man with leprosy came and knelt before Him and said, "Lord, if you are willing, you can make me clean." :3 Jesus reached out his hand and touched the man. "I am willing," he said. "Be clean!" Immediately he was cured of his leprosy."*

Matthew 10:1 *"He called his twelve disciples to him and gave them authority to drive out evil spirits and to heal every disease and sickness."*

Matthew 10:8 *"Heal the sick, raise the dead, cleanse those who have leprosy, drive out demons. Freely you have received, freely give."*

Matthew 12:15 *"Aware of this, Jesus withdrew from that place. Many followed him, and he healed their sick,"*

Matthew 12:22 *"Then they brought him a demon-possessed man who was blind and mute, and Jesus healed him, so that he could both talk and see."*

Matthew 14:14 *"When Jesus landed and saw a large crowd, he had compassion on them and healed their sick."*

Luke 6:18 *"Who had come to hear him and to be healed of their diseases. Those troubled by evil spirits were cured."*

John 5:6 *"When Jesus saw him lying there and learned that he had been in this condition for a long time, he asked him, "Do you want to get well?" :8 Then Jesus said to him, "Get up! Pick up your mat and walk."*

DEATH BED COUNSELLING

HELP FOR THE DYING

Physically caring and helping the dying person, e.g. taking care of bodily discomfort and pain.

DEATH BED COUNSELLING

Death bed counselling includes help for the dying as well as the additional aspect of forming a relationship of trust through meeting with the dying person, in order to support him with empathy and patience during the final hours.

a) To have honest and open conversations with the purpose of verbalising the terminal nature of the illness and the feelings of uncertainty, anxiety, rebellion, loneliness and sorrow

b) To support and teach with the purpose of comforting and acceptance.

c) To help with the rounding off of his life so that he can die with dignity.

d) And to find security and redemption in Jesus Christ.

It's not about specific psychotherapy or pastoral counselling, but about being compassionate and satisfying the changing needs and demands of the person in his dying need in his totality, from day to day.

THE CONCEPT OF SUFFERING

Suffering is a concept that lies beyond human understanding and cannot be analysed outside of the realm of human experience. It is not abstract or philosophic. It is real and concrete and leaves scars. It is only when a person has been through a crisis that one can really understand what it means to suffer. Often it is only in retrospect that a person can realise the purpose and value of the suffering.
A person can suffer physically, psychologically and spiritually. Suffering is rarely limited to one area; it is inclined to overlap in personal experience.
There is as much visible as invisible pain, which makes it difficult to diagnose. In certain situations "… a man can endure excruciating physical pain, and yet he can be felled by one unkind word…."

1. DIFFERENT TYPES OF SUFFERING

Physical suffering which can be caused by illness, injury, and famine. **Psychological suffering** has an occupational spectrum which can vary between anxiety, depression, disappointments, loneliness, rejection, uncertainty, and the loss of a reason to live.
A person who suffers from this condition will see no meaning in life. He experiences feelings of hopelessness, fatalism, anxiety and depression. This is caused as a result of a heightened loss of structural values, amongst others, in the spiritual area. A loss of structural values leads to feelings of anxiety, emptiness and meaninglessness.

2. THE SENSE AND MEANING OF SUFFERING

There are many speculations about the sense and meaning of suffering. There are usually lots of answers to the question "Why?" "What for?" "What about?" One person will say that the suffering gets easier if you believe in God, because He has a purpose with it and another person will say that suffering is more difficult to understand and harder to bear, because how can this misery come from a caring, merciful God, while another declares openly that suffering comes purely from the devil …… what is right?

The Bible doesn't give a direct answer to the "why's" and "what for's" but sharpens the vision and helps the believer to discover reason and value from the suffering.

a) Man's disobedience to God didn't only bring suffering to man and his offspring but also for the whole of creation. According to the Bible message suffering has to do with man's guilt. Suffering is not in accordance with God's original plan.
b) The Bible, in some cases, makes a connection between sin and suffering. According to John 5:14 Jesus says: *"…sin no more lest a worse thing come unto thee."* When the laws of God are violated, God punishes you. Certain illnesses can be the result of a wrong or sinful lifestyle (e.g. heavy drinking/smoking, immoral lifestyle, etc.)
c) Satan plays a very big role in suffering. Compare Job's history with regards to this.
d) The letter to the Hebrews speaks about suffering as an educational tool *"For whom the Lord loveth he chasteneth, and scourgeth every son whom he receiveth."* Heb 12:6 It is, however, necessary to remember that, in spite of the believer transcending his suffering, finding reason and meaning in the educational value, through the spiritual cleansing

and growth of suffering, it is still a trial for the suffering person. So it is not strange for a person to pray to God for deliverance from his suffering.

e) In the history of the man who was born blind, it is not about the sin but about glorifying God as the work of God is revealed in him through his healing. The work of God is also revealed through suffering, as in the case of Job. Behind the suffering of Job was a battle between God and Satan.

3. OUR TASK IN THE RELIEF OF SUFFERING

a) Everyone is unique with their individual lifestyle and crisis management style and they will experience and process suffering in their own unique way.

b) Some people will be totally taken over by suffering. Their whole life is taken up around their suffering. They become rebellious, pessimistic, despondent, morbid and bitter. Everything that they do and whatever happens to them is seen in the light of their suffering, trial, grief or need. They lose the purpose for their existence and often fall into destructive self-pity and martyrdom. They don't even enjoy anything that is beautiful and good. They resist the suffering and feel that God has done them an injustice. They often question the sovereignty of God.

c) Some people process their suffering in a positive way. This is the person that understands that, for them, everything works together for good to those who God loves. This person is not panicky, pessimistic or depressed. He sees the suffering in perspective and doesn't fall into a false fatalistic acceptance.

When suffering is processed positively and the experience that the person is living through is used constructively, suffering contributes to the spiritual growth and development and actualisation of the person's personality. The person achieves a new dimension in his life, his relationship to God is strengthened, and his life is enriched.

(The opposite is unfortunately also true. Suffering can sometimes lead to a total breakdown in some people and to neurosis in others.)

To alleviate a person's physical, psychological or spiritual suffering is, most probably, one of the most delicate, sensitive and most difficult relationships between us and the suffering person. Sickness and suffering is a time of crisis for the person.

The mere presence of a helper is not sufficient (Job's friends). It is important to be equipped for the task. However it isn't only the knowledge and technique that can equip us, or the good intentions and tender feelings that we have. We also need **faith, values and ideals** that guide our actions in the relief of suffering.

It takes:

- Patience
- Perseverance
- Understanding frustrations
- Hard work
- Dedication
- Continual learning

- Evaluation
- Continually searching for the meaning in life for yourself

A counsellor is described as the "consciousness for the unconscious, love for the life of the suicidal, leg for the amputee, eyes of the blind, means of movement for the baby, knowledge and trust for the young mother, mouth of the weak and the withdrawn, and a sent servant of Jesus for the dying…."

d) The struggling person needs someone that is sensitive about their suffering and respects their personal dignity.
e) He needs someone to care for him that REALLY cares!
f) We can be present through the time of suffering to give the sufferer the necessary support, to strengthen their faith, to bring them to understanding, so that they can find reason and meaning in their suffering.
g) You must be able to guide him in his changing moods (There is a possibility that the person won't be able to handle the crisis, although it is an opportunity for the person's personality to grow and to strengthen his relationship with God).
h) It is important to have a strong faith that will enable us to transcend suffering and to use the experience for spiritual growth and development.
i) Never become apathetic or indifferent to someone's suffering.
j) Don't only care for the person's body – they are suffering as a whole.
k) Important texts : 2 Tim 2:3, Rom 5:3-5
l) Encourage the patient to look at the example set by Christ to learn the true response to suffering. Jesus is our example in a situation of suffering.

THE CONCEPT DEATH

The view of death is highly individual. One person sees it as the forceful cutting off of the lifeline and fears it intensely and another person sees death as exchanging the temporal with the eternal.

1. THE TRUTH SURROUNDING THE SICKBED

What people don't understand is that a person is already upset and aware of their condition although most people don't admit it. To speak about death to the dying will naturally be upsetting, but, there is also relief when we help to carry the burden. Shared heartache is, after all, half the heartache.

Research done in Germany proves that 98% terminally ill people are aware of their condition even before they are told about it.

a) The dying person has the right to know the truth about his condition.
b) If it is shared tactfully and with empathy the process of acceptance is shorter.
c) The knowledge of how long you still have to live can decrease your spiritual resistance.
d) Never lie and give the dying person false hope.
e) The WAY in which this truth is conveyed is crucial for further guidance.
f) Research has shown that most people prefer to know the truth.
g) The patient has a legal right to know that he is most probably going to die.
h) People want to know so that they can finalise their life tasks, get their material affairs in order and make their relationships right with their fellow man and their God.

2. HOW SHOULD THE TRUTH BE CONVEYED?

It is important to stimulate free and open communication to create an atmosphere of mutual understanding when sharing the truth. Beware of pretence, acting, conflicting or improper discussion and telling lies.

The way of conveying this truth is of the greatest importance.

a) Nuanced and in a sensitive way.
b) The counsellor must allow himself to be led by the patient.
c) Some patients won't know much about their illness.
d) Realise that the patient needs time to assimilate this truth.
e) It must be conveyed gradually to the patient.
f) Don't make the announcement sound like a death sentence.
g) Don't treat the dying person like someone without a future and without needs.
h) The patient expects comforting answers.

Only the truth may be told, but it must not be done abruptly – deal with the information that must be shared in phases. The communication should be individualised and hope should never be finally excluded, especially in the early stages of the dying process.

3. DYING EVENTS

Everyone's dying events is determined by their own:

a) Personality structure
b) Own emotional life
c) Own feelings
d) Moment of death
e) Temperament and humour
f) Imagination
g) Comprehension and reasoning ability
h) Will to live with specific instincts
i) Motives
j) Passions and inclinations
k) Character and culture
l) History, environment, work and marriage
m) Spiritual relationship with God

It is therefore the internal composition of the person rather than the external circumstances which will determine how he approaches death.

4. FACTORS THAT INFLUENCE THE DYING

a) Fear and anxiousness is a normal human feeling that is experienced.
b) One of the most basic fears is the fear of **leaving and of loneliness**. (The nearer the terminal patient comes to the end the lonelier he becomes).
c) Fear of the **unknown**. (The strangeness and the unknown after death causes mortal agony).
d) The fear of the actual **process of dying** is greater than the fear of **death**.
e) The dying person also experiences **grief**.
   - They must leave EVERYTHING behind; not only one person.
   - They are afraid of the separation.

Should his loved ones draw back (keep their distance) it could be experienced as rejection and would make the loneliness worse. He will feel that he has been let down.

f) Loss of **identity**.

g) Fear of the possible **pain and suffering**.

h) Fear of the unpleasant experience that is associated with death and with the funeral.

i) Fear of **punishment and destruction.**

j) Fear of **failure**. (When he looks back over his life – did he fulfil his purpose?)

k) Fear that death is still a sign of God's punishment for sin.

There is a radical difference between:

FEAR of death:

- Which is a normal human emotion necessary for the preservation of life.

ANXIOUSNESS over death:

- Which is the unnatural and uncontrollable fear of death (a neurotic fear)
- It is the result of a person with a neurotic personality.
- Neither the comfort of religion nor an argument can overcome this fear.

Only through faith in the atonement and resurrection of Jesus Christ will such a person be able to overcome this guilt, fear and anxiousness.

THE PLACE OF RELIGION

1. People who were regularly involved in religious activities and are in a healthy relationship with Jesus: a) Positive and expectation-of-death attitude; b) Religion is supportive.
2. People with a "basic type" of religion and rarely involved in religious activities: a) Try to avoid all reference to death. b) Religion is a threat of judgement day and possible destruction of their hope for heaven.
3. People with NO religious experience (or for example false experience such as Satanism, Muslims etc.: a) These persons will hold on desperately to their false hope and try to constantly make themselves aware of the so-called truth of it. b) Or they will be terrified, experience first grade anxiety.

If you can successfully break these bonds this person will be a candidate for a "death bed conversion".

1. Make sure that this person is aware of God's will for their life; this will lead to calm faith with regards to the events at the time of their death.
2. How sure is he of his salvation? Is he certain about everlasting life? 1 John 5:12 " *He that hath the Son hath life; and he that hath not the Son of God hath not life."*
3. Jesus Christ is victorious over death, His resurrection and rebirth protects the believer from the earthly institution of death. (Read Rom 14:7-8)

THE LIFE STAGE OF THE DYING

1. ELDERLY

The elderly are normally less afraid of death than people in a younger age group.

a) Quiet and calm expectancy of death.
b) Positive or negative approach will be determined by the patient's relationship with God.
c) Calmer because they have experienced the fullness of life.

2. MIDDLE-AGED

This patient is confronted with the fact that his existence is incomplete and unfinished – this can cause them to experience anxiety.

3. YOUNG PEOPLE

This patient should, under normal circumstances, still have a great deal of potential life available. He is only now in the phase of life where he is beginning to discover and implement his abilities.

Research shows that about 90% of young people rarely think of death on a personal level.

Young people think less about death and are less afraid of it than the middle aged

4. CHILDREN

Some experts claim that children as young as 3 years old are aware of death. At this age death is experienced as punishment for a wrong deed. This awareness is continued at 4 years of age and develops an increased ability to differentiate between reality and the unreal.

It is, however, clear that up until the age of 10 a child can spontaneously talk about death without experiencing any serious emotional feelings around the process of dying.

- BOYS associate death with violence and develop an abstract conception of death much earlier than girls
- GIRLS are inclined to concentrate on the personal effects of death and hold on longer to the idea of "coming back".

To summarize it can be stated that young children can have an understanding of death which can take root between the ages of 3 and 12, but it is poorly developed up until the age of 5. Young people think about death less and are less afraid than the middle-aged, whilst the elderly calmly await death, especially when they have a living relationship with Jesus.

5. AVOIDANCE TECHNIQUES / BARRIERS

Death is a fact, still, this fact is "denied" in our culture. This "denial of death" is revealed in the attitude towards dying which is a subject regarded as taboo.

a) "Oh no, a person doesn't die that easily, tomorrow or the day after you'll be alive and well!"
b) The use of incomprehensible professional language when explaining the situation to the dying person.
c) Unwitting technique of raising barriers e.g. masking the facial expressions, thermometer in the patient's mouth, counting out loud whilst taking the patient's pulse or suddenly in a hurry.

The question can be asked: "How can I ever learn about death if I can't talk to someone who has experience of it….?"

DYNAMICS OF DYING

To die is a multi-facetted and involved experience, where a person is involved as a whole and on all planes, e.g. physically, psychologically, socially and religiously. The dying person is totally consumed by it, and, whilst he is going through the different phases of the dying process, specific demands are made of him and there are continually new needs.

1. PHYSICALLY

Unless death is sudden, the physiological process of dying is progressive or increasing in nature. (Increasing weakness of the body systems and senses).

1) Loss of muscle strength

It becomes more and more difficult for the patient to move around in the bed without assistance.

- Inability to swallow
- Phlegm gathers in the throat. (Air passing through this phlegm caused the so called "death rattle").
- General feeling of weakness and breathlessness.
- An increasing feeling of fatigue and exhaustion.
- Bladder and anus muscles weaken with the resulting loss of control over the specific functions.

(Please remember that these things are an embarrassment to the dying person and should be handled very sensitively).

2) Increasingly less peristalsis. (Movement of the bowel).

a) The patient has almost no appetite.
b) Has a constant need for small sips of water (mouth is dry due to the dehydration and fever).
c) Build-up of gas in the intestines causes nausea, vomiting and swollen abdomen.

3) Slow blood circulation

a) Limbs feel cold and clammy (although he can possibly feel warm and his temperature can be above normal).
b) Blue or marbled appearance.

4) Pain

a) Pain narrows the world of the dying person.
b) This process of isolation affects personal relationships.
c) Attempt to restore this contact – it will help to make the pain feel less intense.
d) Pain lets the patient slip back into helplessness (the dependence of infancy!)

It is extremely detrimental to sympathise with the person in pain. This just makes the situation worse. On the other hand his dignity is strengthened by empathetic compassion and emotional contact and respect.

5) Changes in senses
   a) Vision gets dim. (The person prefers a lighter room than the traditional darkened room).
   b) Give special attention to the eyes. (Secretions can build up in the eyes).
   c) Eyes can get dry.
   d) The hearing is the **last** sense that will fail. (Make use of this sense)

THE CLINICAL APPEARANCE OF THE DYING PERSON

a) The reactions weaken gradually.
b) The reactions to stimuli stop.
c) Breathing becomes laboured and irregular.
d) The face takes on a sharp, narrow appearance.
e) The face takes on a bluish appearance.
f) The flesh is cold and clammy.
g) The pulse becomes faster and weaker.

Death occurs when breathing stops and there is no longer a heartbeat detectable.

1. SOCIAL TERRAIN
   The dying person needs counselling to understand and accept the fact that he is dying. He needs to understand the impact his situation will have on him to enable him to deal with the situation.
   - The tragedy is that social isolation deprives him of just this.
   - Discuss his questions with him – in detail - until he is satisfied and has made peace with his circumstances.

2. PSYCHOLOGICAL TERRAIN
   a) Stage of awareness (shock phase).
      - Goes together with anxiety and shock.
      - Tactless communication of the situation heightens the intensity of the shock.
      - Watch for unnatural behavioural patterns (friends and family).
      - Avoid evasive answers.
      - Experience feelings of unreality.
      - Panic
      - Anxiety.
      - Uncontrolled crying.

   b) Denial stage
      - Escaping from reality
      - Denial originates from anxiety
      - Temporary defence that leads to orientation and transition to partial acceptance
      - BEWARE OF MASKS!
      - For the sake of the family or religious orientation the dying person will act as if he is going to get better but inwardly he is preparing to die.
        This phase is a phase of isolation and denial during which the patient refuses to believe that he is dying. This attitude should not be judged but should rather be seen as a defence mechanism that will eventually bring acceptance and transition to the following phase.

c) Aggressive stage

- Characterised by irritation, anger, jealousy and possibly resentment (of everyone and everything)
- Physical symptoms such as weight loss and the increasing pain make further denial impossible.
- Struggle phase (especially for a mother with young children)
- Aggression is shown and projected towards EVERYONE.
- Family and friends get a cool reception because they supposedly do too little.
- This results is feelings of sadness, shame and guilt.
- Frustration.
- These emotions are easily transferred to visiting family and friends.

  The patient in this phase feels that it is unfair that it is he who must die and therefore he will be unreasonable with everyone and complain a lot.

d) Negotiation phase

- The patient begins to negotiate with God with regards to the pain, a longer life etc.
- These negotiations with God usually take place in secret and are of little therapeutic value.
- Twisted feelings of guilt sometimes play a role.
- Temporary postponement of the unavoidable.

  In this phase the patient starts to negotiate and plead for the postponement of death and in exchange for this he promises to behave better.

e) Increased Depression stage

- The most difficult stage for the person who is dying.
- He realises that he is dying and that denial, rebellion of promises will not change anything.
- Starts to mourn over the loss of everything that is dear to him.
- Factors that contribute to this:

  Discomfort of pain
  Confusion
  Feelings of inferiority
  Identity crisis
  Realisation of the coming separation from loved ones
  Realisation of the coming separation from the surroundings. (This person can't get enough of nature, birds etc.)

f) Acceptance stage

- Ready to meet death with calm acceptance.
- Tired and very weak.
- Needs a lot of sleep.
- Experiences either: a) Acceptance John 17:4 *"I have glorified You on the earth: I have finished the work which You have given me to do."* b) Hopeless submission, an attitude of "What does it help anyway".
- Renewed interest in life.
- Determined attention and completion of jobs left uncompleted e.g. will, reconciling with neighbours and with God.
- Less depressed.

- Increased weariness and sleepy.
- More and more withdrawn.
- Reduced interest field. (Prefers being left alone except by his most loved ones. He doesn't want to feel deserted.)
- Comfort in knowing that the body dies but the soul lives on.

Some people never reach this phase because they continue to fight for life until the end.

THE TASK OF DEATHBED COUNSELLING

Inquiries show that:

1) 88% live in tension between anxiety and hope and as soon as hope dwindles death is near.
2) 43% experience trust in God and doubt at the same time.
3) 25% show a definite trust in God whilst the word "maybe" still dominates throughout.
4) 6% hope for a miracle up until the end.

Remember: Deathbed counselling implies the total care of the dying – spirit, soul and body.

THE COUNSELLOR

1. He must have Christ's love as spelt out in 1 Cor. 13.
2. This love must be built up in the life of the counsellor and shine through his whole person – in the shine of his eyes, listening, the attitude of warmth and tenderness, the tone of his voice and the words that he speaks.
3. Honest open conversation is a requirement.
4. Never give anyone false hope.
5. Never try to destroy hope.
6. Your words must comfort, strengthen and encourage.
7. No words have greater therapeutic value than the Word of God.
8. Read a short passage out of the Bible and use a verse with feeling. (The dying person is tired and exhausted and his attention span is short.)
9. Pray with him.

GUIDELINES FOR CONDUCT DURING THE LAST HOUR

1. The deceased's family needs support so that they, in turn, can help and support the loved one at the end.
2. The dying person still wants to hear about all the little incidents and happenings until the end.
3. If the family can control their emotions, the dying person will feel encouraged to share his feelings without fear of upsetting the family too much.
4. It is important for the family to know that the dying person is getting the best possible care.
5. Encourage the people to talk.
6. Family members are inclined to go into denial when the end is near.

7. A slow, but increasing, involvement in the care of the dying loved one is VERY important. e.g.
   - Rub his back and other pressure points.
   - Bath or feed the patient if he is weak or helpless.
   - Straighten the sheets.
   - Read from books (this forms bridges that bind people together as the dying process approaches.)
8. If possible the family should be encouraged to stay with the dying person until the end. Absence from the bedside increases feelings of guilt. The sharing of the transition/dying process is valuable because it is instrumental in the acceptance of loss.

THE MOMENT OF DEATH

1. It is a moment of total involvement with the dying.
2. This process around the bed of the dying should be conducted in private and unhindered as it is part of the detachment process.

AFTER THE PARTING

The heartache, after the parting, is often so deep that it seems that nothing is getting through except for a need of a loving embrace.

1. Hold the grieving person in your arms.
2. Comfort as you would a child.
3. Don't hinder the free flow of emotions directly after the death of a loved one.
4. Encourage them to cry.
5. Control hysterics.
6. Pray a short prayer for comfort.
7. It is meaningful to talk about the positive aspects of death for a short while.
8. Quote a few comments of the deceased that have special meaning for the family to remember.
9. There is a strong need to share this emotional experience with someone.

MOURING: THOSE LEFT BEHIND

Bereaving people react differently, but there are common behavioural patterns in spite of individual differences.

DEFINITION

"Mourning is the reaction to the detachment of a love tie as a result of death. It is an emotional reaction after the death of a loved one with depression at the core. The mourner will struggle through various phases of grief. Each phase is grounded in the emotional detachment of the deceased and the readjustment to life after the loss.
It must be remembered that the funeral is the burial of a body and not of the memories, heartache and sorrow. It is here where the counsellor must not only give advice but also counselling to help the bereaved to adjust to their new situation.
There are different phases which the bereaved will go through and it is important that the counsellor has insight into the conflict and tension as it happens.
The phases can be distinguished as shock, apparent lack of feeling, which have organic and psychological consequences; refusal to accept that the loved one is really dead; half-conscious fantasies involving the deceased by remembering selective occasions; a

gradual return of feeling and emotion and then again the flood of sorrow and emotion and lastly the transfer of feelings and affections to a new person or things.
Very often the persons left behind will have feelings of guilt; they feel that they could have done more for the deceased. It might also happen that the person who is left behind may develop a subtle deification of the deceased.

The facts mentioned can be summarized in four stages of grief

1. The **immediate reaction** that can take on the following forms.
   a) Stupefied.
   b) Apathy
   c) Extreme heartache
   d) Collapse

2. The **post immediate reaction** which usually sets in during the arrangements for the funeral and continues until everyone has left.

3. The **transition stage** when the survivor adjusts to the changed circumstances by choosing one of the following behaviours:
   a) Looking for a lot of attention.
   b) Quietly taking their place in the community.
   c) Completely withdraw.

4. The **adjustment stage** when new behaviours become habits.
   When it is the death of a believer it is comforting to quote the Scripture which says that we do not mourn as those that have no hope. The main reason is that at the second coming of Jesus those that have died in Christ will return with Him and we will go with them to meet the Lord in the air and so shall we be with Him forever. Important scriptures in this regard are: 1 Thes 4:13-18, 1 Cor 15:12-58, 2 Cor 1:3-4.

   The stages that a person goes through can also be summarised as follows:

   1) Confused stage
      a. Directly after the death of a loved one.
      b. Shocked disbelief and a strong feeling of unreality.
      c. Weeping, confusing flashing emotions.
      d. Feelings of unreality.
      e. Everything becomes confused and dazzling.
      f. Followed by perplexity, resignation or despair.
      g. Talking in circles about the deceased.
      h. Relief from stress (especially if the deceased had a long sick-bed) can overshadow the feeling of grief for a short time; this is psychological relaxation after the accumulated stress of the dying process and the gratitude that the loved one is free from suffering.

   2) Stage of developing awareness
      a. Emotional – groping in various directions and searching for answers.
      b. Memories of the deceased.
      c. Certain situations are repeated over and over.
      d. A lot of value is placed on the deceased's last words/orders.

3) Adjustment stage.
   a. Gradual increase of stability.
   b. Strong feelings of longing.
   c. Focus begins to alter – away from the deceased to the future and other people.
   d. Intensity of the previous stages weakens.
   e. Acute attacks of sadness are still experienced.
   f. Adjustment and acceptance is gradually rounded off.
   g. Emotional attachment with the deceased is gradually released.

THE NEWS OF THE DEATH

The way in which the news of the death is delivered can add to the trauma of what has happened. Although there is no "nice" way to tell someone about someone's passing away, it can be done in a sensitive manner. Doctors, nurses, police and preachers are faced with the reality of death on a daily basis, but for the families of those who have passed on it is unexpected and terrible.

1. The reality cannot be concealed and the family should be prepared for the inevitable, especially if death comes suddenly and unexpectedly as in a motor accident.
2. After getting the news of the death the family needs exceptional comforting. Parents will need to know that their child didn't suffer and that everything possible was done for the deceased.
3. To speak of the body in a clinical way as if it is no longer a person, is obviously upsetting for the relatives.
4. Due to his demanding work in the hospital, the doctor cannot be expected to be so finely tuned to the reaction of parents and relatives.

DIRECTLY AFTER THE NEWS OF THE DEATH

It is of cardinal importance that the relatives are given a proper chance to say goodbye to the deceased, regardless if it takes one or two hours. Leave the relatives alone with the deceased and give them chance to stay there until they cry; it will shorten the trauma if the acceptance of the person's death comes as soon as possible. In the following weeks denial will play a big role and then it will be necessary to fall back on this very important action.

CHILDREN

1. Give a lot of attention to the children of the relative. We are inclined to give attention to the adults and ignore the children. They need just as much attention and help. People often think that they should protect the children against death and therefore avoid talking to them about it. These children have lots of questions that **must** be answered **honestly and sincerely**.
2. This attitude can cause the child to repress their feelings of sorrow, anger and fear – this can be extremely harmful to their emotional and spiritual growth. Months, even years later, a person realises what impact the death of a close family member had on a child.
3. Be honest with the child, considering the child's experience and nature. There is a difference between the emotionless, careless conveyance of the fact of death and the understanding, loving awareness of the reality of the situation.

4. A child appreciates honesty and soon notices when an adult tries to shy away from the truth. It can make him feel uncertain, even suspicious, with the presumption that something is being hidden from him.
5. Never avoid the use of the word "dead" by using all sorts of euphemisms such as a)He is safe with Jesus; b)He has gone away. By using these terms it may make it more difficult for the child to express his feelings and questions. He must be given the opportunity to mourn.
6. Children are inclined to avoid friends that are going through just such a crisis. DON'T! Your friend needs you!
7. People don't always think that children also need sympathy and comfort. The most sympathy and attention is focused on the adults. This makes these children feel confused and lonely. They also experience the feelings of sadness. They can then feel that their feelings of sorrow are unimportant.
8. Talk to the children personally, or send them a separate card.
9. Give them the opportunity to talk about the brother/sister/parent that has died. Don't pressure them. Don't let them get the impression that you are only inquisitive or busy trying to fish for information. Let them feel that you really care.
10. An arm around the shoulders can often say more than words. If the child is uncomfortable about physical contact, respect the feelings.
11. Treat him as a person in own right.

FUNERAL ARRANGEMENTS

1. For most of the relative the days leading to the funeral are hazy and unreal, filled with people and more people. They will appreciate your presence and it is mostly unnecessary to say anything.
2. It is important to realise that there is therapeutic value in carrying out the last loving deeds. If possible the person should be allowed to participate in the last wash, preparation and dressing of the deceased.
3. It is not necessary that only men should be pallbearers – if the deceased is a child, for example, nothing should stop the mother from helping to carry the coffin – it has healing value and helps with the process of acceptance.
   BEWARE THAT THE MOURNERS BECOME THE ONLOOKERS AT ONE OF THE GREATEST TRAGEDIES IN THEIR LIVES.
   If you, as counsellor, do all these love tasks for the relatives, you will slow down the mourning process. Keep yourself busy with routine tasks such as cooking meals, washing, cleaning the house etc. It will also help if you do shopping for this person. The mourners find it difficult to cope with "a day in town" after the death of a loved one and before the funeral.

   "I said to the man who stood at the gate of the year: Give me a light that I may tread safely into the unknown and he replied: Go out into the darkness and put thine hand into the hand of God.That shall be to thee better than a light and safer than a known way.."

VISITORS

1. Allow the person to talk and cry his heart out, while he describes his painful experience. Don't ignore the person's pain and sorrow by steering the conversation in another direction.
2. Don't try to make out that things are not as bad as they are experiencing.
3. This person doesn't need clichéd words of comfort.

4. Sharing the experience and reliving it in the presence of loving and caring friends is one of the first steps of healing.
5. Practically assist the mourner with the flow of visitors. Clean the house, serve tea and chat. The mourner should not be required to handle any more pressure at this stage other than trying to accept the fact that death is a reality. Stand in for them. Be there!

BASIC RULES OF ASSISTANCE

1. Counsellors must be present physically and emotionally in order to give support and security to the mourners. It will be especially valuable during the initial period of shock and disorientation.
2. Take over **routine tasks** for example mealtimes.
3. Physical and emotional support is necessary during the whole time of mourning not just until the funeral.
4. Support them in the acceptance, expression and identification of feelings. Refrain from trying to focus the mourners' attention prematurely on other things. Don't try to force them to: a) to forget and carry on; b)"you must forget, what's past is past!"

   This sort of conduct will trouble the trust relationship and cause aggression, anger and embarrassment.

5. It is very important to listen without being judgemental and with unprejudiced acceptance so that the mourners can give expression to their emotions without fear of being shunned.
6. The family must talk and talk and talk and talk…
7. Be careful of too much medication; this slows down the process.

THINGS THAT SHOULD NOT BE DONE

1. Don't encourage escape, for example, moving away or going on holiday. If this happens too soon the bereaved will find that they have been stripped of their stability and known environment.
2. Don't allow the bereaved to stay isolated.
3. Don't allow your own feeling of helplessness to keep you from reaching out to the bereaved.
4. Don't allow the person's health to deteriorate as a result of poor appetite and lack of rest and sleep.
5. Don't be surprised if grieving persons repeatedly talks about the same things, where they are continually reviewing and revisiting their relationship and memories of the deceased loved one; this is part of the grieving process.
6. Don't prevent them from continually talking about their loved one and weeping; don't try and prevent them from getting upset because it upsets you.
7. Don't expect the person to be the same person as before the grieving process.
8. Don't tell the grieving person that he/she shouldn't feel so bad; there are still other loved ones that are alive. This deprives them of their legal grief.
9. Don't force the grieving person to take a tranquiliser.
10. Don't try to force the grieving person into a new relationship before he/she is ready for it.

AFTER THE FUNERAL

After the funeral routine is restored, the influx of visitors dwindles and the bouquets start to wither.

1. Be considerate of the grieving. Don't visit them or phone them late in the evening. (They are dead tired physically and emotionally.)
2. People often think that they must go and commiserate immediately after the funeral which is, off course, appreciated. However the need for people's interest and support becomes even greater a few months later – and it is usually just then that visitors arrive.

Lamentations 3:18–20 "….*My strength and my hope is perished from the Lord: Remembering mine affliction and my misery, the wormwood and the gall. My soul hath them still in remembrance, and is humbled in me."*

Verse 31-33 *"…..For the Lord will not cast off for ever: But though he cause grief, yet will he have compassion according to the multitude of his mercies. For he doth not afflict willingly nor grieve the children of men."*

Other important texts that can be quoted are: 1 Peter 1:7, Romans 5:3-5, 2 Cor. 1:4-5, 2 Cor. 12:9.

The Word of God and the fellowship of other Christians are a source of indispensable power during the first few months after the death of a loved one.

DIFFICULT DAYS

1. Special days – birthdays, the date of death, Mothers' Day, Christmas, New Year can be very difficult.
2. Those who want to help shouldn't say afterwards: "I thought of you and prayed for you."
3. Go and pay them a short visit and chat about the deceased. Phone or send a card.
4. Ask the person if it is a difficult day and if he misses the deceased person a lot. Give him the opportunity to talk.
5. Talk about the deceased and ask to see photos.
6. If you didn't know the deceased, ask the person to describe him to you.

OTHER IMPORTANT PRINCIPLES

1. If you really want to help ask yourself if you are truly prepared to share in the grieving person's pain and burden and help them carry it. If not, rather send a card or a telegram.
2. If you visit the person refrain from talking too much; it can give the impression that you are trying to avoid the person's pain and sorrow. This hurts.
3. Show through your demeanour and actions that you are genuinely interested in them and realise that the sorrow that they are experiencing at the moment is more important than anything else; they are completely immersed in it.
4. Ask what happened, but if the circumstances were shocking, don't give the impression that you are inquisitive to hear all the gory details. This can also

hurt. Your questions must come from true empathy. They must be aimed at giving the grieving persons the chance to talk their heart out.

5. Be calm and listen; give the person your full attention.
6. People that are still hurting after the death of a loved one shouldn't go continually and visit another grieving person and then keep quiet because they are afraid of their own pain. In this case they should rather sympathise through a letter or a card.
7. In order to get over the death of a loved one it is absolutely imperative that they talk about it. The person who grieves will not start such a conversation as he is already experiencing so much pain and fears steering the conversation in a direction that causes him more pain. The fact that your friends don't talk about your loss, leaves – whether right or wrong – the impression that they are not interested in your feelings.
8. The incomprehensible attitude of the community regarding grief can make it very difficult for the grieving. Grief is too often seen as weakness. Never say to someone: a) "pull yourself together" b) "Forget about it" c) "Think about something else"
9. Obviously the bereaved would probably prefer to manage their grief in another way. Nobody likes being weak – to grieve is not a weakness. It is essential for the healing process of the mourner to be able to vent their feelings and to do it reproach.
10. Remember that the mourner's reactions and actions are not always reasonable. Such a person can often over-react; understand and accept it.
11. The process of mourning often lasts a lot longer than the community realises. In the case of the loss of a child it can take between eighteen months and two years before things return to normal, in the case of a violent death it can take even longer.
12. Be patient, tolerant, and empathetic. Remember that mourning is hard work for the bereaved as well as for the supporter. Support doesn't mean pushing the person from behind to get them to return to "normal" faster. It also doesn't mean standing in front of them with a finger pointed in admonition whilst preaching. To really be helpful and to help carry the burden of the grieving person as the Word tells us to do means to have endless patience and empathy, to stand next to them and to associate yourself with their suffering.
13. Help and support the person by going to their house and finding out how it is really going. Don't be satisfied with a pat answer "it's fine".
14. Denial is an important stage of the grieving process, because it is impossible to continually endure so much emotional pain. It is a form of self-protection. Don't correct the person. It is usually a temporary phase and will pass.
15. When a person wants to discuss their feelings of guilt, don't try to talk them out of their guilt. Don't make as if the things that they are feeling guilty about are unimportant. Tell them that it is normal to feel this way. When the person has spoken about this once, ask about it again, so that EVERYTHING is out in the open. Don't try to give solutions and answers but give the person time to come to acceptance themselves.
16. Feelings of fear are normal. Help the person to identify their fears by asking : "What is it that you are afraid of?" Don't say that fear is trivial or unnecessary. When the mourner has expressed his fears in words he will gain perspective over them.

17. Children and young people's experience of the death of another young person can be extremely intense. Answer their questions as honestly as possible. Avoid euphemisms such as "God was looking for a flower for His garden". Speak openly about what happened. Verbalise your own emotions about death to make it is easier for the child to follow suit. Be attentive of a change in behaviour, the child might be in depression.
18. Anger that is not verbalised brings seclusion and coldness. Supressed anger can turn into depression. Ask the question: "Why are you angry?" Don't reprimand him about his anger. Show him that you accept him in spite of it. It is important to follow up with another visit. Ask "Are you still angry? Tell me about it, I understand that you feel this way."

ABNORMAL GRIEF

1. Over activity.
2. Continuous work.
3. Taking on the symptoms of the deceased.
4. Animosity against specific people or institutions e.g. church, hospital, doctor etc.
5. Robotic movements with no feeling of emotion.
6. Abnormal depression with tension.
7. Sleeplessness.
8. Loss of appetite.
9. Self-recrimination.

Gal 6:2 *"Bear ye one another's burdens, and so fulfil the law of Christ."*