

Pastoral Care of the Dying

The Art of Being Present

Elizabeth Turner Haase

The author, an experienced psychologist, argues that ministers can learn the art of pastoral care of the dying, if they are willing to face their own losses, shed fears, pray, and practice authentic presence to the other.

Some Scenarios

Not long ago, a very dear friend of mine lay in a hospital bed in Northern Virginia, dying a painful and prolonged death from colon cancer. Two hospital chaplains came to visit her during her stay. Their visits and our experiences with each of them were strikingly different.

The first chaplain was a middle-aged man who came into her room several times. Each time, this sincere man of God hesitated as he entered the room and seemed relieved to find my friend asleep. He spoke briefly but awkwardly with those of us who were visiting her and then hurried out of the room leaving a pamphlet behind. The last time I saw him he expressed disappointment that my friend was always asleep when he came. I suggested that he leave her a note, which he reluctantly agreed to do. Since he had nothing with which to write, I gave him a piece of paper and pen. When my friend awakened, she seemed glad that she did not have to suffer through the discomfort this man exuded even in his note. The pain and discomfort she was already suffering were enough. She did not have the energy to take care of this very earnest chaplain.

Elizabeth Turner Haase is a psychologist in private practice in Washington, D.C. She has twenty-three years experience working with issues of death, dying, grief, loss, and trauma. She teaches a course on Death and Pastoral Care of the Dying at Washington Theological Union.

The other chaplain who visited was a warm, solid, elderly woman who always seemed to have time to visit with my friend and with the family members and friends who were visiting her. Interestingly, my friend was either awake or just awakening whenever this woman walked into the room. During her visits, this chaplain did not seem to have an agenda. She appeared to have plenty of time and never seemed rushed. She showed great care, listened intently, joked occasionally and was happy to convey information to the nursing staff if needed. During her visits, my friend shared some of her suffering, her concerns, and her fears. When this chaplain left her room, my friend seemed less anxious and more comfortable.

These two scenarios may seem familiar. Obviously, the second chaplain was more available to my friend and her extended family than the first. Each of her visits was comfortable even when we were talking about very difficult issues. After her visits, calm reigned and the room felt lighter.

What went wrong for the first chaplain, a man who seemed kind and who clearly wanted to help, and returned several times? How did it happen that this woman, who needed solace and understanding as she explored deeply spiritual questions at the end of her life, and this kindly man, who wanted to provide spiritual support, failed to connect?

In reality, this deathbed scene is the norm, not the exception. There are many reasons why pastoral caregivers seem to struggle to listen, stay with, and provide spiritual sustenance to the very ill, the dying and the grieving among us. While there are some who will never be comfortable in the ministry of pastoral care, there are many who can learn to shed their fears and become truly engaged with dying persons and their community.

Pastoral care of the dying is a very important area of ministry, which is greatly needed yet often quite frightening for caregivers. It is a ministry that the general public expects pastoral caregivers to understand, to be experienced in and to cope with well. In my private practice as a psychologist, I see many people who wish they could talk to their minister or their spiritual community about issues of illness, loss, and grief. Many come to me because they feel

*While there are some
who will never be
comfortable in the
ministry of pastoral
care, there are many
who can learn to
shed their fears and
become truly engaged
with dying persons
and their community.*

they are not understood or helped in the very place and by the very people from whom they most expect help and understanding.

How is it that the religious often struggle with being with the dying and their families before and after the death? In much of the Western world, we have long ago moved much of the care of the dying out of the hands of family and community and into the hands of hospitals, medical personnel, hospices and eventually funeral homes. A hundred years ago, dying people stayed in their home, and the community, including their church, supported them and their families until death, through the wake and burial, and then in the aftermath. In our increasingly technologically driven world, we have come to a point where large numbers of people die in hospitals where the personnel are overworked, underpaid, short staffed, and overwhelmed (Meyer, 8).

*For many pastoral
caregivers, just as
for me, the feelings
of inadequacy can
be overwhelming.
These feelings come
from many places.*

I began my work with the dying and grieving because I needed to understand these experiences in my own life. Like most young and idealistic caregivers, I was very unsure of my role, convinced that I did not know how to “do it right” even though I wanted deeply to bring comfort and care to people in this stage of their lives.

The first time I was asked to visit a dying person in a hospital, I felt awkward and like a fraud. The patient was a forty-five year old woman who was in the end stages of throat cancer. She was unable to talk but she could hear and she could see. I was so tied up in my own experiences and my own sense of inadequacy that I failed to understand that I needed to simply be present with her in those moments, to give her my unconditional regard and caring without trying to “fix her” or say the “right thing” that would somehow magically make life better. When I left her room, I knew that I had failed to bring

her even my authentic presence. I have never forgotten how out of place and out of control I felt in that situation and how inauthentic I was in those moments.

For many pastoral caregivers, just as for me, the feelings of inadequacy can be overwhelming. These feelings come from many places. We are often not comfortable with our own thoughts about death and dying and we may not have grieved our own losses in life. It is important to understand that when ministers are in the room, it is sometimes as if they are on stage. It is true that people have expectations of pastors and pastoral care providers. One of the expectations that people have is to be heard. Sometimes they hope for advice from a priest or pastoral caregiver, but that is not always true. It is not always true that they

need to be guided. Often they just need someone to accompany them in the final stages of life.

Fears

When we are faced with dying, and have never been taught how to handle it ourselves, it is no wonder that we become fearful and feel ill equipped to cope and be of help. In our fear and lack of understanding, we lose ourselves and we lose sight of the fact that a person who is dying is just that, a *person* like us who is coming to the end of life. This person, like us, lived and loved, celebrated life and made mistakes, has regrets and may still have things to accomplish or complete before death. Often, this person, like us, is afraid—afraid of being alone, afraid of pain and sickness, afraid of weakness and loss of control, and afraid of death itself.

We who are not experiencing our imminent death feel thankful and afraid at the same time. We are thankful that we do not yet have to deal with dying ourselves. At the same time, our fears are many. We know we cannot really know what it is like to die or be dying. We've never actually experienced the process ourselves. Into this place, then, we come as the pastoral caregiver who is expected to bring comfort and solace, while we ourselves may feel awkward and uncomfortable trying to help someone else to cope with the experience.

In our effort to make things better and to bring spiritual sustenance and healing, we often overlook the true plight of the dying person and extended family. As soon as a diagnosis of terminal illness occurs, dying people and those who love them may become objects of sadness, uncertainty, awkwardness and fear. They cease to be just ordinary people we like, dislike, laugh with, struggle with and with whom we share everyday experiences of daily living. Those who are terminally ill report that they feel the barriers between themselves and the rest of their world quite keenly.

A young student nurse who was dying is quoted by Elisabeth Kübler-Ross, in her, *Death: The Final Stage of Growth*, as saying, in part,

“I know you feel insecure, don't know what to say, don't know what to do. But please believe me, if you care, you can't go wrong. Just admit that you care. That is really for what we search. WE may ask for whys and wherefores but we don't really expect answers. Don't run away—wait—all I want to know is that there will be someone to hold my hand when I need it. I am afraid. Death may get to be a routine for you, but it is new to me.” (26)

Families experiencing death are afraid for themselves and for those they love. The question why God would allow this to happen may be in their minds and they may put this question to those who minister to them. The pastoral caregiver

who comes into this mix can bring faith, hope, solace, and community at a time when these are in short supply. We are not called on to have all the answers; we are called to bear witness, provide presence and bring spiritual sustenance whether through prayer and exploration of spiritual questions or simply by our very presence alone.

I contrast my experience of awkwardness, the first time I was asked to visit a dying person in a hospital room, with my memories of a chaplain I knew many years ago in Indiana. When I was working as a volunteer in a hospice in Indiana, I watched one of our chaplains go about his daily rounds. With each person, he was warm and caring, and he brought to the room himself, just as he was that day, joking, quiet, occasionally a bit sad, sometimes a bit hurried, but interested and

very present. He was always available to listen, to hear the experience of the person with whom he was engaged, and he was not afraid of silence. He designed prayers for those who wanted them, and read prayers when that seemed more appropriate. If a patient was asleep when he came by, he always had a card to leave, and he wrote a personal note to say “hello” and to say he would return later.

This ability to be comfortable with oneself is essential to the pastoral caregiver. How liberating it is to realize that we do not need to know all the answers! It is crucial that we remember that we are not the only ones in the room at the time of our visit. It is not about us. It is about what we create in the moment together with the dying person or their family and with God.

Prayer and deep spiritual belief are a foundation for most pastoral caregivers. Because it is of such importance to us, we often believe that prayer is all we must bring to the dying and their families. But prayer may not always bring the comfort we wish. At times, remembering and reciting the beloved words may be comforting to us and not to the dying person and family, or vice versa. It is so important, then, for us to

listen, to ask, to be creative and to remember always to focus our attention on the needs of the person and family to whom we are ministering. Asking people if they want to pray and if so, what kind of prayer would be helpful is a way to involve them and ground ourselves. In the words of Charles Meyer, “ask, ask, ask” (Meyer, 45).

*It is so important,
then, for us
to listen, to ask,
to be creative and
to remember always
to focus our
attention on the
needs of the person
and family to whom
we are ministering*

In a lovely, very succinct little book, *A Good Death*, Meyer, a chaplain with many years of experience with the dying, talks about the role of prayer. He says:

“It is extremely important to remember that the purpose of prayer is presence not outcome. If prayer is appropriate, the appropriate prayer is for the presence of the Holy in this situation, to be present with the patient and everyone else with that patient regardless of outcome. It is the presence of the divine that is empowering, assuaging, supporting, reconciling, forgiving and loving.” (46)

Being Present

The ability to be truly present, to bear witness at a time of great anxiety, tumult, anguish and need, is essential to becoming a truly helpful pastoral caregiver. If we are able to be authentic, to be truly ourselves, to reach out to dying people and their families, to hear them as fully as we can and to stay grounded in what we know and what we do not know, we will provide them with spiritual presence.

Being truly present is not easy. Pastoral ministers often ask how this is possible on an ongoing basis or how they can be really present, as chaplains, when they see a patient once or a very few times for short periods. They also wonder again and again how to continue to offer pastoral care without becoming overwhelmed in their ministry. Their questions are not frivolous. Pastors and pastoral caregivers have a tremendous amount of work. In a hospital, they may have a list of ten or thirty people to visit in a day. Some visits will be short and others may be longer, particularly if a conversation is fruitful for the patient. At the same time, the caregiver must learn boundaries. There is a time to stay and a time to leave.

Students often tell me that they feel guilty leaving people who are dying or families in need. It is hard to learn that more time does not always equal better time. There will always be patients and families who want us to stay longer. At the same time, we can learn to say, “I have to go and (if it is true) I will be back.”

Examining Our Own Fears

One of the reasons that many pastors and pastoral caregivers feel afraid and awkward ministering to the dying is that they have little or no experience of, or knowledge about death, dying, and grief. In many pastoral programs, student ministers are not required to take a course in the pastoral care of the dying. When I spoke to a group of Methodist ministers some time ago, I learned that eight out of forty had taken a course to help them prepare for this part of their ministry, which all agreed was a large part of their parish work.

In teaching pastoral care of the dying, I have found that it is crucial that we help our students to deal with their fears. They need to examine closely their

own experiences of illness, death and grief and to begin to grieve any losses they have not completely grieved. If they are unable to do this, those losses often come to the fore when they are providing pastoral care. Then, instead of being present with the person to whom they are ministering, they become caught in their own needs. When we examine our own lives and become as clear as we can be about our own “stuff” in those moments, we become more available to others in their needs.

This is not an easy task. To look at our own “stuff” means that we must be willing to see the easy and the painful. Specifically, we need to look back on our lives and see if there are any experiences of grief or loss, of people close to us dying, of trauma or tragedy. We need to look closely at our own feelings about death. Then, we need to allow ourselves to reflect, over a period of time, to see if we have grieved and allowed ourselves to move on with our lives, or if we are carrying the heavy burden of unresolved grief with us. It is also important to look at how our personal theology has been informed by these losses. From this information, we are better able to walk with and bring solace to those to whom we minister.

As pastoral caregivers who are examining our own feelings about death and grief, it is important that we educate ourselves about the needs of the dying and their families. While we can never know another person’s experience, we can learn something about that experience, and thus avoid panic in the face of what is often normal but quite difficult. From the Wisdom of the Desert come the wise words, “A man who keeps death before his eyes will at all times overcome his cowardice” (Merton, 76).

While I cannot be certain of this, I believe that the two chaplains whose story opened this article had very different experiences in their own lives around death and grief. Whatever these experiences and whatever their knowledge, the second chaplain felt more comfortable with the issues before her, while the first felt quite awkward. While both had the wish and willingness to minister to the dying, they were not equally able to sustain themselves in the presence of difficult issues and feelings. So, remembering their stories, let us look at how we might bear witness to the dying and those around them.

Bearing Witness

What does it mean to “bear witness”? This phrase is repeated frequently in books on the care of the dying. Does it mean that we as caregivers simply visit those who are dying and those who love them without doing anything more? Or does it mean we must engage the process ourselves in some way?

I believe it means the second. To bear witness fully, we must be open to hearing the stories of those to whom we minister, to hear them in the moment, whether they are fully fleshed out and understood or not. We must understand that the story may change in some ways as the person moves towards death. And we must, through our listening and our determination to understand the

story better, be willing to stay in the process no matter how awkward and unhelpful we feel. This requires asking questions, listening patiently to the answers and learning to follow the lead of the patient so that we do not wander to places where we have not been given permission to go. Sometimes it means grappling with spiritual questions that are uncomfortable. At these times, we must somehow be aware of the needs of each patient to whom we minister.

Needs of the Dying

What are the needs of the dying patient? The dying patient needs many things. Over and over they tell us they are afraid they will be forgotten—that they will be left alone because others simply cannot deal with them. The dying often are not asking us to do anything except to be with them. To be alone facing death can be one of the most frightening experiences of our lives. Most dying people know that we do not have the answers because no one really does. But coming to those answers themselves is far easier when they feel less lonely.

During this time, the dying person and family may hurl their anger and hurt at God or they may feel that God supports them throughout. It is important to support either stance or those in between. Often pastoral caregivers become defensive about God, trying to explain that God is indeed with us and that God does not wish us to suffer without reason or reward. This is usually not what dying persons need. Most often, dying persons need to explore their own understanding of why this illness, accident or sudden movement towards death is taking place. As caregivers, we can gently but truly help them to examine their beliefs and to come to an understanding that makes sense to them. At times, we need to be able to stay with a person who never understands and is always angry. Our staying is a reminder that they are not alone. We, who come with our unconditional love, bring the caring and support that assures the dying person that God is present even in these terrible times. The hope is that, over time, the dying and those who love them can accept the well-known words, “To everything there is a season, and a time to every purpose under heaven: a time to be born, and a time to die. . . .” (Eccles 3:2).

*To bear witness
fully, we must be
open to hearing the
stories of those to
whom we minister,
to hear them in the
moment, whether
they are fully fleshed
out and understood
or not.*

If ministers of pastoral care are unavailable at these times of dying and death, they fail dying people, their families, and themselves. They risk sending the message that the Church does not care, that it does not have time for those who are at the end of life. People who are dying may feel that they are alone, forgotten, and no longer important. This adds to their sense of loss.

Dying people and their families experience much grief towards the end of life. This is part of the process of dying, and is quite painful. For each one, there is the acknowledgment that this life is coming to an end, and that life will soon change forever. In this process, the pastoral caregiver can be of help. Many times there is unfinished business that can be facilitated, stories that need to be heard, memories that need to be shared, and grief that needs to be witnessed. The pastoral caregiver may be able to facilitate the telling of these stories, the feeling of these emotions and the grieving that accompanies the experience.

Some people, of course, die suddenly and they or their families may need spiritual support at a time of extreme anguish. Often, there is no time to do much more than provide presence and strength, prayer or absolution. At a time of tremendous shock or horror, we should not expect to do more than lend a hand and give our unconditional love and support in whatever way seems most needed. Once again, in this way, we can provide spiritual sustenance.

Self-care

How do we sustain care when people do not die as quickly as they used to, and one or two visits are just not enough? In this increasingly technological world, people often live longer even as they are dying, and there is a greater need for a network of caregivers. One religious person cannot do it alone. There needs to be a team effort so that the pastoral caregiver does not burn out. Family, friends, pastors, and pastoral caregivers can be helped by trained volunteers. In some parishes now, there are programs to support the dying person and family. In hospices and home care programs, pastoral caregivers and chaplains are an integral part of the team.

Pastoral care of dying people and their families can be a tremendously fulfilling calling. At the same time, it can be intense and stressful work. Ministers and pastoral caregivers often burn out because they do not talk about their experiences and share their anxieties and concerns. They can be helped by a group of peers and a “confessor” to whom they can turn when they feel overburdened, uncertain or deeply affected by their experiences (Bowman, 44).

While support from outside ourselves is crucial to this ministry, pastoral caregivers must also continually enrich themselves by their ongoing “discipline of daily meditations and prayer, a practiced imagination and frequent fellowship with the Scriptures” (Imara, 53). Engaging in these forms of spiritual sustenance can help pastoral caregivers to continue to provide the care that so many expect of them.

Conclusion

As I think about the ministry of pastoral care discussed above, I remember the words of Scripture, “There is but a step between me and death” (1 Sam 20:3). It is important that each of us, as pastoral caregivers, never forgets that the mystery of dying and death cannot be fully revealed until we, too, walk this path. In the meantime, if we are willing to walk with people who are dying, and with their families, whatever their path may be and no matter how much they are able to speak in spiritual language, we can be a spiritual presence and a source of hope and comfort to them.

References

- Bowman, George. *Dying, Grieving, Faith and Family, A Pastoral Care Approach*. Binghamton, N.Y.: The Haworth Pastoral Press, 1998.
- Imara, Mwalimu. “Simmering on the Calm Presence and Profound Wisdom of Howard Thurman.” In *Debate & Understanding, A Journal of the Study of Minority Americans’ Economic, Political, Social and Religious Development*. Boston University: The Martin Luther King, Jr. Center, 1982.
- Kübler-Ross, Elisabeth. *Death: The Final Stage of Growth*. Englewood Cliffs, N.J.: Prentice Hall, Inc., 1975.
- Merton, Thomas. *The Wisdom of the Desert*. The Abbey of Gethsemani, Inc., 1960.
- Meyer, Charles. *A Good Death: Challenges, Choices and Care Options*. Mystic, Conn.: Twenty-Third Publications, 1998.