



# Dying and Fear: Implications for Pastoral Care

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The whole Biblical interpretation of life and history rests upon the assumption that the created world, the world of finite, dependent and contingent existence, is not evil by reason of its finiteness....[D]eath is no evil though it is an occasion for evil, namely the fear of death.

—Reinhold Niebuhr<sup>1</sup>

If Niebuhr was correct, it is not death that is our dilemma—it is the fear of death. Although Niebuhr was reflecting generally on human destiny, this is a comforting thought for those who provide pastoral care to dying persons, for although death is unavoidable, we can do something about fear. The pastoral caregiver, as a vital member of a team that includes friends and family, hospice staff, and medical professionals, can help to break down the barriers that isolate dying persons and exacerbate their fears. By working to understand more fully the unique concerns of each man or woman who faces death, and by deeply embodying our own faith in the dying and risen Lord, pastors can respond—both psychologically and theologically—to the fear of death, in whatever form it takes. These are our goals—to understand the emotional experience of facing one’s own death and to bring the pres-

<sup>1</sup>Reinhold Niebuhr, *The Nature and Destiny of Man: A Christian Interpretation*, vol. 1 (New York: Charles Scribner’s Sons, 1941) 167.

*Death is inevitable, and, finally, we can do nothing about it. We can, however, do something about the fear of death. Preparing ourselves to be effective caregivers, we can have the great privilege of helping bring Christ into the rooms of the dying.*

ence of Christ into the room where death is waiting. If we, as pastors, cannot accomplish these tasks with wisdom, sensitivity, and fidelity, it is far better to go home and cause no harm.

### FEAR: ONE DIMENSION OF DYING

There is nothing new about recognizing the role of fear in pastoral care—most articles and book chapters on the subject mention the anxiety of both dying persons and their pastors around the deathbed.<sup>2</sup> Unfortunately, little has been written, in practical theology, about how best to understand and respond to this fear. Similarly, calls to be “spiritually fitted”<sup>3</sup> for our pastoral task with dying people are not consistently accompanied by a biblical theology that is rooted in the core narrative of a suffering, dying, and risen God.<sup>4</sup>

Now there is fear, and there is terrible fear. Human fear in the face of death is natural, because, like all animals, we are biologically predisposed to try to survive. Thus we cannot stop being afraid of death simply by deciding to view nature as serene and harmonious, as some philosophers have suggested. Rather, we have double trouble, because, as human beings, we have the additional characteristic (a mixed blessing?) of our self-consciousness. We pay a high cost for being aware of our own mortality, for leaving our blissful ignorance behind in the animal kingdom. My dog and I are at approximately the same stage of our lives, but he has never once pondered his end, while I do so more each birthday.

Reflecting on death and the fear of death for this article brought to mind an experience I had more than forty-five years ago. During the three months between high school and college I had a job working at a Lutheran long-term care facility. Sadly, in those pre-regulatory days, CNAs (certified nursing assistants) were not required to be trained; they were simply people who were willing and able to show up. One of my most memorable experiences of that summer came when I was asked by my supervising nurse to “stay with Bob because he’s afraid to die alone.” At seventeen, I had never been around a dying person, so when I walked into the room I was only slightly less frightened than the patient. I really had no idea what to say or do; I only knew that this very old man was sick and weak. He was also alert and oriented to time and space, at least intermittently. And he did give every sign of being fearful—his eyes darted around anxiously, he couldn’t lie still, he showed signs of increased panic whenever I needed to leave the room briefly. But, I wondered, Why was he so frightened of being alone, rather than of dying itself? As a teenager, it seemed to me that the latter was far worse. As my shift continued, I gave Bob tiny drops of water, kept him as comfortable as possible, spoke a few kind

<sup>2</sup>George Bowman, “The Pastor’s Ministry to the Dying,” in *Dying, Grieving, Faith and Family: A Pastoral Care Approach* (Binghamton, NY: Haworth Pastoral Press, 1998) 43–73.

<sup>3</sup>*Ibid.*, 45.

<sup>4</sup>One notable exception is the writing of Henri Nouwen. See, for example, *Finding My Way Home: Pathways to Life and the Spirit* (New York: Crossroad, 2001).

words to him (happily, I have long since forgotten what I said!), and reported to the nurse when she stopped in. Mostly, I just sat with Bob, keeping him company during the last eight hours of his life. To my surprise, even the company of a frightened, inexperienced young woman made a difference to this old man: he appeared less afraid to die because I was there.

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Perhaps compounding matters for Bob, as for many Americans, were the strange beliefs and practices related to death in our culture. We go to absurd efforts to deny death through more and more material consumption, and we make obscene attempts to stay alive as long as possible—a practice that may well bankrupt the next generation. A recent report suggested that most Americans spend their last days in an intensive care unit, subjected to uncomfortable machines or surgeries, even when death is inevitable.<sup>5</sup> Irrational as it is, we continue to dream of a world in which medicine will always save us, even after we have lived many years and our bodies are clearly exhausted.

The tendency for denial makes its way into our theologies as well. It is easy to think, in such a culture, that faith and fear are incompatible. If faith is a personal accomplishment, something to work out by the individual and for the individual, it becomes difficult to confess to a pastor that you are afraid. Pastors can easily reinforce this reticence with their own pious words or too-cheery demeanor, thus modeling a faith that is more childish than childlike. We need more than a theology that sounds, as Martin Marty put it, “inoffensive.”<sup>6</sup> Strangely, the rich but dark story of Jesus’ own struggle to accept death, and his ultimate triumph over fear through obedience to his Father, remain neglected resources in pastoral conversations with the dying.

#### UNDERSTANDING DYING PERSONS AND THEIR NEEDS

Yet, despite these disappointing human dispositions and these unhealthy cultural messages, we have all known people who die as they have lived—with peace, joy, and integrity. My pastoral and chaplaincy experiences have convinced me that a Christian lifestyle, a long pattern of clinging to the promises of God and living within the centering practices of a faith community, together with personal resiliency in the face of life’s serious challenges,<sup>7</sup> provide all that we need to live and die well. This joy and this resiliency remain available even in our contemporary con-

<sup>5</sup>“The Cost of Dying: End of Life Care,” *60 Minutes*, CBS, November 19, 2009. Available online at <http://www.cbsnews.com/stories/2009/11/19/60minutes/main5711> (accessed October 22, 2010).

<sup>6</sup>Martin Marty, *The New Shape of American Religion* (New York: Harper and Brothers, 1959) 7.

<sup>7</sup>Erik Erikson, *The Life Cycle Completed* (New York: W. W. Norton, 1985).

text where false promises of medical and theological safety tempt us.<sup>8</sup> But it is also true that some people are more fearful than others; some will always struggle desperately to hold onto life. A wise pastor knows that *all* God's children, strong and not so strong, are her concerns. As satisfying and comfortable as it may be to accompany hardy people as they die, we are also called to go to those places where there is real fear and intense anger, where dying persons do not or cannot draw upon the resources of their faith. This is the work that drains us, the work that requires at least equal time spent on vigorous self-renewal at the end of the day.

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In all cases, if we are committed to meeting a dying person's spiritual and emotional needs, we must prepare ourselves as thoroughly as possible. I believe that the most important aspect of readiness is dedicated attention to our own communal, spiritual lives. Pastoral caregivers for the dying need corporate and private prayer, regular worship, opportunities to hear the living word, and nurture from the cup of life. But psychologically informed education is also crucial—it is today's version of learning at the hands of the tribe's wisewomen. Through both informal reading and formal (continuing) education, pastors and lay professionals can augment their spiritual preparedness by becoming psychologically ready for this important work, and thus increase the probability that they will be able to respond meaningfully and sensitively in each unique situation.

There are today particular psychological insights that are helpful in recognizing developmental barriers to trust and peace at the time of death. Many of them come from a relatively new area of psychology, attachment theory. These concepts help to explain why Bob needed someone, anyone, in his room, and why dying alone is universally so difficult.<sup>9</sup>

In the history of pastoral care, family systems theory and stage theories have been taught as *the* theoretical orientations for those who worked with the dying. However, systems work is primarily focused on family members and their visible dynamics. This approach tends to require longer periods of time than may be available in palliative care and is limited by an emphasis on overt behavior. Death and dying stage theory is also problematic, for it has been widely disputed, at least in its rigid, linear form. Even though much of the terminology from this theory remains useful, dying people simply refuse to march through regular, linear stages according to our expectations. Fortunately, insights from relational psychology,

<sup>8</sup>See also, Janet Ramsey and Rosemary Blieszner, *Spiritual Resiliency and Aging: Hope, Relationality, and the Creative Self* (Amityville, NY: Baywood, forthcoming).

<sup>9</sup>Sadly, it is also increasingly common in the institutional settings in which most people now spend their last hours.

while not yet widely known by clergy or other pastoral caregivers, are now available. They provide deep, research-based insights for understanding what is going on with people as they make their last good-byes. Attachment theory can assist us to assist the dying.

Experienced pastors and chaplains all know that, when someone receives a terminal diagnosis, and when a family attempts to cope with saying good-bye for the last time, the approach of irrevocable separation triggers tremendous emotional strain. Under this stress, attachment strategies developed in the experiences of early infancy become activated, since a person now finds herself in an out-of-control situation where personal coping is insufficient.<sup>10</sup> A simple way to say this is that we all long for our mothers' arms when we are sad and in danger.

Space does not permit a full discussion of the patterns of attachment that have been labeled and confirmed by extensive research, beginning with the work of child psychiatrist and psychoanalyst John Bowlby (1907–1990): secure; insecure-avoidant; insecure-ambivalent/enmeshed; and disoriented/disorganized.<sup>11</sup> Although more typically used by those with psychoanalytical training, attachment theory is readily understandable (as is systems theory) and widely written about in the professional literature. It is thus quite accessible to pastoral caregivers. Furthermore, particularly as death approaches, attachment patterns tend to become clear and recognizable, both in the behavior of the dying person and sometimes in his family members. These patterns are easy to recognize, even by those with no formal training in psychology, and they provide insights that can then be used to set goals for the emotional and spiritual care of the dying person. There are spiritual implications as well, for research is demonstrating that both clinical symptoms and one's attachment to God are impacted by attachment patterns.<sup>12</sup>

For example, a dying person may have a difficult time labeling the intense feelings she experiences when she has accepted that she has only a short time left to live. This incapacity for emotional awareness and expression then predisposes her to high levels of isolation and fear. But if a pastoral caregiver, aware of attachment issues, also notices a lack of physical or verbal intimacy with family members, a strained and controlled voice, and an overall sober and detached mood in the room, he can respond with more empathy. He can conclude that old attachment issues—began in early childhood during inadequate mother-child interactions—have become reactivated in the present. This informed pastor may also notice an unusually intellectual style of coping, such as reading numerous books on death and dying or on her particular medical condition. He discerns that she speaks of the terminal illness with resignation, or perhaps aggressively, and seems distant

<sup>10</sup>Yvonne Petersen and Lotte Koehler, "Application of Attachment Theory for Psychological Support in Palliative Medicine during the Terminal Phase," *Gerontology* 52 (2006) 111–123.

<sup>11</sup>See John Bowlby, "Maternal Care and Mental Health," *Bulletin of the World Health Organization* 3 (1951).

<sup>12</sup>Attachment to God has been widely researched in recent years. See Giselle Hernandez, Jessica M. Salerno, and Bette L. Bottoms, "Attachment to God, Spiritual Coping, and Alcohol Use," *International Journal for the Psychology of Religion* 20/2 (2010) 97–108.

from everyone, including God. These persons most likely are exhibiting what is called “avoidant attachment style.”<sup>13</sup> They have spent their entire lives avoiding close contact with and dependence upon others. Caregivers, in such a room, may feel more grief and sorrow than the dying person herself—but this is not a bad thing. For, as trust is gradually built, with gentleness and patience, unnamed feelings can be recognized and acknowledged, contact with God in prayer can be deepened, and the feelings of the pastor may begin to be mirrored in the patient’s words and demeanor. On the other hand, if the pastoral caregiver is impatient or directly confrontational (out of unawareness or because he personalizes the patient’s behavior), further opportunities for emotional contact will be cut short.

Similar patterns appear in other attachment styles. In each case, simply knowing what is going on (through the lens of attachment theory) can facilitate emotionally helpful connections between the pastoral caregivers and terminally ill people. This not only removes barriers to emotional peace, it also facilitates deeper pastoral conversations.

### BRINGING CHRIST INTO THE ROOM

The “meeting” of two people, including that of pastor and dying parishioner, always falls somewhere in the range between meaningful and superficial. Obviously, willingness for a genuine encounter must be present on both sides—both patient and caregiver must take the effort to create what some psychoanalysts call an “intersubjective space.”<sup>14</sup> When this happens, it is one of the deepest joys of ministry, a time when we recognize that a “third” dynamic is present in the room as well,<sup>15</sup> through the power of the Holy Spirit. From a pastoral perspective, these moments are created both by being who we are, the bearers of God’s love and compassion, and by doing what we do, our symbolic and efficacious pastoral acts. Obviously, our “being” is primary and, as representatives of Christ and of his church, we do not accompany people making their last transition on the basis of our ebullient personalities or our professional cleverness. We stand in for Christ (I favor wearing a clerical collar in a sickroom for precisely this reason), more so than at any other ministry moment.

Nevertheless, it can seem awkward to begin pastoral conversations with a dying person, especially when we know that he is not someone who speaks easily about his faith. Nor can we assume that he is biblically literate or able to remember his Sunday school lessons, let alone interpret them theologically. One way to begin the dialogue is to suggest (when someone is ready) that you work together to plan the funeral. Talking about hymns and biblical stories are useful ways to get to know a person’s faith more fully—not just so that you can write a better funeral sermon,

<sup>13</sup>Petersen and Koehler, “Application of Attachment Theory,” 116.

<sup>14</sup>Jessica Benjamin, “Two Way Streets: Recognition of Difference and the Intersubjective Third,” *Differences: A Journal of Feminist Cultural Studies* 17/1 (2006) 116–146.

<sup>15</sup>*Ibid.*

but so that you can have meaningful conversations about God, forgiveness, and eternal life while he is living. Some people know immediately what scriptural passages they want read, and they are ready and eager to tell the pastor why. For them, these conversations can be solid gold, moments of great spiritual strengthening for the days ahead. Others may need suggestions of hymns and readings, and then our own sensitivity to each person and our knowledge of their life story is invaluable. What an honor and yet an awesome responsibility, to make suggestions and offer choices at this crucial time!

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Funeral planning is only one way to begin pastoral conversations. At other times, we can simply ask permission to read the Bible aloud. We often choose appropriate psalms, but the Passion Narrative is also a good choice. For example, the narrative of Jesus in the Garden of Gethsemane, especially in Mark 14, relays powerful emotions. In the NIV translation, Jesus was “deeply distressed and troubled” (v. 33); he uses poignant language to model honest prayer in the face of imminent death: “‘Abba, father,’ he said, ‘everything is possible for you. Take this cup from me. Yet not what I will, but what you will’” (v. 36). Reading this story, and then remaining quiet, waiting for the dying person to speak first, can be a powerful way to discover both fears and strengths. Christ becomes present, and the Holy Spirit is set free to calm trembling human hearts—including the pastor’s!

With the Bible as our resource, it is not the case that we must create something clever and new to bring into a sickroom. Rather, we must know the word and know it well; we must believe in its power with heart and mind, and then get out of the way and let the Spirit create something new. We are midwives, not magicians. As Nouwen put it, there can be something fruitful in death: “When he was dying on the cross, Jesus was ultimately vulnerable. He had nothing left. Everything had been taken from him, including his dignity, and in the eyes of his culture he was a failure. But in all truth the moment of his death on the cross was his life’s greatest moment, because there his life became the most fruitful one in all history.”<sup>16</sup>

One final thing—as pastoral caregivers, we must model Christlike humility and model it consistently. If we choose to cover our own anxieties about death and our grief for the dying with power plays and bravado, it is impossible to represent the Christ who did not resist weakness but embraced it—who did not only give up power, but rejoiced in a Power beyond the world’s understanding. When we are with a dying person, we don’t have to explain what it feels like to be vulnera-

<sup>16</sup>Nouwen, *Finding My Way Home*, 144.

ble—the person already gets it. But when Christ is present, the loss of it all can be a gateway to the gain of it all, a passage to that emptiness that only God can fill. This insight transforms the moment of death from simply a time of ultimate loss into a time of great fecundity.

Christian caregivers know that in the process of letting go of our baggage, including personal regrets (both omissions and commissions), saying our last good-byes, and putting aside our desire to live just one more day, we begin, each day, to prepare for death. Christians have discovered a core truth that the world is not ready to hear, a truth we call the “theology of the cross.” We know that particularly when we suffer, as we do at the hour of our death, we find ourselves most powerfully sustained by the One who knew human pain. We have discovered that, just when we struggle to say good-bye to those we love, we draw closer to the face that will never go away. We know, too, that when we abandon our greed to live forever, we are ready to embrace the One who prepared for us a final, grand surprise. Pastoral care with the dying is about believing and embodying these truths. Thus it is about gently but persistently bringing the crucified and risen Christ into all those places where death is waiting. ⊕

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