

PASTORAL CARE OF THE DYING AND THE BEREAVED

EVERY MAN has his own life to live and his own death to die. In our pastoral care of the dying man and his family our object is to help each man to achieve his death in the way which is most positive for him. I suggest that we need to consider three separate aspects of this spiritual care. These are:

1. Should the patient be told he is dying?
2. Pastoral techniques with the dying.
3. The spiritual care of the bereaved.

Should the Patient be Told?

The simple answer to this question is yes. We should all be told that we are going to die, but if possible we should be told while we are still well. This is true for the nurse, for the doctor, and for the chaplain, for we all need to face the possibility of our own death before we are in a position to help other people to face theirs. Although I think it is important that we should all face the reality of our death as early as possible in life, there are, however, certain qualifications which I would want to make:

by **JOHN OAKES**

(a) If the patient actually asked the question "Am I going to die?", before you answer, try to understand exactly what the patient has in mind. He may not be asking what you think. I expect you all know the story of the little boy who asked his mother where he came from, and after the mother had given a long and embarrassed account of the physical circumstances of his birth he said, "Well, that's funny, because Tommy next door comes from Wigen." This story illustrates that we do not always answer the question which has been asked, and before we answer the man's question about his death we should try to understand exactly what information he is looking for.

(b) When telling a patient about his death there must be an agreement in the statements made by the doctor, nurse, chaplain and the patient's relatives.

(c) We must remember that it is never morally right to force anybody to accept the truth, even about their death. There must be a willingness on the part of the patient to accept what he is told.

(d) I think it is a mistake to tell only one partner of a marriage, whether that partner be the patient or the relative, that the patient is dying. This puts a barrier between them which may be bigger than any barrier they have known since their marriage, and

sometimes precludes the possibility of their saying goodbye to each other.

Fear and its Treatment

One of the first things to look for is fear. You may find this fear in the patient, you may find it in his relatives, and more than likely you will find it in yourself.

The fear of death may come in one of your ways:

- (1) *It may be fear of the unknown.*
- (2) *It may be a fear of separation and loneliness.*
- (3) *Sometimes the fear of death involves the fear of punishment, either that God is punishing the patient through the illness itself, or that God will punish the patient after death for wrongs committed in this life.*
- (4) *Fear of death can also involve the fear of pain.*

It is possible to allay the fear of death in each of these different forms (especially the first three) by encouraging and developing the patient's faith in God. It is sometimes possible to discover where the patient's faith is strongest by asking him to talk about his early life and sometimes this will give you a clue. He will say, for instance, "I was in the choir at church", "I was confirmed as a lad", "My mother taught me to read my Bible."

From these hints you may discover a spark of faith which you can fan to burn more brightly. If you can develop this faith in God, the patient may come to see that the fear of the unknown is conquered by the belief that God knows us, indeed that nothing is unknown to Him. The fear of loneliness and separation is conquered by the belief that nothing can separate us from the love of God. Fear of punishment is often the hardest fear for the pastor to deal with, and yet here again if we can develop faith in a loving and forgiving God whose son died for us while we were still sinners, this fear can be allayed.

In these days the fear of pain is overcome by the use of drugs. This is a great mercy, but sometimes it is a help to the pastor (either person or nurse), if the administration of these drugs can be withheld for a very short time so that the spiritual needs of the patient can be met before the patient becomes completely unconscious.

I have sometimes found that a patient's fears are too vague to be put into any of the above categories, and when this is so I have often found that what is being called for is a family reconciliation. If it is possible to create the circumstances in which a divided family can be reconciled, this will often remove the vague fears of the patient.

Prayers with the dying

As a general rule, I would say all prayers aloud, even if the patient is unlikely to hear. It is surprising how often a patient who has apparently not heard anything for some time will join in a familiar prayer or say Amen at the end of it.

Prayer with the dying can often be linked with the patient's physical condition. It may be that the dying patient is complaining of too much or too little light. This can be led into prayer along the lines of our Lord saying, "I am the light of the world." Such words as "Lighten our darkness", or "Lead kindly light" might be used. The dying patient is sometimes very conscious of whispered conversation around him. Words from the doctor or visitor take on great significance.

A dying patient may like to have someone with him, simply to sit by the side of the bed. Our prayers may speak of the presence of God, His presence with those who suffer and His presence in the sacraments.

One of the objects of praying with the dying is to help the patient to give himself to God. By this I mean that in prayer the patient can make his death a positive gift which he offers voluntarily, rather than just something which happens to him inevitably, and over which he has no control. In prayer the patient can be helped to see his death as something in which he can take a positive part. He can be helped to gather all the little deaths he has died during his life, such as his death to his rights, and death to success and popularity.

Spiritual Care of the Bereaved

A bereaved person frequently says that he is not grieving. If he does say this it is important to know if he has reached the truth about himself. There are five tests which help you to know whether in fact the bereaved person is grieving.

1. If the mourner speaks of an intense of the deceased relative, this is a fairly reliable sign of grief. For example, he may say that he has seen the dead person, standing "alive" at the foot of his bed at night.
2. The mourner may have a feeling of guilt, particularly the guilt of having neglected the person who has died. This guilt is often introduced with the words "if only."
3. The mourner may show hostility to other people such as the doctor, nurse, or perhaps to society in a more general way. This hostility may even be directed against himself personally. If the mourner is not usually a hostile person this is a fair indication of grief.
4. Bereaved persons sometimes show grief by a serious loss of routine.
5. Grief is also shown when the bereaved person copies the ways of the deceased, perhaps dressing like them, and even wearing their clothing or jewellery.

Treatment for Grief

The first thing that needs to be done is to persuade the mourner to talk. Ideally it is best if he talks about the deceased, but if this is not possible then to talk about almost anything can help to release the grief and bring it out into the open. This releasing should be done as early as possible after the bereavement so that it does not burst out a few weeks or months later. Having released the grief the next thing to do is to help the mourner to face it. This can sometimes be done by helping the person to see the death as a gift to God. The mourner needs to stop clinging to the dead relative. In trying to do this it is useful to strengthen the mourner's faith in much the same way as I have suggested, strengthening the patient's faith, and it is also essential that the mourner maintains and develops all his social contacts.

Remember that the bereaved family often includes young children. It is not always a good idea that these children should be sent to an aunt for the period of the funeral. Children need to work through this period just as much as the adults do and if they can do this within the security of the family circle they may do it more successfully than if they are expelled from the family.

(Courtesy District Nursing)



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