

**What is a congregation to do?
Dying in family and congregational life**

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Helen Harris

Illness and death, loss and grief, the need to mourn are experiences common to all families. Congregations are uniquely positioned to help congregants and members of the community with death and loss and grief. This article explores the professional literature available to congregations to guide helping and makes recommendations to congregations and pastors interested in increasing service and outreach to the sick and the dying.

It is a small town with three small churches within three blocks of each other. The rain had poured down for hours when the terrible call came that a nine year had been swept away in a suddenly swollen low water crossing. Men from the three churches responded to the emergency call and searched the banks of the swollen creek. Members of all three congregations began prayer chains and took food to the family and the searchers. Later that day children from three different Sunday School groups learned that their friend had died. The children gathered. The town prepared for the funeral. The congregations stood at the center of both questions and solace.

In another part of the country, the hospice nurse shares with a family the possibility that Grandmother may die tonight. The daughter who serves as caregiver for her mother begins to cry quietly while her children wonder what to do to help. The son walks out to the front porch to compose himself. The nurse asks gently is there is someone she can call to be with the family. The elderly husband clears his throat and asks her to call for the pastor.

A hospital emergency room begins to fill with people coming to support their friend and fellow congregant who waits for news about his wife. She suffered head trauma in a car accident. The adult children are on the way. The news isn't good. He doesn't know that the next three days and nights will be spent in the waiting room of the intensive care unit. He doesn't know that his wife's condition will improve and then worsen before she dies. He only knows that the hours of waiting are somehow easier with family and friends in the waiting room with him. He knows that the pastor's visits to his wife's bedside are somehow comforting. He knows that when his faith is most tested, he will rely on his church for both prayers and presence. He knows somewhere deep inside that his need for them won't diminish over the next weeks and months.

Congregational family experiences

Every congregation is touched by illness and death week by week. The challenges of life threatening and debilitating illness take people out of the flow of congregational life. Both the family member with the illness and the caregivers miss Bible studies and church services, choir practice and "dinner on the grounds." Many churches have prayer lists of names of congregants struggling with illness and medical procedures. We pray for individuals on "the prayer list" until they are well or until they die. Congregants become extended family members to those in the church facing crisis and the crisis becomes our own as well. Church members wonder what they can do to help. And when the name comes off the list because of death, and still other names replace it, they consider silently, maybe even guiltily, the thought that God has not answered or has answered differently than they had asked or hoped.

A wife returns to church for the first time after her husband's death and wonders if

she can sit alone in "their pew." Grandchildren sing in the Christmas program and realize that grandmother will not be there this year to wipe her eyes as they perform. A husband considers whether or not to rejoin the choir after his wife's death. Their years of singing "specials" are over and he has to figure out which Sunday School class to attend and whether or not this means he is a "single." A seventh grader announces that her uncle died in another state and she won't be able to go the funeral. She wonders how to support her mother. An elderly couple is no longer sitting on their pew every week. She now sits at his bedside in the nursing home waiting while the Alzheimer's slowly robs her of her life partner. These scenarios are played out in churches and congregations across the country. The pain is sometimes palpable. The notion of how to respond is more challenging.

The resources

Many authors have written about their own experiences of grief and loss, finding the experience of writing an opportunity to share insights and process their own feelings. A review of the literature reveals a number of variations on the themes of "stages of grief and loss," with personal applications by those who have experienced devastating losses of their own. There are additionally numerous variations on the processes of grief and stages to "work through." There is little written, however, that addresses the particular roles and opportunities for ministry in congregations when someone is dying or has died. There is even less written about specific interventions that make sense in congregations. This article and an article in a coming issue, "What is a congregation to do when members are grieving?" explore the literature on dying and grief and loss particularly as it relates to the impact of loss on congregations and the potential impact of congregations

on those experiencing dying and grief.

Dying is both Universal and Unique

One of the particular challenges for those who write about death and dying and those “helpers” of those who are dying is the very universal nature of the experiences. Everyone dies eventually, and over time everyone experiences the loss of significant others. In some ways that makes each person an expert on these experiences. It also brings the awful awareness of our own mortality and the mortality of everyone that we love. We learn that we are powerless in the face of death despite, incredible medical advances and technology in the United States. We learn also that prayers and faith do not ultimately prevent the inevitability of death or the pain of grief. How, then, can persons of faith be helpful to us? Is there really a body of knowledge and an array of skills that can help in the face of dying, death and grief? Since death is universal, there is the perception that helpers don’t know any more about the experience than I do and so have little to offer me in my pain. There is great irony in the realization that the extreme commonness of an experience can isolate me from others who might provide support and care. Nicholas Wolterstorff tells us in *Lament for a Son* that shared grief isolates as well.

"Though united in that we are grieving, we grieve differently. As each death has its own character, so too each grief over a death has it's own character-its own inscape." (Wolterstorff, 1987).

An additional twist of irony is the awareness that while dying, death and grief are universal experiences, every person’s life and relationship with another is unique. So, while others either have or will experience death, no one else will experience my death. And while others either have or will experience the dying of a parent or spouse or child

or friend, no one else will experience the loss of my relationship with my parent or spouse or child or friend. There is an implied conclusion that it is impossible, therefore, for anyone to understand my experience or feel my pain. Further, those who identify with my experience and tell me so may find themselves distanced by my need to mourn my particular loss. Thus the belief of those whose loved one is dying is that no one can know the pain of watching my husband or wife or child or parent die.

Do “good” Christians question?

Perhaps the paucity of literature specifically addressing the experience of Christians who are dying and Christians who are grieving is in some part related to the issues of faith and hope. There is a perception that persons of faith who trust in God will not experience doubt or fear or pain or even grief. To express fear of dying and doubt that we may be healed is perceived by some as a lack of faith in the believer. Further, there is some sense of expectation that Christians with a belief in life after death will understand that death is far better than life. Death offers the opportunity to be with God and previously deceased loved ones; to enjoy eternal rewards; and freedom from sorrow, illness, war and difficulty. With those understandings, some believe that no Christian should resist the time of dying. In fact, Paul’s words are quoted: “To live is Christ; to die is gain.” This belief can make it very difficult to express dismay at the approaching end of their lives. Further, grieving survivors are enjoined to “celebrate the home going” of a person of faith. Funerals that focus on celebrations of home going can make it difficult to acknowledge the pain of loss and the very real experience of grief and mourning.

The promises of resurrection and new life are wonderfully reassuring. Do they obviate the pain of separation now and the difficulty of adjusting to life here without the

deceased? Can a person of great faith express sincere and profound questions and doubts? Those questions are addressed in a number of the selections reviewed here. There are a number of authors who are persons of faith and write about their own grief experiences through the death and loss of a child. The five listed here stand out in their willingness to expose the raw nerve of pain within the Christian experience.

Ziglar, Zig. (1999). *Confessions of a grieving Christian*. Nashville, Tennessee: Thomas Nelson Publishers. ISBN: 0-7852-6855-3.

One book of particular significance for Christians is Zig Zigler's book: *Confessions of a Grieving Christian*. Known for his positive thinking and his encouragement philosophy, Ziglar acknowledges the incredible pain he experienced at the illness, dying and death of his daughter and his growing awareness that the raw wound would not begin to heal for some time, even with his belief in God and his confidence that his beloved daughter was in heaven. He includes portions of his son-in-law's journal that eloquently recounts their pain.

The beautiful woman we all love so dearly is about to leave us and stop through the door of eternity to be with God who loves all of us so much. We all know the magnificence of the great promise and the incredible inheritance we have been given through Christ. There is no doubt among us that Susan is moving on to a far superior condition. But it still hurts. We have solid theology in our minds but there is tremendous pain and an immense sense of loss in our hearts. (p, 14).

Rosemary Attlee recounts her experience with her son's battle with cancer in *William's Story*. She includes excerpts from his journal and reflections of her own as she tried to balance the promise and failure of science to cure her son's cancer and the promise of faith to heal her son's life (1983):

A practical technique evolved to help us cope with these crises for him and for ourselves. It was really the age old combination

of skilled medical help and prayer. The medical help came from the same marvelous team of doctors; the prayer was twofold. During the worst of his last illness it had become natural to hold him in our arms and pray together against the pain and sickness; now if the tide seemed to have turned against him as it often did, we would get in touch by phone with people, part of whose life's work it is to pray for the sick. (p. 49).

Other mothers write about their children's deaths and relationship with God from the child's perspective. Note Katherine Bell's *Jonathan's Journey* where she imagines his interaction with Jesus in the hours of his dying and Dale Evans Rogers' *Angel Unaware* in which the author tells the story of her two-year-old's life and death as though written by little Robin Elizabeth Rogers.

Living with Grief Series

Kenneth Doka, a minister and hospice chaplain, acknowledges the importance of each person's faith perspective in dealing with their dying and their grief experiences. His work with the Hospice Foundation of America has produced a teleconference and companion book each year for several years (*Living with Grief Series*) addressing particular aspects of the dying and grieving experiences and the importance of each person's faith life in dealing with death and loss. In *Living with Grief After Sudden Loss* (Hospice Foundation of America, 1996), Doka and others address the challenges that come with murder, suicide, vehicular crashes, military death, traumatic death, and death from heart attack and stroke. He wrote this book five years before the tragedy of September 11, 2001, after the Pam Am 103 bombing and the bombing of the Murrah building in Oklahoma City. It is a strong resource for pastors, counselors and congregants trying to understand the particular challenges of grief when death comes suddenly, without warning, and with violence. In a time when we as a nation have felt

the impact of sudden and violent loss and the threat of additional loss, it helps us understand our own and our neighbors' sense of shock and sense of vulnerability. The authors of various chapters address also the responses of children to the trauma of violent loss and the fear that comes to children when adults feel out of control. Most of the chapters do not address the particular strengths and challenges of spiritual and religious beliefs during times of crisis. In her chapter on loss through murder, Lula Redmond, asserts that murder violates Judeo-Christian beliefs and thus leaves survivors with confusion, frustration and a sense of hopelessness. While these challenges are significant, the author missed the opportunity to discuss also the unique strengths and supports available to persons of faith when the tenets of their beliefs are shaken.

Doka co-edited the next HFA book in the series, *Living with Grief When Illness is Prolonged*, in 1997. As the title suggests, the chapters in this book address terminal illness, anticipatory grief, end of life decision making, and particular emphases on cancer, AIDS, and Alzheimer's Disease. Rabbi Earl Grollman provides a wonderful chapter entitled: "A Decalog: Ten Commandments for the Concerned Caregiver" in which he encourages caregiver self care including spiritual care. While these tips are addressed to caregivers of the terminally ill, there are clear implications for pastors and congregations supporting both the dying and their caregivers. The very awareness of physical, emotional, and spiritual fatigue gives the congregation a window of opportunity to minister by providing respite, presence, prayer, and encouragement. Robert Neimeyer continues in this vein with a chapter on reconstructing meaning when a loved one is dying. He does not speak to the spiritual center of meaning, but does acknowledge the experience of loss of meaning and again, gives opportunity for the pastor or congregant

to take the information the next step and offer through scripture, prayer and presence a new construction of meaning. I heard this construction of meaning take place recently when a young mother in Crawford, Texas spoke at her son's funeral about belief that her son's purpose in life was complete and his sudden death was God's protection from some unknown future difficulty. Finally, Alice Parsons Zulli and O. Duane Weeks address the importance of healing rituals during and following terminal illness. The church and the rituals of the church offer to mourners important opportunities to externalize grief and participate in each other's healing.

Living with Grief: Who We Are; How We Grieve is HFA's 1998 offering in the series. This book is dedicated to spirituality and its interface with dying, loss and grief. Ethnicity and culture are addressed with some attention paid to gender, class, and age in responses to dying and to loss. The focus on diversity and cultural is powerfully accomplished. In an effort to be inclusive and sensitive to multiple belief systems, the authors take something of a cursory approach to particular groups, however. The chapter on Christianity is written from the perspective of an Episcopalian pastor and one could argue that the multiple perspectives in Christian beliefs would require more than a brief chapter. Spirituality is included in several chapters addressing socio-cultural considerations, but they are written from a theoretical perspective only rather than a ministry perspective. Alice Parsons Zulli has an interesting chapter on rituals entitled: "Religious Leaders: Help or Hindrance?" She reports that the research indicates that religious leaders are a help because of their role in religious rituals that help individuals to make sense of the dying and the grief. The support of congregations in the transitions of life by giving form and structure through ritual is significant.

In the 2001 book in HFA's series, *Caregiving and Loss: Family Needs, Professional Responses*, Kenneth Doka is both editor and author of a chapter on "Grief, Loss and Caregiving" that provides very practical information and intervention suggestions for helpers of families facing terminal illness and death. Pastors and congregants who wish to be helpful in times of crisis will find concrete recommendations in this chapter. For example, Doka recommends that helpers recognize the moment of death as a sacred time that can be acknowledged with a ritual like "light a candle, say a prayer or find another meaningful way to address the moment." (Doka, p. 227). In a later chapter, Reverend George Blackwell and Rabbi Harold Stern speak to the topic: "Providing Spiritual Support to Family Caregivers." This powerful chapter acknowledges the importance of caregivers ensuring that "our religious framework is helpful and not harmful to those we are supporting. To really 'be with' someone exactly where they are, even when we don't agree with it, is one of the greatest gifts we can give." (Doka, Editor, p. 243). The authors recommend validating and valuing one's own spirituality as the beginning place for valuing the spirituality of others. The very real suggestions they make include the advice to "show up and shut up" and recommend that not every question or problem needs or responds well to an answer. They take on the concern that a merciful God allows suffering and death. Finally, they report on a practical way to create a safe environment for the patient and caregivers to tell their stories and find meaning in the terminal illness and death.

For those interested in video teleconferencing, Hospice Foundation of America makes available a videotape of the interactive teleconferences accompanying each of the books each year. These are available through HFA and are edited one hour versions of

the two and a half hour teleconference. The strength in each videotape is the condensation of the material and the visual presentation. There is significantly more “meat” in the books than in the videos, but the graphic and concrete presentation of material will be attractive to many readers and to study groups in congregations.

Helping the dying

One hundred years ago, families in the United States were more accustomed to being around dying persons. The average life expectancy was in the mid thirties to early forties, and most deaths took place at home. The major causes of death were sudden, acute infectious illness. Before the advent of antibiotics, pneumonia, strep and other infections were frequently fatal. Care of the dying took place at home. The entire family participated. And when an epidemic of an infectious illness threatened a community, the entire community responded with care. It was not unusual for the church to be the locus of care. In the past hundred years, medical advances including antibiotics and life sustaining technology have resulted in more than doubling the average life expectancy. Eighty percent of deaths take place in hospitals and the leading causes of death are chronic illnesses like heart disease and cancer. Families deal with long term illness and gradual physical deterioration in their loved ones with eventual hospitalization or nursing home placement before death occurs.

Nuclear families deal with serious illness, death and funeral arrangements infrequently. Many children grow up with little contact with grandparents and great grandparents and have not been around illness and death. Adult children are in families with both adults working full time and caregiver responsibilities are particularly challenging. Many in the United States reach the end of their lives without role models

for dying well. To further complicate the situation, modern medicine and technology provide seemingly endless answers that extend life without concern for quality of life. People live much longer in debilitated conditions requiring more care over longer periods of time from caregivers with more stress and less time. The need for congregational families to become involved in caregiving and the support of caregivers is significant and immediate.

There are not books or videos specifically addressing the role of the church in responding to the needs of the terminally ill and their caregivers. A review of the literature produced several books that address the needs of the dying and their caregivers and the unique opportunity for service to them, however. Those recently published books are reviewed here with the thought that, in the absence of literature specifically for congregational families with members who are dying and the caregivers of the dying, congregants and pastors can use these resources to respond to the needs within the congregation and the community. I have chosen the five resources that best express the needs and the opportunities for responding to the needs of the dying and their caregivers and loved ones. In several cases, the authors teach us the lessons available at the end of life through the stories of others. Two little books, *A Good Death* and *One You Love is Dying*, provide concrete recommendations for ministry to those dealing with the end of life. One, *How to Help Children Through a Parent's Serious Illness*, is very specifically directed to recommendations for work with a child with a seriously ill or dying parent.

A number of resources addressing the experience of dying are not reviewed here. Dr. Elisabeth Kubler-Ross wrote *On Death and Dying* in 1969 and with that book opened the discussions about dying in the United States. Her many books through the years have

revolutionized the cultures' willingness to recognize the dying and their needs. She is responsible for the beginning understandings of anticipatory grief with her five stages of grief: Shock, Anger, Bargaining, Despair and Acceptance. Steven Levine, Sherwin Nuland, and Kathleen Dowling Singh have written several books to address mystical transformations that occur in the experience of dying persons. They teach that dying is "safe", that our needs are met in the presence and love of others, that death provides the opportunity for forgiveness and wholeness, are treated with significant psychological complexity beyond the scope of this review. I recommend them for the reader who wants to wade deeply into understanding the psychological and spiritual processes that the dying experience. This review also leaves to other articles a review of the current plethora of books available on the right to die, including euthanasia and physician-assisted suicide. This decision is not to imply that the material is not important or the discussion significant, but that the role of congregational families in end-of-life care is not in the decision about how one shall die but in the companionship of the dying and their caregivers.

Byock, Ira. MD. (1997). *Dying Well: Peace and Possibilities at the End of Life*. New York, New York: Riverhead Books. ISBN: 1-57322-657-2.

Ira Byock has been a hospice physician and medical director as well as a leader in the modern hospice movement for twenty years. His book, *Dying Well: Peace and Possibilities at the End of Life*, is a wonderful template for work with the dying and their families. Dr. Byock addresses the unique opportunities available at the end of life to find emotional healing, to give the gift of forgiveness, and to do the important work of reconciliation. These terms are truly spiritual terms, and while Byock does not avoid

the sadness and difficulties found at the end of life, he maintains essentially that there is hope and joy and celebration in the time spent together at the bedside and in the living room of the dying and their families. Byock shares the experiences and stories of patients and families to whom he has given care. Like so many who work in this area, Dr. Byock was profoundly impacted by the life and the dying of his own father. He begins the book with a the story of his relationship with his father, including estrangement over their differing views of the Vietnam War and ending with his father's cancer diagnosis, illness and treatment, and decision to die at home. Byock sums up his response to his father's decision to stay home for the end of his life: "His decision to allow himself to be totally care for-dressed and undressed, toileted and turned-by his family was his final gift to us." (p. 23).

His father's death was the beginning of Byock's ability to see death with the perspective of a family member and caregiver instead of that of a physician. He has been able to translate that awareness and subsequent experiences into wisdom for all who have the courage to be a companion for the dying and their caregivers. He sums up his philosophy this way:

The profoundly personal experience of dying ranges from agony to bliss; for most of us it will fall somewhere in between. Without adequate medical care, dying can be horrible. With skillful medical care and attention to the personal experience of the patient and the person's family, dying can be made bearable. When the human dimension of dying is nurtured, for many the transition from life can become as profound, intimate, and precious as the miracle of birth. (p. 57).

There is almost an echo of the psalmist declaration: "Precious in the sight of the Lord is the death of one of his saints."

In his chapter on Wallace Burke, Byock describes the relationship between family and community and makes several observations easily applied to the family of

faith.

Interactions just like this, caring and being cared for, are the way in which community is created. I believe that community, like the word family, is really more of a verb than a noun. Community comes about in the process of caring for those in need among us. (p. 192).

Byock discusses the relationship between terminal illness and depression and encourages caregivers to ask patients a question he learned visiting hospice in Britain: “How are you feeling within yourself?” He gives patients homework assignments to improve how they feel “within themselves” believing that most sadness in dying persons has to do with peace and contentment with ourselves and others. He cites case after case of hospice patients whose journey he has shared and from whom he has learned the lessons of both dying and living. He makes the case for the importance of keeping dying patients comfortable and acknowledges that pain and discomfort are sometimes necessary to prepare the family to let you. Byock discusses the strange transcendence at the end of life that reassures family and caregivers alike that there is more to life than the workings of the body. He ends his book with an appendix answering common questions about care for the dying and their families. Byock’s book is not written from a religious or spiritual perspective. But there is much richness in the courage and care he reports in patients and their caregivers.

Groopman, Jerome. MD. *The Measure of Our Days: A Spiritual Exploration of Illness*. (1997). New York, NY: Penguin Books. ISBN 0 14 02.6972X.

In *The Measure of Our Days*, Dr. Jerry Groopman reveals to the reader the story and feelings of a physician entering the experiences of seriously ill and dying patients. I include it because of the incredible permission it gives to be stunned by the questions of illness and suffering. This Jewish physician is the son of Holocaust survivors and works

with cancer and AIDS patients. He practices in the realm of science. He participates with his patients in faith and courage and willingness to live the questions. His patients learn and teach the importance of not taking life for granted. They question, and doubt, and fight and are resigned as they struggle with the meaning of their faith perspectives and reconcile themselves to God and to themselves. Most significantly, their physician recounts his own discovery that in suffering and dying are both profound questions and profound answers and each person must be allowed to discover both. The message here for congregants, I believe, is the importance of letting persons live their questions and their answers. This means accompanying them in their journey rather than giving easy or trite answers from outside the experience. Even the physician struggling with not having all of the answers for cancer or AIDS can provide significant assistance and comfort when medical answers do not provide cure.

Miller, James E. (1997). *One You Love is Dying*. Fort Wayne, Indiana: Willowgreen Publishing. ISBN 1-885933-23-1.

The pastor, congregant, or counselor who wants simple, clear and concrete suggestions for care will find James Miller's *One You Love is Dying* a beneficial "handbook." It is a quick and simple read but provides substance for those who elect to participate with others in their dying experience. Miller speaks to us about the stress of caregiving, the emotional impact of serious illness, and makes suggestions for managing both. He says clearly that feelings aren't right or wrong. They simply are. He encourages honesty and willingness to feel pain and anxiety. The author adds quotations from literature to enhance his narrative. Miller provides insight into the changes seen in those with serious illness and the importance of treating the dying as living persons

completing their development. He encourages caregivers to allow others to help and endorses the concept of self care. Miller reminds us that the person who is dying needs to be in control and gives specific examples of choices to give them, almost like a “rights of the dying” list. These concrete ideas are both practical and borne out in the rest of the literature. The time of dying is a time of changing relationships and changing focus. The concept of walking alongside the patient is reinforced in this little book as well.

Meyer, Charles. (1998). *A Good Death: Challenges, Choices and Care Options*. Mystic, CT: Twenty-Third Publications. ISBN: 0-89622-923-8.

Charles Meyer’s *A Good Death* is less relational and more medically directional than Miller’s work. Meyer is a chaplain who gives dying patients a practical guide to the choices of medical care, place of care, and supports available. He begins with the question: “What two things would provide a good death for you?” (p. 1) and ends with “We must be aggressive healthcare activists and consumers to prevent others, ultimately legislators and insurance companies, from making our end of life decisions for us. Only then will we attain a good death for our patients and loved ones, and ultimately for ourselves.” (p. 53). Meyer is concerned that patients have opportunity to refuse technology by imperative, that they become informed consumers, and that they and their families regain control over their medical care. He provides both sides of the arguments Around euthanasia ending with his own argument that we can obviate the need for euthanasia by telling persons the truth, equally valuing comfort and technological interventions, providing pain management, and avoiding judgmental responses to the suffering of others. In the end, Meyer asserts, a good death is more about permission to stop treatments and interventions that do harm and prolong suffering.. He believes that

the patient's support system is the key to this permission which requires departure from judging people for not trying hard enough or long enough and trusting that each person knows the "right fight" for him or herself. This addresses the biggest fear of dying persons, loneliness, by providing presence and comfort despite our opinion about the choices the patient has made. This is critical information for pastors and congregants who wish to make a difference at the end of life for those in their worship families. It means understanding that end of life questions are complex and the holy works and words that address end of life are complex and must be understood through the experience of the traveler. He says strongly: "Clearly most of what is thought to be Judeo-Christian theology is in fact American civil religion and is patently unhelpful to people trying to find their spiritual way to a good death" (p. 30).

McCue, Kathleen. (1994). *How to Help Children Through a Parent's Serious Illness*. New York, NY: St. Martin's Press. ISBN: 0-312-11350-1.

Kathleen McCue, a child life specialist, has given us a particularly helpful book in *How to Help Children Through a Parent's Serious Illness*. Her target audience is identified as parents, teachers and other caregivers; she does not specifically address pastors or congregants. The insights and recommendations, however, are practical, clear and applicable to Sunday School teachers, youth leaders, and other church members who are supportive of children when their parent has a health crisis. McCue identifies the level of crisis when a parent is seriously ill and the particular impact on children of various ages who are dependent on that parent for care, finances, stability, and reassurance that the world is a safe place. She guides parents and caregivers to provide information based on the child's age and developmental level and gives particular

approaches that preserve hope and allow the child to participate in the reality of the family experience. This is a must read for pastors and church members who support families through a serious illness or the death of a parent. McCue provides insights to warning signs that a child is having difficulty and gives suggestions for levels of interventions from home to community to therapy. In the section on community, McCue recognizes the church or synagogue as a source of help or strength for families but states her belief that “unless they have special training in handling youngsters, they may not be the best resource for helping your troubled children.” (p. 101). McCue gives information that will help congregations be resources for children of families in medical crisis. The opportunity is there to demonstrate that congregational families can be significant informed sources of help to children. Several specific topics that churches will find helpful in McCue’s book include information on preparing children for hospital visits, for return home and caregiver duties, and for particular issues when a parent dies. Noteworthy is McCue’s reminder that children must be helped to process over time as the situation changes and as the child grows and changes. (p. 141).

I reviewed a number of videos on death and dying and found that the most helpful treatment of this topic is in the entertainment industry. Educational videos are often dry and prescriptive rather than interactive. The one educational video I found useful is *The Human Condition: The Final Chapter* produced by Intelligent Communications and available at 150 East Colorado Blvd., Suite 300, Pasadena, California, 91105, 800.576.2988. This thirty minute video gives an overview of end-of-life care in the United States including interviews with several persons with terminal illness and their caregivers. The video clearly supports the palliative care and hospice movements and

would provide for congregational viewers a platform for discussion of needs and services the congregation can address. On the other hand, the use of movies for understanding the experiences of the dying and their families allows conversation in response to fictional characters and their emotions. That third person experience and “distance” seems to allow helpers to examine their own responses against those of the characters in the film. *Stepmom*, starring Susan Sarandon and Julia Roberts, does an excellent job with scenes preparing children for the approaching death of their mother. *One True Thing*, starring Meryl Streep, William Hurt and Renee Zeilweger is well done in demonstrating the challenges and complex relationships when adult children and spouse participate in the care of a dying loved one. *My Life*, starring Michael Keaton and Nicole Kidman, demonstrates powerfully a dying man coming to terms with his fears, his troubled past with his father, and the messages he wants to leave his newborn son. *Go Toward the Light*, a true story featuring Linda Hamilton and Richard Thomas, deals with the preparation for death of an 8 year old with AIDS, his siblings, his parents, and his grandparents. Finally, *Wit*, starring Emma Thompson, is a powerful recitation of an English professor, alone in her cancer, her treatment and her death as she is caught up in the medical system focused on her participation in a research protocol rather than on her and her life. These movies and many others are well done and provide fertile material for group viewings and teaching principles of being with, speaking honestly, and feeling the feelings without apology. Only *Go Toward the Light* gives us a glimpse of the support a pastor and congregation can be to a family in the crisis of losing a family member.

What is a congregation to do?

Dying comes suddenly in a car accident or suicide or heart attack or acute illness.

It comes slowly over time from cancer, ALS, AIDS, or cardiovascular disease.

It comes to the old, and the young. Most of all, it comes not just to the dying but to those who love the dying and care for them. In this time of nuclear families and busy lives, and these days of believing that death will come to others and not to us, these resources help congregational families to be present with the dying and their loved ones. It is the congregational family that can offer presence when extended family is absent. Sitting with the patient to give family a break and sitting with the family to share the load offer the ministry of presence. Jesus, at the end of his earthly life, asked the disciples to be with him in the garden and pray. It is the congregational family that can offer hope and faith when the days are darkest. It is a congregational family that can allow family members to live the questions and keep their faith even when belief is difficult. And it is the congregational family that can provide the tangible, concrete supports that make a difference day after day; the help with meals, with transportation, with laundry, and most of all with waiting together. Together.

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