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Walk Me to the Gate: Christian Practices of Accompaniment with People Who Are Dying and Their Families

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WALK ME TO THE GATE:
CHRISTIAN PRACTICES OF ACCOMPANIMENT
WITH PEOPLE WHO ARE DYING AND THEIR FAMILIES

by
REV. YOLANDA KALI DENSON-BYERS

A Thesis Submitted to the Faculty of
Luther Seminary
In Partial Fulfillment of
The Requirements for the Degree of
DOCTOR OF MINISTRY

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ABSTRACT

Walk Me to the Gate: Christian Practices of Accompaniment with People who are Dying and their Families

by

Yolanda Kali Denson-Byers

This mixed-methods concurrent triangulation research project asks, “What practices should we incorporate into the hospice ministry of Fellowship Lutheran Church in order to help dying people and their families experience a peaceful death with love?” Utilizing two focus groups, four interviews, and a congregational census, this project finds that research participants are terrorized by death and are hungry for hospice and bereavement ministries provided by their community of faith. This exploratory project illuminates the specific practices which missional congregations may utilize to empower the priesthood of all believers to create a beloved community which points to the hope of resurrection.

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TABLE OF CONTENTS

| | |
|--|--------|
| ABSTRACT..... | ii |
| ACKNOWLEDGMENTS | iii |
| LIST OF ILLUSTRATIONS..... | ix |
| 1. SOON AND VERY SOON WE ARE GOIN’ TO SEE THE KING | 1 |
| Introduction | 1 |
| Research Question | 3 |
| Independent Variable | 3 |
| Dependent Variable..... | 4 |
| Intervening Variables | 4 |
| Importance of the Research Question..... | 5 |
| Importance to Me | 5 |
| Importance to My Congregation | 5 |
| Importance to the Larger Church | 6 |
| Additional Questions..... | 8 |
| Theoretical Lenses..... | 9 |
| Terror Management Theory | 10 |
| Bereavement Theory | 11 |
| Thanatology Theory | 13 |
| Biblical and Theological Lenses | 14 |
| Biblical Lenses | 15 |
| The Good Samaritan | 15 |
| The Beautiful Gate | 15 |
| You Did It unto Me..... | 16 |
| A New Heaven and Earth..... | 16 |
| Theological Lenses..... | 17 |
| Death | 17 |
| Priesthood of All Believers | 18 |
| Beloved Community | 18 |
| Resurrection | 19 |
| Research Methodology..... | 20 |
| Research Design..... | 21 |
| Other Matters..... | 23 |
| Definition of Key Terms | 23 |
| Ethical Considerations..... | 24 |
| Significance of the Study..... | 27 |
| 2. PRECIOUS LORD, TAKE MY HAND..... | 29 |

| | |
|--|-----|
| Theoretical Lenses | 29 |
| Terror Management Theory | 30 |
| Bereavement Theory | 38 |
| Thanatology Theory | 47 |
| Summary..... | 53 |
| 3. LORD, I WANT TO BE A CHRISTIAN..... | 55 |
| Biblical and Theological Lenses | 55 |
| Biblical Lenses | 56 |
| The Good Samaritan | 56 |
| The Beautiful Gate | 61 |
| You Did It unto Me | 65 |
| A New Heaven and Earth..... | 70 |
| Theological Lenses..... | 74 |
| Death | 74 |
| Priesthood of All Believers | 78 |
| Beloved Community | 81 |
| Resurrection | 85 |
| Summary..... | 90 |
| 4. I NEED YOU TO SURVIVE | 92 |
| Research Methodology | 92 |
| Biblical and Theological Rationale for Research Methodology | 93 |
| Research Design | 96 |
| Focus Groups..... | 98 |
| Interviews | 102 |
| Congregational Survey | 103 |
| Analysis | 106 |
| Summary..... | 107 |
| 5. WERE YOU THERE? | 109 |
| Introduction | 109 |
| Qualitative Results..... | 109 |
| Interpretation of the Focus Groups and Interview Data | 109 |
| Focus Groups and Interview Findings | 111 |
| Opportunities for Growth | 115 |
| Focus Group and Interview Theoretical Codes in Conversation: Influence within the Existing System..... | 120 |
| Interpretation of the Open Ended Questionnaire Responses | 122 |
| Open-Ended Survey Questions: Theoretical Codes in Conversation within the Existing System | 127 |
| Summary | 129 |
| Quantitative Results..... | 130 |
| General Findings | 134 |

| | |
|--|-----|
| Gender | 144 |
| Age | 151 |
| Education..... | 161 |
| Income | 168 |
| Summary..... | 173 |
| Triangulation of Data and Conclusion | 174 |
| 6. WE’LL UNDERSTAND IT BETTER BY AND BY | 177 |
| Research Findings | 177 |
| Summary..... | 182 |
| Findings in Conversation with Theoretical Lenses | 185 |
| Terror Management Theory | 185 |
| Bereavement Theory | 186 |
| Thanatology Theory | 187 |
| Findings in Conversation with Biblical Lenses..... | 188 |
| The Good Samaritan | 188 |
| The Beautiful Gate | 189 |
| You Did It unto Me | 190 |
| A New Heaven and Earth..... | 191 |
| Findings in Conversation with Theological Lenses | 192 |
| Death | 192 |
| Priesthood of all Believers | 193 |
| Beloved Community | 194 |
| Resurrection | 194 |
| Generalizability | 195 |
| Limitations of Design and Research | 196 |
| Questions for Future Research | 196 |
| Unintentional Consequences | 198 |
| APPENDIX A | 204 |
| APPENDIX B | 205 |
| APPENDIX C | 206 |
| Survey: Walk Me to the Gate: Christian Practices of Accompaniment to the Dying and Their Families (Survey January 2016) | 206 |
| APPENDIX D | 215 |
| APPENDIX E | 218 |
| APPENDIX F..... | 219 |
| APPENDIX G | 220 |

| | |
|----------------------|-----|
| 7. BIBLIOGRAPHY..... | 223 |
|----------------------|-----|

LIST OF ILLUSTRATIONS

Tables

| | |
|--|-----|
| Table 4.1 Interview Participants | 99 |
| Table 4.2 Participants in Focus Group 1 | 100 |
| Table 4.3 Participants in Focus Group 2..... | 101 |
| Table 5.1 Focused & Axial Codes (Interviews and Focus Groups) | 110 |
| Table 5.2 Open Ended Questions from Congregational Census..... | 123 |
| Table 5.3 Focused and Axial Codes (Open Ended Questionnaire Questions) | 123 |
| Table 5.4 Years of Membership..... | 131 |
| Table 5.5 Gender of Participants | 132 |
| Table 5.6 Race/Ethnicity of Participants | 132 |
| Table 5.7 Gross Family Income before Taxes | 133 |
| Table 5.8 Highest Level of Education Attained by Participants..... | 134 |
| Table 5.9 Legal Preparations for Death | 135 |
| Table 5.10 Relational Preparations for Death..... | 136 |
| Table 5.11 Impact of Death & Desire to Know More | 137 |
| Table 5.12 Peaceful Death with Love..... | 138 |
| Table 5.13 Analysis of Fellowship's Existing Ministries | 139 |
| Table 5.14 I Believe That Fellowship's Pastors Have Adequate Time to Visit the Dying. | 140 |
| Table 5.15 Analysis of Pastoral Care..... | 141 |

| | |
|---|-----|
| Table 5.16 Analysis of Pastoral Care Needs..... | 142 |
| Table 5.17 Additional Analysis of Pastoral Care Needs..... | 142 |
| Table 5.18 Analysis of Desire for Visitation | 143 |
| Table 5.19 Analysis of Bereavement Support Groups Needed | 144 |
| Table 5.20 T-test Results Comparing Gender with Approval of Existing Spiritual Care | 145 |
| Table 5.21 Cross Tabulation of Gender with "I know of at least one child who would benefit from a grief support group for children in our church." | 147 |
| Table 5.22 Results of Chi-square Test for Independence between Gender and "I know of at least one child who would benefit from a grief support group for children in our church." | 147 |
| Table 5.23 Cross Tabulation of Gender with "I prefer to share my feelings with a pastor who shares my gender." | 148 |
| Table 5.24 Results of Chi-square Test for Independence between Gender and "I prefer to share my feelings with a pastor who shares my gender." | 149 |
| Table 5.25 Cross Tabulation of Gender with "I prefer to share my feelings with a lay minister who shares my gender." | 150 |
| Table 5.26 Results of a Chi-square Test for Independence between Gender and "I prefer to share my feelings with a lay minister who shares my gender." | 150 |
| Table 5.27 Cross Tabulation of Age with "I am a widow/er." | 152 |
| Table 5.28 Results of a Chi-square Test for Independence between Age and "I am a widow/er." | 152 |

| | |
|---|-----|
| Table 5.29 Cross Tabulation of Age with "I have preplanned my funeral and shared these plans with someone I trust." | 153 |
| Table 5.30 Results of Chi-square Test for Independence between Age and "I have preplanned my funeral and shared these plans with someone I trust..... | 153 |
| Table 5.31 Cross Tabulation of Age with "I have prepaid my burial expenses." | 154 |
| Table 5.32 Results of Chi-square Test for Independence between Age and "I have prepaid my burial expenses." | 154 |
| Table 5.33 Cross Tabulation and Chi-square Test for Age with "I have considered burial in Fellowship's columbarium." | 155 |
| Table 5.34 Results of Chi-square Test for Independence between Age and "I have considered burial in Fellowship's columbarium." | 155 |
| Table 5.35 Cross Tabulations of Age with "I have prepared a Last Will and Testament." | 156 |
| Table 5.36 Results of Chi-square Test for Independence between Age and "I have prepared a Last Will and Testament." | 156 |
| Table 5.37 Cross Tabulation of Age with "I have a medical directive completed and filed." | 157 |
| Table 5.38 Results of Chi-square Test for Independence between Age and "I have a medical directive completed and filed." | 157 |
| Table 5.39 Cross Tabulation of Age with "I have a medical power of attorney." | 158 |
| Table 5.40 Results of Chi-square Test for Independence between Age and "I have a medical power of attorney." | 158 |

| | |
|--|-----|
| Table 5.41 Cross Tabulation of Age with "I am aware that Fellowship has trained lay ministers to visit the sick and dying." | 159 |
| Table 5.42 Results of Chi-square Test for Independence between Age and "I am aware that Fellowship has trained lay ministers to visit the sick and dying." | 160 |
| Table 5.43 Cross Tabulation of Age with "I know of at least one child who would benefit from a grief support group for children at our church." | 160 |
| Table 5.44 Results of Chi-square Test for Independence between Age and "I know of at least one child who would benefit from a grief support group for children at our church." | 161 |
| Table 5.45 Cross Tabulation of Educational Attainment with "I have prepared a Last Will and Testament." | 162 |
| Table 5.46 Results of Chi-square Test for Independence between Educational Attainment and "I have prepared a Last Will and Testament." | 162 |
| Table 5.47 Cross Tabulation of Educational Attainment with "I have a medical directive completed and filed." | 163 |
| Table 5.48 Results of Chi-square Test for Independence between Educational Attainment and "I have a medical directive completed and filed." | 164 |
| Table 5.49 Cross Tabulation of Educational Attainment with "I have considered burial in Fellowship's columbarium." | 165 |
| Table 5.50 Results of Chi-square Test for Independence between Educational Attainment and "I have considered burial in Fellowship's columbarium." | 165 |
| Table 5.51 Cross Tabulation of Educational Attainment with "I would like the church to provide education on preparing for a good death." | 167 |

| | |
|---|-----|
| Table 5.52 Results of Chi-square Test for Independence between Educational Attainment and “I would like the church to provide education on preparing for a good death.” | 168 |
| Table 5.53 Cross Tabulation of Gross Annual Income with “I am a widow/er.” | 169 |
| Table 5.54 Results of Chi-square Test for Independence between Gross Annual Income and “I am a widow/er.” | 169 |
| Table 5.55 Cross Tabulation of Gross Annual Income with “I prefer to share my feelings with a lay minister who shares my gender.” | 170 |
| Table 5.56 Results of Chi-square Test for Independence between Gross Annual Income and “I prefer to share my feelings with a lay minister who shares my gender.” | 170 |
| Table 5.57 Cross Tabulation of Gross Annual Income with “If I lost a loved one, I would consider attending a ministry geared toward fun and socialization for the grieving.” ... | 172 |
| Table 5.58 Results of Chi-square Test for Independence between Gross Annual Income and “If I lost a loved one, I would consider attending a ministry geared toward fun and socialization for the grieving.” | 172 |

Figures

| | |
|---|-----|
| Figure 5.1: The Theoretical Relationships of the Axial Codes..... | 122 |
| Figure 5.2: Theoretical Relationships of the Axial and Focused Codes..... | 129 |

CHAPTER 1

SOON AND VERY SOON WE ARE GOIN' TO SEE THE KING¹

Introduction

I am in partnership with God and the people of Fellowship Lutheran Church in Central Minnesota.² This congregation's desire is to be "a welcoming community of Christ's disciples, who worship, pray, learn, give, and serve."³ I am a hospice chaplain who located my Doctor of Ministry work within this community of faith. I have been exploring the ways in which we can welcome marginalized people into the center of our community and invite them to share in God's mission amongst us.⁴ I have had the opportunity to learn with the congregation-specific practices that professional and lay ministers may employ in order to help people confront denial of death and prepare for the inevitability of the same.

I came to this congregation approximately three years ago. I was not currently under call in my synod at this time. I had recently lost a dear friend and colleague to

¹ The title of this chapter comes from an African American worship song written by Andraé Crouch entitled, "Soon and Very Soon." Evangelical Lutheran Church in America and Evangelical Lutheran Church in Canada, *Evangelical Lutheran Worship*, Pew ed. (Minneapolis, MN: Augsburg Fortress, 2006), #439.

² I used pseudonyms in this thesis for all proper names of persons and places.

³ This is the congregation's mission statement.

⁴ When I began doctoral work at Luther Seminary, I was on leave from call. Fellowship Lutheran Church (which is a pseudonym) agreed to be my ministry site. They are located in Central Minnesota where I live. The pastor earned a doctoral degree from Luther Seminary's CML program graduating in 2010. Although the congregation does not employ me, I function as a volunteer pastor, conducting my research at this site with the support of lay and ordained leadership.

cancer and was in a period of deep bereavement. The people of Fellowship embraced me and welcomed me into the center of the congregation in the midst of my deep grief. I began my doctoral work at Luther Seminary at this same time. The community of faith supported me by helping to form a Journey Group made up of volunteers from the congregation who were willing to assist me with my research. Initially, we studied marginalization in general. Together we learned, and relearned, that marginalization is an experience common to all people at some time or another. We learned that in order to help people move from the fringes to the center of our community of faith, we needed to take notice, feel compassion, and extend aid to those who most needed it.

We did an informal census of the congregation with a single question, “Who is the marginalized person, place, or thing for which you would like us to pray?” The members of the church turned in prayer cards for approximately two weeks. My Journey Group prayed over each one, and afterward, grouped those with similar themes or concerns. We ultimately discovered that the congregation had expressed particular concern for the following people: the homeless, teenagers, young adults, and those who are sick, differently abled, or suffer from mental illness. Our Journey Group then worked with the lay and professional leadership of the congregation to ensure that the ministry opportunities ongoing in the parish reflected the concerns expressed by the people.

We found, as we undertook this study, that the congregation was engaged in ministry to the homeless, as well as teens and young adults. We also found, however, an opportunity for growth around ministry to those who were sick/differently abled or suffering mental illness. It was about this time that I also became a hospice chaplain. We discerned God’s call to explore together how we might care for the marginalized who

were sick, shut-in, or dying amongst us. This thesis on hospice ministry emerged over time with a focus on discovering which specific practices we can deploy to help people confront a denial of death and prepare for the inevitability of the same.

Research Question

I was interested in studying what specific practices we could engage in together that would help us offer excellent ministry to family, friends, and neighbors at the time of death. I affirmed at the start of this work that the Lutheran commitment to the priesthood of all believers made this research and the work that we could do together as a missional congregation especially relevant. My research question was:

What practices should we incorporate into the hospice ministry of Fellowship Lutheran Church in order to help dying people and their families experience a peaceful death with love?

Independent Variable

The ministry practices are the independent variable. This research focused on helping us to discover those practices that would enable us to provide exemplary ministry to the dying and their families. One important part of my understanding of hospice philosophy is that hospice care includes the days of dying, as well as the thirteen months of bereavement, which follow the death of a loved one. I hoped to explore those practices that make the most positive difference in the lives of the dying and their families through focus groups, interviews, and a census of the congregation. Research from June 2015 seemed to indicate that people have a desire to reach out to a community of faith during

this most vulnerable period in their lives.⁵ Actual experience, however, seemed to suggest that people often become so overwhelmed that they forget to do so. I wondered what practices we could put in place that would assist the congregation to connect with the dying and to offer hope-filled ministry at this most critical time.

Dependent Variable

The dependent variable is the degree to which the dying and their families experience a peaceful death with love. It seems that since death is one of the few things all human beings must undertake, the church should be prepared to offer exemplary ministry in the final months, weeks, or hours of a person's life. I have learned, through my hospice ministry, to place a high value on helping people to die without pain or distress. Our nurses mitigate pain; as a chaplain, I seek to mitigate distress. The church is also uniquely suited to offer hospice ministries that will help people to die in peace with love.

Intervening Variables

There are intervening variables such as the gender, class, and ethnicity of the members of Fellowship Church. I wondered if gender influences a person's willingness to receive ministry at the end of life or what types of ministries might be welcome. I also wondered if the economic class or educational attainment of a parishioner affects their openness to ministry. I wanted to understand if it matters how old you are when you lose your loved one or how it is that they come to die. I was also curious to learn if ethnicity

⁵ I conducted a congregational-wide survey, in June 2015, in order to learn more about the congregation's habits and beliefs around death and dying and their perceived ministry needs at the time of death.

affects the type of ministry one may expect. I imagined that it may be significant that the vast majority of the congregation is white and that the heritage of the congregation is proudly Norwegian-American. I also wondered how having an all-female pastoral staff impacts ministry to the dying and their families and if it matters whether a lay or ordained individual discharges the ministry. All of these intervening variables undoubtedly influenced our efforts, and I know that I worked to be cognizant of them as we learned together.

Importance of the Research Question

Importance to Me

I lost a dear friend and colleague to cancer in May of 2012. We were pastoring a church together in Central Minnesota when he was diagnosed with a glioblastoma tumor of the brain. He was given only a few months to live and suddenly our congregation realized how unprepared we were to offer end-of-life ministry to our senior pastor. We cobbled a ministry together. We cooked meals, transported him to appointments, and practiced a ministry of presence with the pastor and his family. He ultimately lived eighteen months beyond his diagnosis, and we were grateful for the opportunity to serve him. The experience, however, left me painfully aware that there was a great need in our church, and in all churches, to be more prepared to minister to the dying and their families.

Importance to My Congregation

The pastor dedicated to Pastoral Care left Fellowship Lutheran Church early in 2014. The remaining two pastors had more than their share of ministry responsibilities

and were increasingly working to empower the people of the congregation to take up their priestly duties and to be ministers inside and outside of the walls of the congregation. One of the areas where lay ministers are very effective is in the visitation of the sick, shut-ins, and dying.

The congregation has a longstanding Befrienders ministry.⁶ These lay ministers visit hospitals, nursing facilities, and homes bringing ministry of presence, Holy Communion, and friendship to those in need. Lay and professional ministers also recognized an additional need for specially trained hospice volunteers. These people operate under the umbrella of the Befrienders program, but are specially equipped with additional training that has prepared them to minister to the dying and their families. My Journey Group has been leading the congregation, as well, as we explore together what other specific practices can be employed to help people confront the denial of death and to prepare for the inevitability of the same.

Importance to the Larger Church

Death is the common denominator for all human beings. Churches, therefore, will inevitably need to minister to the dying and their families. We have the unique opportunity—and call—to serve people at one of the most vulnerable moments of their lives. Dr. Ira Byock, a renowned hospice physician writes, “... dying does not have to be agonizing. Physical suffering can always be alleviated. People need not die alone; many

⁶ Befrienders is an international ministry of lay people who provide visitation to anyone in need of companionship or support. They provide listening, non-judgmental presence, and pastoral care. One can learn more by visiting <https://befrienderministry.org/>. This ministry began at Fellowship in 1996 and currently has eleven active lay ministers.

times the calm, caring presence of another can soothe a dying person's anguish."⁷ I argue that dying people are amongst the most marginalized human beings in America. We have largely relegated dying to sterile and institutionalized settings where other people will not have to see or bear witness to the same. I have found that ministry to the dying is often ceded by the people of God to one professional staff person, generally the pastor or a chaplain, whilst everyone else remains at a safe distance. My experience is corroborated by Byock, who writes,

Collectively as communities we must take back responsibility for the care of our dying members. Currently, care for persons as they die is delegated to medical professionals and institutions: doctors, nurses, social workers, chaplains, therapists, hospitals, nursing homes, and hospices. Each has a critical role to play, but ultimately, as members of our communities, we all must retain the responsibility to see that the needs of dying persons are met.⁸

Christians have a unique story to share that has great potential to offer hope to the dying and their families. Our belief in Jesus' death and resurrection provides the good news message that because Jesus lives we shall also live (John 14:19).⁹ Our scriptures teach us that physical death is not an end, but a new beginning. We affirm that to be away from the body is to be present with the Lord (2 Corinthians 5:8).¹⁰ We teach that when we leave the Earth, we inhabit the city of Heaven where there is no more death, mourning,

⁷ Ira Byock, *Dying Well: The Prospect for Growth at the End of Life* (New York: Riverhead Books, 1997), Kindle Loc 67.

⁸ Ibid., 246.

⁹ *Lutheran Study Bible (NRSV)*, (Minneapolis: Augsburg Fortress, 2009). All verses cited hereafter shall be from the NRSV.

¹⁰ Ibid.

crying, or pain (Revelation 21:4).¹¹ All of the above scriptures offer real hope to those who are suffering the pangs of death or watching their loved ones endure the same.

Additional Questions

Additional questions that flow out of—or relate to—my research question pertain to how Fellowship’s hospice ministry may also help to prepare human beings to confront the denial of death and to embrace their inevitable demise. Ernest Becker writes,

The ironic thing about narrowing-down of neurosis is that the person seeks to avoid death, but he does it by killing off so much of himself and so large a spectrum of his action-world that he is actually isolating and diminishing himself and becomes as though dead. There is just no way for the living creature to avoid life and death, and it is probably poetic justice that if he tries too hard to do so he destroys himself.¹²

Becker’s quote reminds me that as a congregation, we must choose the counter-cultural stance of acknowledging the reality of death. I believe, as such, that the church ought to have something to say about drafting a Health Care Directive, writing a Last Will and Testament, and working with a funeral home to pre-plan funeral and burial expenses. Can we deploy educational ministries that provide opportunities for members to learn more and ask questions? Additionally, I wondered how we could harness technology to provide excellent hospice ministries. Could we place links to important information such as funeral homes, counseling or financial services, support groups, or access to pastoral care on the website of the church? Could we also use Facebook, Twitter, YouTube, or CaringBridge to share information or provide education to a wider audience?

¹¹ Ibid.

¹² Ernest Becker, *The Denial of Death* (New York: Free Press, 1973), 181.

The many things that I was privileged to learn with the people of Fellowship may benefit more than the members of this local congregation. It is my hope to be generous with our findings, so that any curious Christian Church may benefit as well. All people die, therefore, all churches need excellent ministry to the dying and their families. Atul Gawande says, “Death, of course, is not a failure. Death is normal. Death may be the enemy, but it also the natural order of things.”¹³ This “natural order of things” catches up to all of us eventually.

Theoretical Lenses

I utilized three theoretical lenses to understand better my research. These include terror management, thanatology, and bereavement theories. John Creswell teaches that a theory provides “an overall orienting lens ... [which] becomes an advocacy perspective that shapes the types of questions asked [and] informs how data are collected and analyzed.”¹⁴ It was my hope that by viewing my data and research through these particular social science lenses I was able to gain greater insight into the ways in which we can enhance Fellowship’s Hospice and Bereavement Ministry through specific practices aimed at helping people to confront the denial of death and prepare for the inevitability of the same.

¹³ Atul Gawande, *Being Mortal: Medicine and What Matters in the End* (London: Profile Books, 2014), 8.

¹⁴ John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 3rd ed. (Thousand Oaks, CA: Sage Publications, 2009), 62.

Terror Management Theory

I start with terror management theory. I first encountered the seeds of this theory through the work of Ernest Becker. He wrote a powerful book called *The Denial of Death*.¹⁵ He puts forth the hypothesis, in this seminal work, that human beings are so terrified of death and dying that we deny death at every opportunity. Terror Management theory is the fruit of Becker's original work. This theory posits that while human beings know that death is the indisputable end of all human life, we stubbornly resist most efforts to acknowledge, prepare, or talk about the same. Instead, we manage our terror by concocting elaborate cultural rituals in order to deny death and hold our individual and collective fears at bay.

Pyszczynski, Solomon, and Greenberg are the people who first introduced this theory in an article entitled, "A Terror Management Theory of Social Behavior: The Psychological Functions of Esteem and Cultural Worldviews." They went on to write the book, *In the Wake of 9/11: The Psychology of Terror*.¹⁶ I am appreciative of the way they harness the terror-full events of 9/11 to address the terror that dwells in the human psyche as it relates to death. Daniel Liechty's, *Death and Denial: Interdisciplinary Perspectives on the Legacy of Ernest Becker*, was also helpful to me as I was able to hear the voices of social scientists in a multiplicity of fields discuss Becker's work and how it

¹⁵ Becker, *Denial of Death*.

¹⁶ Thomas A. Pyszczynski, Jeff Greenberg, and Sheldon Solomon, *In the Wake of 9/11: The Psychology of Terror* (Washington, DC: American Psychological Association, 2003); Sheldon Solomon, J. Greenberg, and T Pyszczynski, "A Terror Management Theory of Social Behavior: The Psychological Functions of Esteem and Cultural Worldviews," *Advances in experimental social psychology*. Volume 24 (1991).

applied to their own fields of study.¹⁷ This theory helped me to comprehend why people deny death and how our church can help people to take the bold step to confront and prepare for death with the support of our community of faith.

Bereavement Theory

Bereavement theory helped me to understand the intense period of grief after the death of a loved one. It also helped me to understand the anticipatory grief that families endure even before their loved one has been committed to the grave. My research led me to recognize Sigmund Freud as one of the progenitors of this theory. He was one of the first people to talk about the reality of bereavement in his work *Mourning and Melancholia*.¹⁸ He later continued his exploration of these themes in *The Ego and the Id*.¹⁹ Other psychoanalysts, like John E. Baker, have continued Freud's work on bereavement helping us to understand that bereavement is the result of a lost attachment that must be transformed in order to make room for new attachments with the living.²⁰

The work of Freud and others ultimately helped to inform contemporary notions of hospice care. Hospice is a philosophy of care that aims to help people die without pain or distress. An interdisciplinary team of professionals attends dying people who are

¹⁷ Daniel Liechty, *Death and Denial: Interdisciplinary Perspectives on the Legacy of Ernest Becker* (Westport, CT: Praeger, 2002).

¹⁸ S. Freud, "Mourning and Melancholia," *The Journal of Nervous and Mental Disease* *The Journal of Nervous and Mental Disease* 56, no. 5 (1922).

¹⁹ Sigmund Freud et al., *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. XIX (London: Hogarth Press, 1923-1925).

²⁰ John E. Baker, "Mourning and the Transformation of Object Relationships Evidence for the Persistence of Internal Attachments," *Psychoanalytic Psychology* 18, no. 1 (2001).

surrounded by family and friends who love them. Hospice does not seek to heal disease; rather, it aims to provide comfort and care.

Elisabeth Kübler-Ross wrote *On Death and Dying*.²¹ Her most important contribution to this field of knowledge pertains to her stage theory of grief. It remains helpful to those of us who work with the dying and their families as it helps us to frame the stages of grief in terms of denial, anger, bargaining, depression, and acceptance.²² Although we now understand that grief is less linear and more circular, it is still helpful to my work as a hospice chaplain and pastor.

Austin Kutscher's work, *Death and Bereavement*, articulates the many ways in which people experience grief after the death of a loved one.²³ This work was helpful because our church is committed to walking with families after the funeral of a loved one. We are aware that people often feel left in a lurch, bereaved and adrift once all of the excitement of a funeral is over. Fellowship desired to address this obvious ministry opportunity. Bereavement theory has offered us a language and theory around all of our *great ideas* and enabled us to interpret the data that came forth from the congregation, helping us to understand what bereaved people need and want from our community of faith.

²¹ Elisabeth Kübler-Ross, *On Death and Dying* (New York: Scribner Classics, 1997).

²² Ibid.

²³ Austin H. Kutscher, *Death and Bereavement* (Springfield, IL: C. C. Thomas, 1969).

Thanatology Theory

Finally, I harnessed thanatology theory to understand and interpret my data.

Thanatology is the study of death. I have particularly examined the psychological effects of dying in my research. Maggie Callanan and Patricia Kelly's book, *Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying*, intrigued me.²⁴ Callanan and Kelly, as hospice nurses, encourage us to recognize the symptoms of near death awareness (NDE) in people who are dying. They affirm that by learning to recognize these signs in people who are dying, we can better support, affirm, and walk with people who are nearing the end of their days.²⁵ Another pair of writers who influenced my thinking was Glaser and Strauss. They wrote two books that proved helpful to me entitled, *Time for Dying* and *Awareness of Dying*.²⁶ These books boldly illuminated areas of growth for the medical community in the area of hospice care. They helped me to understand the importance of being honest with the dying and treating all people with dignity and respect.

Two physicians, Ira Byock and Atul Gawande, have made great contributions to the field of thanatology. Byock wrote a book entitled *Dying Well* and Gawande wrote *On Being Mortal*.²⁷ Byock reminds us of the importance of helping dying people do the important work of expressing their love, grace, gratitude, and farewells to loved ones if

²⁴ Maggie Callanan and Patricia Kelley, *Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying* (New York, NY: Poseidon Press, 1992).

²⁵ Ibid.

²⁶ Barney G. Glaser and Anselm L. Strauss, *Awareness of Dying*, Observations (Chicago: Aldine Pub. Co., 1965); Barney G. Glaser and Anselm L. Strauss, *Time for Dying*, Observations (Chicago: Aldine, 1968).

²⁷ Byock, *Dying Well*; Gawande, *Being Mortal*.

they are cognizant and able to do so. Gawande calls the medical establishment to task for failing to acknowledge that death is sometimes inevitable; physicians are not God, and expensive, invasive, and ultimately unfruitful medical procedures are not helpful to patients in the last days of their lives. Finally, I chose to look at Dewi Rees' *Death and Bereavement: The Psychological, Religious, and Cultural Interfaces* to learn about both bereavement and thanatology theories.²⁸ This book traversed many topics pertaining to dying, hospice, grief, mourning, and ultimately death. I was impressed with Rees' ability to make his scholarship accessible to lay readers and tried hard to allow his work to serve as a model for my own tone and writing style throughout the presentation of my research.

Biblical and Theological Lenses

Four biblical lenses and four theological lenses helped to undergird my work. Biblical lenses served to root the interpretation of my data in the stories of the Bible. It turns out that the Bible has much to teach us about being a Good Samaritan, recognizing people in need of our prayer and care, Jesus' affiliation with the poor and disenfranchised, and our eternal home in heaven with God. We intentionally strove to learn from the parables in the Bible and to apply the lessons learned to the hospice and bereavement ministries of our congregation. The four theological concepts informed my research by helping me to begin to comprehend what God, scripture, and theology teach us about death, as well as Christian believers' roles in the church, community, and coming kingdom of God.

²⁸ Dewi Rees, *Death and Bereavement: The Psychological, Religious, and Cultural Interfaces* (London: Whurr Publishers, 1997).

Biblical Lenses

The Good Samaritan

The first biblical lens came from the parable of the Good Samaritan (Luke 10:25-37). This was the first scripture that my Journey Group used to dwell in the Word. We repeatedly read this scripture for months, seeking to glean the important messages, therein, about compassion for our neighbors. The Good Samaritan pericope influenced us to recognize the importance of taking notice of our neighbors in need. We became increasingly committed, as we read this scripture monthly, to find and seek out those in need of our care. We began to pray specifically for the dying and their families, to include people who did or did not regularly attend Fellowship's weekly services. We knew that there were dying people throughout our community and affirmed the important work of finding, tending, serving, and caring for those who were hurting, dying, and bereft of care.

The Beautiful Gate

The Beautiful Gate pericope found in Acts 3 was the second scripture that our Journey Group dwelt in for many months (Acts 3:1-10). This scripture came to convict us of the many ways we have ignored those outside of the doors of our church in favor of entry into the safe, four walls of our congregation. We prayed that God would enable and equip us to see, touch, and welcome people who are in the neighborhood, into the community of faith to which we belong. This story inflamed our missional imaginations. We recognized the ways in which the faithful witness and voices of the diverse people who live in our community could be a blessing to us. We became excited about God's invitation to follow the Holy Spirit out into the neighborhood to see, hear, and touch our

neighbors in order to benefit from the work and gift of God in them for us and for the universal church as well. We came to understand that the dying and their families had much to teach us about God's love and grace exemplified in their individual experiences.

You Did It unto Me

I learned Matthew 25 in Sunday school as a child (Matthew 25:31-46). We used this story to remind us of the importance of caring for those who are disenfranchised, poor, and in need of our love and care. We were compelled to remember that Jesus has chosen to affiliate with "the least of these" commanding us to offer food, water, clothing, and care to the sick and imprisoned amongst us (vs. 40). I became a Lutheran as an adult and subsequently learned the importance of the affirmation that we are not saved by works, but by God's grace. My journey team wrestled with our affirmation of grace alone. We agreed to do good works not to earn salvation, but to express grateful hearts to God for the finished work on the cross, which atones for our sin and gifts us with eternal life. We determined to learn how to care for the dying and their families with the awareness that in so doing, we were also caring for Christ.

A New Heaven and Earth

Finally, Revelation 21 serves as a harbinger of great things to come. I often utilize this scripture when I officiate funerals. I have found that it offers deep comfort to bereaved families as I declare the good news message that their loved ones are now citizens of an eternal city where God has banished death, mourning, crying, and pain forever. This message of hope especially comforts people whose loved one may have encountered some pain or suffering in their journey to the City of Light. Revelation 21 reminds all of us that in the New Jerusalem, we will be completely and one hundred

percent healed of all the pain, suffering, illness, or dis-ease that afflicted us upon the Earth. This is an important message of hope to convey, as we seek to help people die peacefully and surrounded by people who love them. This good news is a balm to the soul and a promise of reunion in days to come, as we support people who have lost family or friends to death.

Theological Lenses

Death

Death has been the unenviable companion of humanity ever since sin entered into the world. *The Crucified God*, by Jürgen Moltmann, allowed me to enter into God's own suffering as his only son suffered, bled, and died on the cross.²⁹ I will confess that I had never thought about God's pain as he watched his son suffer and die. This book challenged me to remain in a Good Friday frame of mind with God and with those who are dying and watching loved ones die as well. I have a new awareness of how excruciating it must have been for God to allow his son to feel forsaken, lost, and alone. I am now much more sensitive to the feelings of the dying and their families. I am slower to skip to a resurrection declaration and more apt to sit with people in their pain and suffering for a while before reminding them of the promise of resurrection and eternal life. Pain and suffering are real. They are real for God and they are real for us. Moltmann's book gave me a new perspective on death and dying and gave me a renewed appreciation for eternal life.

²⁹ Jürgen Moltmann, *The Crucified God: The Cross of Christ as the Foundation and Criticism of Christian Theology* (London: SCM Press, 1974).

Priesthood of All Believers

Fellowship Church has a pastor who is a graduate of Luther Seminary's Congregational Mission and Leadership program. This church has been committed to the *missio Dei* for over a decade now. They strive in all of the activities of the church to be Spirit led and to follow God into the neighborhood to see where God is already at work offering love and care to our neighbors near and far. 1 Peter 2:9-10 reminds us that as Christian believers we are a "royal priesthood." Martin Luther expounds on the importance of this idea in his works *To the Christian Nobility of the German Nation* and *The Babylonian Captivity of the Church*.³⁰ My Journey Group found this theoretical lens very empowering. They found voice and power, as ordinary and lay members, in the affirmation that they are a "royal priesthood." This lens empowered us to recognize that we could potentially commission all of the members of Fellowship as lay ministers to the sick, dying, and bereaved.

Beloved Community

I grew up hearing fiery sermons about the importance of the beloved community, as an African American Christian. I was under the mistaken impression, prior to my research, that the Rev. Dr. Martin Luther King, Jr., was the progenitor of this theological concept. I now know that it was Josiah Royce, in *The Problem of Christianity* (1913), who first advanced this notion.³¹ Royce talks about the individual and collective pursuit

³⁰ Martin Luther, *First Principles of the Reformation, or, the Ninety-Five Theses and the Three Primary Works of Dr. Martin Luther Translated into English*, ed. C. A. Buchheim and Henry Wace (London: Murray, 1883).

³¹ Josiah Royce and Frank M. Oppenheim, *The Problem of Christianity* (Washington, DC: Catholic University of America Press, 2001).

of salvation in this work. He makes it plain that as human beings we have a moral obligation to work together to create a community that is loving, safe, and just to all. This relates to death and dying because while a person ultimately must die alone, the community can rally around to provide presence, companionship, and reverent observation with love. I was further inspired to do this work after reading Smith and Zepp's book entitled, *Search for the Beloved Community: The Thinking of Martin Luther King, Jr.*³² This book allowed me entrée into the thought of Rev. Dr. Martin Luther King around this concept. It also inspired me to contemplate the ways in which Fellowship can be a community of faith that loves and supports the dying and their families well.

Resurrection

I used resurrection as my final theological frame undergirding this work. I once again turned to Jürgen Moltmann to help me understand this frame. His book, *Theology of Hope*, was instrumental to my understanding of God's promises concerning the end of times.³³ *Jesus, God, and Man*, written by Wolfhart Pannenberg, also informed me.³⁴ Christian believers this side of the cross are Easter people. We stand at the empty tomb rejoicing that Jesus is risen from the dead just as he promised. Jesus' resurrection paves the way for our resurrection as well. Death does not get the final word. Life and love ultimately conquer sin, death, and the grave through the Blood of the Lamb, Christ Jesus. I recognize the importance of uplifting God's promise that there is life after death

³² Kenneth L. Smith and Ira G. Zepp, *Search for the Beloved Community: The Thinking of Martin Luther King, Jr.* (Valley Forge, PA: Judson Press, 1998).

³³ Jürgen Moltmann, *Theology of Hope: On the Ground and the Implications of a Christian Eschatology* (London: SCM Press, 1967).

³⁴ Wolfhart Pannenberg, *Jesus, God and Man* (Philadelphia: Westminster Press, 1968).

with God, as Fellowship labors to bring forth a hospice and bereavement program that is life giving to those in need of it.

Research Methodology

I used a mixed methods concurrent triangulation methodology.³⁵ It used both quantitative and qualitative data to “confirm, cross-validate, or corroborate findings within a single study ... [it later] integrates the results of the two methods during the interpretation phase.”³⁶ I began with a qualitative process consisting of two focus groups and four interviews. We then invited gave a congregational census in the month of February, during the season of Lent, which was available to congregants online through Survey Monkey. We also provided paper copies to those in need of them.

When all data streams had been collected, I then interpreted our qualitative data utilizing *in vivo* codes according to K. Charmaz’s methodology.³⁷ I interpreted word-by-word by using TagCrowd.com which counts words and frequencies creating a word cloud. I then interpreted line by line pulling out important words and phrases from both

³⁵ This research is concurrent because the raw data from the qualitative focus groups and interviews *was not interpreted* according to K. Charmaz’s process when we began to collect the quantitative data through the congregational census. However, it should be noted that because the author was a part of the focus groups, information heard in this setting was helpful in offering clarity to questions on the congregational census, and in fact led the Journey Group to add a few additional questions to the same. When the census closed, analysis of both data streams began. Therefore, this work is concurrent.

³⁶ John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, Second ed. (Thousand Oaks, CA: Sage Publications, Inc., 2003).

³⁷ Kathy Charmaz, *Constructing Grounded Theory*, 2nd ed. (Thousand Oaks, CA: Sage Publications, 2013), 57-66.

interviews and focus groups.³⁸ Next, I created focused and axial codes and used theoretical coding to explain the relationships between the axial codes.

I, simultaneously, worked with a graduate student at St. Cloud State University's Statistical Consulting and Research Center to interpret my quantitative data using SPSS software. This interpretation helped us to learn whether there was a statistically significant findings that emerged from my research. We took notice of relationships between my independent, dependent, and intervening variables. We then harnessed inferential statistics to learn whether we could extrapolate the data to the entire church. Finally, we compared our interpretation from quantitative and qualitative data to learn how they agreed or disagreed and to discern what it had to teach us about the specific practices needed to help dying people and their families experience a peaceful death with love.

Research Design

I began my research with the administration of two focus groups and four interviews in order to collect qualitative data. I used nonprobability purposive sampling to extend invitations to participants. I worked together with my Journey Group and lay and professional staff to identify candidates who would prove helpful to the study. All candidates were adults. There was a mix of male and female, old and young, rich and middle class. All participants had lost their loved one in the last five years. All lost their loved one to old age, illness, or accident. Most had lost a spouse or parent. One had lost a

³⁸ TagCrowd is a web application for visualizing word frequencies in any text by creating what is popularly known as a word cloud, text cloud or tag cloud. It was created in July 2006 by Daniel Steinbock, while a PhD student at Stanford University. Daniel Steinbock, "Tagcrowd," 2016, tagcrowd.com.

child. Fifteen people, in total, participated in the focus groups over a two-day weekend. One was a person of color, the rest were European-Americans. Four of these fifteen went on to be interview subjects. A volunteer transcribed both the focus groups and interviews.

A congregational census was administered after the focus groups; interviews occurred at the same time the census was open. The population of the census was the entire congregation of Fellowship Lutheran Church. This census allowed me to collect quantitative data from many members of the congregation via Survey Monkey and paper copies, which were available at the church. I had not coded my qualitative data when I was collecting the quantitative data. Therefore, I did allow the stories heard in focus groups and interviews to inform the questions asked in the congregational census questionnaire.

I interpreted both data sets upon completion of the census. I coded and reported qualitative data using K. Charmaz's guidelines for initial coding.³⁹ I interpreted quantitative data using descriptive statistics including the N, which was the total number of responses, frequency, percentages, and the mean. Inferential statistics helped me to discern whether there was a statistically significant effect of the independent variable on the dependent ones. I used SPSS to conduct statistical tests. I, then, coded the remaining open-ended questions of the census utilizing K. Charmaz's process outlined above.

This project illuminated the strengths and opportunities for growth in the existing hospice and bereavement ministries of Fellowship Church during the time of this research. We learned from congregational members which specific practices, which they

³⁹ Kathy Charmaz, *Constructing Grounded Theory* (Thousand Oaks, CA: Sage Publications, 2006), 47-57.

felt would help people who are dying experience a peaceful death with love. While I did not attempt to provide intentional interventions as I considered the work largely exploratory, there were unintended consequences to the work, which I described in my results chapter.

Other Matters

Definition of Key Terms

Accompaniment: A theological concept pertaining to mission which teaches that we are in ministry *with* those whom we serve and that we are present not only to give, but also to receive, to teach, as well as to learn.

Actively Dying: This term is used by hospice providers to delineate when a person is expected to die within the next zero to seventy-two hours.

Beloved Community: It is God's vision of relationship with God and with each other. In this vision, there is peace with justice and love and grace abound.

Bereavement: It is the thirteen months immediately following the death of a loved one for the purposes of this research.

Death: It is the expiration of physical life on earth exemplified by the absence of heartbeat, respirations, and brain activity.

Hospice: It is a medical term used to describe a philosophy of care, which focuses on palliative (comfort) care, rather than curative care.

Imago Dei: It is a theological concept, which teaches that God creates human beings in the image and the likeness of God.

Marginalization: This term refers to the making of certain human beings unseen, unheard, and powerless for the purposes of this work.

Missiology: It is the study of God's mission in the world. It affirms that God is a sending God engaged in the reconciliation and salvation of the entire cosmos.

Priesthood of all believers: It is a theological concept rooted in 1 Peter 2:5 which declares that Christians are a holy nation and a royal priesthood set apart to declare God's praises. I use it, in this particular work, to underscore the importance of all Christians participating in the work and ministry of the church.

Resurrection: It is a concept, used in this work, to describe Jesus' life after dying on the cross, as well as the believer's new life in heaven with God after a physical death upon the earth.

Terror Management Theory: It is a psychological concept used to describe human beings' existential conflict between wanting to live and certainty of death. It describes, in this work, the ways in which people attempt to deny death by failing to prepare for the same.

Thanatology: It is the study of death and dying. I have harnessed it to describe the study of what people, and their families, need as they die.

Ethical Considerations

I guarded confidentiality at all times. I did not identify by name anyone participating in focus groups, interviews, or survey in my doctoral thesis. I recruited a volunteer transcriber and asked her to sign a document pledging confidentiality. I used informed consent forms with all focus groups and interviews. An implied consent form was the lead page on my Survey Monkey questionnaire. Both informed and implied consent forms conformed to IRB guidelines for content and procedure (See appendix D

and E). The instruments avoided “sensitive questions” as outlined on Luther Seminary’s IRB website.⁴⁰

I was aware that I brought particular biases to the research process because of my own identifications of ethnicity, class, gender, sexuality, locale, education, and denominational affiliations. I am an African American, female, womanist, queer, middle-class, pastor, currently called as a hospice chaplain, born in the Baptist Church, ordained in the Methodist Church, and rostered in the Lutheran Church (ELCA). I was educated in a small, private, high school for gifted students, before heading to Wesleyan and Harvard Universities and Luther Seminary. I am not a member of Fellowship Lutheran Church, nor am I paid to work in this locale. I am an urbanite from St. Louis, Missouri. I do not know anything about *Minnesota Nice*. I am a partner, mother, daughter, sister, and friend. Most importantly, I am a disciple of Jesus Christ and a child of the Most High God.

All of these characteristics shape me. How I think, what I believe, and the services I render in hospice ministry are informed by these characteristics. They inform the type of work that I do at each bedside. In particular, my insider-outsider status at Fellowship seems to embolden people to share more freely with me than with some others. My *otherness* (e.g., black, urban, non-Minnesotan) seems to lend me extra grace when I wish to question *the way things have always been done*. I am expected to be ignorant of such things since I am not Scandinavian, central Minnesotan, nor a cradle-born Lutheran.

⁴⁰ “Irb Approval Instructions,” Saint Paul: Luther Seminary, 2015, <http://www.luthersem.edu/irb/approval.aspx?m=6082> (accessed August 1, 2015).

It occurs to me that my *otherness* is also a blind spot. I oftentimes do not understand things that others in the congregation take for granted because I am missing a cultural clue that would be helpful to a right interpretation. People have told me that Fellowship is a *typical* Norwegian-American congregation full of stoic, hard-working, frugal, conflict-averse people who do not wish to trouble anyone, about anything. The behaviors that emerge from these identifiers often puzzle me.

I come from a cultural and religious heritage that is fairly loud, bold, emotional, and brash. We love to trouble our pastors with all of our problems and expect them always to be present to stand *bedside* whenever we want them. I am, furthermore, a daughter of the Black Church. We have always had to practice our faith in the neighborhood. We followed Jesus as he led us to fight for our emancipation from slavery. We followed Jesus as we sought liberation from Jim Crow segregation. We followed Jesus as we marched in the streets of Ferguson and Baltimore demanding justice for our boys. Therefore, the practice of missional theology is not new to me, nor to my brothers and sisters in the Black Church. We have always had to follow the Spirit of the living Jesus out into the neighborhood, partnering with God in mission, in the name of Christ. The timidity with which some of my Lutheran brothers and sisters approach public ministry, as such, confuses me.

This is certainly a cultural bias that I bring to this work and I recognized, as I coded and interpreted data, that I needed to be sensitive to these biases and account for them in the ways that I am able. I depended on professional staff and my Journey Group to help me understand and interpret data in a way that is appropriate to our context. I attempted to capture the thoughts and feelings of participants, by utilizing direct quotes

from focus groups and interviews, rather than ascribing my own. Finally, by utilizing the aforementioned methodology and research design, the process itself helped to root out bias by either showing, or not showing, what the data mean.

I drew all samples from adults who are over the age of eighteen and not considered vulnerable by IRB standards. I followed the Belmont Report's three requirements for ethical conduct of human subjects in research to include the respect of persons, beneficence, and justice. I kept all data, including audio or visual recordings, in a locked file drawer in my home and only the transcriber and I had access to the raw data. I will keep records until May of 2020 and then I will destroy them. This study has no anticipated risks to participants other than the sharing of story, feelings, ideas, and time. Those who chose to participate received no *direct* benefits. People spoke, were heard, and influenced the ongoing creation of the hospice and bereavement ministries at Fellowship Church, which were *indirect* benefits.

Significance of the Study

This research project helped us discover the specific practices that congregants would like us to incorporate into the hospice and bereavement ministries of Fellowship Lutheran Church. It may also prove helpful to other congregations wishing to enhance or improve their own hospice or bereavement ministries. Churches may learn from this study the importance of missional ministries to the dying and bereaved and then choose to discern congregational specific practices appropriate to their own contexts. This missional understanding of hospice and bereavement ministries invites all Christians to follow the Spirit of the living Jesus out of the four walls of the church and into homes, hospitals, assisted living facilities, nursing homes, and hospice houses throughout our

communities in order to help people who are dying, and their families to experience a peaceful death with love.

CHAPTER 2

PRECIOUS LORD, TAKE MY HAND¹

Theoretical Lenses

I entitled this chapter “Precious Lord, Take My Hand.” Thomas Dorsey wrote this well-known gospel song in 1932, when his wife, Nettie, died in childbirth and his infant son died shortly thereafter.² Dorsey penned, “When my way grows drear, precious Lord, linger near, when my life is almost gone, hear my cry, hear my call, hold my hand lest I fall. Take my hand, precious Lord, lead me home.”³ C. Michael Hawn wrote for the United Methodist Church, “The three stanzas capture the grief not only of Dorsey, but also of any who have suffered significant loss.”⁴ This psalm of lamentation is a powerful reminder that death comes for us all and that our only hope is in trusting God, through Jesus Christ, to lead us beyond physical death and into eternal life.

I utilized three theoretical lenses to understand my research better. These include terror management, thanatology, and bereavement theories. All three theories address the

¹ The title of this chapter comes from an African American worship song written by Thomas A. Dorsey entitled “Precious Lord, Take My Hand.” Evangelical Lutheran Church in America and Evangelical Lutheran Church in Canada, *Evangelical Lutheran Worship*, 773.

² C. Michael Hawn, “History of Hymns: Precious Lord, Take My Hand,” Nashville, TN: Discipleship Ministries of the United Methodist Church, <http://www.umcdiscipleship.org/resources/history-of-hymns-precious-lord-take-my-hand> (accessed February 29, 2016).

³ Evangelical Lutheran Church in America and Evangelical Lutheran Church in Canada, *Evangelical Lutheran Worship*, 773.

⁴ Hawn, “History of Hymns.”

human propensity to imagine that we are immortal gods with no concern for physical death, while at the same time diminishing, ignoring, hiding, and/or shaming that which makes us the most mortal. Ernest Becker called humans “gods with anuses,” perhaps to shock us into the realization that we, like all creatures, will die.⁵ I provide “an overall orienting lens ... [which] becomes an advocacy perspective that shapes the types of questions asked [and] informs how data are collected and analyzed” by harnessing terror management, thanatology, and bereavement theories.⁶ I gained greater insight into the ways in which we can enhance Fellowship’s Hospice and Bereavement Ministry through specific practices aimed at helping people to confront the denial of death and prepare for the inevitability of the same, by viewing my data and research through these particular social science lenses.

Terror Management Theory

I began with terror management theory. I first became acquainted with the progenitor of this theory when I read Ernest Becker’s *The Denial of Death* (1973).⁷ Becker makes the strong argument that human beings invest deeply in denying the reality of death and all of life is an effort to push back against the fear that stalks us day and night. Becker posits four major themes in his book, which illuminate the fact that the world is a scary place. Human beings work every day, albeit mostly subconsciously, to alleviate this fear of death. We combat fear by engaging heroic enterprises meant to

⁵ Becker, *Denial of Death*, 51.

⁶ Creswell, *Research Design*, 62.

⁷ Becker, *Denial of Death*.

destroy evil even at peril of our own lives and limbs. This conundrum leads Becker to write, “Human conflicts are life and death struggles—my gods against your gods, my immortality project against your immortality project.”⁸

The basic premise that all of human life is an effort to suppress our fear of death to avoid overwhelming terror comes to a head when a person is *actually* dying. My cognizant patients often recognize their impending demise and begin deep reflection on all the things they did not do, say, or accomplish because they were afraid of physical death or emotional obliteration. Becker addresses this sad state by pointing out that in order to avoid death, human beings often snuff out the joy of truly living. We fail fully to live when we avoid opportunities and circumstances that may stretch or give us joy, because we fear what *may* happen if we try. Humans make ourselves as if dead, by hiding from life. Becker writes, “There is just no way for the living creature to avoid life and death, and it is probably poetic justice that if he tries too hard to do so he destroys himself.”⁹ This destruction of the self comes in many forms. I have heard my patients lament the fact that they did not pursue a career interest or a hobby, they neglected to reconcile with a loved one before it was too late, or they failed to experience the fun life *does* have to offer because they were being circumspect. This willingness to be circumspect while living made sense; but on their deathbeds, it represents a thousand little missed opportunities, which they could never recover.

Becker posits that in addition to being circumspect, people also turn to culture, and more specifically religion, in order to deny death. He believes that human beings

⁸ Ibid., Kindle Loc 94-118.

⁹ Ibid., Kindle Loc 3304.

embrace the divine as a psychological means of managing the terror of death in this world *and* in the world to come. Religion, therefore, functions as an opiate, inoculating human beings from the fear that death is a real end. It gives us hope that God will ultimately help us to know the unknowable and explain the unexplainable. It promises that although we may not understand many things now, there will come a day beyond our earthly deaths when all things will make sense. We may feel afraid at times, but it is a temporary condition. Our afterlives promise great security and an end to all that is mysterious. Becker concludes, “Religion takes one’s very creatureliness, one’s insignificance, and makes it a condition of hope.”¹⁰ Becker’s treatise on religion may make it sound as if he appreciates the role of religion in the life of humans. He really finds it to be the most acceptable, however, of the many other more unacceptable defense mechanisms, to mitigate terror in this world.

Pyszczynski, Solomon, and Greenberg further explore these themes by harnessing the work of Ernest Becker in the creation of their Terror Management Theory. They first advance this theory in an article entitled “A Terror Management Theory of Social Behavior: The Psychological Functions of Esteem and Cultural Worldviews.”¹¹ They harness Becker’s hypothesis that humans utilize culture as a means of standing together against the fear of death by creating real beauty in life through culture. Culture becomes a balm creating unity, opportunity for expression, and a distraction from our coming demise. They write, “... cultural worldviews imbue the world with meaning, order, stability and permanence, and by so doing, buffer the anxiety that results from living in a

¹⁰ Ibid., Kindle Loc 3682-3687.

¹¹ Solomon, Greenberg, and Pyszczynski, “Terror Management Theory of Social Behavior.”

terrifying and largely uncontrollable universe in which death is the only certainty.”¹²

Death is, indeed, the *only* certainty in our physical existences. This is why I know how all of my hospice patients’ stories will end: “*And s/he died*” There are many ways to die, but in the end, we all die.

Solomon, Greenberg, and Pyszczynski understand Becker to believe that humans are creatures, no better or worse than any other animal. We have the basic instinct to survive and multiply ourselves in successive generations. We also have the ability, unlike other animals, to be reflective about our coming demise and thus to fear it. We mitigate this fear through the creation of culture. Culture helps us to feel that we have a place in society, we are important and valuable, and that our brief lives actually matter in the grand scheme of things.

God has biologically hardwired all living things to have a desire to survive. We fear and avoid anything that threatens our ability to exist and we preserve ourselves at all costs. Things that cause us fear or anxiety remind us that we are mortal and thus subject to annihilation. Fear of death is simply a strong desire for life from this perspective. We live most fully through the creation of culture and “... by maintaining the cultural anxiety buffer, the individual is able to keep the terror associated with awareness of his/her ultimate mortality out of consciousness.”¹³

This *cultural anxiety buffer* is very important according to the authors. The human race uses the buffer to deny death and hold terror at bay. When a person cooperates with the buffer, s/he is a *good* person. When a person eschews the buffer, s/he is *evil*. Good

¹² Ibid., 96.

¹³ Ibid., 101.

people become “immortal” and bad people cease to exist. Solomon, Greenberg, and Pyszczynski explain that this cultural worldview provides a sense of immortality in four ways. People rewarded with “immortal” status receive it through religious practices, a sense of creating culture which will live beyond themselves, the belief that their work creates a lasting impact on the world, and by the propagation of the belief that our progeny carry us—and our ideals—into the future, eternally.¹⁴

Pyszczynski, Solomon, and Greenberg further flesh out these ideas in a book entitled, *In the Wake of 9/11: The Psychology of Terror*.¹⁵ They do a beautiful job of using the events of 9/11 to discuss the terror that human beings live with and the psychological effects of the same. They write, “Terror management theory concerns the impact that awareness of the inevitability of death has on how we live our lives. It is essentially, therefore, a theory about the effect of death on life.”¹⁶ This is a profound statement as the denial of death is generally so profound that it has never even occurred to me that death *does* have an effect on life. One might argue, particularly in the United States of America, where we tend to be most comfortable sterilizing and hiding death away in institutions, relegating the care of the dying to professionals, that death has *nothing* to do with life at all. Becker and his disciples would strongly disagree.

Pyszczynski, Solomon, and Greenberg write,

... we also know and are horrified by the realization that we are corporeal creatures—sentient pieces of bleeding, defecating, urinating, vomiting, exfoliating, perspiring, fornicating, menstruating, ejaculating, flatulence-

¹⁴ Ibid., 97-98.

¹⁵ Pyszczynski, Greenberg, and Solomon, *In the Wake of 9/11*.

¹⁶ Ibid.

producing, expectorating meat—that may ultimately be no more enduring or significant than cockroaches or cucumbers.¹⁷

We are horrified when we confront these truths, yet it is a rare person who loses his or her mind despite these unmitigated threats to our very existence. Pyszczynski, Solomon, and Greenberg posit that, “What saves us is culture.”¹⁸

I examine this *salvation* through my treatment of Daniel Liechty’s work, *Death and Denial: Interdisciplinary Perspectives on the Legacy of Ernest Becker*, to learn more about how social scientists have harnessed Becker’s research in a multiplicity of cultural fields to include psychology, philosophy, and religion.¹⁹ One article that particularly intrigued me was Gavin de Becker’s “Waging War against Death.”²⁰ In it, Becker writes, “This desire to be surprised by death, to be unaware of its advance, is ironic, since there is such clear benefit to seeing it coming. There is the spiritual benefit, the opportunity to prepare, to express love, to finish life fully on one’s own terms, to say goodbye, and to say the things we have put off far too long.”²¹ The benefit of expecting death, indeed, is that one can fully live as one intends. One does not need to prepare for death as long as it is an obscure theoretical concept or an action that only occurs to others. I have certainly seen this *immortality complex* at work in the members of Fellowship Lutheran Church as many have expressed that it is important to prepare for death, but very few actually have

¹⁷ Ibid., 16.

¹⁸ Ibid.

¹⁹ Liechty, *Death and Denial*.

²⁰ Gavin de Becker, “Waging War against Death,” in *Death and Denial: Interdisciplinary Perspectives on the Legacy of Ernest Becker*, ed. Daniel Liechty (Westport, CT: Praeger Publishers, 2002).

²¹ Ibid., 53.

done so in any tangible way. Gavin de Becker responds to this by saying, “Ernest Becker showed that we can focus on the truly important question, which is not ‘How shall we die?’ but rather, ‘How shall we live?’”²²

Ernest Becker believes that, as Christians, we mitigate terror through the creation of our religion. Jerry S. Piven posits in *Transference as Religious Solution to the Terror of Death* that religious belief is the means by which human beings seek to make sense of the unknown and to deny everything that makes us feel weak or helpless. He says, “Illusions become the prosthetic for the mind and spirit unable to accept reality.”²³ Becker believes that religion is the means by which humans are able to *live* beyond death and to have a positive expectation of the same. Van A. Harvey further explains this concept in his article, *Religion as Creative Illusion: Feuerbach and Becker*, in which he writes, “One of the most interesting but paradoxical aspects of Ernest Becker’s thought is that he seems to have endorsed religious faith while using terms such as *projection*, *transference*, and *illusion* to describe it.”²⁴ He explains that Becker truly felt that such projection, transference, and illusion was necessary, appropriate, and universal so that depression, loneliness, and despair would not plague humanity.²⁵

I best understand these concepts via the lyrics of a Pentecostal worship song entitled, *Victory Ahead*.²⁶ We sing, “Often with the carnal I was tried, asking for

²² Ibid., 60.

²³ Jerry S. Piven, “Transference as Religious Solution to the Terror of Death,” *ibid.*, ed. Daniel Liechty, 246.

²⁴ Van A. Harvey, “Religion as Creative Illusion: Feuerbach and Becker,” *ibid.*, 247.

²⁵ Ibid.

²⁶ William Grum, “Victory Ahead,” (N/A: N/A, 1905).

deliverance oft I cried, trusting in the Lord, I reckoned I was dead, by faith I saw the victory ahead.”²⁷ I did not fully recognize, prior to my study of Becker, the ways in which we demonize the carnal in favor of spiritual deliverance, which rescues us from mortal demise. Merlyn E. Mowrey, in *The Religious Hero and the Escape from Evil*, illuminates this truth, saying,

Becker described human beings as divided between their creatureliness (appetite), and their ingenuity. In their creatureliness, they want to feed, to live, to endure, but unlike all other creatures, in human beings the desire to endure has become conscious, along with the knowledge that it is impossible to achieve. This provokes a kind of hunger that goes beyond the appetite, beyond the survival needs of the creature.²⁸

Mowrey makes several assertions about Becker. She affirms that Becker was aware of our propensity to create illusions in order to abate the terror of death; however, he acquiesced to religion as desirable, creative, and life enhancing illusion. Becker believed that religion, although imperfect, does call us to our highest and most difficult effort, helps us to deal with existential guilt, and meets the twin ontological needs of collectivism and individualism. Becker also surmised that religion encourages a heroism that avoids narcissistic inflation and scapegoating, while simultaneously telling the truth about life, death, and empirical reality.²⁹ Becker called religion the “ideal foolishness” because it advanced the importance of social justice, challenged patriarchy, and encouraged all humans to behave in saintly fashion for the good of all.³⁰

²⁷ Ibid.

²⁸ Merlyn E. Mowrey, “The Religious Hero and the Escape from Evil: A Feminist Challenge to Ernest Becker's Religious Mystification,” in *Death and Denial: Interdisciplinary Perspectives on the Legacy of Ernest Becker*, ed. Daniel Liechty (Westport, CT: Praeger Publishers, 2002), 271.

²⁹ Ibid., 276.

³⁰ Ibid., 277.

Terror Management Theory is a lens through which I am able to understand my research into hospice and bereavement ministries at Fellowship Lutheran Church. Becker and his protégés help me to come to a better understanding of why people deny death and the role of religion in mitigating this terror. I believe that my research helps to illuminate the *specific* spiritual and cultural practices that we can employ as professional and volunteer staff, in order to help the dying and their families experience a peaceful death with love. I affirm that one of the most important roles we can play is to help people realistically confront the reality of coming demise in order that they can choose thoughtfully and intentionally to die well.

Bereavement Theory

I turn next to bereavement theory to help me to understand better the ways in which people process the pain of dying or losing a loved one, both before and after entering their eternal rest. Sigmund Freud seems to be one of the first to put words around bereavement theory in *Mourning and Melancholia*.³¹ He makes a distinction, in an article published in 1917, between a person who is grieving appropriately and a person who has entered melancholia. He says that mourning is “a reaction to the real loss of a loved object.”³² He writes concerning melancholia,

The melancholic displays something else besides which is lacking in mourning—an extraordinary diminution in his self-regard, an impoverishment of his ego on a grand scale. The patient represents his ego to us as worthless, incapable of any

³¹ Sigmund Freud, “Mourning and Melancholia,” in *The Freud Reader*, ed. Peter Gay (New York, NY: W. W. Norton & Company, 1917).

³² *Ibid.*, 587.

achievement and morally despicable; he reproaches himself, vilifies himself, and expects to be cast out and punished.³³

Melancholia, in other words, is a pathological form of mourning in which the person who is grieving the loss of a loved one, “feels to blame for the loss of the loved object, i.e. [sic] that he has willed it.”³⁴ The person who falls into pathological depression after the death of a loved one usually did not like the deceased at all. The person knows that it is not safe to vocalize this truth; therefore, he or she then expresses hatred by turning it around on the self. This is a means of “taking revenge on the original object and in tormenting their loved one through their illness, having resorted to it in order to avoid the need to express their hostility openly.”³⁵

Freud fleshed these ideas out further in *The Ego and the Id*.³⁶ He postulates that when a person loses a loved one, he or she must deeply grieve that loss within him or herself. People make an emotional connection between the self and the lost loved one. This connection allows people experiencing bereavement to mourn this loss, and by extension many others, thereby developing character in the process.³⁷

Freud teaches us that one develops character as one confronts his or her fears and dreads. Here Freud stands in stark contrast to Ernest Becker who believes that all fear is ultimately a fear of death. Freud says, “It seems to me ... perfectly correct to distinguish the fear of death from the dread of an object (realistic anxiety) and from neurotic libidinal

³³ Ibid., 584.

³⁴ Ibid., 588.

³⁵ Ibid.

³⁶ Freud et al., *Complete Psychological Works of Sigmund Freud*.

³⁷ Ibid., 28.

anxiety.”³⁸ He goes on to say that, “We know that the fear of death makes its appearance under two conditions (which, moreover, are entirely analogous to situations in which other kinds of anxiety develop), namely, as a reaction to an external danger and as an internal process, as for instance in melancholia.”³⁹ He goes on to explain that the fear of death in melancholia emerges when the ego feels hated by the super-ego. This hatred leads the person to feel that he or she is in real danger and, therefore, it falls into melancholia, or a depressive state.⁴⁰

John E. Baker in *Mourning and the Transformation of Object Relationships Evidence for the Persistence of Internal Attachments* articulates Freud’s theories.⁴¹ He then makes the argument that while Freud was partially correct, new psychoanalytic research has emerged which suggests that while mourning does result from a lost attachment, the solution is not to forget the deceased and replace him or her with a living attachment in order to be whole. New research, instead, suggests that bereaved individuals can experience a transformation in his or her relationship with their beloved allowing for a continued bond, while at the same time, making room for new relationships and attachments with people who are living.⁴²

Elisabeth Kübler-Ross explored many of these same themes in *On Death and Dying*, which she wrote in 1969. Ira Byock writes, in the forward of this book, “Although

³⁸ Ibid., 57-58.

³⁹ Ibid., 58.

⁴⁰ Ibid.

⁴¹ Baker, “Mourning and the Transformation of Object Relationships.”

⁴² Ibid., 68.

she was steeped in the psychiatric theory of her day and proud of it, Elisabeth Kübler-Ross was not bound by Freudian or Jungian formulations to her patients' experiences. Instead she let the voices and perspectives of the people she interviewed predominate."⁴³ Her book helped to spur the advent of the American Hospice Movement in the 1970s. The goal of this movement was to provide care, which focused on the family, minimized pain and distress, and maximized opportunities for loving people to surround the dying. Kübler-Ross also advanced the DABDA stage theory of grief in *On Death and Dying*. These stages are denial, anger, bargaining, depression, and acceptance.⁴⁴

Kübler-Ross says of denial,

I regard it as a healthy way of dealing with the uncomfortable and painful situation with which some of these patients have to live for a long time. Denial functions as a buffer after unexpected shocking news, allows the patient time to collect himself, and, with time, mobilize other, less radical defenses.⁴⁵

The second stage of grieving is anger. Anger emerges when "denial cannot be maintained any longer." The patient then replaces denial with "anger, rage, envy, and resentment." It is in this stage that the patient begins to ask, "Why me?"⁴⁶

Anger gives way to bargaining. Kübler-Ross does a nice job of explaining this stage by saying,

The bargaining is really an attempt to postpone; it has to include a prize offered "for good behavior," it also sets a self-imposed "deadline" (e.g., one more

⁴³ Kübler-Ross, *On Death and Dying*, 10.

⁴⁴ Ibid.

⁴⁵ Ibid., 52.

⁴⁶ Ibid., 63.

performance, the son's wedding), and it includes an implicit promise that the patient will not ask for more if this one postponement is granted.⁴⁷

The fourth stage is depression. Kübler-Ross says, "The patient is in the process of losing everything and everybody he loves. If he is allowed to express his sorrow he will find final acceptance much easier, and he will be grateful to those who can sit with him during this stage of depression without constantly telling him not to be sad."⁴⁸

The fifth and final stage is acceptance. Kübler-Ross instructs, "Acceptance should not be mistaken for a happy stage. It is almost void of feelings. It is as if the pain had gone, the struggle is over, and there comes a time for 'the final rest before the long journey'"⁴⁹

Those of us in hospice work know that these stages are rarely linear. This is why I often couple Dr. Alan D. Wolfelt's understanding of grief with that of Kübler-Ross. Wolfelt teaches that mourners have six reconciliation needs. They are to acknowledge the reality of death, embrace the pain of loss, remember the person who has died, develop a new self-identity, search for meaning, and reconcile grief.⁵⁰ Wolfelt expands on the DABDA stage theory of grief, arguing that,

Grief is what you think and feel on the inside after someone you love dies. Mourning is the outward expression of those thoughts and feelings. To mourn is to be an active participant in our grief journeys. We all grieve when someone we love dies, but if we are to heal, we must also mourn.⁵¹

⁴⁷ Ibid., 96.

⁴⁸ Ibid., 99.

⁴⁹ Ibid., 124.

⁵⁰ Alan D. Wolfelt, "The Journey through Grief: The Mourner's Six Reconciliation Needs," Center for Loss, 2016, <https://www.centerforloss.com/2016/12/journey-grief-six-needs-mourning/> (accessed November 16, 2016).

⁵¹ Ibid.

Mourning, like grief, is not linear. It is a journey to healing. Human feelings may include one or more stages found in the DABDA model in any order at all. Mourners may also, during their journeys, return again and again to one or more of the DABDA stages as grief is processed. There is no right way to grieve. However, I have found that if a person is to be healthy after the loss of a loved one, their six reconciliation needs must be met. I am aware, as a chaplain, that I have a special role to play in helping to get these needs met as I accompany those who grieve.

I was particularly informed by Kübler-Ross' explanation of the role of chaplains, pastors, and other religious folk in the work of hospice and bereavement ministries, especially in my own role as a facilitator of people's death journey. She writes, "He is the one who is often called when a patient is in crisis, when he is dying, when his family has difficulty in accepting the news, or when the treatment team wishes to have him play the role of the mediator."⁵² She called pastors to task, however, regarding our propensity to feel "quite comfortable using a prayer book or a chapter out of the Bible as the sole communication between them and the patients, thus avoiding listening to their needs and being exposed to questions they might be unable or unwilling to answer."⁵³ She points out that as pastors we are often comfortable planning a funeral, but uncomfortable walking with people as they die. This is something that I want always to be aware of and to incorporate into our professional and lay ministry to the dying and their families at Fellowship Church.

⁵² Kübler-Ross, *On Death and Dying*, 254-255.

⁵³ *Ibid.*, 255.

Finally, I utilize *Death and Bereavement*, edited by Austin Kutscher, better to understand bereavement theory.⁵⁴ Kutscher uses various authors to explore how people grieve and recover after the death of a loved one and what practitioners can do to offer appropriate care of the dying and their survivors. Frederic Herter writes in “The Right to Die in Dignity,”

It is said that people die as they live. There is much truth in this. Those who have found meaning to life are unafraid at its end; a person totally at peace with himself is fearful of nothing. For those to whom “success” in life has been measured by material standards alone (and there are many in this category), death is approached with anguish and bitterness. One may predict then, to a large degree, an individual’s manner of dying against the background of the essential character of his life.⁵⁵

I have found this to be true. My patients generally do not fundamentally change as they die. I have found, in fact, that they become *more* of who—or what—they were prior to the dying process. We say in my family, “We *like* things and we *love* people.” When my patients have embodied this in life, they also embody it in death. When they have loved things, they desperately count their losses as they die. Robert Kastenbaum further explains this topic in “Death and Bereavement in Later Life.”⁵⁶ He describes the many losses endured by the elderly such as homes, neighborhoods, possessions, and health. He states, “One’s own body may become a source of grief rather than pleasure”⁵⁷ It is understandable if some elders begin to mourn for the piecemeal loss of themselves.

⁵⁴ Kutscher, *Death and Bereavement*.

⁵⁵ Frederic P. Herter, “The Right to Die in Dignity,” in *Death and Bereavement*, ed. Austin H. Kutscher (Springfield, IL: Charles C Thomas, 1969), 17.

⁵⁶ Robert Kastenbaum, “Death and Bereavement in Later Life,” *ibid.* (Charles C. Thomas), 47.

⁵⁷ *Ibid.*

This *piecemeal loss* of self occurs not only to patients, but also to their families. Families find that, little by little, loved ones slip away into obscurity. The family finds that death is the final loss. Jean E. Fox, a hospice nurse, posits that in order to cope with the loss, “Many insist on seeing the dead person; they want to kiss the body; they talk to the corpse; they walk away and then return to the body as though not certain that what they have seen is true.”⁵⁸ Deep grieving ensues after families weather the initial shock of losing their loved one. I loved Joseph Bess’ description of grief in his litany “Grief Is.”⁵⁹ He writes down over two hundred and forty words to describe grief. Among my favorites are: tragic, heroic, courageous, majestic, passionate, resigned, silent, guilt-ridden, obsessive, overwhelming, self-centered, personal, universal, mystical, prayerful, soulful, poetic, lamentable, melancholic, despairing, rebellious, determined, defiant, valiant, indomitable, diabolical, materialistic, reviving, groveling, anxious, terrified, brazen, passive, docile, abusive, damnatory, communicative, confidential, celestial, and holy.⁶⁰

Each of these words offers a small explanation of the largess of grief and bereavement. They help us to understand the duality of pain and pleasure, distress and relief, guilt and shame that the bereaved experience in American culture. It is a long journey toward healing and renewal after a loved one dies. Austin Kutscher raises this topic by examining how a bereaved person returns to joy. He reminds us that the first step is for a person to believe that joy is morally defensible when their loved one is dead. People who are grieving often feel guilty when they laugh or have happy experiences.

⁵⁸ Jean E. Fox, “The Nurse Reflects,” *ibid.* (Charles C Thomas), 80.

⁵⁹ Joseph Bess, “Grief Is,” *ibid.* (Charles C. Thomas).

⁶⁰ *Ibid.*, 202-203.

They worry that it is wrong to live abundantly, when their loved one can no longer do so. Kutscher writes, “This is the first obstacle to be met, complicated by the added pressures imposed by his conscience, by his relatives and by the social structure of the culture in which he lives.”⁶¹

Kutscher’s accusation that it is the social structures of the culture, which pressure bereaved people to stay in darkness when they may be ready to embrace the light, that convicted me most. I know a young widow, for example, who may be ready to date again, but whose family is far from ready for her to do so. She wants to do what is right for her *and* be socially acceptable as well. This creates a conflict inside of her heart. I wonder what the church has to say to people like my friend. I am aware that the church informs culture. This is why I have been grateful for the opportunity to learn those practices that help the dying and their families experience a peaceful death with love and to support the bereaved in their healing processes.

Bereavement theory proved helpful because Fellowship is committed to offering additional ministry to the bereaved after the death of a loved one. We are aware that many hospice agencies follow the families of patients for up to thirteen months after a death. We offer educational mailings, telephone calls, counseling services, and an invitation to an annual memorial service in my workplace. Fellowship is wondering what ministries we can put into place to meet the needs of the congregation and our neighbors near and far. I am utilizing bereavement theory to understand what specific theories may prove helpful to those who are bereaved.

⁶¹ Austin H. Kutscher, “Renewal,” *ibid.*, 311-312.

Thanatology Theory

I utilized thanatology, specifically the treatment of the psychological effects of dying, to interpret my data. I first examined *Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying*, by Maggie Callanan and Patricia Kelly.⁶² Callanan and Kelly are hospice nurses who discuss how people react to death, become aware of approaching death, and learn how to have a peaceful death, all while providing case studies which undergird their theory. The most important theory they advance is that, as a person is dying, they may experience *Nearing Death Awareness* (NDA).⁶³ Dying people engage in a special type of communication meant to convey two very important messages during NDA. The first is to share what the dying experience is like and the second is to ask for something s/he needs to die peacefully.⁶⁴

Accompanying a person and his or her family during hospice is an interdisciplinary team.⁶⁵ This team typically consists of a doctor, nurse, social worker, chaplain, and volunteers. It may also include dietitians, physical or respiratory therapists, and in the case of the hospice agency for whom I work, massage, music, and pet therapists are included. Hospice is a philosophy of care that is “based on two principles: that dying people should be able to choose how they spend the time they have left, and that their remaining time should be as peaceful and comfortable as possible.”⁶⁶ A person

⁶² Callanan and Kelley, *Final Gifts*.

⁶³ Ibid., 14.

⁶⁴ Ibid.

⁶⁵ Ibid., 26.

⁶⁶ Ibid., 24.

dies most peacefully when medical professionals are decreasing “suffering and increasing comfort in four areas: physical, emotional, social, and spiritual.”⁶⁷ Patients who are able to manage physical pain and distress are also better equipped to do the emotional, social, and spiritual work of dying with grace. Patients begin to ask themselves questions such as was life worthwhile, what does dying mean, is there life after death, and why does God allow suffering?⁶⁸

Reconciliation with people and/or with God during the dying process is also very important to a peaceful death. Callanan and Kelly write, “Dying people develop an awareness that they need to be at peace. As death nears, people often realize some things feel unfinished or incomplete—perhaps issues that once seemed insignificant or that happened long ago. Now the dying person realizes their importance and wants to settle them.”⁶⁹ Those who do—or do not—belong to a faith community may likewise seek reconciliation with God and with a community of faith, soliciting the “support, prayers, and blessings of that community as they prepare for death.”⁷⁰ Many dying people need the permission of their loved ones to die after experiencing this reconciliation. “If given, that permission provides great relief; its absence can make the dying process more difficult and lengthy.”⁷¹ My patients who are alert and oriented to self, know when they are going to die and will communicate this to their loved ones and/or hospice team when

⁶⁷ Ibid., 27.

⁶⁸ Ibid., 27-28.

⁶⁹ Ibid., 141.

⁷⁰ Ibid., 147.

⁷¹ Ibid., 71.

they are ready. Callanan and Kelley have experienced the same thing saying, “By listening and understanding these messages, we are given unique opportunities to prepare ourselves for their loss, to deal with our fears of dying, to use well the time that is left, and to participate more significantly in this life event.”⁷²

Glaser and Strauss’ books, *Time for Dying* and *Awareness of Dying*, also informed my research.⁷³ The authors discuss how and where people die, how they cope with impending death, and how medical professionals should care for people while they die. This team wrote in the 1960s just as the modern hospice movement was taking off in the United States of America. Glaser and Strauss write in *Time for Dying* that every dying trajectory has two parts. Dying, first, has a *duration* that is unique to each individual. Dying, second, has *shape*. Shape means that, “it can be graphed. It plunges straight down; it moves slowly but steadily downward; it vacillates slowly, moving slightly up and down before diving downward radically; it moves slowly down at first, then hits a long plateau, then plunges abruptly to death.”⁷⁴

Glaser and Strauss argue that a person’s dying duration and shape affect the kind of care they receive from family, friends, and caretakers. They argue, as such, that medical personnel should be especially watchful of how a persons’ dying trajectory influences quality of care. They uplift certain “critical junctures” that dying people encounter and hospital staff hurdle. They are,

(1) The patient is defined as dying. (2) Staff and family then make preparation for his death, as he may do himself if he knows he is dying. (3) At some point, there

⁷² Ibid., 127.

⁷³ Glaser and Strauss, *Awareness of Dying*; Glaser and Strauss, *Time for Dying*.

⁷⁴ Glaser and Strauss, *Time for Dying*, 6.

seems to be “nothing more to do” to prevent death. (4) The final descent may take weeks, or days, or merely hours, ending in (5) the “last hours,” (6) the death watch, and (7) the death itself.⁷⁵

Glaser and Strauss argue that, while all people experience these critical hurdles, not all patients and families are equally aware of when they are happening because the medical establishment and/or family members collude to keep patients ignorant of the fact that they have a terminal diagnosis at all. This awareness theory posits several forms of awareness that evolve around a terminal diagnosis. *Closed Awareness* occurs when a doctor knows a patient is dying, but s/he keeps the patient and his or her family in the dark.⁷⁶ *Suspicion awareness* emerges when the patient and/or his or her family begin to suspect the patient is dying and begin a search for the truth.⁷⁷ *Mutual Pretense Awareness* occurs when both doctor and patient know about the terminal diagnosis, but agree, “to pretend otherwise.”⁷⁸ All parties know about the terminal diagnosis and can discuss it freely in *Open Awareness*.⁷⁹ Finally, *Discounting Awareness* happens when no one tries to hide anything because the patient is deemed incapable of understanding as in the case of a premature baby, a comatose or senile patient, or those deemed unimportant for the medical community to care about such as urban poor folks suffering violence or suicide victims.⁸⁰

⁷⁵ Ibid., 7.

⁷⁶ Glaser and Strauss, *Awareness of Dying*, 29.

⁷⁷ Ibid., 47.

⁷⁸ Ibid., 64.

⁷⁹ Ibid., 79.

⁸⁰ Ibid., 107-110.

Glaser and Strauss laud an Open Awareness situation between patient, family, and medical professionals. They cite the healthiness of this model in their discussion of a research hospital where all patients knew they were there because they were dying. Patients, in an open awareness model, are able to talk openly, get support, encourage, and/or thank staff people, prepare their families, and end their lives as they see fit.⁸¹

Ira Byock, in *Dying Well*, further explores the rationale for an open awareness system. He advocates for patients to take control of their dying process, as they are able, and to ask themselves the questions, “What would be left undone if I died today?” and “How can I live most fully in whatever time is left?”⁸² Patients are empowered to reconcile relationships and have important conversations that might otherwise go unsaid when they plot a roadmap and set milestones along the way. I often use Ira Byock’s “five things of relationship completion,” in my own work as a hospice chaplain. He teaches the dying and/or their families to utilize the following conversation starters: I love you; I forgive you; please forgive me; thank you; goodbye.⁸³ Byock offers hope by making dying a part of living, that even in our last days we can accomplish tasks that are meaningful to ourselves and to our families.

Atul Gawande in *On Being Mortal*, likewise, encourages us to think about dying in a different way. He argues that death is inevitable and that doctors have a shared responsibility to help change the culture from death denying to death accepting. Some of the ways in which Gawande advocates for change include greater collaboration amongst

⁸¹ Ibid., 43.

⁸² Byock, *Dying Well*, 34.

⁸³ Ibid., 139.

medical professionals leading to a reduction in the cost of care. Gawande argues that we must make these changes so that we do not bankrupt ourselves financially and morally through providing increasingly invasive interventions to the terminally ill without thought for quality of life, nor expense to society.⁸⁴ He believes that as a physician his role is not to provide countless interventions that may or may not even extend length of days, but to help people to come to terms with the fact that death is not a failure. He quotes Susan Block, a palliative care specialist, who states, “A large part of the task is helping people to negotiate the overwhelming anxiety—anxiety about death, anxiety about suffering, anxiety about loved ones, anxiety about finances. ... There are many worries and real terrors.”⁸⁵

Gawande does a good job of uplifting these concerns, while simultaneously being realistic about the role of the doctor at the end of life. He writes,

People with serious illness have priorities besides simply prolonging their lives. Surveys find that their top concerns include avoiding suffering, strengthening relationships with family and friends, being mentally aware, not being a burden on others, and achieving a sense that their life is complete.⁸⁶

Gawande’s admission that we build hospitals to ensure survival at all costs and his call to action to the medical field to reevaluate these priorities on behalf of patients, families, and the economy at large powerfully moved me. He reminds us that human life is finite. He advocates that it is the responsibility of medical professionals to help patients come to terms with, and prepare for, the inevitability of death when a cure is not possible. He

⁸⁴ Gawande, *Being Mortal*, 187-88.

⁸⁵ *Ibid.*, 181.

⁸⁶ *Ibid.*, 155.

writes, "... whatever we can offer, our interventions, and the risks and sacrifices they entail, are justified only if they serve the large aims of a person's life. When we forget that, the suffering we inflict can be barbaric. When we remember it the good we do can be breathtaking."⁸⁷

Becker wrote, "As Maslow has well said, 'It is precisely the godlike in ourselves that we are ambivalent about, fascinated by and fearful of, motivated to and defensive against. This is one aspect of the human predicament, that we are simultaneously worms and gods.'"⁸⁸ There it is again: gods with anuses. Indeed.

Summary

Each of my three theoretical lenses helped me to focus on the stunning reality that human beings deeply desire to deny death. Most of us do not prepare for it. We do not know how to enter into dying with dignity, peace, or love. We need the help of our community to engage important life work as we die and to help us grieve when we lose one we love. The church ought to have something to say in response to the human terror of death. God calls us to the front lines of the battle with sin, death, and the grave as people who believe in the power of death to bring about reconciliation, redemption, and resurrection. We stand at the mouth of the empty tomb with those who weep and we rejoice in the declaration, "He is not here! He has been raised, as he said (Matthew 28:6)!"⁸⁹

⁸⁷ Ibid., 260.

⁸⁸ Becker, *Denial of Death*, 51.

⁸⁹ *Lutheran Study Bible*.

Utilization of the theoretical lenses of terror management, bereavement, and thanatology enabled me to interpret the findings of my data and research. I believe these lenses have enabled greater understanding of the specific practices we can employ at Fellowship to help people who are dying to do so with peace and love and to support grieving family members both during and after the dying process. I next turn to the Biblical and Theological lenses that helped to further interpret the data I collected using focus groups, interviews, and a congregational survey.

CHAPTER 3

LORD, I WANT TO BE A CHRISTIAN¹

Biblical and Theological Lenses

I use four biblical lenses and four theological lenses to help inform this work. I used the biblical stories to explore the church's ministry to the sick, infirm, or dying. These particular Bible stories underscore the ways in which we can take notice of those in need of our compassion and care and offer assistance that makes a difference. These stories also teach us about God's expectations of us as disciples of Christ, as well as about God's promise of eternal life. The theological lenses helped me reflect deeper on God's understanding of death and resurrection, as well as the church's ministry of reconciliation through beloved community, and on the priesthood of all believers. Missiology underscores our opportunities to collaborate with God in the neighborhood in the work that the Holy Spirit is already undertaking. These biblical and theological lenses enhanced my understanding of the findings of my research by undergirding the research in biblical and theological teaching.

¹ The title of this chapter comes from an African American spiritual entitled "Lord, I Want to be a Christian. *This Far by Faith: An African American Resource for Worship*, (Minneapolis, MN: Augsburg Fortress, 1999), 234.

Biblical Lenses

The Good Samaritan

My first biblical lens comes from the parable of the Good Samaritan (Luke 10:25-37). Patrick M. Clark in “Reversing the Ethical Perspective: What the Allegorical Interpretation of the Good Samaritan Parable Can Still Teach Us,” explains how early Christians understood the good samaritan story. He writes,

St. Augustine, for instance, followed the standard reading of his day in identifying the Good Samaritan as a figure of Christ, with the beaten man representing postlapsarian humanity and the priest and Levite symbolizing the ineffectual dispensations of the Old Testament.²

This is a very different rendering than that taught in my Sunday school class growing up. I learned that this parable was about the importance of doing good deeds for those in need, even if they cannot repay you. This leads me to wonder whether it is still appropriate to utilize this scripture to talk about the importance of people recognizing every member of the human family as a neighbor worthy of our love and care. Patrick Clark argues,

It is Augustine’s reading, that allows the parable to function as a real counterforce to the sort of self-absorption that would turn our attempts to serve others’ needs into occasions of self-affirmation. It does so not only by reaffirming the Christian’s constant dependence upon Christ, but also by more consistently embracing of the viewpoint of “the outsider.”³

This story informs my understanding of the notion of neighborliness. Rather than only seeing my neighbors as those who look, act, or worship like me, God calls us to greater compassion toward even those who may seem “strange” to us. This pericope

² Patrick M. Clark, “Reversing the Ethical Perspective: What the Allegorical Interpretation of the Good Samaritan Parable Can Still Teach Us,” *Theology Today* 71, no. 3 (2014): 301.

³ Ibid.

breathed much life into our work together as we used this pericope to dwell in the Word early in my work with Fellowship. We became sensitized to the fact that as Christians we are called to be the ones “who show mercy (Luke 10:37).” Alice Tremaine writes, “The Samaritan chooses to enter the sufferer’s reality by touching him, carrying him, spending time with him, and sharing resources with him. This, Jesus implies is what it means to love a neighbor as oneself.”⁴ The text has transformed us as we have been dwelling in the word. It has made us aware that companioning the dying is a costly task. The Samaritan, for example, gave of the strength of his body when he touched and carried the dying man. He sacrificed his schedule and agenda to meet the needs of another. He gave of his financial resources as well. This willingness to give of time, talent, and treasure to assist the dying is a clarion call for Fellowship Church. It is a reminder that no ministry is free. Ministry requires human and financial resources. It requires professional and lay ministers who are willing to give of themselves prodigally in order to be a good neighbor to another person in need.

Another lesson from the Good Samaritan story is that physical suffering can be the least of a person’s problems. My Journey Group came to the conclusion that not only would it be hurtful to be beaten and left for dead, but it would also be spiritually and psychologically hurtful to need help and be passed over by the very people one would hope could assist. How must that dying man have felt as *church folks* literally crossed the road to avoid interaction with him? What message did that send the dying man? How did that make him feel about his community of faith? How did that make him feel about God?

⁴ Alice Tremaine, “Hospice Ministry as Apologetics,” *Review & Expositor* 111, no. 3 (2014): 287.

Maxine Walker writes,

The seven figures in the parable are identified: Jesus the narrator, the lawyer the questioner, the robbers, the priest, the Levite, the Samaritan, the innkeeper, but the one left beaten, robbed, stripped and half-dead is unidentified. Even the road is signed and connects two well-known ancient cities. The unnamed man has no identifiable biography, no face, no sense of presence, no voice, no past and no account of a future. He just exists and abandoned in the break-down lane (sic).⁵

Walker's lament on behalf of the half-dead man echoed our own lament as we imagined how dying people and their families might feel when the church fails to come to their succor in the time of need. We meditated on the reasons why we may choose not to render the aid obviously needed by our brothers and sisters who are dying.

We raised several questions as we meditated. We wondered if the priest and Levite excused their behavior by imagining that they were too busy or holy to stop. We wondered if they promised themselves they would pray for the man later at the church. We wondered how much those prayers would mean to that dying man on the side of the road, when he really needed someone to help him up, bandage his wounds, and get him to safety. We wondered what helps we could offer to the dying and their families through the ministries of Fellowship Church and we wondered how the lack of those ministries makes the dying and their families feel.

John Swinton teaches us that our goal as hospice ministers is to alleviate the suffering that occurs when a dying person feels separated from God by suffering. We offer compassionate care when we engage the ministries of lament, forgiveness, listening,

⁵ Maxine E. Walker, "How Do You Read It?" Rowan Williams, Marilynne Robinson and Mapping a Postmodern Reading of the Good Samaritan Parable," *Journal of Anglican Studies* 12, no. 2 (2014): 210-211.

friendship, thoughtfulness, and hospitality.⁶ I offer ministries of presence, companionship, reverent observation, active listening, life review, spiritual care and counseling, scripture, song, and/or prayer as a hospice chaplain. Dying people and their families often tell me that my very presence reminds them that God is with them, committed to their journey, and determined to shepherd them to the gate of their eternal home. Tremaine writes, “Standing with compassion alongside others who are suffering is our best evidence of God’s movement in the world.”⁷ This evidence often gives the dying and their families’ courage to endure as the body fails.

Mike Graves’ article concerning the moral of the Good Samaritan story gives courage to the dying. Graves encourages us to read this story as Gospel, rather than *law*. He offers us an interpretation rooted in what God *has already done*, instead of a story about what we *should do*. Graves offers us a story of God’s *gospel*, good news, or grace by understanding the man beaten and left for dead as Christ. We encounter a God-man who is no stranger to the suffering of betrayal, pain, and death as we remember that people assaulted Jesus on Good Friday. As we celebrate the victory of the resurrection, we know that Jesus did not stay beaten, bloody, and dead, but God resurrected him victorious over sin, death, and the grave. Jesus’ victory becomes our victory through his willingness to become an atoning sacrifice for our sin and to share the gift of eternal life.⁸

⁶ John Swinton, *Raging with Compassion: Pastoral Responses to the Problem of Evil* (Grand Rapids, MI: William B. Eerdmans Pub., 2007), 5-6.

⁷ Tremaine, “Hospice Ministry as Apologetics,” 290.

⁸ Mike Graves, “Luke 10:25-37: The Moral of the 'Good Samaritan' Story?,” *ibid.* 94 (1997): 272-274.

Graves' interpretation is an interesting challenge to us at Fellowship. It raises many important questions about the nature of the hospice ministry that will evolve in this place. It occurs to me that in some ways it is easier *only* to see ourselves as needing to choose our own role in the narrative. Are we the priest, Levite, or Good Samaritan? Graves' interpretation encourages us to see other actors in this pericope. Could Christ be the man beaten and left for dead? Do we now see Christ in the beds of all of our sick and shut in members? Are we to recognize Jesus in the faces of the dying and their families? Are we to help the dying to remember Jesus' own passion as a means of being yoked together with God in suffering? Or, like Augustine, do we see Jesus as the Good Samaritan? How does that rendering cause us to recognize our participation in the *missio Dei*? Finally, how do we allow this information and the many alternate interpretations also to inform our work together at Fellowship Church?

The parable of the Good Samaritan offers much fodder for our work together at Fellowship Lutheran Church and provides a useful lens by which I interpreted my data and research. We were able to place ourselves in each of the roles found in this story (e.g., the man beaten, priest, Levite, Good Samaritan, or innkeeper.) Roukema says that many early Christians may have,

... recognized themselves in the robbed man who was left half-dead along the road to Jericho. Their bad luck may have been related not only to an epidemic, but also to illness, poverty, or spiritual distress in general. When people who were in need of help came to know Christians who helped them because of their religious motivation and offered them a social network, these people were likely to become Christians as well.⁹

⁹ Riemer Roukema, "The Good Samaritan in Ancient Christianity," *Vigiliae Christianae* 58 (2004): 73.

This is a vivid reminder, ultimately, of why it is so important to allow this lesson to inform our work at Fellowship as we seek to discern the specific practices that will most enhance the experiences of the dying and their families. God reveals Godself as a loving and salvific God concerned about the person laying “half-dead” at the side of the road, as we allow God to direct the hospice and bereavement ministries of the church. We are able to offer succor, as we partner with God, that will bring about compassionate care that helps to heal both minds and souls (Luke 10:25-37).

The Beautiful Gate

The Beautiful Gate pericope iterates the need to see our infirm neighbors who are outside of the church and to touch, heal, and welcome them into the community of faith through our faithful witness (Acts 3:1-10). Fellowship understands that our witness must leave the four walls of the church and go out into the neighborhood with God’s Holy Spirit, bringing the good news of God’s love for all people because we are committed to missional ministry. Acts 3 allows us to catch a vision of a man in need begging just outside of the gates of the temple, which was customary at the time.¹⁰ Fellowship does not currently have people sitting directly outside of the church doors making their needs known; however, we *do* have neighbors in need of our willingness to see, touch, pray, and heal in the name of Jesus. The New Bible Commentary reminds us that the beggar sat at the gate because “people on the way into worship were less likely to ignore him.”¹¹ This statement is a strong reminder to us at Fellowship that we cannot ignore people in

¹⁰ *Lutheran Study Bible*, 1800.

¹¹ D.A. Carson and Donald Guthrie, *The New Bible Commentary, Revised*, 4th ed. (Downers Grove, IL: InterVarsity Press, 1994), 1073.

need of our love and care. We often forget about the homebound; we must remember the people we do not see.

It is also incumbent upon us to welcome folks who *are* able to make it to the doors of the church. It is a sad fact that during Peter and John's day, temple protocol barred people who were sick or disabled from entering the temple.¹² We no longer bar people from entry, but as a hospice chaplain and mother, I have spoken to more than one person who says that they are afraid to come to church because their cough may be disruptive, their child may not sit still, or their visible ailments may disgust others. We learn something important from these fears. We must find a way to be welcoming and safe places for people who are sick or dying *to come in* and we must take notice of them when *we are out*. Luccock reminds us that there are two Beautiful Gates from the church. The first leads up to God and the second leads out to "God's children, where they work, suffer, and dream."¹³

Acts 3 is an incredibly missional text. It is a firm reminder that God is at work in the neighborhood. Pilch reminds us, "Thus does Jesus continue to be present and helpful on earth among those who believe in him."¹⁴ The Holy Spirit's power sends us to take notice of the neighbors we may choose to ignore or consider unworthy of entry into the life of the church. The Zondervan commentary says, "Something begins to happen when

¹² Pat Alexander and David Alexander, *Zondervan Handbook to the Bible*, 3rd ed. (Grand Rapids, MI: Zondervan Publishing House, 1999), 646.

¹³ Halford Edward Luccock, *The Acts of the Apostles in Present-Day Preaching* (Willett, Clark & Co., 1938), 83.

¹⁴ John J. Pilch, *Visions and Healing in the Acts of the Apostles: How the Early Believers Experienced God* (Collegeville, MI: Liturgical Press, 2004), 43.

the passersby really *looks* at the beggar and he looks up at them.”¹⁵ One of the great truths that emerged from our study together was the importance of respecting others. We came to define re-*spect* as “to look again.” The New Bible Commentary says of the beggar, “Peter and John *looked straight at him*. There was a real meeting that took place.”¹⁶

I once heard the word intimacy defined as “in-to-me-see.” Peter and John’s willingness to see and touch the beggar made all the difference. It is a sad commentary that, “The lame man was ignored by individuals passing by who had surplus and scorned by political religious authorities who definitely had such surplus.”¹⁷ Peter and John’s willingness to see the beggar created an intimate moment between God, Peter, John, the beggar, and the community of faith. The act of *seeing* people is a powerful ministry. The Good Samaritan *saw* the half-dead man and acted with compassion. Peter and John *saw* the crippled beggar and chose to offer not silver and gold, but relationship with God, the community of faith, and physical, emotional, and spiritual healing in Jesus’ Name.

It is significant that Peter and John did not heal the beggar, but that *God* did so in the Name of Jesus. Jaroslav Pelikan says, “It was characteristic of biblical miracles ... that those through whom the miracles were performed did not attribute them to their own ‘power or piety,’ but to the power of God, so that it was more precise and complete to say that, ‘*God did extraordinary miracles* by the hands of Paul.’”¹⁸ God dispatches us out of

¹⁵ Alexander and Alexander, *Zondervan Handbook*, 646.

¹⁶ Carson and Guthrie, *New Bible Commentary*, 1073.

¹⁷ Pilch, *Visions and Healing in the Acts of the Apostles*, 39.

¹⁸ Jaroslav Pelikan, *Acts* (Grand Rapids, MI: Brazos Press, 2005), 62.

the four walls of Fellowship Church to minister to the sick, shut in, and dying. It is therefore imperative that we remember the importance of prayer with—and for—those whom we serve. Willimon writes, “The path toward significant prayer is a way that goes straight through, not around, human history.”¹⁹ We make our requests known to God through prayer, which can lead to hearts full of worship and praise. The beggar moved from begging to praise. It is my hope that we will help those whom we serve to meditate on the power and name of Jesus Christ, such that they experience a prayerful heart full of worship and praise even as they are dying.²⁰

This desire to help people encounter Jesus in this magnificent way compels us continually to point people to Jesus who is able miraculously to heal them in body, mind, and spirit in ways that we may not even be able to imagine. The Collegeville Bible Commentary rightly says, “The man was not healed because of Peter and John’s power or piety but because of faith in the name of Jesus.”²¹ Sharing this faith is imperative in hospice ministry since many people will not receive physical healing upon the earth. I love to remind my patients that while their earthly bodies may still die, their heavenly bodies will receive complete and total healing in body, mind, and spirit. Our prayers for healing, therefore, are not amiss. We are “a community which does not simply offer suffering people kind words of empathy.”²² God is at work and when we pray, we join

¹⁹ William H. Willimon, *Acts*, Interpretation: A Bible Commentary for Teaching and Preaching, edited by James Luther Mays (Atlanta, GA: John Knox Press, 1988), 44.

²⁰ Luccock, *Acts of the Apostles*, 79.

²¹ Robert J. Karris, *The Collegeville Bible Commentary: Based on the New American Bible* (Collegeville, MI: Liturgical Press, 1992), 1042.

²² Willimon, *Acts*, 44.

our faith together, becoming vehicles for the Holy Spirit to heal bodies, minds, spirits, and/or hearts both on earth and in Heaven. Fellowship “cares deeply about the exercise of healing power, not simply because there is so much misery in the world that ought to be set right but because this healing is experienced as visible evidence of the presence of [our] community’s Lord and Savior.”²³

You Did It unto Me

Matthew 25 helps me to understand God’s commitment to the visitation and care of the sick through God’s condemnation of those who failed to feed the hungry, give drink to the thirsty, clothe the naked, and *visit the sick* and imprisoned (Matthew 25:31-46). We understand, as Lutherans, that our works do not save us. We also affirm, however, that in response to God’s unconditional love and amazing grace it is our honor to collaborate with God in God’s reconciling work toward the cosmos. The Bible makes it abundantly clear that it is God’s expectation that we care for “the least of these (Matthew 25:31-46).” John Paul Heil has truly challenged me to receive this pericope in a way I have never thought about before. He encourages a double interpretation of this narrative, in his article, by inviting Christians to see themselves both as righteous lambs who serve people in need, as well as “the least of these” in need of the help of others.²⁴

I have *only* understood this scripture, prior to my research, to be about the importance of Christian people caring for the needs of others. This interpretation is

²³ Ibid., 46.

²⁴ John Paul Heil, “The Double Meaning of the Narrative of Universal Judgment in Matthew 25:31-46,” *Journal for the Study of the New Testament* (1998): 3-4.

consistent with the Lutheran commitment to do “God’s Work with Our Hands.”²⁵ Heil writes, “The reason (γράφ, v. 35) the sheep are blessed with the kingdom is that they served Jesus himself in accord with the way that Jesus, as recorded in the previous narrative, not only served those in need but taught and empowered his disciples to serve those in need.”²⁶ We follow the example of Jesus as we serve others.

I am always suspicious of any implication that my works will save me. I find, however, in Martin Luther’s Large Catechism,

Therefore God rightly calls all persons murderers who do not offer counsel or assistance to those in need and peril of body and life. He will pass a most terrible sentence upon them at the Last Day, as Christ himself declares. He will say: “I was hungry and you gave me no food, I was thirsty and you gave me nothing to drink, I was a stranger and you did not welcome me, naked and you did not give me clothing, sick and in prison and you did not visit me” [Mt 25:42–43]. That is to say, “you would have permitted me and my family to die of hunger, thirst, and cold, to be torn to pieces by wild beasts, to rot in prison or perish from want.” What else is this but to call these people murderous and bloodthirsty? ... How would I appear before all the world except as a murderer and a scoundrel?²⁷

This exposition makes it clear that although we do not earn our salvation through good works, it *is* a grievous sin of omission to allow our neighbors to be in need if we are able to help.²⁸ We understand that God sends us outside of the four walls of the church with activated faith, to collaborate with God in God’s mission to the world.

²⁵ “God’s Work. Our Hands.’ Sunday,” Chicago, IL: Evangelical Lutheran Church of America, 2015, <http://www.elca.org/dayofservice> (accessed January 13, 2016). “God’s Work. Our Hands” is the slogan of the Evangelical Lutheran Church of America. It speaks to our commitment to love and serve our neighbors. We host a “God’s Work Our Hands Sunday” annually as well.

²⁶ Heil, “Narrative of Universal Judgment,” 7.

²⁷ *The Book of Concord: The Confessions of the Evangelical Lutheran Church*, ed. Robert Kolb and Timothy J. Wengert (Minneapolis, MN: Augsburg Fortress, 2000), 412.

²⁸ Alicia Vargas, “Who Ministers to Whom: Matthew 25:31-46 and Prison Ministry,” *Dialog: A Journal of Theology* 52, no. 2 (2013): 131.

Vargas writes, “Luther would have us “empty the church” as Christians exit worship with “hands full of good works to do,” moving away from a “nice, soft” inner-directed “spiritual life” and move this practice of “emptying” into the core of the church’s ecclesiastical and institutional life.”²⁹ One of the most prophetic and missional voices for this type of ministry was Mother Teresa. She said, “First of all we want to make [the dying] feel that they are wanted, we want them to know that there are people who really love them, who really want them, at least for the few hours that they have to live, to know human and divine love. That they too may know that they are the children of God, and that they are not forgotten and that they are loved and cared about”³⁰

This sharing of God’s love and care makes me deeply appreciative of the way in which Emmanuel Jacob invites us to frame the question of mission within our context. He invites us to ask, “How do we recognize and respond to the divine presence and activity in the world in which we encounter it, and how do we share in that activity?”³¹ This question puts the work of God front and center as we contemplate what practices we may engage in order to help the dying and their families experience a death with love. It is also a reminder that God sets the agenda and mission and we are but servants of the *missio Dei*. We affirm that, “kingdom discipleship is discipleship with love, integrity,

²⁹ Ibid., 132.

³⁰ Malcolm Muggeridge, *Something Beautiful for God; Mother Teresa of Calcutta* (New York,: Harper & Row, 1971), 91.

³¹ Emmanuel M. Jacob, “Discipleship and Mission: A Perspective on the Gospel of Matthew,” review of *Bible studies and mission*. *International Review of Mission, International Review of Mission* (2002): 102.

courage, and humility ... while mission entails the making of disciples (28:19), discipleship *is* mission.”³²

It is our privilege, as Christians, to follow the example of Christ as we offer food, water, clothes, shelter, and visitation to those in need. We affirm our commitment to the principles of accompaniment, which include mutuality, inclusivity, vulnerability, empowering, and sustainability as ELCA Lutherans.³³ Blessings abound every time we serve and seek to come along side those whom we help, ever aware that they have something to teach us. The giver, through the power of the Holy Spirit, also receives. Heil writes, “As disciples commissioned by Jesus to extend his ministry of announcing and bringing about the kingdom, the audience may find themselves in need of care and hospitality like the needy least ones.”³⁴ This beautiful reciprocity serves to make Christians humble servants, as willing to teach as to learn, as willing to give as to receive.

This posture of humility is of utmost importance in our hospice ministry at Fellowship Church. The dying and their families have much to teach us through their experiences with death and dying and it is my prayer that we are willing to learn from and receive these unique gifts. Mark Allan Powell writes, “... the primary concern in Matthew 25:31-46 is not with acts of mercy performed *by* church members for needy people of the world but with acts of mercy performed *for* church members by people

³² Ibid., 106-107.

³³ “Global Mission,” Chicago, IL: Evangelical Lutheran Church of America, 2016, <http://www.elca.org/Our-Work/Global-Church/Global-Mission> (accessed January 13, 2016).

³⁴ Heil, “Narrative of Universal Judgment,” 10.

among the nations to which they are sent.”³⁵ This quote truly recognizes our unique partnership with those whom we serve in our neighborhood and community.

We enjoy a partnership with the people whom we serve, always aware of our common humanity with the dying and their families. This common humanity derives from the recognition that we are all a part of God’s family, with Jesus as our elder brother. Heil writes, “Jesus as the king adds to the surprise, not only by identifying himself with the needy whom the righteous have helped, but by designating the needy as members of his new family.”³⁶ I know how precious it is to engraft new people into a family as an adoptive mother. My adoptive children are *my children*, just as we are the children of God. It is striking to me how often people tell me my adopted children look like me and it occurs to me that if we look closely we will find that we also look like Jesus as well. We affirm, as Christians, that God made humans in God’s image and likeness. It is my hope that as hospice ministers we will see in people who are dying, the face of God, even as that same person lies in his or her most vulnerable state, dehydrated, incontinent, or gasping for breath. May we recognize Jesus in those most sacred moments and pray that our work in homes, hospice houses, hospitals, nursing and assisted living facilities will be full of God’s grace.

We who are members of Fellowship are learning together about the needs of the dying and their families, and confronting our fear of death and dying together. It is my hope that we will always see Christ in the faces of those whom we accompany to the gate

³⁵ Mark Allan Powell, *God with Us: A Pastoral Theology of Matthew’s Gospel* (Minneapolis: Fortress Press, 1995), 146.

³⁶ Heil, “Narrative of Universal Judgment,” 9.

of their eternal home. Jesus said, “Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me (Matthew 25:45).” Furthermore, it is my prayer that as we serve the dying and their families, we will recognize the Spirit of Christ, ministering also to us, teaching us about God’s unconditional love and grace revealed in the suffering of the Christ and the hope of the resurrection. Emmanuel Jacob writes,

The Jesus way is resolute in its public proclamation and witness. It is the way of love that responds to the needs of people for salvation from sin, healing from illness, and liberation from the forces of darkness. It is the way that remains steadfast in the face of opposition and life-threatening realities. It is the way of suffering that leads to the cross, which every disciple must be willing to bear. It is the way of humility that gives priority to the “least of these,” as Jesus did.³⁷

May it be so in our emerging hospice and bereavement ministries at Fellowship Church.

A New Heaven and Earth

Finally, Revelation 21:1-7 offers hope to the dying and bereaved as we hear the good news message that after earthly death, there is citizenship in a city where there is no more death, mourning, crying, or pain. This good news message is especially important as a person lies dying in the bed. It is at this time that patients, if cognizant, often begin to wonder why God allows suffering. It is also at this time that families often begin to question God’s goodness and compassion as their loved one wastes away. One of the greatest messages that a lay or professional hospice minister can bring to a family touched by death is that death, mourning, crying, and pain do not get the last word.

³⁷ Jacob, “Discipleship and Mission,” 107.

Nothing can harm us, in any way, in the New Jerusalem.³⁸ Dying people often find it hard to hold on to this promise while suffering; however, a hospice minister has the privilege of extending this good news as many times as a family needs to hear it.

It is also important to help people to understand that heaven is in the now and the not yet now. Heaven can exist in the room of the dying Christian person under the right circumstances. Jeffrey Russell reminds us that heaven is on earth and beyond the Earth. “The ‘space,’ like the ‘time,’ of heaven is the original earthly paradise, *and* the kingdom of God within us, *and* the paradise at the end of the world.”³⁹ I am enamored with this notion of *the kingdom of God within us*. I have experienced, as a hospice provider, this coming of the kingdom with many families, as we love and care for a person who is dying, particularly when the Christian community is able to comfort and support a person who enters into the dying process with anguish in his or her heart and exits the process in peace.

Early Christian thought influences my understanding of heaven and earth. Russell says,

The early Christians believed that the union of the community in God will occur at the end of time, which they thought was at hand. It also occurs right now. It is now because for God every moment is now. It is also now for the reason that Christ has come and brought the kingdom of heaven to earth. Heaven comes down and transforms the earth rather than hovering above the earth, waiting for the saved to arrive. Heaven is also now because Christ’s saving action is eternal and extends to past, present, and future. ... The kingdom has already come:

³⁸ Jürgen Roloff, *The Revelation of John*, A Continental Commentary, 1st Fortress Press ed. (Minneapolis: Fortress Press, 1993), 236.

³⁹ Jeffrey Burton Russell, *A History of Heaven: The Singing Silence* (Princeton, N.J.: Princeton University Press, 1997), 13.

heaven is now. More fully, it is both now and also not yet. The kingdom has come; the kingdom is here; the kingdom will come in fullness.⁴⁰

As people privileged to be present as a person dies, we get to bear witness to the fact that heaven is *both now and not yet*. Christians who support people who are dying embody the kingdom of heaven. This is especially important when the person who is dying is facing an existential struggle or has questions about the reality of God.

Revelation offers hope in these circumstances. Koester writes, "... the new creation is characterized by the *presence* of God who gives life. The anguished cry, 'Where is your God?' will no longer be heard."⁴¹ This is good news for people who feel separated from God by their suffering. The promise that God will live with us eternally and that we will never feel separated again can provide hope in the most hopeless situations. People struggle to understand where God is at the time of dying. The promise that God is not only with us on the Earth, but also will be eternally with us in heaven, offers a measure of comfort to many people who are dying. Perhaps this is why so many hospice patients realize that "... the important matter is not receiving certain gifts from God but rather the relationship to God himself, the giver of all gifts."⁴² It is not only the promised room in God's house and the complete healing of bodies which lends hope at the end of our lives, but also the promise of a perfected and eternal relationship with God as well.

⁴⁰ Ibid., 42.

⁴¹ Craig R. Koester, *Revelation and the End of All Things* (Grand Rapids, MI: W.B. Eerdmans, 2001), 192.

⁴² Roloff, *Revelation of John*, 237.

Sin obscures right relationship with God. Perhaps this is why many people lament their mistakes as they die. Alaharasan writes, “Truly this is a new world, a world in which nothing comes between God’s love and his people. Sin has been washed away. Evil has been destroyed. It is a time of rejoicing and celebration.”⁴³ It is a sad fact that many people on their deathbeds feel that it is too late to make things right with people they have harmed. Sometimes they want to and cannot, because the person they hurt is no longer around or is deceased. Sometimes people still feel guilty even after they have had the opportunity to apologize. God destroys sin and death in Revelation’s vision of a new heaven and earth. This offers good news to those who need assurance of God’s amazing grace in Christ Jesus. The promise that God has forgiven our sins and bestowed eternal life upon us is a reason for rejoicing and celebration in this life and in the life to come.

Another concern often raised by people dying and addressed by Revelation 21 is the promise that redemption is not just for the individual, but also for all of the things that may concern a hospice patient. Koester poignantly writes, “Revelation envisions the salvation of the whole of creation, not only the redemption of individual souls.”⁴⁴ Notions regarding the salvation of the cosmos are beautiful ways to engage dying people in life review. People who are dying often want to think about those things that have given them life and hope. People often uplift beloved family members who have died before them; special times spent frolicking in nature, or moments of true communion and intimacy with God. The reminder that eternal life in the new heaven and earth with God will be

⁴³ V. Antony John Alaharasan, *From Patmos to Paradise: John's Vision of Heaven* (New York: Paulist Press, 2009), 90.

⁴⁴ Koester, *End of All Things*, 191.

endlessly replete with opportunities to enjoy God, family, and the beauty of God's creation often gives patients something to look forward to at the end of their days and the memories of *heavenly* moments upon the earth offer sweetness as they pass.

Russell writes, "The best answer to the spiritual question of heaven is to declare it a mystery, yet one that can be illuminated by a number of paradoxes. Heaven is supernatural *and* natural. ... Heaven is now *and* in the future. ... Heaven is *both* in time and in eternity. ... Heaven begins at the moment of death *and* at the end of the world."⁴⁵ This paradox is a blessing to all Christian believers. Surely, the good news found in Revelation 21 informs my research and my data as I come to a renewed understanding that life does not end at death and that resurrection is the promise given to all believers. This biblical lens should shape the work that we do with the dying and their families. This hope should become the very DNA of every specific practice that we employ to help people die well. We are aware, as newly deployed hospice ministers, that we are commissioned to carry this good news message of hope everywhere that we go.

Theological Lenses

Death

Death has been defined as, "the cessation of the biological function of the individual as a result of the departure of the soul from the body. It is the departure of the 'life force.' It is the reversal of the act of God breathing the breath of life into man so that he could become a living being (Gen 2:7). It is the belief that after the end of life as we

⁴⁵ Russell, *A History of Heaven*, 187.

know it, something continues to live on.”⁴⁶ Indeed, death is a natural part of the cycle of life. It is something that every living creature eventually encounters. “That moment shapes our existence and colors our world. From the moment of birth, we are already old enough to die. Death is always a possibility that draws ever near with age, illness, or abandonment by God. As long as we are human, we are given over to death.”⁴⁷

I will focus on Christian notions of death, for the purposes and scope of this study. The New Testament writers understood death to be connected to sin, destructive to human life, and the means by which the soul exits the physical body and ultimately receives an eternal life of either paradise or torment.⁴⁸ The Apostolic Fathers used the euphemism of *sleep* to understand death. Death was “peaceful rest” for the believer.⁴⁹ Death was a conquered enemy and had no ultimate authority over a Christian believer.⁵⁰ Early second century Christians “reinterpreted Old Testament views of death” after the resurrection from two perspectives. They believed that death was an inescapable reality *and* it was a “defeated foe” with no power over the eternal life of a Christian believer.⁵¹ Early Christian martyrs actually understood their deaths to be the natural end of their journeys as disciples and the ultimate sacrifice for the cause of Christ. They undertook their martyrdom as an imitation of their Lord and as such, they were possessed of a sure

⁴⁶ Jeremiah Mutie, *Death in Second-Century Christian Thought: The Meaning of Death in Earliest Christianity* (Eugene, Oregon: Pickwick Publications, 2015), 22-23.

⁴⁷ G. Tom Milazzo, *The Protest and the Silence: Suffering, Death, and Biblical Theology* (Minneapolis: Fortress Press, 1992), 138.

⁴⁸ Mutie, *Death in Second-Century Christian Thought*, 43-53.

⁴⁹ *Ibid.*, 64.

⁵⁰ *Ibid.*

⁵¹ *Ibid.*, ix.

and certain hope of resurrection from the dead as followers of Christ.⁵² We have continued to flesh out notions of death and dying to the present day. The one consistent fact for all Christians, however, is that we continue to look at Jesus' death, to understand our own experiences of death and dying.

Jürgen Moltmann's, *The Crucified God*, was useful in this study to understand better God's own experience of death and the relevance of Jesus' suffering upon the cross to the experience of death and dying today.⁵³ Moltmann writes, "The death of Jesus on the cross is the *centre* of all Christian theology."⁵⁴ He goes on to make the bold claim that all Christian statements about God, creation, sin, death, history, the church, faith, sanctification, and the future find their advent in a statement about the crucified Jesus.⁵⁵ This claim helps us to understand the importance of death to understanding our Christian faith and our own journeys into death. Jesus did not *just* become a God-man. He "became the kind of man we do not want to be: an outcast, accursed, crucified."⁵⁶

I have found in my ministry to the dying that it is a rare person who does not utter some form of the sentence, "My God why have you forsaken me" (Matthew 27:46)? I hold in tension the horror of death with the hope of the resurrection by utilizing the theological lens of death, most specifically Jesus' own death upon the cross. I fear that in hospice ministry, we fail to help people contextualize the emotional, mental, and spiritual

⁵² Ibid., 65.

⁵³ Moltmann, *The Crucified God*: .

⁵⁴ Ibid., 204.

⁵⁵ Ibid.

⁵⁶ Ibid., 205.

suffering of death, in favor of an exclusive proclamation of resurrection and eternal life. Moltmann helps us to pause a moment in the pain and the anguish of the cross to recognize that God is at work in the cross “killing in order to make alive, judging in order to set free.”⁵⁷

We find that Father, Son, and Holy Spirit redeem even our most grievous suffering in the cross of Jesus. We remember that, “God suffered in the suffering of Jesus, God died on the cross of Christ ... so that we might live and rise again in his future.”⁵⁸ The members of Fellowship Lutheran can declare this good news by helping people who are dying to make meaning of death, within the context of Christian faith. Moltmann writes,

In the cross of his Son, God took upon himself not only death, so that man might be able to die comforted with the certainty that even death could not separate him from God, but still more, in order to make the crucified Christ the ground of his new creation, in which death is swallowed up in the victory of life and there will be ‘no sorrow, no crying, and no more tears.’⁵⁹

We also have the opportunity, furthermore, to help people draw near to God in their bereavement and grief *after* the loss of a loved one. Moltmann rightly points out that God the Father is acquainted with our grief, in the loss of God’s own Son, Jesus. He writes, “The Fatherlessness of the Son is matched by the Sonlessness of the Father, and if God has constituted himself as the Father of Jesus Christ, then he also suffers the death of his Fatherhood in the death of the Son.”⁶⁰ This powerful statement speaks to the deep

⁵⁷ Ibid., 212.

⁵⁸ Ibid.

⁵⁹ Ibid., 217.

⁶⁰ Ibid., 243.

sense of loss that people feel when their spouse, child, or dear friend dies and it helps us to understand that God does not abandon us to the sting of death and grief of loss, but embraces us with understanding instead.

Priesthood of All Believers

1 Peter 2:9-10 says,

But you are a chosen race, a royal priesthood, a holy nation, God's own people, in order that you may proclaim the mighty acts of him who called you out of darkness into his marvelous light. Once you were not a people, but now you are God's people; once you had not received mercy, but now you have received mercy.

Robert Muthiah asserts that the examination of this scripture is imperative to an understanding of the priesthood of all believers for two reasons. First, it has been an important part of the theological discussion on this theme since the Reformation and secondly, "the passage highlights a conception of priesthood that involves the whole people of God ... [to] be understood in terms of the mutuality that Peter says should characterize the community."⁶¹

I also explore this theological lens through use of Martin Luther's *To the Christian Nobility of the German Nation* and *The Babylonian Captivity of the Church*.⁶²

Martin Luther writes,

It has been devised, that the Pope, bishops, priests and monks are called the Spiritual Estate; Princes, lords, artificers and peasants are the Temporal Estate; which is a very fine hypocritical device. But let no one be made afraid by it; and

⁶¹ Robert A. Muthiah, *The Priesthood of All Believers in the Twenty-First Century: Living Faithfully as the Whole People of God in a Postmodern Context* (Eugene, OR: Pickwick Publications, 2009).

⁶² Luther, *First Principles of the Reformation*.

that for this reason: That all Christians are truly of the Spiritual Estate, and there is no difference among them, save of office alone.⁶³

He goes on to argue that it is in our baptism, gospel, and faith God made us a Spiritual and Christian people, equal in power with any other Christian. He argues forcefully that a priest only has the power bestowed upon him by the community and that “the only real difference is one of office and function, and not of estate: for they are all of the same Spiritual Estate.”⁶⁴ This was a bold statement in Luther’s time and it is still a bold statement today for it undoes the argument that the pastor is holier than the lay members and, therefore, the only one qualified to read scripture, pray, or minister to people who are dying and/or experiencing grief. This is an important notion as we shape hospice and bereavement ministries at Fellowship that will be dependent upon the ministries of lay ministers to be effective. Luther taught that *all* Christians have the ability to teach the word of God and to hear confessions and offer forgiveness.⁶⁵

Fellowship’s Sunday bulletin affirms that the ministers are “All the Members of the Congregation.” The ELCA affirms that we do “God’s work, with our hands.”⁶⁶ Fellowship has been working over ten years to be intentionally missional. The lead pastor is a graduate of Luther Seminary’s Congregational and Mission Leadership program. She affirms the priesthood of all believers and works hard to empower the laity to offer ministry and service with our neighbors, to include the sick and dying amongst us. Martin Luther speaks to this in *The Babylonian Captivity of the Church* when he writes about the

⁶³ Ibid., 21.

⁶⁴ Ibid., 23.

⁶⁵ Paul Althaus, *The Theology of Martin Luther* (Philadelphia, PA: Fortress, 1966), 315-317.

⁶⁶ “‘God’s Work. Our Hands.’”

importance of sending out elders, whether lay or ordained, to pray for the sick and the dying. He affirms that all who have faith may pray and all who have faith may receive the fruit of those prayers as well, being healing and/or forgiveness of sin.⁶⁷ Christians “participate in the life of God” in doing so.⁶⁸

The Triune God invites the church to “model itself after the Trinity even as the church participates in the Trinity.”⁶⁹ Robert Muthiah teaches us that to model ourselves after and participate in the Trinity, the church must be relational, present, equal, non-dominational, unified, and differentiated.⁷⁰ We understand that the Trinity experiences perichoresis in each of these ways and invites the church to do the same to the best of our ability, with the help of God. We are in deep relationship with each other and with Christ. We are present and open “with and for [each] other.”⁷¹ We seek to create structures that are equal in relationship, not adhering to “cultic stratification.”⁷² We do not dominate one another; “our relations are consensual and free.”⁷³ Yet, within that freedom is a unity of spirit mediated by the work of the Holy Spirit.⁷⁴ We recognize our differences, honor our uniqueness, and reflect our beautiful diversity with joy.⁷⁵

⁶⁷ Luther, *First Principles of the Reformation*, 239-240.

⁶⁸ Muthiah, *Priesthood of All Believers in the Twenty-First Century*, 57.

⁶⁹ Ibid., 57-58.

⁷⁰ Ibid., 58-68.

⁷¹ Ibid., 59.

⁷² Ibid., 63.

⁷³ Ibid., 63-65.

⁷⁴ Ibid., 67.

⁷⁵ Ibid., 67-68.

It is an honor to participate in the life of God as the members of Fellowship engage hospice and bereavement ministries. We do want our relations with people who are experiencing grief to reflect the perichoresis of God the Father, Son, and Holy Spirit with whom we are privileged to be partnered. We seek this beautiful perichoretic relationship with each other and with those whom we serve. As we practice ministries of presence, companionship, active listening, life review, spiritual care and counseling, scripture, prayer, hymn singing, hold holding, tear wiping, and *farewell until we meet again*, we truly are relational, present, equal, non-domination, unified, and differentiated in the image and likeness of our God.

These attributes lead to certain practices in which the Christian community necessarily engages. Muthiah says these are witness, Lord's Supper, discernment, friendship, and confession.⁷⁶ I found the articulation of these practices particularly exciting as my research at Fellowship sought to discern those practices that would be most helpful to people who are dying and to their families. The priesthood of all believers is a powerful lens through which I have interpreted my data. We are learning together how to help people die well. This theological lens assisted me to understand better the role of lay ministers in the visitation of the sick and dying throughout the community.

Beloved Community

I also used the lens of Beloved Community in order to come to a better understanding of the obligation of the community of faith to the person who is dying. A

⁷⁶ Ibid., 145-167.

reading of Josiah Royce's *The Problem of Christianity* informed me.⁷⁷ Royce writes about communities of memory and communities of hope. Individuals each claim a past event as part of their own personal past in communities of hope. He writes, "Such is any group of persons who individually either remember or commemorate the same dead, — each one finding, because of personal affection or of reverence for the dead ..."⁷⁸ The church is clearly a community of memory as we each hold sacred the life and legacy of Jesus of Nazareth which is a common memory that binds us together. Each Sunday we gather to remember Jesus' life and ministry upon the Earth.

The church is also a community of hope. Royce writes, "A community constituted by the fact that each of its members accepts, as part of his own individual life and self, the same expected future events that each of his fellows accepts, may be called a *community of expectation*, or ... a *community of hope*."⁷⁹ I often harness the expectations of the Christian community of hope as I minister to the dying and their families. We read the Bible and affirm our common expectation that when we die, we will enter into Heaven, where there is no more pain, crying, dying, or mourning and where we will see Jesus face to face for all eternity. It is this individual expectation, and communal hope, that often keeps my patients going in the "valley of the shadow of death" (Psalm 23:4). As Christians practice the ministry of presence, with people who are dying and their families, the kingdom of God breaks in on earth. "Broken and fallible, the church is

⁷⁷ Royce and Oppenheim, *Problem of Christianity*.

⁷⁸ Ibid., 50.

⁷⁹ Ibid., 51.

nevertheless the one enduring source of forgiveness and reconciliation in our violent world.”⁸⁰

Royce argues that the function of the Beloved Community is to help its individual participants “accomplish something in time through the deeds of its members,” communicate effectively about their shared history or hope, and share a common and identical past or present event which motivates love and loyalty in each individual involved.⁸¹ The past is the life, death, and resurrection of Jesus and the future is eternal life with Christ for Christians. These are both the individual memories and hopes, as well as communal memories and hopes, which sustain the Beloved Community of the church. It is also this individual faith to which a person clings as s/he is making pilgrimage to their eternal home through the dying process.

I am always aware, in my ministry, that while family and friends can be present to attend a person’s death, dying is intrinsically a solitary pursuit. Family, friends, and church members may attend a death to offer ministries of presence, companionship, and reverent observation, but in the end, a person must actually die *alone*. The means by which the Beloved Community is both an individual and solitary pursuit helps me to understand what specific practices can be put in place which honor a person’s individuality, whilst also holding them inside of the beloved community as they make pilgrimage to their eternal home. John Perkins writes,

God knows that the very old and the very young are the most vulnerable in our society. That’s who God is concerned about. We’ve got to take care of the old

⁸⁰ Charles Marsh and John Perkins, *Welcoming Justice: God's Movement toward Beloved Community*, Resources for Reconciliation (Downers Grove, IL: IVP Books, 2009), 34.

⁸¹ Royce and Oppenheim, *Problem of Christianity*, 60-69.

people because they have the wisdom to pass on to the boys and girls. ... This is how human society was made to work.⁸²

Smith and Zepp's book entitled, *Search for the Beloved Community: The Thinking of Martin Luther King, Jr.* also informed me.⁸³ Death, like race, is an experience common to all human beings and as such, "involves personal and social relationships that are created by love."⁸⁴ The dying and their families depend upon these relationships to bring hope, support, and succor in the time of need. It is love that enables family, friends, church members, and caretakers to remain present during the ugliness and discomfort of death and dying, and it is the "solidarity of the human family" upon which we depend when most afraid.⁸⁵ It is a privilege to be present when a person's *humanness* is most on display. Our presence is a sharing of love when people most need it and "love is supposed to be the abiding sign of the church."⁸⁶ We cannot have "beloved communities until we learn to love like Jesus loves and make that our main plan for sharing the gospel."⁸⁷

Smith and Zepp write,

The divine image in persons is the source of "humanness" or human identity. ... Since all persons have one Creator, all human beings are brothers. The dignity and worth of every person are rooted in one's relation of sonship to the Father. Common sonship is the source of unity and community."⁸⁸

⁸² Marsh and Perkins, *Welcoming Justice*, 110.

⁸³ Smith and Zepp, *Search for the Beloved Community*.

⁸⁴ *Ibid.*, 120.

⁸⁵ *Ibid.*, 121.

⁸⁶ Marsh and Perkins, *Welcoming Justice*, 77.

⁸⁷ *Ibid.*

⁸⁸ Smith and Zepp, *Search for the Beloved Community*, 130.

We watch and pray affirming this common relationship to God as a person makes pilgrimage home. We become the Beloved Community for which Christ died, rose, and will return as we do so. “This is why the church is so important. The church is where we are formed to become the beloved community God uses to do his will in society.”⁸⁹ We have felt God’s call into the neighborhood, as we have studied the importance of hospice and bereavement ministries, to be partners with God in offering love and succor to dying people and their families.

Resurrection

Finally, I utilize the theological frame of the resurrection through using Jürgen Moltmann’s *Theology of Hope* to look at notions of eschatology and God’s promises and Wolfhart Pannenberg’s *Jesus, God and Man* to look at the significance of Jesus’ death upon the cross.⁹⁰ Moltmann writes, “Christianity stands and falls with the reality of the raising of Jesus from the dead by God.”⁹¹ While this statement is certainly true today, it has not always been so. Markus Vinzent writes, “The Resurrection was of little importance to early Christians.”⁹² The focus, instead, was upon God’s incarnation in Jesus, as well as his birth, ministry, and passion upon the Earth.⁹³ Although Paul certainly uplifted the importance of the resurrection in his writings, “The Pauline heritage of belief

⁸⁹ Marsh and Perkins, *Welcoming Justice*, 77.

⁹⁰ Moltmann, *Theology of Hope*; Pannenberg, *Jesus, God and Man*.

⁹¹ Moltmann, *Theology of Hope*, 165.

⁹² Markus Vinzent, *Christ's Resurrection in Early Christianity: And the Making of the New Testament* (Burlington, VT: Ashgate, 2011), 1.

⁹³ *Ibid.*, 2-3.

in the Resurrection of Christ had faded over time. Fathers of the first and second century ‘remained reluctant’ towards Easter stories. ... Similarly, up to the mid-second century, the celebrations of Sunday and Easter did not focus on Christ’s Resurrection ... but were celebrations of his salvific sacrificial death.”⁹⁴

It was not until the second century that Marcion of Sinope, whom Markus Vinzent describes as “certainly the greatest Christian thinker of the second century,” advocated the “rediscovery of Paul that also gave rise to the belief in the Resurrection of Christ.”⁹⁵ It was also Marcion who “introduced the ‘New Testament’ and therefore the Gospel into Christianity.”⁹⁶ It took 140 years, in total, before the resurrection became central to Christian belief and it was not until the fourth century AD that the Resurrection itself entered the Christian creed.⁹⁷

Justin Martyr, writing in the mid-second century was instrumental through his *Apologies*, to helping to frame his notions of resurrection within the Roman Empire.⁹⁸ Justin specifically argued that belief in the resurrection demonstrates God’s power, fidelity to God and his teachings, and displayed loyalty to the God of Abraham, Isaac, and Jacob. He also taught that belief in the resurrection was the sign of an authentic

⁹⁴ Ibid., 77.

⁹⁵ Ibid.

⁹⁶ Ibid., 226.

⁹⁷ Ibid., 181, 191.

⁹⁸ Claudia Setzer, *Resurrection of the Body in Early Judaism and Early Christianity: Doctrine, Community, and Self-Definition* (Boston: Brill Academic Publishers, 2004), 74-75.

Christian, part of a system of justice, recompense for the righteous and punishment for the wicked, and ultimately established who correctly interpreted Scripture.⁹⁹

The development of resurrection theology ultimately has its roots in Pharisaism, and in the Hebrew Bible. It was not until the second century, however, that belief in the resurrection of the body came into wider acceptance by Christians. Belief in the resurrection became canonized, due to religious scholars of the Greco-Roman world, as not only a theological concept, but also “function[ed] as a shorthand for an interlocking web of values, a condensation symbol that help[ed] to construct community.”¹⁰⁰ This construction of community was essential for the early church as they endured persecution and misunderstanding and morphed from Judaism into the new religion, which we now call Christianity.

Every Sunday we recite, “I believe in Jesus Christ, God's only Son, our Lord, who was conceived by the Holy Spirit, born of the virgin Mary, suffered under Pontius Pilate, was crucified, died, and was buried; he descended to the dead. On the third day *he rose again*. ...”¹⁰¹ This powerful statement is now at the root of what we affirm generally as Christians, and specifically at Fellowship Lutheran Church. Every week we recite the Apostle’s Creed, affirming our faith in not only the life and death of Jesus, but also in the resurrection, ascension, and coming again of the same. Not only do we celebrate the Jesus of history, but we also announce the Jesus of the present and future, coming again to establish a new heaven and a new earth for us all. Moltmann says, “God is not

⁹⁹ Ibid., 76-77.

¹⁰⁰ Ibid., 144.

¹⁰¹ Evangelical Lutheran Church in America and Evangelical Lutheran Church in Canada, *Evangelical Lutheran Worship*, 105.

somewhere in the Beyond, but he is coming and as the coming One he is present. He promises a new world of all-embracing life, of righteousness and truth.”¹⁰² These affirmations are essential to our understanding of Fellowship’s hospice ministry. Moltmann writes, “Death becomes transient in the promised resurrection.”¹⁰³ Christians affirm that death is not a final destination, but only an overnight stop toward a destination that we are sure to reach in the morning.

Moltmann writes, “... to recognize the resurrection of Christ means to recognize in this event the future of God for the world and the future which man finds in this God and his acts.”¹⁰⁴ This hope leads to a specific eschatological stance namely, great hope for a world to come in which there is no more death, mourning, pain, or tears at all. Inside of the mission of Jesus’ death and resurrection is the promise of Jesus’ “future lordship over every enemy, including death.”¹⁰⁵ There will come a day in the kingdom when death will be no more. The theological lens of resurrection certainly informs the hospice ministries at Fellowship Church. Moltmann writes, “One could say that Christian eschatology is the study of the tendency of the resurrection and the future of Christ and therefore leads immediately to the practical knowledge of mission.”¹⁰⁶ God sends us out into the homes of the dying and their families to bring this good news message that death is not the final

¹⁰² Moltmann, *Theology of Hope*, 164.

¹⁰³ Ibid., 165.

¹⁰⁴ Ibid., 194.

¹⁰⁵ Ibid.

¹⁰⁶ Ibid., 195.

word and that God promises us new life because of the finished work of Christ on the cross and in the resurrection.

We also understand that Jesus' life, death, and resurrection, does not only assure *our* rebirth into eternal life. Moltman writes, "Cross and resurrection are then not merely *modi* in the person of Christ. Rather, their dialectic is an open dialectic, which will find its resolving synthesis only in the *eschaton* of all things."¹⁰⁷ Resurrection life is not just for human beings, but for the entire cosmos as well. We are ecstatic to worship Jesus as Lord of Lords. We are also happy in our affirmation that, "In the idea of the lordship of God two elements are combined: remembrance of his historic lordship and confidence in it, and expectation of his universal lordship in which the world and all nations and things become his universe, his kingdom, and his praise."¹⁰⁸ We become a part of a much greater narrative, in our own lives, deaths, and resurrections, one that includes the redemption of the whole world.

Wolfhart Pannenberg's *Jesus, God and Man*, expounds on many of the same themes.¹⁰⁹ He gives considerable thought to human beings' propensity to persevere on life after death. He writes, "... through a hope which is directed without illusion toward the future, even the mortally ill, even with full knowledge of their condition, can acquire strength to endure the end of their existence in a human way."¹¹⁰ This quote helps me to understand that part of our ministry at Fellowship is to help people to be fully human

¹⁰⁷ Ibid., 201.

¹⁰⁸ Ibid., 217.

¹⁰⁹ Pannenberg, *Jesus, God and Man*.

¹¹⁰ Ibid., 84-85.

even to the end of their lives. We announce, or declare, the good news that in Jesus Christ we have a hope that endures beyond the grave.

Pannenberg writes, “If Jesus has been raised, then the end of the world has begun.”¹¹¹ This bold statement gives new meaning to our lives post the cross and the resurrection of Jesus Christ. We are part of a grand narrative, much bigger than our individual lives and salvation, one that includes hope and salvation for the entire world. Holding the cross and empty tomb in tension, as we have discerned what is needful to create a rich and life giving hospice ministry, has been essential to our work together. Ultimately, it is Jesus’ death upon the cross and resurrection on the third day that most deeply informs our specific practices around death and dying at Fellowship. We declare with boldness, as we design hospice and bereavement ministries, that “because Jesus lives, we shall live also” (John 14:19).

Summary

The use of biblical and theological lenses was very helpful in helping me to root the interpretation of my data in the basic tenets of my Christian Faith. The biblical stories of the Good Samaritan and the Beautiful Gate reminded us of the importance of seeing, touching, helping, and healing those with need in our own neighborhoods. The biblical story regarding judgement illuminated the importance of *caring for the least of these*. The promise of a new heaven and a new earth inspired us to remember that through our love for God and neighbor we are able to experience heaven in the now and look forward to heaven in the not yet now.

¹¹¹ Ibid., 67.

The theological lenses used simultaneously focused our attention on the reality of mortal death and the promise of immortality in our resurrections. We were inspired to remember that this is good news worth sharing in our hospice and bereavement ministries. We recommitted ourselves to being *priests*, whether we are lay members or ordained clergy, and we determined to be instrumental in partnering with God in the formation of the Beloved Community. All of these lenses informed the ways in which we coded, reported, and analyzed our data.

CHAPTER 4

I NEED YOU TO SURVIVE

Research Methodology

The title of this chapter comes from an African American worship song by Hezekiah Walker entitled, “I need you to survive.” The chorus is, “I need you. You need me. We’re all a part of God’s body. Stand with me. Agree with me. We’re all a part of God’s body. It is his will that every need be supplied. You are important to me. I need you to survive.”¹ This chorus is the message that the members of Fellowship desire to send to people who are dying and their families. My research question was,

What practices should we incorporate into the hospice ministry of Fellowship Lutheran Church in order to help dying people and their families experience a peaceful death with love?

The methodology for this research project was a mixed methods concurrent triangulation methodology consisting of the collection of both qualitative and quantitative data. I integrated all data, while interpreting, to learn as much as possible about my study. I worked closely with members of my Journey Group, the lay hospice ministers of the church, and professional and lay leaders of the congregation as we learned together what

¹ Hezekiah Walker, “I Need You to Survive,” in *The Essential Hezekiah Walker* (New York: Verity Records, 2007).

practices we should incorporate into the hospice ministry of Fellowship Lutheran Church in order to help dying people and their families experience a peaceful death with love.

Biblical and Theological Rationale for Research Methodology

Van Gelder wrote, “Everyone relies on some type of method to learn anything.”² I learned in public school to utilize the scientific method to discover new things. My science teachers billed this *secular* tool as a means to uncover *The Truth*. It was a fail-safe way to come to unbiased conclusions based solely on science and research. They held it up as the perfect model, and it did seem so, until I started pastoring churches and came to the realization that more was going on than could be uncovered through careful research alone. I discovered that there is something different about the church. We are not seeking an *unbiased* earthly opinion for our problems; rather, we are seeking communally to discern the will of God-Almighty as we join God in mission to God’s world.

Theologically informed social science research allowed me to bring together both science and religion for the sake of the Gospel. I learned as a child to observe, ask a question, formulate a hypothesis, test the hypothesis, analyze the results, and then draw and share conclusions with others.³ I am learning to do the same as a missional theologian, but with a twist. The foundation upon which all of my scientific inquiry rests are the core truth claims within the historic Christian faith. Van Gelder teaches that these are that God, triune and perichoretic, created and seeks to be in relationship with all things. God redeems the fallen world through Christ and establishes God’s kingdom in

² Craig Van Gelder, “Method in Light of Scriptures and in Relation to Hermeneutics,” *Journal of Religious Leadership* 3, no. 1-2 (Spr-Fa 2004): 44.

³ “Overview- Scientific Method,” Super Science Fair Projects, <http://www.super-science-fair-projects.com/scientific-method-for-kids.html#.VUOFcthFDIU> (accessed May 1, 2015).

the now and not yet, now. God also invites the church to be a harbinger and partner with God in God's unmasking of principalities and powers and final redemption of the entire world.⁴ A good understanding of these truth claims helps Fellowship to understand God's mission and our purpose and to make the wise choice to follow the Spirit into the neighborhood utilizing the time, talent, and treasure that God has granted to share God's love in words and deeds with those who are dying.⁵

Van Gelder did a nice job of announcing our role as Christian leaders seeking to "help the church interpret scripture and discern the leading of the Spirit of God." His invitation to understand what is special about scripture, to take notice of God's agency in the world, and to accept that we interpret all of this through our particular context is enlightening.⁶ I am grateful for his intellectual honesty, which seems to assert that there is no one, perfect, and *unbiased* interpretation of scripture available to human beings. Our unique personalities, experiences, and contexts cause us to read and interpret scripture and the neighborhood in very different ways.

Theologically informed social science research offers so much to our ministry together at Fellowship. "The utilization of a diverse number of methods for discernment and decision making" positively influences our neighborhood and community for the sake of Christ. Utilizing "various sources of information" such as context, congregation, scripture, theology, and social science theory enables us to keep God in the conversation

⁴ Craig Van Gelder, "The Hermeneutics of Leading in Mission," *Journal of Religious Leadership* 3, no. 1-2 (Spr-Fa 2004): 157.

⁵ *Ibid.*, 158.

⁶ Van Gelder, "Method in Light of Scriptures," 69.

as we discern our plans to serve and learn with the dying and their families.⁷ We attend, assert, agree, act, and assess together positively influencing the hospice ministries of Fellowship Church.⁸

It is for these reasons that I chose to utilize a mixed methods concurrent triangulation methodology. It was my desire to utilize social science methodology with a biblical and theological underpinning to bear witness to the importance of listening, discernment, story and/or parable, lament, ministry of presence, and accompaniment. I sought to listen deeply through the focus groups and interviews, trusting that the Holy Spirit would surface those things that were important for me to know. I coded and analyzed data as I participated in a process of discernment with my Journey Group. We learned together those practices that will enable Fellowship to provide exemplary hospice ministry that helps the dying and their families experience a peaceful death with love. I hoped to provide in the processes of focus group and interviews, a sacred space for people to participate in the telling of parables, which I understand to be earthly stories with heavenly meanings. I hope that by listening deeply to stories of others, we were able to learn spiritual and practical practices that will inform our hospice ministry into the future.

I also knew that there would be a need to listen to the lamentations of the members of the focus groups and interviews. The Bible teaches us that lamentation is often a community event. I was able to provide a positive intervention during a person's bereavement by listening to and sharing the lamentations of others. Further, I considered

⁷ Van Gelder, "Hermeneutics of Leading," 142-143.

⁸ Ibid., 164-165.

imago Dei as the reason that we lament and experience bereavement at all. God laments. God grieves. God is bereaved and God has created us in the image and likeness of God. Matthew 10 says, “Are not two sparrows sold for a penny? Yet not one of them will fall to the ground apart from your Father. And even the hairs of your head are all counted. So do not be afraid; you are of more value than many sparrows (vv. 29-30).” This verse makes it plain that God values our lives and takes notice when we die. Additionally, the beatitudes in Matthew 5 give us the reassurance that God grants us comfort when we are mourning. My research helped to expose those practices that would best help us to engage ministry of presence with the dying and their families by taking into consideration God’s own experience of lamentation, bereavement, and willingness to offer comfort.

Finally, I harnessed the Bible’s conviction that as Christians we are a priesthood of all believers (1 Peter 2:9). I did this by concluding my exploration of the hospice ministry practices of our community with an opportunity for the entire community to become engaged in my research through the survey. I believe that we heard many voices and languages as on the day of Pentecost, when we allowed everyone the opportunity to *speak* through the survey process (Acts 2). I also found that as I allowed the survey data to help interpret the interview and focus group data, I was able to hear God’s many calls to minister to the dying and their families through the adoption of specific practices that allow people to die in peace with dignity and love.

Research Design

This research project began with a simple exploratory project consisting of two qualitative focus groups and subsequent interviews. I used nonprobability purposive sampling for the focus group and interview processes. Those invited to the focus groups

were members of the congregation who had lost a loved one in the last five years. We compiled a list of prospective participants both in the Journey Group and then with professional staff. My Journey Group initially brainstormed individuals from the congregation who we felt may be appropriate candidates. We listed every name that came to mind; we rejected none out of hand. This produced a list of approximately twenty people.

I then shared this list with the pastors of the congregation. They culled through the list removing the names of people whom they felt were too vulnerable to be involved in our research. They added the names of people who did not emerge in our original brainstorming session, yet were considered good candidates for participation. It was our goal ultimately to select carefully twelve individuals who were diverse in gender, age, ethnicity, and reason for their loved one's death. It was my goal to have the gender of the population be as reflective of the gender percentages of the worshipping community as possible. I strived to have at least one younger widow/widower under the age of sixty-five years old. I also strived to have at least one person of color. Finally, I sought to have at least one person who did not lose their loved one due to old age.

The Journey Group, with pastoral assistance, devised a three-step invitation process. Pastor Iva called the people on our list explaining the focus of the research and asking for their help. We sent out a letter from the church to those who expressed willingness to learn more that provided additional information about the study and invited them to be in touch with me via email if they were willing to participate in one of the focus groups. I called those who did not respond to our letter, providing one last

opportunity to assist the congregation by sharing their experiences of bereavement with me.

We designed this tri-fold process out of an awareness that for many people receiving my invitation it was still a tender time. I am a volunteer pastor in the congregation; this is why our Journey Group believed it would be best for the first contact to come from a pastor called by Fellowship Church. This was itself an intervention, as it provided an opportunity for the pastor to learn how the parishioners were coping and to find out if the bereaved had any needs that were unaddressed. The second stage allowed the person to self-select into the study via email. This gave people space to consider if they were actually ready to share their journey into grief in a more public forum. Finally, the personal call from me afforded the opportunity to ask any remaining questions and opt in or out at their discretion.

Focus Groups

We held the two focus groups on Saturday, February 6 and Sunday, February 7, 2016. We met at the church in the youth room for one hour, which is a small comfortable room with couches and ottomans. We placed the chairs in a semi-circle to facilitate conversation and the video recording of the event. We also provided two audio recorders as a failsafe. We provided food for the participants to create a safe diversion. I learned this lesson during the field-testing of the focus group protocol. Food provides a welcome relief when people are discussing sensitive topics and creates a way to signal to the group that one is not ready to speak for whatever reason. Carey and Asbury write, “Food is an (*sic*) surprisingly important aspect ... food facilitates pre-session conversation and

provides group members with something to do.”⁹ We served bread in the Saturday session. We served bread, soup, and dessert in the Sunday session. We served coffee in all sessions, since we are good Lutherans.

Six people participated in the Saturday focus group in addition to Pastor Iva and myself. They were all women. Three women lost their husbands. Three women lost their parents. Nine people took part in the Sunday session in addition to Pastor Lani and myself. Two people were men. Seven people were women. One individual was a person of color. One person lost her son. The rest of the people lost their parents. We purposely kept the focus groups small. Carey and Asbury advise, “a small number usually leads to greater depth of data, and small group size is especially important for sensitive, complex topics.”¹⁰

Table 4.1 Interview Participants

| Name (pseudonym) | Loved one Lost | Year of Loss | Focus Group |
|-------------------------|-----------------------|---------------------|--------------------|
| Victoria | Husband | 2012 | 1 |
| Lily | Mother | 2012 | 2 |
| Greta | Husband and Son | 2014 & 2009 | 2 |
| Doug | Mother | 2014 | 2 |

⁹ Martha Ann Carey and Jo-Ellen Asbury, *Focus Group Research*, Qualitative Essentials 9 (Walnut Creek, CA: Left Coast Press, 2012), 47.

¹⁰ Ibid., 45.

Table 4.2 Participants in Focus Group 1

| Name (pseudonym) Gender Male (M) Female (F) | Loved one Lost | Year of Loss |
|--|-----------------------|---------------------|
| Victoria (F) | Husband | 2012 |
| Frieda (F) | Husband | 2010 |
| Sarah (F) | Husband | 2013 |
| Tara (F) | Dad & Mom | 2009 & 2011 |
| Molly (F) | Mother | 2014 |
| Jennifer (F) | Father-in-Law | 2014 |
| Pastor Yolanda (F) | | |
| Pastor Iva (F) | | |

Table 4.3 Participants in Focus Group 2

| Name (pseudonym) Gender Male (M) Female (F) | Loved one Lost | Year of Loss |
|--|-------------------------|---------------------|
| Unnamed Female (F) | Husband | 2014 |
| Greta (F) | Husband & Son | 2014 & 2009 |
| Unnamed Female 2 (F) | Son & Children's Father | 1991 & 2012 |
| Lily (F) | Mother | 2012 |
| Franklin (M) | Father | 2015 |
| Xia (F) | Father | 2015 |
| Doug (M) | Mother | 2014 |
| Unnamed Female 3 (F) | Mother | 2013 |
| Pastor Yolanda (F) | | |
| Pastor Lani (F) | | |

I hoped to learn from the focus groups the best and most challenging interactions they had with the church when their loved one was dying. I also hoped they would offer two-or-three suggested interventions to improve our ministry to the dying and their families. Finally, I wanted to ascertain their openness to participate in a grief support group and/or a social group for widow/ers at Fellowship Church. I audio and video recorded each of these focus groups and had them transcribed by a volunteer who lives out of state, signed a confidentiality agreement, and received the audio and video files via email and Federal Express. She agreed to destroy all files upon the completion of her

work. I analyzed the data upon receipt of the transcripts, looking for emerging themes and categories, which I then discussed with my Journey Group keeping the confidentiality of my respondents by using pseudonyms.

Interviews

I also used nonprobability purposive sampling to identify four individuals who participated in the focus groups with whom I wanted to conduct individual interviews in order to learn more and go deeper in my data collection. I selected three women, one man of color, and two people who were retired. Two people lost their parents. One lost her spouse. One lost her spouse and her son. I selected these four people because they represented some of the ethnic, age, and gender diversity that is present in the congregation and raised interesting ideas or shared disappointing issues during the focus groups that I wanted to explore further. Maynes, Pierce, and Laslett write, “personal narratives ... have the potential constructively to intervene in the theoretical impasse resulting from the collision between skepticism of hegemonic individualism, on the one hand, and the persistent, even increasingly urgent interest in understanding selfhood and human agency, on the other.”¹¹

I was appreciative of hearing individual stories, which connected with the stories of the folks in the focus groups and ultimately connected with the stories of the entire congregation as evidenced in the congregational census. I invited individuals to see themselves as a part of a community of bereaved, as well as a community of faith, by conducting the focus groups first. This choice became its own intervention as it invited

¹¹ Mary Jo Maynes, Jennifer L. Pierce, and Barbara Laslett, *Telling Stories: The Use of Personal Narratives in the Social Sciences and History* (Ithaca, NY: Cornell University Press, 2008), 2.

people to recognize that they were not alone and that the sharing of story has power to heal both the individual and the church.

I sought to hear stories during the personal narratives that would teach me more about the successes and opportunities for growth in Fellowship's hospice and bereavement ministries. I was interested in hearing stories about positive and negative interactions, as well as wishes and hopes that the church did not realize toward the dying person and his or her family so that I could harness Rick Osmer's approach to practical theological reflection. He teaches us to ask the following questions: What's going on? Why is it going on? What ought to be going on? How might we respond?¹² I also audio recorded these interviews and had them transcribed before I analyzed the data for emerging themes, categories, and ideas that I later used for coding.

Congregational Survey

After completion of the focus groups, we administered a questionnaire to the entire adult population of the congregation who provided email addresses to the church. Paper surveys were also made available in the church's office. I sought to learn the perceived strengths and weaknesses of the current hospice ministry during the focus groups and interviews. I was able to glean some very important information in these qualitative data collections. I then deployed the questionnaire previously prepared and field tested with some additional questions that emerged from focus groups and interviews though I did not code the focus group or interview data before administering

¹² Benjamin T. Conner, *Practicing Witness: A Missional Vision of Christian Practices* (Grand Rapids, MI: W.B. Eerdmans Pub., 2011); Richard R. Osmer, *Practical Theology: An Introduction* (Grand Rapids: Eerdmans, 2008).

the questionnaire. I prepared the survey so that I could intentionally learn from the answers provided by the individuals who participated in the qualitative studies. I added the additional questions to ascertain whether the information that came forward from the qualitative work was consistent with what emerged from the congregation at large.

The population consisted of those members of the congregation who had provided an email address to the church. This church has been engaged in missional work for almost a decade. They are accustomed to taking surveys and participate when asked. We also made paper questionnaires available to congregants with this preference. Fellowship has an average worship attendance of approximately 386 adults. My goal was to receive at least 193 questionnaires to ensure statistical relevance. I received 253 questionnaires.

We collected the questionnaires through a multi-staged approach developed by the church's Director of Communication, Pastor Lani, and myself. We sent the first invitation to participate in the survey on February 10, 2016. We sent reminders on February 14 and February 21 to those who did not open the initial email. We sent a request to help to those who opened the email but did not click the survey link on February 17 and February 24. We sent everyone a thank you email and a final reminder to complete the questionnaire if he or she had not yet done so on February 26. We sent a final reminder on February 28 to the entire census saying that the survey would close at midnight. One may feel that these were too many reminders. This professional staff, however, has much experience conducting congregational surveys with good success and this protocol produced the responses for which I was hoping.

I developed the instruments used to collect data in both the qualitative and quantitative phases of my research (e.g., protocols and questionnaire) with a colleague

group outside of Fellowship Church (See appendices A, B, and C). The questionnaire was field tested on subjects from a pastoral email distribution list obtained within my community. The focus group was field tested on a small group of four women who had all lost a loved one in the last five years. None of the people who participated in the field tests participated in the research at Fellowship Lutheran Church.

These field tests informed the necessary edits and changes needed before we employed the research instruments at Fellowship. I received informed or implied consent forms from all subjects, prior to the administration of my instruments (see appendices D and E). Participants received the informed consent form and I provided the opportunity to receive answers to any questions they had before signing the form and participating in the focus group. I also collected some basic information about each focus group participant such as name, loved one lost, date of death, age at death, gender, annual gross family income before taxes, birthdate, ethnicity, educational level, and length of membership at Fellowship Church. I collected this data with the hope that I would notice some demographic trends as research results emerged. Participants who elected to take the survey read and agreed to the implied consent form, which was the first page of the questionnaire found on Survey Monkey. They had to access this page first on their computers in order to take the survey.

We conducted the survey from February 10 to February 28, 2016. We purposely opened the survey on Ash Wednesday and closed it a little over two weeks later. We hoped to invite the congregation into a dialogue about death, dying, and bereavement during the Lenten Season. We imposed ashes on a person's head speaking, "Remember you are dust, and to the dust you will return," with the hope that the survey itself would

become an intervention, helping individuals, families, and our community of faith to have important conversations about their wishes around death and dying.

Analysis

The result of this project is an exploration of the strengths and opportunities for growth that were present within the existing hospice and bereavement ministries, during the time of this research. We learned from people who had already lost a loved one what interventions they would have appreciated from the church during their pre—and post—bereavement. I did not seek to provide intentional interventions during this project; however, the results of my work did provide ideas to the congregation regarding interventions that they may choose to make in the future in order to truly employ a missional hospice ministry throughout the community.

I coded and reported data collected through qualitative focus groups and interviews utilizing K. Charmaz's guidelines for initial coding. She calls for word-by-word, line-by-line, and incident to incident coding to generate *in vivo* codes.¹³ I then utilized her process for focused coding through identifying focused codes, axial codes, and then theoretical codes which attempt to explain the interrelationships of the axial codes.¹⁴ I did word-by-word through the use of TagCrowd.com where I was able to enter the transcripts of my interviews and focus groups to discern the frequency of all words and to create a word cloud for each interview and focus group as well. I then did line by line and incident by incident coding through a careful reading of all transcripts. I pulled

¹³ Charmaz, *Constructing Grounded Theory*, 47-54.

¹⁴ *Ibid.*, 57-66.

out phrases and incidents that seemed important by cutting up my transcripts with scissors; this is how I created *in vivo* codes. I then discerned focused and axial codes by placing these hundreds of cut up slips of paper into clusters which created focused codes and then groups which created axial codes. I repeated this process for open ended survey questions which were coded separately.

For the data collected through the quantitative survey instrument, I reported descriptive statistics to include the N, which is the total number of responses, the frequency, which is how many responses in each category, the percentages, and the mean. I used inferential statistics to determine whether there was a statistically significant effect of the independent variable on the dependent variable. I utilized cross tabulations, chi-square tests, and t-tests to do so. I worked with St. Cloud State University's Statistical Consulting and Research Center, who placed the data from Survey Monkey into SPSS and ran statistical tests to help me to analyze my data.

Summary

My Journey Group and I undertook a bold exploratory project aimed at learning on the micro and macro levels how the congregation felt about the existing hospice and bereavement ministries and how we could improve them in the future. We sought to answer the question, "*What practices should we incorporate into the hospice ministry of Fellowship Lutheran Church in order to help dying people and their families experience a peaceful death with love?*"

We used focus groups and interviews to hear personal stories. We used the congregational survey very intentionally, and during the season of Lent, in order to help a death-denying congregation speak openly and honestly about the ministries needed to

help people die well. We carefully designed each phase of the project to maximize the information gleaned and guarded the confidentiality of participants at all times.

Hospitality was a central tenant of our work together. We provided food, drink, and a comfortable place to converse for focus groups and interviews. We provided paper and electronic copies of the questionnaire to invite the fullest participation in the congregational survey. The result of a carefully crafted process was 65% participation among eligible adult members rendering our work together statistically relevant.

CHAPTER 5

WERE YOU THERE?¹

Introduction

I present the results of my mixed methods concurrent triangulation study in this chapter. The results from the qualitative data are presented first. These were gleaned from two focus groups and four interviews. The findings from the quantitative data are presented next. These emerged from a congregational census. The triangulation of the data will be presented third. It is here that I explored how the results from both data streams inform and relate to one another. I finally present how the data streams provided an answer to my research question, which was:

What practices should we incorporate into the hospice ministry of Fellowship Lutheran Church in order to help dying people and their families experience a peaceful death with love?

Qualitative Results

Interpretation of the Focus Groups and Interview Data

I first worked to interpret my qualitative data by use of a word-by-word, line-by-line, analysis of focus groups and interviews. This was done in several ways. Word-by-word analysis was begun by entering each interview and focus group into a website for

¹ The title of this chapter comes from an African American spiritual entitled “Were You There.” Evangelical Lutheran Church in America and Evangelical Lutheran Church in Canada, *Evangelical Lutheran Worship*, #353.

creating word clouds called TagCrowd.com. This program counts every single word used, produces a frequency of use on the same, and then produces a word cloud upon completion. This helped me to see which words were used most often both in a practical sense (e.g., how many times was the word “church” used), but also in an illustrative sense (e.g., I could view the word cloud to see the same). I then began line-by-line analysis after receiving this information. Focus group and interview transcripts were read line-by-line and words or phrases that captured my attention were delineated. *In vivo* codes were then clustered and named with gerunds. I did this by printing out the words and phrases which had captured my attention, cutting them apart, and manipulating the small pieces into groups, which I then glued onto poster board. Each of these poster boards became the clusters that became my focused and axial codes. In sum, this process yielded 223 *in vivo* codes, 29 focused codes, and four axial codes (See table 5.1).

Table 5.1 Focused & Axial Codes (Interviews and Focus Groups)

| | |
|--|---|
| 1. Preparing for Death | 3. Grieving the Dying/Dead |
| 1a. Desiring a pastor | 3a. Caring for the dying |
| 1b. Talking about death | 3b. Losing a loved one |
| 1c. Dying actively | 3c. Remembering the deceased |
| 1d. Continuing self-care | 3d. Experiencing Loneliness |
| 1e. Drafting documents | 3e. Hearing stories |
| | 3f. Supporting the bereaved |
| | 3g. Playing together |
| | |
| 2. Ministering by the Priesthood of all Believers | 4. Experiencing Conflict |
| 2a. Visiting the dying | 4a. Failing to act |
| 2b. Praying for those with need | 4b. Fighting in families |
| 2c. Standing together | 4c. Hurting due to neglect and/or abandonment by the church |
| 2d. Being the family of God | 4d. Falling through the cracks |
| 2e. Loving family and friends | |
| 2f. Being women together | |
| 2g. Communicating well | |
| 2h. Feeding the grief stricken | |
| 2i. Finding solace in faith in God | |
| 2j. Showing we care | |
| 2k. Attending to the needs of the whole person | |
| 2l. Thanking those who helped | |
| 2m. Preaching the eulogy | |

Focus Groups and Interview Findings

My research finds that these axial codes of preparing for death, ministering by the priesthood of all believers, grieving the dying/dead, and experiencing conflict interacted with each other in the following ways. Respondents recognize a need to prepare for death legally, emotionally, physically and spiritually. People attending both the focus groups and interviews cited the importance of being in conversation with the pastor on difficult issues. Tara, a participant in the first focus group stated, "... when Pastor Iva came over that day and said, 'It's okay. They're going home.' You know, just that reassurance ... from your pastor ... That had to be ... the pastor" (Focus Group 1). Another issue raised in Focus Group One was the importance of preparing legal and financial documents such as a last will and testament, health care directive, and medical power of attorney. Greta, a participant in Focus Group Two and in the individual interviews stated, "I truly do not know what I would have done without my Thrivent man and my financial man" (Focus Group 2). Finally, people in Focus Group One also spoke about the importance of being open to talking about the anticipatory grief that comes as a loved one is fading, the implementation of self-care, and the special support needed from Fellowship church while a person is actively dying (i.e., expected to die in the next 72 hours).

Fellowship has a special opportunity to render ministry to caretakers in this most difficult time. Fellowship recognizes this opportunity and places a very high premium on the ministry of the priesthood of all believers. People in focus groups and interviews spoke often about the need for professional *and* lay ministers to stand together, visit, pray, care for the sick, and love each other well during a time of grief or bereavement.

Jennifer, a participant in Focus Group One, said that visitation from Pastor Iva was the best interaction she had with the church as her loved one died. She said, "... we called her and she was available and everything with the funeral home. She came to our house a couple times" (Focus Group 1). Greta, reported in her interview, "Pastor Iva and Pastor Lani [were] wonderful with my husband. I mean Pastor Lani gave me her phone number and said I'm on call for you 24/7" (Interview 2). Greta tested this promise to be *on call* when she called Pastor Lani when her husband was dying. Greta reports, "Mikey was really ill ... We didn't know ... if he would make it 'til the next day ... She came at midnight" (Interview 2). It was clear from these descriptions that visitation from the pastor made a big difference to Jennifer and Greta at the time of death.

It is not just at the time of death that pastoral visitation is appreciated. Molly, a participant in Focus Group One, expressed her gratitude for pastoral presence as she and her family made medical decisions for her ailing mother. She said, "I felt like ... I would be open to a Befriender or a lay minister, but ... at one point ... we just really needed a pastor there" (Focus Group 1). She went on to cite several points when she appreciated care from a pastor such as whether or not to place a tracheotomy or enroll in hospice, as well as the need for a pastor to pray the Commendation of the Dying during the last few days of a loved one's life. Pastor Iva further clarified this point when she said, "the assurance that was needed from the pastor was her salvation. Like, is it okay to die" (Focus Group 1). People most appreciated the presence of pastors when they were making life and death decisions and as their loved ones were actively dying.

Professional staff from the church also have an important role to play in the care of the sick, hurting, or dying that is unique from other volunteer lay ministers. Xia, a participant in Focus Group Two, said,

Especially on Wednesdays I was here, I felt like I was always welcome and people were saying, “How are you doing?” ... I felt like the staff knew what was going on. It wasn’t just the pastors. But, I don’t know if you share information in the staff meetings, but there were other staff who I felt like were watching out for me ... staff would say, “Hey, how are you doing?” ... and I had some nice emails that were really nice (Focus Group 2).

Molly and Xia also seemed to echo most people’s willingness to receive *volunteer* lay ministers in most moments of their hospice and bereavement journeys. Greta reported, “It is so phenomenal. A week and a half after we lost our son, one couple called and invited Mikey and I for dinner ... And they had just two other couples and of course, we knew them ... very closely and we said prayers that evening ... We had a lovely little group of people that knew our ... hardship, our loss” (Interview 2). Doug, a gentleman who participated in both a focus group and an interview also lifted up his appreciation for the ministry of prayer at Fellowship. He said, “Mom’s name was in the bulletin. It was nice to hear her name said at church, you know to pray for Elizabeth Anderson” (Interview 4). Tara, a participant in Focus Group One, corroborated the importance of prayer when she stated, “I also belong to a prayer group, here at Fellowship. And...uh, it’s been really, really good because we not only pray for people in the church, but we pray for each other” (Focus Group 1).

Another way that lay ministers care for a bereaved person is by taking notice of them when they return to worship after the death of a spouse, or other loved one. Frieda, a participant in Focus Group One, talked about how hard returning to church was for her when she stated, “You find it’s like a double-edged sword. It feels good to go. You need

to go. But, you start to feel bad when, just simple things ... like maybe someone—a husband putting his arm around his wife in the pew in front of you or ... the fellow who helps his wife ... with her coat every Sunday” (Focus Group 1). Sarah, another participant in Focus Group One, further illuminated the importance of being noticed when she said, “I can remember first coming back after Johnny died and one of our friends saying, ‘Why don’t you come sit with us?’ and that was great” (Focus Group 1).

These types of thoughtful actions were continually uplifted as the means by which people experienced Fellowship’s ministry while a loved one was dying or a person grieved after the death of their loved one. Respondents also cited exhibiting faith in God, feeding the grieving, and offering the ministry of Word through funeral eulogies as ways that Fellowship could best love and care for those who had lost a loved one to death. Tara, a participant in Focus Group One stated, “I guess I have learned that I need to reach out to my church family ‘cause they are my family and they’re always there. I mean they are. They’re always there. Someone will help you. Somebody will” (Focus Group 1).

Participants placed a special emphasis on the role of women’s ministry toward one another at Fellowship both while a loved one died and after death as well. Participants cited the work of women through ministries of quilting, cards, circles, Bible studies, and informal outreach, as a rich source of ministry toward the dying and their families. Sarah, a participant in Session One, said, “Thank goodness for my crew, you know, if it wouldn’t be for ... my quilting group and my circle group ... They’re my sisters” (Focus Group 1). This *sisterly feeling* was uplifted many times in focus groups and interviews. Sarah goes on to say concerning the quilting group, “We are closer than ... my own family because I see them at least three times a week” (Focus Group 1).

Franklin, a participant in Focus Group Two, explained the importance of ongoing ministries, including a women's circle, in his mother's life after she lost her spouse. He said, "I know she's ... continued on in choir and done some other sort of Bible study groups around here. I can just see though, that if those didn't exist ... that she would really have a problem" (Focus Group 2).

When a person is experiencing deep conflict or feels hurt by a member of the church, this closeness plays an important role in the retention of membership. Victoria reported after experiencing deep conflict, "I started looking for other churches. I did. I started going to other churches. And then, because of my dear women in this church ... they herded me back. And only because of them, am I here today" (Interview 1). Women appear to have a unique role to play in affording excellent communication, attending to the needs of the whole person, and standing together with other women who are suffering.

Opportunities for Growth

Fellowship, when it is at its best, meets the needs of dying people and their families well and most respondents were very satisfied. However, many people in focus groups and interviews did raise opportunities for growth in Fellowship's hospice and bereavement ministries. Some participants named ministries that Fellowship could create in the future which they would appreciate, such as support and social groups. Other participants expressed concerns about the fact that there were people who experienced conflict with the church when Fellowship failed to act, neglected, or abandoned those in need of ministry, and allowed people insecurely attached to the church and its ministries to fall through the cracks.

Both focus groups and interviewees drew attention to the importance of creating safe places for mutual support during a period of bereavement. Respondents expressed a request for support groups and social ministries that would allow bereaved people to remember their loved ones, share their stories, play with others, and address the loneliness intrinsic to losing a loved one. Doug said, “If I could think of something that might have benefited me and maybe lots of people—‘what’s the dark corners of your relationship that either prevent you from mourning or have you crying non-stop’” (Interview 4)? Many people in focus groups and interviews shared his desire to have a safe place to be transparent about their grief and loss. Doug also uplifted the desire to have a focus group for his children and other children who have lost a loved one. He said, “What’s funny is, you know, we talk about death all the time in the church. We talk about this horrific death of Christ on the cross. But then, we somehow didn’t pay attention to the fact that kids have people that die in their families all the time and we didn’t think to like have them process it” (Interview 4). He went on to reflect on the importance of a place for children to share memories and get support when they lose a loved one like a grandparent, parent, or sibling.

Frieda, a participant in the first focus group, said that she would prefer an informal and self-led group where people brought in prayers, songs, or readings that provided comfort. Sarah expressed her desire for a social group by sharing her experience at another church. She said, “They come and some play cards. Some play board games ... it just got to be really fun. And it was just one time that people could get together and you just do things. Because a lot of people used to do things with their spouses” (Focus Group 1).

Participants in focus groups and interviews also pointed out the fact that Sunday afternoon presents a unique opportunity for Fellowship to provide ministry to those who have lost a spouse. Victoria stated, “I know ... my dear mother before she died, too said ... ‘Oh, I hate, hate Sundays.’ She lived in a senior apartment and she said, ‘People go out. They’ve got things to do with their families and here I sit’” (Interview 1). Some people expressed that the second year after a loss is another period when they would have appreciated ministry. Greta stated, for example, “I will say the first year, everybody is taking care of you ... The first of everything ...” (Interview 2). She reported, however, in the second year she still felt “out of tune,” but the church did not offer the same care ministries, perhaps because people mistakenly thought she was okay.

A powerful moment in Victoria’s interview was when she lamented falling through the cracks. She said, “I remember I was sitting over there. And there was four women that were just, ‘Oh my gosh! We had the pastors to the house. We had ‘em at the funeral home and after funeral.’ And I went home and thought, ‘boy, I wish I could have felt part of that’” (Interview 1). Victoria reported in her interviews that she was disappointed during her loved one’s illness because she did not get regular visitation while he was hospitalized, nor literature to support her during her anticipatory grief. She said in regard to a conversation with one of the pastors, “I’ll never forget this ‘cause this is such a bitter, bitter experience. I said, ‘Would you please give me some reading material?’ She said, ‘I will.’ She never, ever came back again. Donald was in the hospital forty-seven days” (Interview 1). After her loved one’s death, she also did not feel that she received a visit in a timely fashion.

Lilly, another participant in both a focus group and an interview, had a similar experience of falling through the cracks. Her mother fell ill in another city in Minnesota. She shared the news with Youth and Family professional staff and at least two different pastors, and made a request for prayer in the church office, but she did not feel that she received the hospice or bereavement ministry that she desired from her own congregation. She said, “I’ll come to church and I’ll see in the announcements, people saying, ‘Oh, thank you for all of the support from all the people at church through this event’ and it’s three years later and I’m thinking, where were they for me” (Interview 3)? Fellowship appears to have been conspicuously absent for some participants’ bereavement processes.

Lilly did, however, receive services from her dying parent’s local congregation which provided a parish nurse to walk with her from diagnosis to death, wooden and crocheted prayer crosses, prayer shawls, pastoral visitation with Holy Communion, funeral hosting, bereavement mailings with resources for an entire year after the death, and a card at the anniversary of her mother’s death. All of these services, from a church not her own, caused her to ask, “Where’s my church” (Interview 3)? Sarah reiterated this desire for visitation, with the provision of educational or inspirational materials, when she stated,

Is there something the church could do when they visit? ... I remember my brother-in-law when my sister died. The pastor came and had these different, beautiful books and different things for them ... I didn’t get anything from the church ... But, I got it from the funeral home and from hospice ... I’m not saying everybody may want it or need it, but I think they will at some time (Focus Group 1).

Lilly and Sarah raised an important point. Many people who participated in the focus groups and interviews helped me to understand the importance of tangible and

intangible expressions of love and support for the families of those who are sick or dying. Lilly specifically wished that she could have received email from the pastor checking in, meal train services for her husband and children back home, and bereavement support upon her return to the city after forty-one days of supporting her mother at the end of life.²

One such tangible expression of love cited by participants in both focus groups and interviews was the request for a meal train as a practical expression of support. Doug stated the importance of sharing food with the grief-stricken and/or bereaved. He said that it would be particularly helpful when a loved one is in the hospital or has recently died. He felt a meal provides a welcome reprieve from the worry of what to make for dinner when the family is already under stress. He said that by sending a casserole, Fellowship would communicate, “We are thinking of you and praying for you ... We know this time is hard, but tonight’s not. Dinner’s on us” (Interview 4)!

Victoria, Lilly, and Doug uplifted the importance of many different kinds of bereavement ministries. Other focus group and interview participants suggested additional supports such as helping families to pre-plan funerals and burials and the provision of spiritual counseling for families engaged in conflict during post-mortem planning. Victoria remembered her stepdaughters lamenting, “I wish we had talked to Dad ...” (Interview 1). This family missed the opportunity to have an important conversation with their loved one and pastoral staff while he was living.

² A meal train is a means of providing meals to a person or family in crisis. Members of the church sign up to bring a meal each day for a certain number of days to alleviate the need to cook from families already under strain from life’s circumstances.

Victoria also shared that familial communication was further complicated because her family is bi-denominational. She is Lutheran and her husband was Catholic. This created a unique challenge while he was dying in terms of communication and ministry support. She said, “I just felt ... no one was there” (Focus Group 1). Leadership at neither the Catholic nor the Lutheran Church realized she was in deep need of ministry. Victoria and her stepdaughters would have benefited from this ministry when conflict arose as they tried to determine where and how to scatter her husband’s ashes. The family ultimately resolved the issue; however, the role of the pastor in helping families to plan funerals and burials in a peaceful and Christian fashion was not lost on Victoria. She, therefore, considered it a valuable ministry of the congregation. Victoria, lamented the missing hospice and bereavement ministries when she said, “It’s just such a lost feeling. Oh my God! If your church isn’t going to be there for you at the time of death. To me, [that is] the most important time you need your church there” (Interview 1).

Focus Group and Interview Theoretical Codes in Conversation: Influence within the Existing System

I analyzed the data that came forth from the qualitative sources. I then sought to describe the systems currently in place at Fellowship so that I could gain a better understanding of what *is* happening and what needs to happen in the future. Figure 5.1 creates a visual representation of how the focused and axial codes which emerged from interviews and focus groups are in relationship with one another. The biggest system is the community. Participants reported in interviews and focus groups that they were preparing for death, giving or receiving the ministry of the priesthood of all believers, and grieving the dead, both inside and outside of the four walls of church.

I found that there are some ministries offered exclusively inside of the church such as preaching the eulogy, corporate prayer in worship, or playing together (e.g., quilting). There are other ministries that can occur either inside of the church or outside of it, sometimes provided by the church and other times provided by others (e.g., attorneys, Thrivent, etc.). The circle, in Figure 5.1, representing “preparing for death” is located mostly outside of the church. This is because *most* legal and relational preparation for death happens outside of the four walls of the church building. Drafting legal documents, visiting and caring for the dying, and feeding the grief stricken are examples of this phenomenon.

Finally, it should be noted that conflict also occurs *mostly* outside of the church. It arose when ministers failed to act, neglecting or abandoning insecurely attached people, who then fell through the cracks and were left to emotionally and spiritually fend for themselves which sometimes resulted in familial conflict as well. This conflict may, or may not, interact with grieving the dying/dead. The “conflict” circle is much smaller than the others because both qualitative and quantitative research showed that very few people acknowledged conflict with the church, or in their families, when they were bereaved. I found that, when conflict arises, it can occur exclusively outside of the church (i.e., when a person leaves the church in disappointment), it can occur inside of the church (i.e., when a person is angry, but says nothing), or it can occur in both spaces at different times. A person can also grieve the dying without experiencing conflict with church or family. The priesthood of all believers, in all cases, stood ready to be activated toward a person who was grieving in order to provide love and care to the dying and bereaved. (See Figure 5.1)

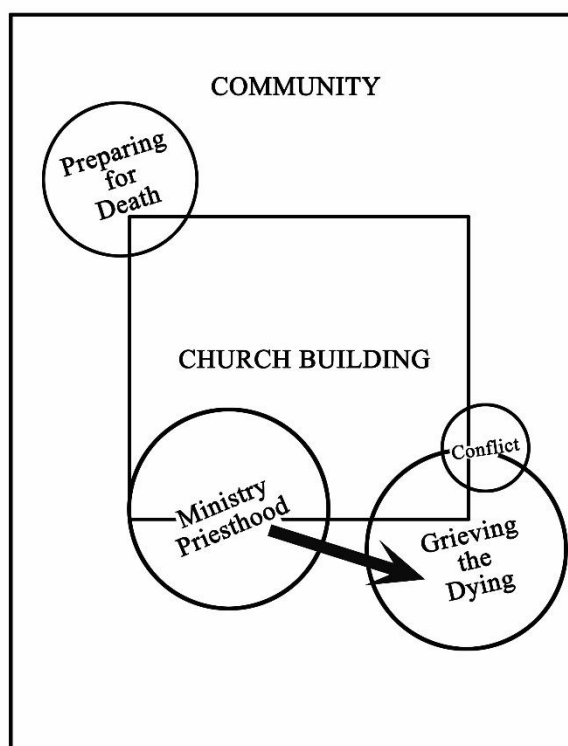


Figure 5.1: The Theoretical Relationships of the Axial Codes

Interpretation of the Open Ended Questionnaire Responses

There were five open-ended questions on the congregational survey (See table 5.2). These were included to help respondents share any additional commentary they may have had on hospice and bereavement ministries at Fellowship Lutheran Church. I coded the open-ended responses in the same way I did for focus groups and interviews. I used Charmaz's word-by-word, line-by-line, and incident-by-incident process to develop focused and axial codes that I could then examine for conversation with one another. My coding led to thirty focused codes and three axial codes (See table 5.3). Open-ended questions revealed that respondents were thankful and yearned for a deeper awareness of

the importance of caring for and counseling the bereaved; providing ministry on death, dying, and eternal life; and being community together.

Table 5.2 Open Ended Questions from Congregational Census

| |
|--|
| 1. What is Fellowship's greatest strength concerning ministry to the dying (Q44)? |
| 2. What could Fellowship do better to minister to the dying and their families (Q45)? |
| 3. What specific ministries do you think would be beneficial in the year following the death of a loved one (Q46)? |
| 4. Is there anything else you would like us to know about ministry to the dying and their families (Q47)? |
| 5. Is there anything else you would like to share with me today that I did not ask in this survey (Q48)? |

Table 5.3 Focused and Axial Codes (Open Ended Questionnaire Questions)

| 1. Caring and Counseling for the Bereaved | 3. Being Community Together |
|--|--|
| 1a. Responding when called upon | 3a. Willingness to help |
| 1b. Visitation of the dying and bereaved | 3b. Caring congregation |
| 1c. Ministering by Befrienders | 3c. Providing hospitality during funerals |
| 1d. Calling the bereaved | 3d. Nurturing a loving environment |
| 1e. Listening well | 3e. Offering support groups |
| 1f. Supporting the bereaved at least twelve months | 3f. Communicating well |
| 1g. Mailings around milestones and bereavement support | 3g. Creating a buddy system for the bereaved |
| 1h. Attending to bi-denominational family needs | 3h. Nurturing relationships |
| 1i. Training and deployment of lay ministers | 3i. Being women together |
| 1j. Helping to plan funerals | |
| 1k. Attending to those in danger of falling through the cracks | |
| | |
| 2. Providing Ministry on Death, Dying, and Eternal Life | |
| 2a. Preparing meaningful eulogies | |
| 2b. Preaching sermons | |
| 2c. Praying corporately and privately for those with need | |
| 2d. Distributing Holy Communion | |
| 2e. Teaching on death, dying, and eternal life | |
| 2f. Offering of the columbarium | |
| 2g. Providing resources and referrals for the bereaved | |
| 2h. Teaching classes | |
| 2i. Offering small group discussions and Bible studies | |
| 2j. Helping with estate and health care planning | |

Caring and counseling for the bereaved; providing ministry on death, dying, and eternal life; and being community together provide rich opportunities to enhance existing ministries and create new ones as well. The interpretation of my data found that respondents appreciate many strengths in Fellowship's current ministry to the dying and their families. Ministries that were particularly uplifted were Fellowship's pastoral care, corporate prayers in weekly worship, and the worship and hospitality found at funeral

services. Other respondents stated that a “strong sense of community, caring and compassionate [*sic*]” makes a difference and that “through worship and classes [Fellowship has] taught concepts of life and death” (Q44).

Respondents felt that Fellowship could better minister to the dying and their families by “providing reading materials,” and “visiting the dying on a regular basis” (Q45). Several respondents acknowledged that Fellowship had for a period been short-staffed with only two paid pastors, which may have led to fewer pastoral care visits. One person stated, “The addition of a third pastor will provide much needed relief to a pastoral team that has been stretched thin.” This same person was grateful for the efforts “to train lay members to minister to the dying and their families” as a result (Q45).

Respondents suggested that the church could add other ministries such as the provision of grief support groups, a six-month post-mortem visit to family, and a list of community resources for grief support. One respondent suggested that s/he would appreciate “more education” and that the church could provide this “in a larger section of the bulletin” (Q45). Additionally, one respondent said that s/he would appreciate for staff to “keep in contact following a death” (Q45). All of the responses seem to underscore the importance of needing hospice and bereavement ministries at Fellowship.

Some respondents spoke specifically to the ministries that they thought would be beneficial in the year following the death of a loved one. Of one hundred and twenty responses, forty-eight people said that the provision of grief support groups was of the utmost importance. Some additional ministries appreciated are, or would be, provision of reading materials, visits to homes, community socials, and educational opportunities pertaining to “planning and estate care” (Q46). Some respondents also said that they

would appreciate special mailings around grief milestones such as the anniversary of a death.

A request named in open-ended questionnaires, as well as interviews and focus groups, was “a buddy to go to various events ... the first few times when you’ve been used to going with a spouse” (Q46). Another person also spoke to this saying, “It is not fun to sit alone in the pew. When someone asks me to join their family or sit with them, it is so helpful” (Q46). One respondent also said that s/he thinks “a call inviting people back to the church” after the death of a spouse, or other loved one, would be an important ministry opportunity (Q46).

Some additional concerns shared by people who responded to the questionnaire regarding ministry to the dying and their families pertained to questions regarding whom Fellowship’s hospice and bereavement ministries will serve. One person asked, “Would they minister to a regular church attender who is still uncertain about full membership” (Q47)? Another person said that s/he would appreciate it if Fellowship’s ministers would “visit *all* families and do the same for all members” (Q47). This concern was echoed by another person who said, “Sad to say, I feel that not all are treated the same” (Q48). Finally, another respondent requested that ministers be sensitive to the different religious and denominational experiences that shaped those who attend Fellowship, noting that, “it is complicated by the fact that families come from many Church backgrounds (Catholic, etc.)” (Q47).

Other concerns voiced by respondents pertained to a desire for “a daily meditation resource specific to anticipating death,” as well as congregational training on “what to say and a solid theology on which to base their comments to the families of those who

have died or are dying. There's a lot of really bad death theology out there" (Q47). One final request shared by some respondents was that ordained and lay ministers remember the importance of bringing Holy Communion to the sick and dying, as well as providing information regarding Fellowship's columbarium as well (Q47).

The final open-ended survey question asked, "Is there anything else you would like to share with me today that I did not ask in this survey?" A few respondents used this opportunity share deeper about the types of ministries they would appreciate. One person wrote, "While it is understandable that the focus of grief groups may be geared toward the loss of a spouse or parent, we ought not forget that parents or grandparents who have lost a child have tremendous needs" (Q48). Another person reminded us that, "Folks are concerned about hippa [*sic*] and confidentiality ... this is a real concern for families" (Q48).³

Other concerns mentioned in response to this question pertained to advice regarding the visitation needs of the dying and their families. One person stated,

Some people may want someone to visit occasionally during a terminal illness and some may want more visits. I think there should be an initial visit by one of the pastors, and then it should be up to the person and/or family to determine if they want additional visits and if they are comfortable with a trained layperson (Q48).

Another person said, "I feel that the caregiver, or spouse and children should have visits. The person who is hospitalized is often given a lot of prayer and attention. The family needs as much support" (Q48). Yet another respondent shared, "A pastor's presence is essential in the beginning to let the person, family, know that there are pastoral visits available. The Pastor needs to be there also after the death to also let the family know of

³ HIPAA is an American law which protects a patient's confidential medical data.

services offered” (Q48). Respondents provided a reminder, in each of the cases, that ministers should create individualized plans of care for the dying and their families, which take into account the impact of death and dying on the entire family.

A final concern raised by respondents in this section was the hope that *all members* would receive ministry when in need. One participant stated, “When my husband was ill—NO pastors visited ... I was very hurt especially when I learn[ed] the pastors visited others many times in their homes” (Q48). Another person stated, “Never forget the family as soon as the funeral is over” (Q48). Another participant addressed such comments saying, “We should all be encouraged to report any disappointments and dissatisfactions we hear about so that they don’t fester” (Q48).

I learned a lot about caring and counseling for the bereaved, providing ministry on death, dying, and eternal life, and being community together as I coded and interpreted the rich data that emerged from the open-ended survey questions. Much of the information gleaned was consistent with that which emerged in focus groups and interviews as well.

Open-Ended Survey Questions: Theoretical Codes in Conversation within the Existing System

I created a figure after interpreting the data from the open ended survey questions in order to help me understand how the focused and axial codes were interacting. Figure 5.2 makes it clear that the church has an important role to play in regard to ministry to the dying and bereaved. Providing ministry on death, dying, and eternal life currently happens mostly within the confines of the church walls itself. It is inside of the church that we prepare meaningful eulogies, preach sermons, pray corporately, teach classes, and

offer small groups or Bible studies. Being community together happens both inside and outside of the four walls of the church building. It is here that we not only provide hospitality during a funeral, but we also nurture relationships, create buddy systems, and act as women together whether inside or outside of the church's walls.

Finally, we provide caring and counseling for the bereaved both inside and outside of the four walls of the church. This focused code and the corresponding axial codes encompass what it means to be community together and to provide ministry on death, dying, and eternal life. As we care and counsel the bereaved we visit, listen, offer mailings, help plan funerals, and care for those in danger of falling through the cracks. When we provide adequate care and counseling to the bereaved, we will also be community as we provide ministry on death, dying, and eternal life as well. When we fail to provide adequate caring and counseling of the bereaved we miss the mark on being a community that provides ministry on death, dying, and eternal life when it is most needed (See Figure 5.2).

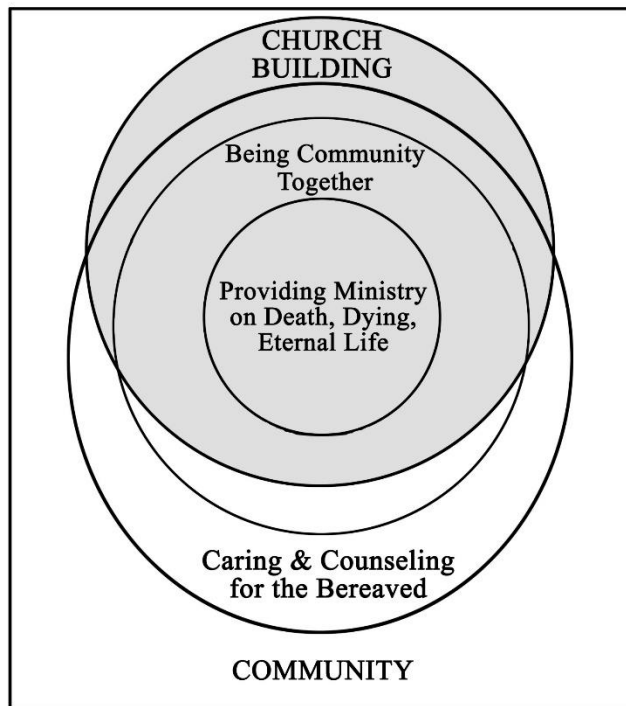


Figure 5.2: Theoretical Relationships of the Axial and Focused Codes

Summary

Analysis of qualitative data makes it clear that the church is called to partner with people and agencies in the community to offer ministry, care, and education to those who are dying and those who are grieving the loss of a loved one as well. There are some ministries that are the sole purview of the congregation such as preaching, praying in corporate worship, and offering small groups or Bible studies. There are other ministries that can be discharged either inside or outside of the church building such as spiritual care visits, feeding the grief stricken, hearing stories, playing together, offering support groups, or being women together. Finally, there are some ministries that are best served outside of the church walls such as preparing legal documents with an attorney, visiting

in homes, seeking and finding those who have left the church due to conflict, or sending mailings out into homes within our neighborhoods.

There are many ministries that are appreciated by the respondents of interviews, focus groups, and opened ended survey questions. There are also some opportunities for growth in our hospice and bereavement ministries. In all cases, we have had the opportunity to learn a lot about which specific practices will help dying people and their loved ones experience a peaceful death with love.

Quantitative Results

The third group of findings from my research came from the quantitative data collected by the congregational survey. I wanted to further probe some of the themes that emerged from my qualitative data. I initially collected 253 questionnaires. I disqualified thirty-nine of the 253 because they were not members of the church or they failed to answer more than half of the questions asked. I, therefore, had 214 valid responses with which to interpret data collected. Of the 214 respondents, all were members of Fellowship and more than half of the respondents have been members of Fellowship over fifteen years (See table 5.4). Sixty-two men and 152 women participated in my survey. All but three people identified as European-American and/or wrote in Caucasian therefore there was not enough ethnic diversity amongst respondents to learn if there is a difference between ethnicities in regard to feelings regarding Fellowship's hospice and bereavement ministries (See tables 5.5 and 5.6). One-third of respondents earned over \$100,000 per year and over 90% of the respondents had a college education (See tables 5.7 and 5.8).

People between the ages of thirty-three and ninety-two years old participated in this survey. The mean age of respondents was sixty-one. I chose to put in the mean of sixty-one for thirteen people who did not respond to the question regarding age. I did this because they answered the other questions and I wanted to be able to use their surveys as I performed t-tests. I looked at age in only two categories: people less than sixty-five years old and people sixty-five years and older. I did this because if I grouped the data any further by age, I lost reliability in statistical analysis results with the smaller categories that did not have enough respondents.

Table 5.4 details how long each of the respondents has been a member of Fellowship Church.

Table 5.4 Years of Membership

| Age Groups | Frequency | Percent |
|------------|-----------|---------|
| Valid 0-5 | 40 | 18.7 |
| 6-10 | 27 | 12.6 |
| 11-15 | 29 | 13.6 |
| 16-20 | 31 | 14.5 |
| 20+ | 87 | 40.7 |
| Total | 214 | 100.0 |

This table makes it clear that almost 19% of respondents have only been members zero to five years, whereas over 55% of all respondents have been members of this congregation longer than sixteen years.

Table 5.5 shows the gender of all participants.

Table 5.5 Gender of Participants

| | Frequency | Percent |
|------------|-----------|---------|
| Valid Male | 62 | 29.0 |
| Female | 152 | 71.0 |
| Total | 214 | 100.0 |

This table shows that over 70% of all respondents to the congregational census were women. This likely had some influence on the outcomes of the research.

Table 5.6 shows the race/ethnicity of all participants.

Table 5.6 Race/Ethnicity of Participants

| | Frequency | Percent |
|------------------------------|-----------|---------|
| Valid Other (please specify) | 21 | 9.9 |
| African American | 1 | .4 |
| European-American | 191 | 89.7 |
| Total | 213 | 100.0 |

I took notice of the fact that almost 90% of all respondents were European-American.

Another 10% identified themselves as “Other,” writing in, “Caucasian.” Therefore, the respondents were almost 100% European-Americans. This data suggests that it may make it challenging to respond to the hospice and bereavement needs of people of color.

Table 5.7 shows the gross family income of respondents before taxes.

Table 5.7 Gross Family Income before Taxes

| | Frequency | Percent |
|------------------------|-----------|---------|
| Valid Under \$29,999 | 13 | 6.1 |
| 30,000-39,999 | 15 | 7.0 |
| \$40,000 to \$59,999 | 31 | 14.5 |
| \$60,000 to \$79,999 | 39 | 18.2 |
| \$80,000 to \$99,999 | 36 | 16.8 |
| \$100,000 to \$119,999 | 25 | 11.7 |
| \$120,000 to \$139,999 | 19 | 8.9 |
| \$140,000 to \$159,999 | 15 | 7.0 |
| \$160,000 to \$179,999 | 9 | 4.2 |
| \$180,000 to \$199,999 | 2 | .9 |
| \$200,000 or more | 10 | 4.7 |
| Total | 214 | 100.0 |

It was striking to learn that 72.4% of all respondents make more than \$60,000 per year, rendering most participants' middle to upper class in economic status. This may have had bearings on the research findings.

Table 5.8 details the highest level of education attained by participants.

Table 5.8 Highest Level of Education Attained by Participants

| | | Frequency | Percent |
|-------|--------------------|-----------|---------|
| Valid | Secondary | 11 | 5.2 |
| | Undergraduate | | |
| | College/University | 56 | 26.4 |
| | Trade | 13 | 6.1 |
| | Associate's Degree | 20 | 9.5 |
| | Graduate | 45 | 21.2 |
| | Post Graduate | 67 | 31.6 |
| Total | | 212 | 100.0 |

I noticed that 52.8% of all participants have graduate degrees or higher and 94.8% of the congregation has post-secondary education of some kind. This likely influenced my research findings.

I was most interested in whether gender or age mattered in regards to how congregants answered questions when interpreting my data. I determined that these categories were important because I can imagine the congregation targeting educational opportunities to a men's Bible study or a women's circle. I can also imagine educational offerings to working adults with young families verses older adults who are nearing retirement or already retired. I also conducted cross tabulations and chi-square tests on educational attainment and income. There were some statistically relevant findings which emerged which are shared near the end of this chapter.

General Findings

I started by wondering what the theology of the congregation was around death and eternal life. I learned that a little over half of the congregation agrees or strongly agrees with the statement, "I am not afraid to die" (Mean = 3.56). I also learned that the

vast majority of the congregation believes that when they die they will go to heaven (Mean = 4.36). This was an interesting finding because it also suggests that almost half of the congregation *is* afraid to die, but still believes they will go to heaven.

This led to me wonder if the fear of dying amongst almost half of the congregation also meant that they were experiencing denial that death would come. I sought to measure denial by learning whether they had prepared to die through the preparation of a will, medical directive, and power of attorney. Table 5.9 details participants' legal preparations for death.

Table 5.9 Legal Preparations for Death

| | | Yes (N) | No (N) | I don't know what this is | Total |
|---|--|---------|--------|------------------------------|-------|
| | | % | % | % | % |
| I have prepared a last will and testament | | 150 | 63 | 0 | 213 |
| | | 70.4 | 29.6 | 0.0 | 100.0 |
| I have a medical directive completed and filed | | 122 | 88 | 1 | 211 |
| | | 57.8 | 41.7 | 0.5 | 100.0 |
| I have a medical power of attorney | | 106 | 102 | 5 | 213 |
| | | 49.8 | 47.9 | 2.3 | 100.0 |

I found that 70.4% of people have prepared a last will and testament. Over half of the respondents (57.8%) do have a medical directive completed and filed. Almost half (49.8%) of participants do have a medical power of attorney. This means that more than half of all respondents have undertaken some form of *legal* preparation to die.

I sought to discern whether participants had also undertaken *relational* preparations to die, after finding that more than half of participants had undertaken a legal preparation to die. I did this by examining whether or not respondents had

preplanned or prepaid a funeral or talked to their families about how and where they wanted to die. Table 5.10 shows participants relational preparations for death.

Table 5.10 Relational Preparations for Death

| | Yes (N) | No (N) | I don't know what this is | Total |
|---|---------|--------|------------------------------|-------|
| | % | % | % | % |
| I have preplanned my funeral and shared these plans with someone I trust. | 47 | 167 | 0 | 214 |
| | 22.0 | 78.0 | 0.0 | 100.0 |
| I have prepaid my burial expenses | 31 | 182 | 1 | 214 |
| | 14.5 | 85.0 | 0.5 | 100.0 |
| I have talked to my family about how and where I would like to die. | 88 | 123 | 2 | 213 |
| | 41.3 | 57.8 | 0.9 | 100.0 |

I found to my surprise that although the majority of people had made some legal preparations to die, they had *not* prepared relationally. Seventy-eight percent of respondents had not preplanned a funeral and shared those plans with someone they trusted, 85% had not prepaid burial expenses, and almost 58% had not discussed with their families how and where they would like to die.

Data seem to suggest that while people are willing to prepare legally and privately, they are not as willing to have difficult conversations with people they love about their time of departure. I explored further to ascertain whether respondents needed and/or were willing to learn more about preparing for death. Table 5.11 illustrates the impact that death has had on participants and their desire to know more about preparing for a good death.

Table 5.11 Impact of Death & Desire to Know More

| | Yes (N) | No (N) | I don't know what this is (N) | Total |
|---|---------|--------|-------------------------------------|-------|
| | % | % | | % |
| I have lost a loved one to death in the last five years. | 155 | 62 | 0 | 213 |
| | 70.9 | 29.1 | 0.0 | 100.0 |
| I am a widower. | 26 | 178 | 1 | 204 |
| | 12.7 | 87.3 | 0.5 | 100.0 |
| I would like the church to provide education on preparing for a good death. | 166 | 33 | 10 | 209 |
| | 79.4 | 15.8 | 4.8 | 100.0 |

I found that 70.9% of the congregation has been impacted by the death of a loved one in the last five years, 12.7% of the respondents are widow/ers, and 79.4% of the congregation would like the church to provide education on how to prepare for a good death in the future.

These research results led me to see that the majority of the congregation has been impacted by the death of a loved one. They are also open to learning more about how to prepare for death. This knowledge led me to wonder how participants felt about the death of their loved ones and whether they felt Fellowship offered adequate ministry at the time of death. I shared above that 70.9% of respondents had lost a loved one to death in the last five years. Table 5.12 shows whether participants' loved ones experienced a peaceful death with love.

Table 5.12 Peaceful Death with Love

| | Yes (N) | No (N) | Missing (N) | Total |
|--|---------|--------|-------------|-------|
| | % | % | % | % |
| My loved one experienced a peaceful death with love. | 155 | 33 | 31 | 214 |
| | 70.1 | 15.4 | 14.5 | 100.0 |
| The church was instrumental in helping my loved one experience a peaceful death with love. | 74 | 107 | 33 | 214 |
| | 34.6 | 50.0 | 15.4 | 100.0 |

I found that 15.4% of respondents report their loved one *did not* die in peace and 50% said that the church *did not* help their loved one die in peace. It should be noted here that approximately fifteen percent of all survey participants chose not to answer this question either because they had no opinion, had no experience with a loved one's death, or chose to keep their feelings to themselves.

These data suggest that there may be opportunity for the church to offer additional ministry at the time of death. This led me to explore whether participants felt the church had adequate resources to meet the demand for hospice and bereavement care. Table 5.13 elucidates participants' feelings regarding Fellowship's existing hospice and bereavement ministries.

Table 5.13 Analysis of Fellowship's Existing Ministries

| | Mean | Strongly Disagree | Disagree | Both Agree & Disagree | Agree | Strongly Agree | Missing | Total |
|---|------|----------------------|----------|-----------------------------|-------|-------------------|---------|-------|
| | | % | % | % | % | % | % | % |
| I believe Fellowship does enough to help people die well. | 3.3 | 4 | 15 | 35 | 41 | 7 | 112 | 214 |
| | | 1.9 | 7.0 | 16.4 | 19.2 | 3.3 | 52.3 | 100.0 |
| I believe that Fellowship offers sufficient ministry at the time of death. | 3.4 | 6 | 8 | 34 | 38 | 11 | 117 | 214 |
| | | 2.8 | 3.7 | 15.9 | 17.8 | 5.1 | 54.7 | 100.0 |
| I wish my church did more to support the dying. | 3.4 | 0 | 18 | 36 | 33 | 13 | 114 | 214 |
| | | 0.0 | 8.4 | 16.8 | 15.4 | 6.1 | 53.3 | 100.0 |
| I wish my church did more to support widow/ers and others who have lost a loved one to death. | 3.6 | 0 | 11 | 32 | 51 | 13 | 107 | 214 |
| | | 0.0 | 5.1 | 15.0 | 23.8 | 6.1 | 50.0 | 100.0 |
| I believe that Fellowship does enough to support people who are bereaved in the year following a death. | 3 | 9 | 19 | 37 | 25 | 5 | 119 | 214 |
| | | 4.2 | 8.9 | 17.3 | 11.7 | 2.3 | 55.6 | 100.0 |

Fifty percent or more of respondents chose not to answer these questions as evidenced by the “missing” data in my table either because they had no opinion, had no experience with a loved one’s death, or chose to keep their feelings to themselves. However, of all those who participated in the overall survey, only 22.5% of all survey participants said they either agree or strongly agree with the statement, “I believe Fellowship does enough to help people die well.” Almost one quarter (22.9%) of all survey participants agree or strongly agree that Fellowship offers sufficient ministry at the time of death. A little over one-fifth (21.5%) of survey participants agree or strongly agree that they wish that Fellowship did more to support the dying. Almost one-third (29.9%) of all survey participants agree or strongly agree that they wish Fellowship did more to support

widows, widowers, and others who have lost a loved one to death. Finally, only fourteen percent of all survey participants either agree or strongly agree with the statement, “I believe that Fellowship does enough to support people who are bereaved in the year following a death.”

I continued my exploration into whether respondents felt that Fellowship had adequate resources to meet the hospice and bereavement needs of the congregation. Table 5.14 illustrates whether participants feel that Fellowship’s pastors have adequate time to visit the dying.

Table 5.14 I Believe That Fellowship's Pastors Have Adequate Time to Visit the Dying.

| | | Frequency | Percent |
|---------|-------------------------|-----------|---------|
| Valid | Strongly Disagree | 9 | 4.2 |
| | Disagree | 30 | 14.0 |
| | Both Agree and Disagree | 33 | 15.4 |
| | Agree | 38 | 17.8 |
| | Strongly Agree | 8 | 3.7 |
| | Total | 118 | 55.1 |
| Missing | System | 96 | 44.9 |
| Total | | 214 | 100.0 |

I learned that only 21.5% of all survey respondents agreed or strongly agreed with the statement, “I believe that Fellowship’s pastors have adequate time to visit the dying.” I also noticed that approximately 45.0% of people chose not to answer this question.

Table 5.15 provides further analysis of participants’ feelings regarding pastoral care ministries at Fellowship.

Table 5.15 Analysis of Pastoral Care

| | | Yes (N) | No (N) | Does not apply to me (N) | Total |
|---|--|---------|--------|-----------------------------|-------|
| | | % | % | % | % |
| I am aware that Fellowship has trained ministers to visit the sick and dying. | | 149 | 65 | 0 | 214 |
| | | 69.6 | 30.4 | 0.0 | 100.0 |
| I requested pastoral care from Fellowship when my loved one was sick or dying and did not receive it. | | 8 | 67 | 138 | 213 |
| | | 3.8 | 31.4 | 64.8 | 100.0 |
| My loved one died and I did not receive any follow up from Fellowship Church. | | 18 | 60 | 132 | 210 |
| | | 8.6 | 28.5 | 62.9 | 100.0 |

While many participants do not believe that pastors have adequate time to visit the dying, nearly seventy percent of participants *were aware* that there are trained lay ministers to visit the sick and the dying. This boded well when asked if they had ever requested pastoral care from Fellowship while a loved one was sick or dying and not received it since 96.2% of respondents had never had this circumstance. Additionally, 91.4% of respondents had never had Fellowship fail to follow up after the death of a loved one.

I next interpreted data to see how open people were to receiving spiritual care from ordained *or* lay ministers. Table 5.16 provides an analysis of the perceived pastoral care needs of participants.

Table 5.16 Analysis of Pastoral Care Needs

| | | Yes (N) | No (N) | Total (N) |
|---|--|---------|--------|-----------|
| | | % | % | % |
| | | | | |
| If I were dying I would want someone to call Fellowship Church. | | 210 | 3 | 213 |
| | | 98.6 | 1.4 | 100.0 |
| | | | | |
| If a loved one was dying, I would call Fellowship Church. | | 190 | 21 | 211 |
| | | 90.0 | 10.0 | 100.0 |
| | | | | |
| If I were dying, I would want the pastor to visit me. | | 209 | 3 | 212 |
| | | 98.6 | 1.4 | 100.0 |
| | | | | |
| If I were dying, I would want a trained lay minister to visit me. | | 166 | 41 | 207 |
| | | 80.2 | 19.8 | 100.0 |

I found that 98.6% of the respondents would like someone to call Fellowship Church if they were dying and 90% would call Fellowship if a loved one were dying. Almost all (98.6%) of respondents stated that if they were dying they would like a pastor to visit them, while only 80.2% of people would want a lay minister in the same circumstance.

Table 5.17 provides additional analysis of pastoral care needs.

Table 5.17 Additional Analysis of Pastoral Care Needs

| | | Yes (N) | No (N) | Gender does not matter | Total |
|---|--|---------|--------|------------------------|-------|
| | | % | % | % | % |
| | | | | | |
| I prefer to share my feelings with a pastor who shares my gender. | | 31 | 4 | 179 | 214 |
| | | 14.5 | 1.9 | 83.6 | 100.0 |
| | | | | | |
| I prefer to share my feelings with a lay minister who shares my gender. | | 35 | 13 | 163 | 211 |
| | | 16.6 | 6.1 | 77.3 | 100.0 |

Here I learned that 83.6% of respondents felt that the gender of the pastor did not matter concerning sharing their feelings. Likewise, 77.3% of respondents felt the same about lay ministers. The data clearly articulate that a majority of respondents are very open to communication with their community of faith and spiritual care of some sort if they or their loved one was dying.

I next interpreted data to ascertain what ministries respondents were most open to receiving when they or a loved one was dying. Table 5.18 provides an analysis of participants' desire for visitation.

Table 5.18 Analysis of Desire for Visitation

| | | One time | Once per month | Once per week | Daily | Not at all | Total |
|---|--|-------------|-------------------|------------------|-------|------------|-------|
| | | % | % | % | % | % | % |
| | | | | | | | |
| If someone has a terminal diagnosis, someone from the church should visit: | | 14 | 66 | 125 | 1 | 3 | 209 |
| | | 6.7 | 31.6 | 59.8 | 0.5 | 1.4 | 100.0 |
| | | | | | | | |
| If someone is actively dying (e.g., expected to die within 72 hours), someone from the church should visit: | | 61 | 0 | 18 | 131 | 2 | 212 |
| | | 28.8 | 0.0 | 8.5 | 61.8 | 0.9 | 100.0 |

I found that 59.8% of respondents felt that if someone has a terminal diagnosis, a lay or ordained minister from the church should visit at least once a week. Likewise, 61.8% of respondents felt that if someone was actively dying (i.e., expected to die in the next 72 hours) someone from the church should visit daily.

I then sought to discern what types of bereavement ministries respondents would appreciate. Table 5.19 illustrates what kind of bereavement support groups are needed according to participants.

Table 5.19 Analysis of Bereavement Support Groups Needed

| | Yes (N) | No (N) | Total (N) |
|--|---------|--------|-----------|
| | % | % | % |
| | | | |
| If I lost a loved one, I would consider attending a grief support group at our church. | 183 | 31 | 214 |
| | 85.5 | 14.5 | 100.0 |
| | | | |
| If I lost a loved one, I would consider attending a ministry geared toward fun and socialization for the grieving. | 137 | 69 | 206 |
| | 66.5 | 33.5 | 100.0 |
| | | | |
| I know of at least one child who would benefit from a grief support group for children in our church. | 51 | 163 | 214 |
| | 23.8 | 76.2 | 100.0 |

I learned that 85.5% of respondents would consider attending a grief support group and 66.5% would consider attending a ministry geared toward fun and socialization for those who are grieving if they lost a loved one. Additionally, 23.8% of respondents know of at least one child who would benefit from a grief group for children.

All of this analysis gave me a general idea about the hospice and bereavement needs of the congregation. I next engaged in deeper analysis to discern what I could learn about how men and women felt about hospice and bereavement ministries, as well as how people younger than 65 and older than 65 felt about the same. I am only reporting on those questions where gender or age had a statistically significant affect.

Gender

Fellowship Church has many ministries geared specifically to meet the needs of men or women and which attract the same. Examples include women's circles, men's

Bible study, and quilting ministries. It is not unusual, in these settings, to find men and women segregated by gender. I felt, therefore, that it might be helpful to learn if men and women feel the same or differently about the specific practices I operationalized in my congregational census. I will only call attention in this section to those areas where the analysis of my data found statistical significance for variables that were not independent, but contingent upon one another.

One of the things that I learned right away as I conducted t-tests, cross tabulations, and chi-square tests is that male respondents rate the ministry of the church higher than female respondents, and are more satisfied as well. Table 5.20 shows t-test results comparing gender with approval of existing spiritual care.

Table 5.20 T-test Results Comparing Gender with Approval of Existing Spiritual Care

| | Gender | Mean (N) | t-value | df | Probability |
|---|--------|-----------|---------|-----|--------------|
| Gender and Fellowship does enough to help people die well. | Men | 3.75 (28) | 2.98 | 100 | 0.004 |
| | Women | 3.15 (74) | | | |
| | | | | | |
| Gender and belief pastors have adequate time to visit the dying. | Men | 3.43 (28) | 2.16 | 116 | 0.033 |
| | Women | 2.93 (90) | | | |
| | | | | | |
| Gender and wish Fellowship did more to support widow/ers and others who have lost a loved one to death. | Men | 3.22 (27) | -2.95 | 105 | 0.004 |
| | Women | 3.75 (80) | | | |
| | | | | | |
| Gender and belief that Fellowship does enough to support people who are bereaved in the year following a death. | Men | 3.37 (27) | 2.39 | 93 | 0.019 |
| | Women | 2.82 (68) | | | |

For example, I conducted a t-test and discovered that men (Mean = 3.75) agree more strongly than do women (Mean = 3.15) that Fellowship does enough to help people die

well. This difference was statistically significant, $t_{(100)} = 2.98$, $p \leq .05$. I conducted another t-test and discovered that men (Mean = 3.43) have a higher mean than do women (Mean = 2.93), agreeing more strongly that Fellowship's pastors have adequate time to visit the dying. This difference was statistically significant, $t_{(116.00)} = 2.16$, $p \leq .05$. Another t-test found that men (Mean = 3.22) have a lower mean than women (Mean = 3.75) in response to the statement, "I wish Fellowship did more to support widows, widowers, and others who have lost a loved one to death." This difference was statistically significant, $t_{(105.00)} = -2.95$, $p \leq .05$. A final t-test revealed that men (Mean = 3.37) have a higher mean than do women (Mean = 2.82), agreeing more strongly that Fellowship does enough to support people who are bereaved in the year following a death. This difference was statistically significant, $t_{(93.00)} = 2.39$, $p \leq .05$.

Next, tables 5.21 and 5.22 show the cross tabulations and chi-square tests I conducted to discern how male respondents and female respondents may have differed and to learn what kind of diversity of response existed within each gender as well.

Table 5.21 Cross Tabulation of Gender with "I know of at least one child who would benefit from a grief support group for children in our church."

| Crosstab | | | I know of at least one child who would benefit from a grief support group for children at our church. | | Total |
|----------------------|--------|-------------------------------|---|-------|--------|
| | | | Yes | No | |
| What is your gender? | Male | Count | 9 | 53 | 62 |
| | | % within What is your gender? | 14.5% | 85.5% | 100.0% |
| | Female | Count | 42 | 110 | 152 |
| | | % within What is your gender? | 27.6% | 72.4% | 100.0% |
| Total | | Count | 51 | 163 | 214 |
| | | % within What is your gender? | 23.8% | 76.2% | 100.0% |

Table 5.22 Results of Chi-square Test for Independence between Gender and "I know of at least one child who would benefit from a grief support group for children in our church."

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 214 | 4.17 | 1 | 0.04 |

Cross tabulations and chi-square tests revealed that the effects of gender and "I know of at least one child who would benefit from a grief support group for children at our church" are not independent and so these variables are contingent on each other. The variables have significant effect on each other, $\chi^2_{(1)}=4.17$, $p \leq .05$. These cross tabulations

and chi-square tests illuminated that while 23.8% of respondents know of at least one child who would benefit from a grief support group at Fellowship, a higher percentage of women than men knew of a child in need.

Next, tables 5.23 and 5.24 show interpretation of data discerning whether male respondents and female respondents had a statistically significant difference of opinion regarding their preference of sharing their feelings with a pastor or lay minister of their own gender.

Table 5.23 Cross Tabulation of Gender with "I prefer to share my feelings with a pastor who shares my gender."

Crosstab

| | | | I prefer to share my feelings with a pastor who shares my gender. | | | Total |
|----------------------|--------|--|---|-----------|-------------------------------|---------------|
| | | | Yes | No | Gender does not matter to me. | |
| What is your gender? | Male | Count % within What is your gender? | 3 4.8% | 2 3.2% | 57 91.9% | 62 100.0% |
| | Female | Count % within What is your gender? | 28 18.4% | 2 1.3% | 122 80.3% | 152 100.0% |
| Total | | Count % within What is your gender? | 31 14.5% | 4 1.9% | 179 83.6% | 214 100.0% |

Table 5.24 Results of Chi-square Test for Independence between Gender and "I prefer to share my feelings with a pastor who shares my gender."

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 214 | 7.19 | 2 | 0.03 |

What I found did surprise me! A higher percentage of men than women reported that gender did not matter to them concerning sharing their feelings. The effects of gender and "I prefer to share my feelings with a pastor who shares my gender" are not independent and so these variables are contingent on each other. The variables have significant effect on each other, $\chi^2_{(2)}=7.19$, $p \leq .05$. These tests showed that 91.9% of men and 80.3% of women stated that gender did not matter to them. Only 4.8% of men said that it did, whereas, 18.4% of women reported the same.

Likewise, tables 5.25 and 5.26 show that a higher percentage of men than women stated that gender did not matter in the sharing of their feelings with a lay minister.

Table 5.25 Cross Tabulation of Gender with "I prefer to share my feelings with a lay minister who shares my gender."

| | | | Crosstab | | | |
|----------------------|--------|-------------------------------|---|------|-------------------------------|--------|
| | | | I prefer to share my feelings with a lay minister who shares my gender. | | | Total |
| | | | Yes | No | Gender does not matter to me. | |
| What is your gender? | Male | Count | 3 | 3 | 55 | 61 |
| | | % within What is your gender? | 4.9% | 4.9% | 90.2% | 100.0% |
| | Female | Count | 32 | 10 | 108 | 150 |
| | | % within What is your gender? | 21.3% | 6.7% | 72.0% | 100.0% |
| Total | | Count | 35 | 13 | 163 | 211 |
| | | % within What is your gender? | 16.6% | 6.2% | 77.3% | 100.0% |

Table 5.26 Results of a Chi-square Test for Independence between Gender and "I prefer to share my feelings with a lay minister who shares my gender."

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 211 | 9.11 | 2 | 0.01 |

Cross tabulations and chi-square tests revealed that the effects of gender and “I prefer to share my feelings with a lay minister who shares my gender” are not independent and so these variables are contingent on each other. The variables have significant effect on each other, $\chi^2_{(2)}=9.11$, $p \leq .05$. Most men (90.2%) stated that gender did not matter, whereas

72.0% of women said the same. Additionally, only 4.9% of men stated a preference to share feelings with a male lay minister, whereas 21.3% of women said they would prefer to share with a female pastor.

The analysis of data on these specific questions revealed that gender was an indicator of preference in these categories. I found, generally, that a higher percentage of women than men knew of a child in need of bereavement services and a higher percentage of men than women do not care about the gender of the pastor or layperson who listens as they share their feelings.

Age

I next examined data to see if age had a statistically significant effect on preparation for death or ministries desired or appreciated. Many ministries at Fellowship attract working adults with young families. Sunday school, Wednesday school, and confirmation are examples of this phenomenon. Other ministries are more attractive to older members who may be retired. Daytime circles or Bible studies tend to draw this demographic. I was wondering if age mattered in relation to our hospice and bereavement ministries. I felt it would be helpful to try to discern this information since there is already a way to target these demographics if needed. I discovered when I conducted my tests that age could only be broken into younger than 65 years or older than 65 years in order to have groups of sufficient size for the statistical test results to be reliable.

I conducted cross tabulations and chi-square tests to discern where age had an effect upon operationalized variables in the congregational census. I expected to find older respondents had a higher percentage of widow/ers. Tables 5.27 and 5.28 illustrate the findings of cross tabulations and chi-square tests which revealed that the effects of

age and "I am a widow/er" are not independent and so these variables are contingent on each other.

Table 5.27 Cross Tabulation of Age with "I am a widow/er."

| Crosstab | | | | | |
|----------|------------------------|--------------|------------------|-------|--------|
| | | | I am a widow/er. | | Total |
| | | | Yes | No | |
| Age | Less than 65 years old | Count | 9 | 115 | 124 |
| | | % within Age | 7.3% | 92.7% | 100.0% |
| | 65 years old or older | Count | 17 | 63 | 80 |
| | | % within Age | 21.3% | 78.8% | 100.0% |
| Total | | Count | 26 | 178 | 204 |
| | | % within Age | 12.7% | 87.3% | 100.0% |

Table 5.28 Results of a Chi-square Test for Independence between Age and "I am a widow/er."

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 204 | 8.56 | 1 | 0.00 |

The variables have significant effect on each other, $\chi^2_{(1)}=8.56$, $p \leq .05$. Very few (7.3%) respondents less than 65 years old said they were widow/ers, whereas 21.3% of people 65 years or older had lost their spouse.

I then sought to discern if age had an effect on legal or relational preparations for death. The places that I found such a relationship related to respondents' preparation of funeral plans, burial expense, place of burial, last will and testament, medical directive,

and medical power of attorney. Tables 5.29 and 5.28 show Cross tabulations and chi-square tests finding that the effects of age and “I have preplanned my funeral and shared these plans with someone I trust” are not independent and so these variables are contingent on each other.

Table 5.29 Cross Tabulation of Age with "I have preplanned my funeral and shared these plans with someone I trust."

| | | | I have preplanned my funeral and shared these plans with someone I trust. | | Total |
|-------|------------------------|-----------------------|---|--------------|---------------|
| | | | Yes | No | |
| Age | Less than 65 years old | Count % within Age | 18 13.8% | 112 86.2% | 130 100.0% |
| | 65 years old or older | Count % within Age | 29 34.5% | 55 65.5% | 84 100.0% |
| Total | | Count % within Age | 47 22.0% | 167 78.0% | 214 100.0% |

Table 5.30 Results of Chi-square Test for Independence between Age and "I have preplanned my funeral and shared these plans with someone I trust."

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 214 | 12.73 | 1 | 0.00 |

The variables have significant effect on each other, $\chi^2_{(1)}=12.73$, $p \leq .05$. Few respondents (13.8%) less than sixty-five years old had preplanned their funerals and shared those

plans with someone they trusted. Likewise, 34.5% of people sixty-five years or older had also made these same plans.

Tables 5.31 and 5.32 illustrate that the effects of age and “I have prepaid my burial expenses” are not independent and so these variables are contingent on each other.

Table 5.31 Cross Tabulation of Age with "I have prepaid my burial expenses."

| | | | I have prepaid my burial expenses. | | | Total |
|-------|------------------------|-----------------------|------------------------------------|--------------|-----------------------------|---------------|
| | | | Yes | No | I do not know what this is. | |
| Age | Less than 65 years old | Count % within Age | 8 6.2% | 122 93.8% | 0 0.0% | 130 100.0% |
| | 65 years old or older | Count % within Age | 23 27.4% | 60 71.4% | 1 1.2% | 84 100.0% |
| Total | | Count % within Age | 31 14.5% | 182 85.0% | 1 0.5% | 214 100.0% |

Table 5.32 Results of Chi-square Test for Independence between Age and "I have prepaid my burial expenses."

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 214 | 20.44 | 2 | 0.00 |

The variables have significant effect on each other, $\chi^2_{(2)}=20.44$, $p \leq .05$. Only 6.2% of people less than 65 years old have prepaid their burial expenses, whereas 27.4% of people over 65 years old had discharged this task.

Additionally, tables 5.33 and 5.34 show that cross tabulations and chi-square tests found that the effects of age and “I have considered burial in Fellowship’s columbarium” are not independent and so these variables are contingent on each other.

Table 5.33 Cross Tabulation and Chi-square Test for Age with "I have considered burial in Fellowship's columbarium."

| | | | I have considered burial in Bethlehem's Columbarium. | | | Total |
|-------|------------------------|-----------------------|--|--------------|-----------------------------|---------------|
| | | | Yes | No | I do not know what this is. | |
| Age | Less than 65 years old | Count % within Age | 43 33.3% | 80 62.0% | 6 4.7% | 129 100.0% |
| | 65 years old or older | Count % within Age | 43 51.8% | 39 47.0% | 1 1.2% | 83 100.0% |
| Total | | Count % within Age | 86 40.6% | 119 56.1% | 7 3.3% | 212 100.0% |

Table 5.34 Results of Chi-square Test for Independence between Age and “I have considered burial in Fellowship’s columbarium.”

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 212 | 8.10 | 2 | 0.02 |

The variables have significant effect on each other, $\chi^2_{(2)}=8.10$, $p \leq .05$. A third (33.3%) of people less than 65 years old have considered burial in Fellowship’s columbarium and 51.8% of people 65 years old or older have considered the same.

I continued to interpret data to discern how age and legal or relational preparation may be contingent upon one another. Tables 5.35 and 5.36 illustrate that the effects of age and “I have prepared a Last Will and Testament” are not independent and so these variables are contingent on each other.

Table 5.35 Cross Tabulations of Age with "I have prepared a Last Will and Testament."

| | | | I have prepared a Last Will and Testament. | | Total |
|-------|------------------------|-----------------------|--|-------------|---------------|
| | | | Yes | No | |
| Age | Less than 65 years old | Count % within Age | 75 57.7% | 55 42.3% | 130 100.0% |
| | 65 years old or older | Count % within Age | 75 90.4% | 8 9.6% | 83 100.0% |
| Total | | Count % within Age | 150 70.4% | 63 29.6% | 213 100.0% |

Table 5.36 Results of Chi-square Test for Independence between Age and "I have prepared a Last Will and Testament."

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 213 | 25.96 | 1 | 0.00 |

The variables have significant effect on each other, $\chi^2_{(1)}=25.96$, $p \leq .05$. Over half (57.7%) of people less than 65 years old have prepared a Last Will and Testament, whereas 90.4% of people over 65 years old have done so.

This was also true of preparation of a medical directive. Tables 5.37 and 5.38 reveal that the effects of age and "I have a medical directive completed and filed" are not independent and so these variables are contingent on each other as well.

Table 5.37 Cross Tabulation of Age with "I have a medical directive completed and filed."

| | | | I have a medical directive completed and filed. | | | Total |
|-------|------------------------|-----------------------|---|-------------|-----------------------------|---------------|
| | | | Yes | No | I do not know what this is. | |
| Age | Less than 65 years old | Count % within Age | 57 44.5% | 70 54.7% | 1 0.8% | 128 100.0% |
| | 65 years old or older | Count % within Age | 65 78.3% | 18 21.7% | 0 0.0% | 83 100.0% |
| Total | | Count % within Age | 122 57.8% | 88 41.7% | 1 0.5% | 211 100.0% |

Table 5.38 Results of Chi-square Test for Independence between Age and "I have a medical directive completed and filed."

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 211 | 23.73 | 2 | 0.00 |

The variables have significant effect on each other, $\chi^2_{(2)}=23.73$, $p \leq .05$. A little less than half (44.5%) of people less than 65 years old have a medical directive completed and filed. Over three-quarters (78.3%) of people over 65 years old have done the same.

I also found, as exemplified in tables 5.39 and 5.40, as may be expected, that the effects of age and "I have a medical power of attorney" are not independent and so these variables are contingent on each other.

Table 5.39 Cross Tabulation of Age with "I have a medical power of attorney."

| | | | I have a medical power of attorney. | | | Total |
|-------|------------------------|--------------|-------------------------------------|-------|-----------------------------|--------|
| | | | Yes | No | I do not know what this is. | |
| Age | Less than 65 years old | Count | 52 | 77 | 1 | 130 |
| | | % within Age | 40.0% | 59.2% | 0.8% | 100.0% |
| | 65 years old or older | Count | 54 | 25 | 4 | 83 |
| | | % within Age | 65.1% | 30.1% | 4.8% | 100.0% |
| Total | | Count | 106 | 102 | 5 | 213 |
| | | % within Age | 49.8% | 47.9% | 2.3% | 100.0% |

Table 5.40 Results of Chi-square Test for Independence between Age and "I have a medical power of attorney."

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 213 | 18.90 | 2 | 0.00 |

The variables have significant effect on each other, $\chi^2_{(2)}=18.90$, $p \leq .05$. Forty-percent of all survey participants less than 65 years old have selected a medical power of attorney and 65.1% of people over 65 years old have done the same. All of my research found that a higher percentage of people 65 years and older had made relational and legal preparations for death and dying.

The final analysis I did on age and variables pertained to whether there is a dependent relationship between age and awareness of ministry to the dying and/or need for ministry to children in grief. Tables 5.41 and 5.42 show that the effects of age and “I am aware that Fellowship has trained lay ministers to visit the sick and dying” are not independent and so these variables are contingent on each other.

Table 5.41 Cross Tabulation of Age with "I am aware that Fellowship has trained lay ministers to visit the sick and dying."

| | | | I am aware that Bethlehem has trained lay ministers to visit the sick and dying. | | Total |
|-------|------------------------|-----------------------|--|-------------|---------------|
| | | | Yes | No | |
| Age | Less than 65 years old | Count % within Age | 84 64.6% | 46 35.4% | 130 100.0% |
| | 65 years old or older | Count % within Age | 65 77.4% | 19 22.6% | 84 100.0% |
| Total | | Count % within Age | 149 69.6% | 65 30.4% | 214 100.0% |

Table 5.42 Results of Chi-square Test for Independence between Age and "I am aware that Fellowship has trained lay ministers to visit the sick and dying."

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 214 | 3.93 | 1 | 0.05 |

The variables have significant effect on each other, $\chi^2_{(1)}=3.93$, $p \leq .05$. Almost two-thirds (64.6%) of people less than 65 years old are aware of lay ministers' care for the dying, whereas 77.4% of people over 65 years old are aware of the same.

I also found, as shown in tables 5.43 and 5.44, that the effects of age and "I know of at least one child who would benefit from a grief support group for children at our church" are not independent and so these variables are contingent on each other.

Table 5.43 Cross Tabulation of Age with "I know of at least one child who would benefit from a grief support group for children at our church."

| | | | I know of at least one child who would benefit from a grief support group for children at our church. | | Total |
|-------|------------------------|--------------|---|-------|--------|
| | | | Yes | No | |
| Age | Less than 65 years old | Count | 39 | 91 | 130 |
| | | % within Age | 30.0% | 70.0% | 100.0% |
| | 65 years old or older | Count | 12 | 72 | 84 |
| | | % within Age | 14.3% | 85.7% | 100.0% |
| Total | | Count | 51 | 163 | 214 |
| | | % within Age | 23.8% | 76.2% | 100.0% |

Table 5.44 Results of Chi-square Test for Independence between Age and "I know of at least one child who would benefit from a grief support group for children at our church."

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 214 | 6.94 | 1 | 0.01 |

The variables have significant effect on each other, $\chi^2_{(1)}=6.94$, $p \leq .05$. This finding was interesting in that it showed that 30% of people under 65 years old are aware of a child in need of a bereavement group and only 14.3% of people over 65 years old are aware of the same.

Education

I also conducted chi-square tests to learn if there were statistically relevant differences between respondents who had an undergraduate or higher degree and those who did not. In most variables, I found that there were no statistically significant effects between the two groups and that the variables were independent with no contingency upon one another. However, the areas where differences were found pertained to whether a person had prepared a last will and testament and medical directive, as well as whether they had considered burial in Fellowship's columbarium and/or desired education on preparing for a good death.

First, I interpreted my data to discern whether educational attainment had a statistically significant effect on preparation of a last will and testament. Tables 5.45 and

5.46 show that the effects of educational attainment and “I have prepared a last will and testament” are not independent and so these variables are contingent upon each other.

Table 5.45 Cross Tabulation of Educational Attainment with “I have prepared a Last Will and Testament.”

| | | | I have prepared a Last Will and Testament. | | Total |
|--|--|--|--|-------------|---------------|
| | | | Yes | No | |
| What is the highest level of education that you have attained? | Other | Count % within What is the highest level of education that you have attained? | 24 54.5% | 20 45.5% | 44 100.0% |
| | Undergraduate, Graduate, Post Graduate | Count % within What is the highest level of education that you have attained? | 125 74.9% | 42 25.1% | 167 100.0% |
| Total | | Count % within What is the highest level of education that you have attained? | 149 70.6% | 62 29.4% | 211 100.0% |

Table 5.46 Results of Chi-square Test for Independence between Educational Attainment and “I have prepared a Last Will and Testament.”

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 211 | 6.92 | 1 | 0.01 |

The variables have significant effect on each other, $\chi^2_{(1)} = 6.92$, $p \leq .05$. These tests showed that 74.9% of those with an undergraduate degree or higher had prepared a last will and testament, whereas only 54.5% of those with less education had done the same.

Likewise, as shown in tables 5.47 and 5.48, the effects of educational attainment and “I have a medical directive completed and filed” show similar results.

Table 5.47 Cross Tabulation of Educational Attainment with “I have a medical directive completed and filed.”

| | | | I have a medical directive completed and filed. | | | Total |
|--|--|--|---|-------------|-----------------------------|---------------|
| | | | Yes | No | I do not know what this is. | |
| What is the highest level of education that you have attained? | Other | Count % within What is the highest level of education that you have attained? | 18 41.9% | 24 55.8% | 1 2.3% | 43 100.0% |
| | Undergraduate, Graduate, Post Graduate | Count % within What is the highest level of education that you have attained? | 103 62.0% | 63 38.0% | 0 0.0% | 166 100.0% |
| Total | | Count % within What is the highest level of education that you have attained? | 121 57.9% | 87 41.6% | 1 0.5% | 209 100.0% |

Table 5.48 Results of Chi-square Test for Independence between Educational Attainment and “I have a medical directive completed and filed.”

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 209 | 8.88 | 2 | 0.01 |

These variables are found not to be independent and are contingent upon one another.

The variables have significant effect on each other, $\chi^2_{(2)} = 8.88$, $p \leq .05$. These tests showed that 62.0% of those with an undergraduate degree or higher had prepared this document, whereas only 41.9% of those with less educational attainment had done the same.

Tables 5.49 and 5.50 show that educational attainment and consideration of Fellowship's columbarium and desire for education on preparing for a good death were not independent and were contingent upon one another.

Table 5.49 Cross Tabulation of Educational Attainment with “I have considered burial in Fellowship's columbarium.”

| | | | I have considered burial in Bethlehem's Columbarium. | | | Total |
|--|--|--|--|--------------|-----------------------------|---------------|
| | | | Yes | No | I do not know what this is. | |
| What is the highest level of education that you have attained? | Other | Count % within What is the highest level of education that you have attained? | 11 25.0% | 29 65.9% | 4 9.1% | 44 100.0% |
| | Undergraduate, Graduate, Post Graduate | Count % within What is the highest level of education that you have attained? | 74 44.6% | 89 53.6% | 3 1.8% | 166 100.0% |
| Total | | Count % within What is the highest level of education that you have attained? | 85 40.5% | 118 56.2% | 7 3.3% | 210 100.0% |

Table 5.50 Results of Chi-square Test for Independence between Educational Attainment and “I have considered burial in Fellowship's columbarium.”

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 210 | 9.77 | 2 | 0.01 |

The effects of educational attainment and “I have considered burial in Fellowship’s columbarium” are not independent and so these variables are contingent upon one another. The variables have significant effect on each other $\chi^2_{(2)} = 9.77$, $p \leq .05$. These tests showed that 44.6% of those with an undergraduate degree or higher had considered burial in Fellowship’s columbarium, whereas only 25.0% of those with lower educational attainment had considered the same.

Finally, as evidenced in tables 5.51 and 5.52, I found that educational attainment and “I would like the church to provide education on preparing for a good death” are not independent and so these variables are contingent upon one another.

Table 5.51 Cross Tabulation of Educational Attainment with “I would like the church to provide education on preparing for a good death.”

| | | | I would like the church to provide education on preparing for a good death. | | | Total |
|--|--|--|---|-----------------|-----------------------------|-------------------|
| | | | Yes | No | I do not know what this is. | |
| What is the highest level of education that you have attained? | Other | Count % within What is the highest level of education that you have attained? | 30 69.8% | 12 27.9% | 1 2.3% | 43 100.0% |
| | Undergraduate, Graduate, Post Graduate | Count % within What is the highest level of education that you have attained? | 135 82.3% | 20 12.2% | 9 5.5% | 164 100.0% |
| Total | | Count % within What is the highest level of education that you have attained? | 165 79.7% | 32 15.5% | 10 4.8% | 207 100.0% |

Table 5.52 Results of Chi-square Test for Independence between Educational Attainment and “I would like the church to provide education on preparing for a good death.”

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 207 | 6.82 | 2 | 0.03 |

The variables have significant effect on each other $\chi^2_{(2)} = 6.82$, $p \leq .05$. These tests showed that 82.3% of those with an undergraduate degree or higher desire more education on preparing for a good death, whereas only 69.8% of those with lower educational attainment desired the same.

Income

I also conducted chi-square tests to learn if there were statistically significant effects between respondents who earned \$59,999 or less per year versus those who earned \$60,000 per year or more. As it relates to most variables, I did not find statistically significant effects between the two groups. However, there were some places where I did find that variables were dependent and contingent. These areas pertained to whether or not a person was a widow/er, preferred to share feelings with a lay minister of his or her own gender, and would consider attending a grief support group or socialization group.

First, tables 5.53 and 5.54 reveal that there are statistically significant effects between people earning \$59,999 or less and those earning \$60,000 or more as it relates to whether or not a spouse has died.

Table 5.53 Cross Tabulation of Gross Annual Income with “I am a widow/er.”

| | | | I am a widow/er. | | Total |
|---|-------------------|---|------------------|--------------|---------------|
| | | | Yes | No | |
| What is your annual gross family income before taxes? | \$59,999 and less | Count % within What is your annual gross family income before taxes? | 17 29.8% | 40 70.2% | 57 100.0% |
| | \$60,000 and up | Count % within What is your annual gross family income before taxes? | 9 6.1% | 138 93.9% | 147 100.0% |
| Total | | Count % within What is your annual gross family income before taxes? | 26 12.7% | 178 87.3% | 204 100.0% |

Table 5.54 Results of Chi-square Test for Independence between Gross Annual Income and “I am a widow/er.”

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 204 | 20.75 | 1 | 0.00 |

The effects of income and “I am a widow/er” are not independent and so these variables are contingent upon each other. The variables have significant effect on each other, $\chi^2_{(1)} = 20.75$, $p \leq .05$. These tests showed that 29.8% of those with less income were widow/ers, whereas only 6.1% of those with higher incomes had lost a spouse.

I also found, as shown in tables 5.55 and 5.56, that the effects of income and “I prefer to share my feelings with a lay minister who shares my gender” are not independent and so these variables are contingent upon each other.

Table 5.55 Cross Tabulation of Gross Annual Income with “I prefer to share my feelings with a lay minister who shares my gender.”

| | | | I prefer to share my feelings with a lay minister who shares my gender. | | | Total |
|---|-------------------|---|---|------------|-------------------------------|---------------|
| | | | Yes | No | Gender does not matter to me. | |
| What is your annual gross family income before taxes? | \$59,999 and less | Count % within What is your annual gross family income before taxes? | 16 27.1% | 3 5.1% | 40 67.8% | 59 100.0% |
| | \$60,000 and up | Count % within What is your annual gross family income before taxes? | 19 12.5% | 10 6.6% | 123 80.9% | 152 100.0% |
| Total | | Count % within What is your annual gross family income before taxes? | 35 16.6% | 13 6.2% | 163 77.3% | 211 100.0% |

Table 5.56 Results of Chi-square Test for Independence between Gross Annual Income and “I prefer to share my feelings with a lay minister who shares my gender.”

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 211 | 6.58 | 2 | 0.04 |

The variables have significant effect on each other, $\chi^2_{(2)} = 6.58$, $p \leq .05$. These tests showed that 27.1% of those with fewer financial resources wanted to share their feelings with a lay minister who shared their gender, whereas only 12.5% of higher wage earners felt the same. I would caution here that since the vast majority of people said “gender does not matter,” this question presents a need for special consideration as one discerns interventions in this category.

I also learned that there are statistically significant effects between those with incomes \$60,000 or higher and those who earn \$59,999 or less as it relates to willingness to participate in a socialization group for the grieving as exemplified in tables 5.57 and 5.58.

Table 5.57 Cross Tabulation of Gross Annual Income with “If I lost a loved one, I would consider attending a ministry geared toward fun and socialization for the grieving.”

| | | | If I lost a loved one, I would consider attending a ministry geared toward fun and socialization for the grieving. | | Total |
|---|-------------------|---|--|-------------|---------------|
| | | | Yes | No | |
| What is your annual gross family income before taxes? | \$59,999 and less | Count % within What is your annual gross family income before taxes? | 31 55.4% | 25 44.6% | 56 100.0% |
| | \$60,000 and up | Count % within What is your annual gross family income before taxes? | 106 70.7% | 44 29.3% | 150 100.0% |
| Total | | Count % within What is your annual gross family income before taxes? | 137 66.5% | 69 33.5% | 206 100.0% |

Table 5.58 Results of Chi-square Test for Independence between Gross Annual Income and “If I lost a loved one, I would consider attending a ministry geared toward fun and socialization for the grieving.”

| | N | Value | df | Sig |
|--------------------|-----|-------|----|-------------|
| Pearson Chi-square | 206 | 4.29 | 1 | 0.04 |

The effects of income and “If I lost a loved one, I would consider attending a ministry geared toward fun and socialization for the grieving” are not independent and so these variables are contingent upon one another. The variables have significant effect on each other, $\chi^2_{(1)} = 4.29$, $p \leq .05$. These tests showed that 55.4% with lower incomes would consider attending a socialization group for the grieving, whereas 70.7% with higher incomes would do the same.

Summary

The congregational census and the interpretation of the data that emerged were very helpful to my research. I learned that seven out of ten respondents have lost a loved one to death in the last five years and almost eight out of ten respondents are hungry for more education about how to prepare for *a good death*. While the majority of the congregation is very optimistic about their hope of heaven, there is some opportunity to work with the almost five out of ten respondents who are afraid of the actual act of dying. Likewise, while many people have undertaken some legal preparations to die, the church does have an opportunity to invite families, friends, and members of the community of faith into deeper conversation around the relational preparations to die that the survey data highlighted.

The congregational census also taught me that most of the congregation is very open to pastoral or lay ministry while they, or a loved one, are dying, and that the gender of the minister does not matter to most. Most of the respondents are open to a grief support group of some sort as well after the death of a loved one. Men rate the hospice and bereavement ministries of the church higher than do women, and a higher percentage of people over 65 years old than their younger counterparts have undertaken legal or

relational preparations for the inevitability of their deaths. Additionally, I learned that a higher percentage of respondents with educational attainment of an undergraduate degree or higher have taken on the legal preparations for death, considered burial in Fellowship's columbarium, and expressed a desire to receive education on preparing for a good death. I also learned that a lower percentage of those earning \$60,000 a year or more are widow/ers, but a higher percentage want to share their feelings with a lay minister of their own gender and consider attending a grief support group.

In closing, I lift up that the mean age of the respondents of this census was sixty-one years old! This is a good indication that Fellowship stands poised on the precipice of the opportunity to offer much hospice and bereavement ministry in the near future. I will say more about this in Chapter Six, which presents my conclusions.

Triangulation of Data and Conclusion

The purpose of my quantitative and qualitative research was to answer the following research question.

What practices should we incorporate into the hospice ministry of Fellowship Lutheran Church in order to help dying people and their families experience a peaceful death with love?

The participants in each of my data streams suggested the following practices. They cited the importance of preparing for death, utilizing the priesthood of all believers, helping people to grieve the dying and the dead, and mitigating conflict. They also named the importance of providing care and counseling for the bereaved; providing ministry and education around death, dying, and eternal life; and the importance of being community together.

Qualitative and quantitative data sources uplifted the specific practices of regular pastoral and lay visitation of the sick and dying, as well as the creation of support groups for adults and children who may need a place to give voice to their grief and share their stories. There was also a call for the implementation of a social group where grieving people can assuage loneliness and have fun with others who share an understanding of their journey, as well as the establishment of specific ministries aimed at widow/ers in the congregation. Finally, all sources highlighted the importance of avoiding the conflict and disappointment that emerges in families and churches when people feel unheard or fall through the cracks.

My qualitative and quantitative data inform and relate to each other's findings. The focus groups, interviews, and congregational census made it clear that most of the congregation has been impacted by the death of a loved one in the last five years. I found that most of the congregation holds an expectation of heaven, but many are fearful of the actual process of dying. All data sources iterated the importance of preparing for death, particularly as it relates to legal and relational preparations. They also support the notion that the congregation is open to and willing to receive hospice and bereavement ministries. Participants would appreciate the ministries of education, visitation, and printed resources.

Qualitative and quantitative data sources both lifted up the importance of pastoral and lay visitation of the dying and their families, support and social groups for the bereaved, and a continued commitment on the part of the congregation faithfully to support widow/ers after the loss of a spouse. Support appreciated by widow/ers after the

death of a spouse would be some sort of buddy system so that they would not have to sit alone in worship or other community events.

Additionally, all data sources indicate that there is opportunity for growth in our current hospice and bereavement ministries, as some participants felt that they fell through the cracks during their hospice and bereavement periods, not receiving the visitation or resources that they felt they needed from their church. All sources seem to indicate that there may be a connection between those who feel like they fell through the cracks and those insecurely attached to the church through ministries outside of a weekly worship. Women's ministries such as quilting, circles, and Bible studies, are particularly important to creating the feeling of secure attachment among respondents. The community of faith and the priesthood of all believers have an important role to play in providing intervention and ministry to those who are dying and their families.

I did search for areas where qualitative and quantitative data streams did not agree and I did not find areas where this was the case. The triangulation of the data only served to underscore the findings of interviews, focus groups, and congregational census. In all three locales findings corroborated each other, lending credence to the information learned. Therefore, I find that all data sources provide rich insight into the hospice and bereavement ministries appreciated or desired by participants in the focus groups, interviews, and congregational census. Chapter Six provides an opportunity for me to reflect on what I have learned during this exploratory phase of my research and to imagine the many ministries that may emerge in the future if the congregation elects to provide them.

CHAPTER 6 (CONCLUSION)

WE'LL UNDERSTAND IT BETTER BY AND BY¹

Research Findings

This research project emerged out of five years of work at Fellowship Lutheran Church. It began as an examination of people on the margins. The congregation worked to develop eyes to see those who were marginalized and to invite them into the center of our experience together as a community of faith. Our process led us to take a special interest in people who were dying and those who loved and supported them. We recognized that we were doing some things well and that there were other opportunities for growth.

The congregation lost the pastor who offered leadership regarding pastoral care ministries in February 2014. They subsequently undertook a Congregational Assessment Tool (CAT), in Fall of 2014, meant to help them identify the most important issues to participants within the congregation. They hoped this information would help guide the call process for a new pastor. The CAT led to an intention to “bring healing to those broken by life’s circumstances.”² This information led to changes in each pastor’s job

¹ The title of this chapter comes from an African American spiritual entitled, We’ll Understand It Better By and By,” *This Far by Faith*, 418.

² , “Holy Cow Consulting Vital Signs Report,” (report of the research findings of the Congregational Assessment Tool (CAT), November 11, 2014), www.holycowconsulting.com, 8-9.

portfolio, leading to one pastor taking Care Ministries, to include visitation, hospice, and bereavement ministries, into her job description in an intentional way. The congregation's work and my work created the perfect incubator to nurture a desire to really make a difference in the lives of one segment of the marginalized, specifically those who were experiencing death or bereavement. This was an unintended consequence of our work together.

My research asked a simple question,

What practices should we incorporate into the hospice ministry of Fellowship Lutheran Church in order to help dying people and their families experience a peaceful death with love?

The methodology for this project was intentionally a mixed methods concurrent triangulation study. This methodology was utilized to explore in many ways the current practices in place at Fellowship Lutheran Church during the time of this research and also to learn more about those practices that research participants would appreciate in the future. I am not a paid pastor at Fellowship, so I understood my ability to affect the system to consist of good research, personal influence, and the support of the pastors and congregation. Intentional change was not the goal of this project. I, instead, explored the specific practices that should be incorporated into Fellowship's hospice and bereavement ministries.

The answers to the research question emerged through the use of interviews, focus groups, and a congregational census. I learned the very specific practices that were in place during my research project. Those practices that were celebrated by most respondents were: spiritual care and counseling from pastors or lay ministers, visitation of the dying with Holy Communion, prayer both corporately and individually, women's

ministries through circles, quilting, and Bible studies, good funeral hospitality, and excellent funeral and burial preparation including the preaching of eulogies.

Ministries that would be appreciated in the future are: spiritual care, counseling, and visitation to those who are insecurely attached to the church; conversation starters around relational preparations for death; education pertaining to legal preparations for death; and good communication after death via phone, postal mail, and email.

Respondents also requested the provision of spiritual literature pertaining to milestones during death and bereavement, grief support, and social groups for those who have lost a loved one, and the development of a buddy system for those who have lost a spouse.

Research participants additionally requested conflict resolution for families in need, outreach to those people who may have fallen through the cracks of the existing hospice and bereavement ministries, and a diversity of ways to contact professional staff when there is a spiritual care need. They also requested twelve-month bereavement follow-up and good education on death, dying, eternal life, and internment in Fellowship's columbarium.

This research is meaningful because it enables Fellowship to enhance existing ministries and develop new ones in order to help dying people and their families experience a peaceful death with love. One immediate way that Fellowship may choose to harness the findings of this research is to continue to provide ongoing education to the congregation about how to notify professional staff when spiritual care is needed. Fellowship has the opportunity to make sure that all people understand that pastors and lay ministers want to know about spiritual care needs regardless of whether a loved one is a member of Fellowship, non-Lutheran, non-Christian, and/or doesn't even live in St.

Cloud. Pastors, as well as my Journey Group partners, noted the fact that since our county is almost forty-two percent Catholic, many people are culturally inculcated to only call a pastor for *Last Rites*, rather than allowing members of the spiritual care team to walk with them throughout their dying process.³

Fellowship also has the immediate opportunity to continue training and equipping lay ministers who have a very important role in spiritual care, visitation, and Eucharistic ministries. Research data show that most respondents do not care if the minister is a pastor or layperson, man or woman. The deployment of lay ministers, therefore, is an essential part of a hospice and bereavement ministry that helps dying people and their families experience a peaceful death with love. Research also suggests that it may be beneficial for the initial contact with a person in need to include the questions, “Do you have a preference for a male or female minister?” and “Will you accept a lay minister?” Most people have no preference and are accepting of a lay minister of any gender, but in the interest of providing exceptional ministry to those with preference, the questions should be asked.

Another immediate opportunity is to remember that pastoral care is most needed at decision points and when a person is actively dying. Helping the lay ministers to recognize these moments in the lives of dying people and their families and training them to notify clergy will be beneficial to providing meaningful hospice and bereavement ministries. This research shows that when a person is actively dying, respondents believe it is essential for a pastor to visit daily until the person is dead. This research also shows

³ “County Membership Report,” The Association of Religion Data Archives, 2017, http://www.thearda.com/rcms2010/r/c/27/rcms2010_27145_county_name_2010.asp (accessed January 11, 2017).

that following the death, excellent follow-up is requested with calls and mailings coming at regular intervals.

The ministry of women through circles, quilting, and Bible studies should also be highly esteemed and valued as a part of the system that makes hospice and bereavement ministries work at Fellowship. An immediate opportunity here may be to do some training with female leaders of the congregation to equip them to notice spiritual care needs, report them to leadership at Fellowship Church, and to empower them to go to work caring for people and nurturing relationships, as is already their habit. Pastors have emphasized that another important part of this training should include an emphasis on confidentiality and respect of people's privacy when discharging spiritual care.

Other areas where Fellowship may choose to invest resources and develop ministries pertain to requests made in interviews, focus groups, and the congregational census for specific practices, including a Sunday afternoon dinner fellowship for the bereaved and meal train services to those who are supporting a dying person or mourning a loved one. Requests also came forward for intentional education around death, dying, and eternal life in many mediums such as small groups, Bible studies, educational hours, bulletins, table tents, newsletters, and online resources.

Respondents, specifically, saw value in providing table tents and bulletin articles which will help Fellowship's membership to undertake the legal and relational preparations needed to die well. Conversation starters were uplifted as a way of helping people to discuss how and where they would like to die, have their funeral services held, and be buried. A request for a bibliography of books, whether online or in print, that would be appropriate for children and adults who are experiencing anticipatory grief or

bereavement was also mentioned as a request for a specific practice that would make a difference. My research also shows that it is important to reach out to younger adults, as well as to those who may not be privileged with as much education or financial resources as others. People in these demographics can be helped to prepare relationally and legally for the death of a loved one by receiving appropriate interventions and education for their families.

There were some requests that emerged from my research that require a larger investment of time, talent, or treasure. These specific practices are: a grief support group, social group for the bereaved, children's grief support group, and a parish nurse. Respondents, additionally, emphasized the importance of Fellowship providing tangible gifts to the dying and bereaved such as prayer crosses and shawls.

These specific practices have emerged as ministry opportunities that would be appreciated by participants of interviews, focus groups, and the congregational survey. These specific practices help dying people and their families experience a peaceful death with love, and help Fellowship to successfully reach out to those people who are most marginalized by illness, death, or bereavement. Our awareness of the specific practices needed gives Fellowship the opportunity to continue existing ministries that are making a positive difference and to consider other ministries that will be beneficial in the future.

Summary

My research was meant to uncover those specific practices which help dying people and their families experience a peaceful death with love. Appendix G provides a list of twenty specific practices that impact hospice and bereavement ministries in congregations. This three-page list can be pulled out and utilized by ordained or lay

leaders, as well as congregations who wish to begin or enhance a hospice or bereavement ministry. This list is also provided below as means of summarizing the results of my research.

1. Pray. Pray corporately and privately for the dying and their families, as well as those who are bereaved after the death of a loved one.
2. Start a Befriender's (<https://befrienderministry.org/>) or Lay Visitation ministry. Remember, we are the priesthood of all believers! Recruit both men and women to do this important work. When persons have been identified with needs, ask them if they have a preference regarding the gender of their lay minister. Lay ministers should work in tandem with pastors to determine frequency of visitation for spiritual care (e.g., 1x per week, 2x per month, or 1x per month). Calls can also supplement the visitation schedule.
3. Partner with a local hospice organization to train hospice and bereavement lay ministers. The hospice organization will teach on end of life volunteer support and a pastor or religious educator will teach on sharing ministries of scripture, hymn singing, prayer and Holy Communion.
4. Don't be afraid to preach about death, dying, and eternal life.
5. Regularly teach on death, dying, and eternal life in Bible studies, adult forums, and the like.
6. Conduct a forum on the legal preparations for death (e.g., last will and testament, medical directive, etc.).
7. Provide conversation starters on relational preparations for death in table tents, newsletter articles, or bulletin announcements. Relational preparations include talking to your family about where and how you would like to die and be buried. This also includes funeral planning such as who will preach and what scriptures and songs you would like shared with those gathered to celebrate your life.
8. Start feeding ministries for the grieving and bereaved (i.e., meal trains, Sunday supper ministries for widow/ers, funeral meals and radical

hospitality). Remember, Sunday is the loneliest day of the week for those who have lost a loved one! Inviting your widow/ers to gather at a local restaurant after Sunday worship ensures that they do not go home to an empty house.

9. Start a card ministry. Send a card upon death and then quarterly for at least twelve months.
10. Start a bereavement ministry. Call, send mailings, and visit with people who have lost a loved one at regular intervals and for at least twelve months.
11. Provide a bibliography in print or online with books on death, dying, grief, bereavement, and eternal life.
(Example: https://www.hampshire.edu/sites/default/files/shared_files/Grief_Resources_Bibliography.pdf)
12. Start grief support groups for adults and/or children who have lost a loved one.
13. Create a buddy system which supports bereaved people to return to church after the death of a loved one.
14. Be aware of the conflict that can arise when people are grieving. This conflict may arise between grieving people and their community of faith and/or with their families; the conflict may involve unresolved or hidden issues from the past. Be prepared to provide spiritual counseling and support.
15. Educate the congregation regarding how to contact pastors or lay ministers when a spiritual need arises (phone, email, website, etc.). Provide many avenues to receive support. Remind members of the congregation that when they are aware of someone in need of support, they can confidentially contact the pastor as well.
16. Be aware of the importance of spiritual care and counseling *from the pastor* at decision points (e.g., receiving a diagnosis, withdrawing life support) and when a person is actively dying (i.e., expected to die in the next 72 hours). Lay ministers are great, but congregants desire pastoral

care at these most tender times. When a person is actively dying, daily visitation from the pastor is advisable.

17. Make extensive use of all communication mediums to provide information and articles on death, dying, and eternal life.
18. Start a social group for people who have lost a loved one.
19. Hire a parish nurse to provide ministry to people when they are sick or dying.
20. Remember to provide tangible gifts to the dying and their families (i.e., prayer shawls, prayer crosses, etc.).

Next, I put these findings regarding specific practices which impact hospice and bereavement ministries into conversation with my theoretical lenses.

Findings in Conversation with Theoretical Lenses

My theoretical lenses were Terror Management Theory, Bereavement Theory, and Thanatology Theory. My research findings made known the specific practices that should be incorporated into Fellowship's hospice ministries in order to help the dying and their families experience a peaceful death with love.

Terror Management Theory

Terror Management is about how human beings keep the terror of impending death at bay. We are not likely to live more than one hundred years, no matter how good our genetics may be. Death stalks each of us, which is why it is very important that the church have something to say about death, dying, and eternal life. This research shows that a little less than half of participants in the congregational survey expressed a fear of dying. They are terror-filled at the prospect of dying. My theoretical frame suggests that

they are undoubtedly using every tool at their disposal to keep this terror at bay. My research shows that the church can help people to mitigate terror.

Specific practices that help people mitigate terror are the provision of education on death, dying, and eternal life, as well as the opportunity to help people prepare both legally and relationally for the same. Good education and preparation helps people to wrap their minds around their coming demise. Other specific practices that help people to mitigate terror are ministries of accompaniment, spiritual care, counseling, visitation, and Eucharistic ministries. Finally, preaching in Sunday services and at funerals also presents an opportunity for pastors to uplift a vision of death, dying, and eternal life that is more hopeful, than terror-filled, when people need to hear it the most.

Bereavement Theory

Bereavement Theory pertains to how people experience grief and mourning both as a loved one is dying and after that loved one has died. This research shows that a little over seventy percent of research participants have lost a loved one to death in the last five years. There are many bereaved people at Fellowship Lutheran Church. Bereavement Theory teaches that it is hard to restore joy after the death of a loved one and that communities need to give people permission to heal and laugh again.

The church has an opportunity to minister to these people when they are the saddest and in need of compassionate care. The specific practices that help bereaved people are: spiritual care, counseling, visitation, and Eucharistic ministries. Support groups for adults and children, as well as adults' social groups and Sunday dinner clubs, also address bereavement needs. Mailings and telephone calls at regular intervals also provide care for those who have lost a loved one and meal train services during the

actively dying and bereavement period are appreciated by respondents. Finally, corporate and individual prayer, as well as funerals and eulogies, that are well crafted and prepared, are beneficial to those who are mourning the loss of a loved one.

Thanatology Theory

My final theoretical frame was Thanatology Theory. Thanatology is the study of death. I have used it to specifically analyze the psychological effects of dying. This research shows that a little over fifteen percent of respondents believed that their loved one *did not* die peacefully and fifty percent of participants in the congregational census felt that the church did not help their loved ones to do the same. These data give insight into Fellowship's growing edge around helping people to minimize any harmful psychological effects of dying.

This research shows that Fellowship has the opportunity to enable dying people and their families to experience a peaceful death with love, while diminishing the unpleasant psychological effects of dying, by having a lay minister, parish nurse, or pastor accompany the dying person and his or her family. Reading scripture, praying, offering the sacrament of Holy Communion, providing spiritual care and counseling, life review, and active listening all address the psychological needs of the dying person and his or her family. The provision of tangible gifts like prayer crosses or shawls also provide welcome respite to the terrors of death and the psychological complications of the same.

Findings in Conversation with Biblical Lenses

My research findings are also in conversation with my biblical lenses. These lenses are: The Good Samaritan, The Beautiful Gate, You Did It unto Me, and A New Heaven and Earth.

The Good Samaritan

The Good Samaritan narrative is about the importance of taking notice of the neighbor in need and offering whatever succor you can to alleviate suffering (Luke 10:25-37). I found that some of my research subjects felt unseen by those people at Fellowship who could help. They lamented a strong feeling of abandonment when they were most in need of ministry from their community of faith. They felt that they suffered without the succor of their church family.

This research shows that Fellowship can act to notice and offer aid to people who are dying and their families. The specific practices that pertain to taking notice and acting to reduce suffering pertain to spiritual care and counseling, visitation, and Eucharistic ministries in the home or medical facility where a person is dying. Another specific practice meant to take notice of marginalized people is close attention and communication with dying people and/or their families, especially if they are loosely connected to the church. This research shows that the people most at risk for feeling abandoned are those who do not participate in any of the ministries of the church outside of Sunday services, attend worship but are not members, or are a part of a bi-denominational family.

Ministry at the time of death and beyond such as planning funerals and burials, offering conflict resolution to families in need, and preaching life-giving and meaningful

eulogies during funeral services also take notice of the suffering and offer aid.

Bereavement ministries such as support groups, social groups, buddy systems, meal trains and dinner clubs also offer aid to those who are suffering bereavement due to the death of a loved one. The Good Samaritan story, in all cases, reminds us that there are people on the margins who are suffering and it is our calling and privilege to go to them, bind up their wounds, and make provision for their care. It also cautions us not to become so caught up in what we perceive to be important religious service, that we neglect the real human needs in front of us. This is our work in the hospice and bereavement ministries of Fellowship Lutheran Church, and it is this work that enables us to help people who are dying and their families experience a peaceful death with love.

The Beautiful Gate

The Beautiful Gate is a Bible story that inflames the missional imagination (Acts 3:1-10). It is about following the Spirit of God out into the neighborhood and partnering with God in ministry to our neighbors who are suffering ailment and need. This story is particularly about taking notice of the needs of people which are visible to churchgoers, but remain ignored or underserved by communities of faith. This directly correlates to the findings of my research because there is a small population of respondents who feel that the church has allowed them to fall through the cracks in their time of need. This pericope offers similar insights as the Good Samaritan story, but also offers new ones as well. It is important to recognize that this research shows that while some people are not seen for various reasons, other people felt that they *did* present themselves at the church begging for help and received none.

Most of the people who felt this way are loosely affiliated with church and, therefore, needed special tending and care when their loved one was dying. My research shows that Fellowship's ministers will have to be intentional about providing an invitation to receive care, seeking and finding those who are experiencing anticipatory grief or bereavement loss, and offering good spiritual care and counseling that attends to the needs of the whole person in body, mind, and spirit. People who fell through the cracks especially lamented a lack of communication, visitation, meal train, and provision of literature. These are the ministries for which our beloved neighbors are *begging* at the gate of the sanctuary. Fellowship is called to meet those needs and to bring those who are able into the sanctuary to find acceptance and welcome.

You Did It unto Me

Matthew 25 is a clarion call to care for people who do not have adequate food, water, clothes, shelter, or visitation from people in the community when they are sick or imprisoned (Matthew 25:31-46). This pericope reminds us that in as much as we provide for people with need, we've done it also unto Christ. This is a strong reminder to see Jesus in the faces and stories of dying people and their families. This research shows that there are many people who anticipate that they will feel like "the least of these" when experiencing the reality of death. Respondents reported that they would welcome visitation when someone in their household is dying. When we visit the sick (or dying), Matthew 25 reminds us that we have visited Christ.

Fellowship seeks, in obedience to Christ, to help "the least of these" experience a peaceful death with love. The specific practices that we can offer to the dying and their families are many and have been discussed. This scripture reminds us that as we offer

these specific practices, we do it for Christ. Our Lutheran heritage reminds us that we do not do it to secure salvation, but out of a heart grateful for the free gift of salvation and a desire to share the love of Christ with those in need of him. Ministers who are sent out from Fellowship to bring food, celebrate the Eucharist, visit and tend the dying and their families, listen deeply to story, and create nurturing relationships (especially amongst women), are offering ministry not only to our neighbors and friends in need, but also to Christ. We are called to respond when called upon, visit the dying and bereaved, be willing to help, stand together, love well, and be the family of God. We show that we care by attending to the needs of the whole person and welcoming all as Christ.

A New Heaven and Earth

Revelation 21:1-7 paints a vivid picture of the kingdom of God as a place where there is no more death, mourning, crying, or pain. Our Christian teachings and theology teach that this kingdom is both now and not yet. It is within and without us, and as ministers of the Gospel we are invited to incarnate the kingdom of God for the dying and their families. Ministers who bring love, joy, hope, and peace into difficult situations help to usher in the kingdom of God on Earth as it is in Heaven. Ministries that provide physical, mental, emotional, and/or spiritual support for the dying and their families also bring forth the kingdom of God into the lives of the suffering or afflicted. My research interfaces with this particular frame in as much as respondents requested to learn more about death, dying, and eternal life in small groups, Bible studies, and educational hours. They desired help to legally and relationally prepare for their demise. They desired to find solace in their faith in God as they died, or as they midwived a loved one into the new birth of eternal life.

Fellowship's pastors have a unique role in providing specific practices that turn our eyes toward the kingdom of God. Through the crafting of plans for funerals and burials, declaring the Word through preaching and eulogies, and administering the sacraments, people who are dying and their families are invited to cast a wide vision beyond the Earth and into the New Heaven and Earth where their deceased loved one is yet alive with no more death, mourning, crying, or pain. The provision of spiritual literature and communication from the church at regular intervals during the hospice and bereavement periods are specific practices that can be employed to remind people of life after death in the New Jerusalem.

Findings in Conversation with Theological Lenses

My research findings are also in conversation with my theological lenses. These lenses are: Death, Priesthood of all Believers, Beloved Community and Resurrection.

Death

I harnessed the theological lens of death to discuss the inevitability of the same for all people and the ways in which Christians can engage the themes of suffering and loss through theological reflection on death and dying. Jesus' death upon the cross means that God knows what it feels like to watch a child suffer and die and empathizes when we suffer the death of a loved one, or the death of ourselves. Jesus' death also means that God the Son knows what it is to die, so God goes with us through something God has experienced before.

This research shows very clearly that the respondents want very much to learn how to prepare legally and relationally for death and dying. They long to receive education on death, dying, and eternal life. They desire tools which will help them to

have important and meaningful conversations with their loved ones. They are open to participating in any learning opportunities that may be afforded them by Fellowship Church. Finally, lay ministers or pastors are invited to be present when a person is dying.

The specific practices that Fellowship can employ to help people reflect theologically upon death and dying are preaching, teaching (e.g., classes, small groups, and Bible studies), and spiritual care and counseling services. The visitation of the dying and their families and the faithful discharge of Eucharistic ministries also provide rich opportunities to discuss Jesus' death upon the cross and our own suffering and death as well. Uplifting the opportunity to use Fellowship's columbarium also provides opportunities to reflect on death.

Priesthood of all Believers

The priesthood of all believers is the theological lens I used to discuss the role of *all* Christian people in the missional work of following God out into the neighborhood and partnering with God in the ongoing care of dying people and their families. This research makes clear that the majority of respondents welcome lay or ordained ministers to provide support when a person is dying or bereaved. They also welcome male or female ministers to accompany them when they are most in need. It also shows that there are critical moments such as diagnosis, cessation of life support, or active dying, when a pastoral presence is preferred.

This research also suggests that Fellowship is right on track in the use of lay ministers and the Befrienders program to bring love and care to people who are nearing the end of life, as well as their families. Fellowship's members are also able to provide ministries of prayer and food (e.g., meal train, funeral meals, hospitality at grief support

groups). The women of Fellowship have been shown to have a special role as lay ministers who take notice of those who are in need, meet those needs, or bring concerns to the professional staff including pastors.

Beloved Community

The theological lens of beloved community reminded us of the importance of the Christian community being a community of memory and hope. We hold the memory of Jesus' life, death, and resurrection in common as Christian people and we share our hope in the now and not yet now kingdom of God, the forgiveness of sin, and the gift of eternal life through Him. This research shows that most caretakers and bereaved people were very grateful for the ministry they received as their loved one died. They felt supported and encouraged by lay and ordained ministers in the congregation. Fellowship has the chance to continue this good work on behalf of others.

The specific practices that relate to this theological lens and our work with the dying and their families are: visitation, prayer, preaching, teaching, support groups, worship services, funeral services, and literature. God chose us to be the beloved community and to share the beauty of this community with marginalized people, especially the dying and their families. Our hope is shared with others when they are most in need of it through our words, deeds, and declaration that all of our hope is in Jesus Christ and the community of love that is ours both on the earth and in the heavens.

Resurrection

The theological theme of resurrection was used to affirm that death is not our final destination as human beings. Jesus died and rose again on our behalf, and we know that because Jesus lives, we will live also. We declare this promise of renewed life to those

who are dying and also to their families. This research found that *the vast majority* of respondents believe that they will go to heaven when they die. They affirm the resurrection of the dead into a renewed and everlasting life with God. Fellowship has obviously done a wonderful job of proclaiming the promise of the resurrection.

Fellowship has done this through the specific practices of pastoral care, spiritual counseling, visitation, preaching, teaching, prayer, and worship. They have additional opportunities to share this good news through the provision of literature, support groups, women's ministries such as quilting, circles, and Bible studies, and the gift of tangible items (e.g., prayer shawls, prayer crosses). These specific ministries help us to bring hope to those who may be losing hope and to remind those who are dwelling in the shadow of death, that the bright dawn of eternal life is right around the corner.

Generalizability

There are limits to generalizing the findings of this research to any and every community of faith. It should be noted that this is a specific Christian congregation, belonging to a specific denomination, in the Midwest of the United States. It is a very large and wealthy congregation with extensive financial resources. It is largely mono-ethnic with very few members who are not European-American. It is also an aging congregation with a demographic that is moving away from a community that is becoming younger, browner, and more religiously pluralistic.

These findings are also not to be generalized because they represent a specific snapshot in time. All of my work in this congregation occurred over a five-year period between September 2011 and May 2017. My research data, which include the congregational census, focus groups, and interviews, were collected between February

2016 and April 2016. The pastoral staff was short one person and all pastors were female during this time. It is also important to lift up the fact that this congregation has been engaged in missional ministry over the last ten years and has a pastor well versed in the research practices taught by Luther Seminary's Congregational Mission and Leadership program.

There are many reasons why the findings of this research are not to be generalized to every congregation. There are, however, many specific practices that have proven important to hospice and bereavement ministries. Wise use of the list found in appendix G may allow leaders of congregations to pick and choose contextually-appropriate practices. Resources of time, talent, and treasure will certainly impact which specific practices prove most fruitful.

Limitations of Design and Research

The limitations of the design and research of this project pertain to the fact that I am not the senior pastor of this congregation. I am not even a paid pastor in this context. I am a volunteer. My influence on this system was harnessed largely by the strength of my personality and influence, as well as the senior pastor's willingness to support the project. I was not leading the congregation in intentional change, although there were obviously unintentional consequences. I was, instead, exploring the existing ministries and providing information that may lead the church to create intentional change in the future.

Questions for Future Research

This project on hospice and bereavement ministries at Fellowship Lutheran Church could continue indefinitely. Some areas that I would like to know more about are how we can specifically support families with dual denominational loyalties and how we

can best care for people whose loved one is dying out of town. I am curious to know how we can harness technology to create greater communication during stressful times and how to empower lay members to communicate with professional staff when they become aware that someone is struggling. I wonder if Fellowship is willing and able to support a parish nurse ministry.

It would be fruitful to learn how Fellowship could become aware of people in the congregation willing to lend their gifts to the hospice and bereavement ministries (e.g., financial planners, lawyers, social workers, therapists, etc.). It may be important to encourage the congregation to dream around the creation of missional support groups for the bereaved. It would also be exciting to learn more about the role of storytelling and healing for bereaved people and the role that a *buddy* could play in missional care. More research on the role of food in hospice and bereavement ministries is warranted.

I also believe that additional research on the role of women in hospice and bereavement ministries, as well as the importance of Sunday morning and afternoon bereavement ministries, would be warranted. Missional preaching to the grieving and bereaved is another avenue for further inquiry. Spiritual care and counseling is also an area where additional research could be beneficial. What are the specific expectations of the congregation when a person is actively dying? How can the Befrienders ministry be more effectively harnessed to meet the needs of the grieving or bereaved? How can more men become active in the hospice and bereavement ministries? What is the role of spiritual counseling in helping people to experience a *good death*? What kinds of literature need to be developed to meet the needs of bereaved people in the congregation and community in the first twelve or twenty-four months after the death of a loved one?

Finally, it would be immensely beneficial to learn which specific practices can be implemented to draw insecurely attached people from the margins and into the center of the community when they are experiencing death or bereavement in their families. In other words, how can we keep people from falling through the cracks?

Unintentional Consequences

The changes that occurred at Fellowship during this research were largely unintentional. I am pleased that there were *many* of these unintentional consequences and that the congregation and professional staff chose to be very responsive to the findings of the research in real time. This responsiveness has led to many changes in the hospice and bereavement ministries during the course of my research project. Many more changes are to come.

Examples of unintended consequences of this work are that a women's circle started a sympathy card ministry when they learned it would be helpful to bereaved people after a death. One of the pastors, in collaboration with the communications coordinator, created a button on the homepage of the church's website titled "Care." Congregants press this button to request prayer or visitation from a pastor or lay minister when they have a need. I have had the opportunity to preach several times regarding death, dying, eternal life, and bereavement. These sermons provided opportunities for people to step into the research project as they heard challenges to prepare legally and relationally for death and to provide ministry to people who are grieving or bereaved.

There have also been two sets of three-week series on legal and relational preparations for death and dying. The Befrienders ministry has experienced recruitment and growth. These lay ministers were provided hospice specific training by a local

hospice company, in conjunction with myself in my role as a pastor. This learning opportunity included secular and religious training which created an immediately deployable group of ministers ready and willing to sit at the bedsides of the dying throughout the community. Their specialized training equipped them to provide ministries of presence, companionship, active listening, life review, spiritual counseling, Bible reading, hymn singing, and Eucharistic ministries.

Finally, this research became its own intervention as many congregants began to speak about death and dying with their families and friends, prepare legally and relationally for death, and think about hospice and bereavement ministries at Fellowship Church. The congregation's book club chose to read a book on grief last year which led to much sharing and the building of relationships. One of the social ministries of the congregation took a bus trip early in December of 2016. Many widow/ers chose to attend this ministry opportunity. The leadership of Fellowship, therefore, learned that these types of opportunities are attractive to those who have lost a spouse.

Congregants have made a renewed commitment to *keeping their eyes open* for people who have need of hospice or bereavement ministries. Many members of the focus groups have testified that they are constantly looking and scanning throughout the congregation and making pastors aware of people who are suffering in any way. Members of my Journey Group have shared that they have a *new vision* for the care of the dying and their families. The entire congregation was also invited to partake in a worship service entitled "The Darkest Night." This service was created in specific ministry to people for whom Christmas is not a happy time of year due to grief and/or loss.

There are many opportunities for additional research and intentional interventions in the future. This congregation has a deep commitment to helping the dying and their families experience a peaceful death with love. They have many ministries in place currently that are successfully meeting the needs of others. There are many other ministries that can be deployed in the future. This congregation's commitment to creating missional ministries informed by social science research means that they will be continually seeking to engage an *action-reflection-action* loop meant to be learning, growing, changing, and blessing for many years to come.

EPILOGUE

This Doctor of Ministry program has shaped me personally and influenced my approach to ministry in many ways. I have personally grown to have a new appreciation of the manifold ways in which the church can be harnessed to offer love and care to the dying and their families. I see the church as a partner in the work that I do as a hospice chaplain and seek opportunities to intentionally work with the pastors and lay ministers of my patients' congregations. I recognize the importance of allowing congregations in the neighborhood to share their ministries with dying people in the community and I uplift the specific practices deployed by the church in my work in so-called secular venues.

I am more aware, as I enter churches and funeral homes as a hospice chaplain invited to preach the funerals of my patients, of the many ministries that brought us to the moment of celebrating a person's life and legacy together. I remember to thank the hospitality committee and the folks preparing the funeral meal. I acknowledge the work of the pastor and lay ministers in providing care to the dying and their families long before—and after—I render any service as a hospice chaplain or bereavement coordinator.

I seek to build relationships of trust with the pastors, lay ministers, and congregations of my patients so that I have the opportunity to share a missional vision of hospice and bereavement ministries. I encourage congregations to have an intentional bereavement ministry that includes mailings, literature, and grief and social groups for those who have lost a loved one. I partner with churches and other organizations in my role as a hospice chaplain when I am providing education in the community about

preparing legally and relationally for death and dying. Finally, when a patient and his or her family is particularly suffering, I remember to ask if they have a local church or pastor whom I can call.

All of my experiences at Fellowship were enabled because the congregation was willing to graciously receive me as a volunteer pastor and student in their midst. I was an outsider-insider within Fellowship Church, despite the fact that I am a pastor in the denomination we share and a student at Luther Seminary. I know that my ability to influence the congregation was directly related by their willingness to allow the same.

I learned from this experience that an outsider *does* have the ability to positively affect a church system if the congregation, and its professional staff, are open to learning and growing together. I did not possess a paid, professional role within the congregation; however, through our cooperation we did learn a lot about hospice and bereavement ministries with the dying and their families. We asked an important question together. We wanted to know what specific practices we could utilize to help the dying and their families experience a peaceful death with love. We learned many answers to this question in our work together. We also asked many additional questions that the congregation may choose to explore in the future.

This project engendered much humility in me. I learned to work within a system to explore, celebrate, and challenge a community of faith to have a growing missional imagination around death, dying, eternal life, and hospice and bereavement ministries. This work is personally and professionally very dear to my heart and I am grateful for the opportunity to have worked with Fellowship in this way.

I am praying for opportunities in the future to bring some of the learning that I have done through this research project to other individuals and communities of faith. I know that there are limits to generalizing the findings of this research at Fellowship. I also know that I have learned many things that may prove beneficial to some pastors, lay ministers, and churches near and far. Many pastors have told me that they are waiting to read this work and to gather ideas about hospice and bereavement ministries that may work within their contexts. I look forward to the opportunity to publish a pamphlet or book, teach in churches or synods, start a website or blog, or any other avenue that will help me to share with others some of what I have learned about helping dying people and their families experience peaceful deaths with love.

APPENDIX A

FOCUS GROUP PROTOCOL

Yolanda Lehman

I will use this protocol to facilitate a focus group of self-selected individuals who have lost a loved one in the last five years.

1. Tell me a little bit about what brings you into the room today?
 - a. Whom did you love?
 - b. What was your relationship to this person?
 - c. How long ago did s/he die?
2. What was the best interaction you had with The Church when your loved one was dying? Tell me a bit about this please.

Fellowship, as you know, is in the midst of learning together how to best minister to people who are dying and to their families.

3. Based on your own experience, what do you think are the top two to three things that Fellowship can do to be most helpful in the midst of dying?
4. Based on your own experience, what do you think is our primary growing edge concerning the care of the dying and their families?
5. In what ways should we be continuing to serve people after the funeral of a loved one?
6. Please tell me about your openness to the development of a grief support group at Fellowship Lutheran Church.
 - a. What might be the value of such a group?
 - b. If instituted, how often would you envision such a group meeting?
 - c. If instituted, what topics would be most helpful for us to cover?
7. Please tell me about your openness to the development of a group dedicated to engaging in fun social activities for widows/widowers at Fellowship Lutheran Church.
 - a. What might be the value of such a group?
 - b. If instituted, how often would you envision such a group meeting?
 - c. If instituted, which activities would you be excited to participate with others?
8. What is there that we have not talked about which you feel would be helpful for me to learn as my team continues our work together at Fellowship?

APPENDIX B

INTERVIEW PROTOCOL

Yolanda Lehman

I will use this protocol to facilitate an interview with an individual who has lost a loved one in the last five years and who participated in the focus group

1. Whom did you lose?
2. Please share a favorite memory you have of your loved one.
3. How did you prepare for your loved one's death?
 - a. Who helped you prepare?
4. What help with the preparation, if any, came from Fellowship Lutheran Church?
5. What was your best interaction with Fellowship as your loved one was dying and why?
6. What was your most challenging interaction with Fellowship as your loved one was dying and why?
7. Please tell me about the funeral of your loved one.
 - a. How did the church minister to you at this time?
 - b. Was there anything more that the church could have done?
8. What types of bereavement support have you received since your loved one's death?
9. What support, if any, came from Fellowship?
10. How open would you be to attending a grief support group at Fellowship?
11. How open would you be to attending a social group for the bereaved at Fellowship?
12. What else would you like me to know about ministry to the dying and their families at Fellowship Lutheran Church that may be helpful to our learning together?

APPENDIX C

Survey: Walk Me to the Gate: Christian Practices of Accompaniment to the Dying and Their Families (Survey January 2016)

Introduction

Dear Congregational Member of Fellowship Church,

I would like to invite you to participate in a study of hospice and bereavement ministries at Fellowship Lutheran Church. I hope to learn more about our congregation's attitudes and preparation for death, as well as what specific practices are advisable to incorporate into a hospice ministry here at our church in order to support the dying and their families. We selected you as a possible participant in this study because I am offering the survey to all adult members of Fellowship Church.

If you decide to participate, please continue below. Your completion of this survey is implied consent. I have designed the survey to ascertain the congregation's feelings about the current hospice and bereavement ministries offered at our church, and to learn what additional ministries we can provide in order to offer love and care to the dying and their families. There are seven sections to the survey and it will take about 20 minutes.

The information obtained in connection with this study will remain confidential and I will use only summary data for analysis.

If you have any questions, please ask. If you have additional questions later, contact Pastor Yolanda Lehman at pastoryolanda@charter.net or 320-xxx-xxxx.

Thank you for your time.

Sincerely,

Pr. Yolanda Lehman

Section One

Please share with me your attitudes about death and your preparation for the same.
Choose only one answer for each question.

1. "I am not afraid to die."

Strongly
Disagree
☐
1

Disagree
☐
2

Both agree
and disagree
☐
3

Agree
☐
4

Strongly
agree
☐
5

Do not know
☐
8

2. "I believe that when I die I will go to Heaven."

Strongly
Disagree
☐
1

Disagree
☐
2

Both agree
and disagree
☐
3

Agree
☐
4

Strongly
agree
☐
5

Do not know
☐
8

3. I have prepared a Last Will and Testament.

☐ Yes 1
☐ No 2
☐ I do not know what this is. 8

4. I have a medical directive completed and filed.

☐ Yes 1
☐ No 2
☐ I do not know what this is. 8

5. I have a medical power of attorney.

☐ Yes 1
☐ No 2
☐ I do not know what this is. 8

6. I have preplanned my funeral and shared these plans with someone I trust.

☐ Yes 1
☐ No 2
☐ I do not know what this is. 8

7. I have prepaid my burial expenses.

☐ Yes 1
☐ No 2
☐ I do not know what this is. 8

8. I have talked to my family about how and where I would like to die.

- ☐ Yes 1
- ☐ No 2
- ☐ I do not know what this is. 8

9. I have considered burial in Fellowship's columbarium.

- ☐ Yes 1
- ☐ No 2
- ☐ I do not know what this is. 8

10. I would like the church to provide education on preparing for a good death.

- ☐ Yes 1
- ☐ No 2
- ☐ I do not know what this is. 8

Section Two

Please tell me about yourself. Complete each question by providing only one answer.

11. I am a member of Fellowship Lutheran Church.

- ☐ Yes 1
- ☐ No 0

12. I have been a member of Fellowship for how many years:

- ☐ 5-10 1
- ☐ 6-10 2
- ☐ 11-15 3
- ☐ 16-20 4
- ☐ 20+ 5

13. My race/ethnicity is _____

- ☐ African American 1
- ☐ American Indian 2
- ☐ Asian-American 3
- ☐ European American 4
- ☐ Other _____ (please write in) 8

14. What is your gender?

- ☐ Male 1
☐ Female 2

15. What was your age at your last birthday? _____

16. What is your annual gross family income before taxes?

- ☐ Under \$30,000 1
☐ \$40,000 to 59,999 2
☐ \$60,000 to 79,999 3
☐ \$80,000 to 99,999 4
☐ \$100,000 to 119,999 5
☐ \$120,000 to 139,999 6
☐ \$140,000 to 159,999 7
☐ \$160,000 to 179,999 8
☐ \$180,000 to 199,999 9
☐ \$200,000 or more 10

17. What is the highest level of education that you have attained?

- ☐ Elementary 1
☐ Secondary 2
☐ Undergraduate College/University 3
☐ Trade 4
☐ Associate's Degree 5
☐ Graduate 6
☐ Post Graduate 7

Section Three

Please tell me about your recent experiences with the death of a loved one. Complete each question by providing only one answer.

18. I have lost a loved one to death in the last five years. (No, triggers logic and takes them to Section Four)

- ☐ Yes 1
☐ No 0

19. My loved one was _____ years old when s/he died.

- | | |
|-----------------------------|---|
| <input type="radio"/> 0-19 | 1 |
| <input type="radio"/> 20-29 | 2 |
| <input type="radio"/> 30-39 | 3 |
| <input type="radio"/> 40-49 | 4 |
| <input type="radio"/> 50-59 | 5 |
| <input type="radio"/> 60-69 | 6 |
| <input type="radio"/> 70+ | 7 |

20. My loved one experienced a peaceful death with love.

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | 1 |
| <input type="radio"/> No | 0 |

21. The church was instrumental in helping my loved one experience a peaceful death with love.

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | 1 |
| <input type="radio"/> No | 0 |

22. I am a widow/widower

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | 1 |
| <input type="radio"/> No | 0 |

Section Four

In this section, I would like to learn more about your current understanding of Fellowship's hospice ministries. Complete each question by providing only one answer.

23. "I believe that Fellowship does enough to help people to die well."

- | | | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Both agree and disagree | Agree | Strongly agree | Do not know |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | 8 |

24. "I believe that Fellowship's pastors have adequate time to visit the dying."

- | | | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Both agree and disagree | Agree | Strongly agree | Do not know |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | 8 |

25. I am aware that Fellowship has trained lay ministers to visit the sick and dying.

- ☐ Yes 1
☐ No 0

26. I would be willing to be trained as a lay minister who visits the dying.

- ☐ Yes 1
☐ No 0

27. I requested pastoral care from Fellowship when my loved one was sick or dying and did not receive it.

- ☐ Yes 1
☐ No 0

☐ Does not apply to me

Please tell me about this _____

28. My loved one died and I did not receive any follow up from Fellowship.

- ☐ Yes 1
☐ No 0

☐ Does not apply to me

Please tell me about this _____

Section Five

In this section, please share your feelings about ministry at the time of death. Complete each question by providing only one answer.

29. If I were dying, I would want someone to call Fellowship Church.

- ☐ Yes 1
☐ No 0

30. If a loved one were dying, I would call Fellowship Church.

- ☐ Yes 1
☐ No 0

31. If I were dying, I would want the pastor to visit me.

- ☐ Yes 1
☐ No 0

32. If I were dying, I would want a trained lay minister to visit me.

- ☐ Yes 1
☐ No 0

33. If a person has a terminal diagnosis, someone from the church should visit:

- ☐ One Time 1
☐ Once a month 2
☐ Once a week 3
☐ Daily 4
☐ Not at all 5

34. If a person is actively dying (e.g., expected to die in the next 72 hours), someone from the church should visit:

- ☐ One Time 1
☐ Once a week 2
☐ Daily 3
☐ Not at all 4

35. I prefer to share my feelings with a pastor who shares my gender.

- ☐ Yes 1
☐ No 0

36. I prefer to share my feelings with a lay minister who shares my gender.

- ☐ Yes 1
☐ No 2

37. "I believe that Fellowship offers sufficient ministry at the time of death."

- | | | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Both agree and disagree | Agree | Strongly agree | Do not know |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | 8 |

38. "I wish my church did more to support the dying."

- | | | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Both agree and disagree | Agree | Strongly agree | Do not know |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | 8 |

Section Six

You are almost done! In this section, please share your hopes and dreams for the bereavement ministries of our congregation. Complete each question by providing only one answer.

39. If I lost a loved one, I would consider attending a grief support group at our church.

- ☐ Yes 1
☐ No 0

40. If I lost a loved one, I would consider attending a ministry geared toward fun and socialization for the grieving.

- ☐ Yes 1
☐ No 2

41. I know of at least one child who would benefit from a grief support group for children.

- ☐ Yes 1
☐ No 2

42. "I wish my church did more to support widows, widowers, and others who have lost a loved one to death."

- | | | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Both agree and disagree | Agree | Strongly agree | Do not know |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | 8 |

43. "I believe that Fellowship does enough to support people who are bereaved in the year following a death."

- | | | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Both agree and disagree | Agree | Strongly agree | Do not know |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | 8 |

Section Seven

This is the final section! In this section, please take the opportunity to share with me any final thoughts you may have in regards to the hospice and bereavement ministries of our congregation.

44. What is Fellowship's greatest strength considering ministry to the dying and their families?

45. What could Fellowship do better to minister to the dying and their families?

46. What specific ministries do you think would be beneficial in the year following the death of a loved one?

47. Is there anything else you would like us to know about ministry to the dying and their families?

48. Is there anything else you would like to share with me today that I did not ask in this survey?

Thank you for completing this survey.

If you are willing to be trained as a lay minister who visits the sick and/or dying, please email Pastor Iva at xxxxx@fellowshiplutheran.org leaving your name, email, and telephone number.

If you would like to speak with a staff person about any of the issues raised in this survey, please see any member of the pastoral team at your convenience (Pastors Lani, Iva, Yolanda).

APPENDIX D

INFORMED CONSENT FORM FOR QUALITATIVE PROTOCOLS

Walk Me To The Gate: Christian Practices of Accompaniment with the Dying and their Families

I would like to invite you to be a part of my research project aimed at learning what specific practices Fellowship should incorporate into a hospice ministry here at our church in order to support the dying and their families. We selected you as a possible participant because you are a member of our church who has lost a loved one in the last five years and I would like the opportunity to learn from your experiences. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

I am conducting this study as part of my doctoral thesis project in Congregational Mission and Leadership at Luther Seminary. My advisors are Dr. Craig Van Gelder and Dr. Alvin Luedke.

Background Information:

The purpose of this study is to explore the specific practices we can employ in order to help people die in peace and with love. I also want to know how we can best support families both while their loved ones are dying and during their bereavement as well.

Procedures:

If you agree to be in this study, I would ask you to participate in a 60-minute focus group with less than nine other people who have also lost a loved one in the last five years. I will ask the attached questions. I am looking for your honest responses here as well.

Risks and Benefits of Being in the Study:

The study has a risk of causing you to feel sadness as you talk about your loved one and your experiences with his or her dying and death. This is likely due to the nature of grief and loss. Other than this, there are no other risks involved in this study. Any inconvenience only comes from the time taken to participate. There are no benefits to you for participating other than we will use your responses to help form and shape the hospice ministry of our congregation.

If you become overwrought with grief, you can discontinue your participation in the study at any time.

In the event that this research activity results in an injury, treatment will be available, including first aid, emergency treatment, counseling, and follow-up care as needed. However, payment for any such treatment must be provided by you or your third party payer, if any, (such as health insurance, Medicare, etc.).

If you require psychological care after the focus group or interview, you may contact Pastor Lani or Pastor Iva for pastoral care and counseling or the Center for Family Counseling at 2025 Stearns Way #111, St Cloud, MN 56303 (320) 253-3540.

There are no direct benefits of participation. I will not pay you for your time. However, there are indirect benefits to yourself and our community of faith, as we will ultimately use the results of this research to enhance our hospice and bereavement ministries here at Fellowship Lutheran Church.

Confidentiality:

I will keep the records of this study confidential. If I publish any type of report, I will not include any information that will make it possible to identify you. All data will be kept in a locked file in my home; only my advisors Dr. Craig Van Gelder and Dr. Alvin Luedke, and I will have access to the data and, if applicable, any tape or video recording. If I terminate the research for any reason, I will destroy all data and recordings. I will destroy all raw data including audio or visual recordings, transcriptions, and notes on May 30, 2020. While I will make every effort to ensure confidentiality, I cannot guarantee anonymity due to the small number of participants in this group.

Voluntary Nature of the Study:

Your decision whether or not to participate will not affect your current or future relations with Luther Seminary or Fellowship Lutheran Church. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Yolanda Denson Lehman. You may ask any questions you have now. If you have questions later, you may contact me at pastoryolanda@charter.net or xxx-xxx-xxxx. You may also contact my advisor, Dr. Craig Van Gelder at xxxx@luthersem.edu or xxx-xxx-xxxx.

I will give you a copy of this form to keep for your records.

Statement of Consent:

I have read the above information or have had it read to me. I have received answers to questions asked. I consent to participate in the study.

Signature _____ Date _____

Signature of investigator _____ Date _____

I consent to be audiotaped (or videotaped):

Signature _____ Date _____

I consent to allow use of my direct quotations in the published thesis document.

Signature _____ Date _____

APPENDIX E

IMPLIED CONSENT FORM FOR QUANTITATIVE QUESTIONNAIRES

February 1, 2016

Dear Congregational Member of Fellowship Church,

I would like to invite you to participate in a study of hospice and bereavement ministries at Fellowship Lutheran Church. I hope to learn more about our congregation's attitudes and preparation for death, as well as what specific practices are advisable to incorporate into a hospice ministry here at our church in order to support the dying and their families. We selected you as a possible participant in this study because I am offering the survey to all adult members of Fellowship Church.

If you decide to participate, please follow the link below to Survey Monkey. Your completion of this survey is implied consent. I have designed the survey to ascertain the congregation's feelings about the current hospice and bereavement ministries offered at Fellowship, and to learn what additional ministries we should offer as we provide love and care to the dying and their families. The survey will take about 20 minutes. No benefits accrue to you for answering the survey, but we will use your responses to enhance the hospice and bereavement ministries of our church. Any discomfort or inconvenience to you derives only from the amount of time taken to complete the survey.

Information obtained in connection with this study and that can be identified with you will remain confidential and will not be disclosed.

Your decision whether or not to participate will not prejudice your future relationships with Fellowship Lutheran Church or Luther Seminary. If you decide to participate, you are free to discontinue participation at any time without prejudice.

If you have any questions, please ask. If you have additional questions later, contact Pastor Yolanda Lehman at pastoryolanda@charter.net or xxx-xxx-xxxx.

Thank you for your time.

Sincerely,
Pastor Yolanda D. Lehman

APPENDIX F

Confidentiality Agreement

WALK ME TO THE GATE: CHRISTIAN PRACTICES OF ACCOMPANIMENT
WITH PEOPLE WHO ARE DYING AND THEIR FAMILIES

Pledge of Confidentiality

This is to certify that I, _____, a transcriber for Yolanda Lehman's Luther Seminary research study, *Walk Me To The Gate: Christian Practices of Accompaniment With People Who Are Dying and Their Families* understand that any information (written, verbal, or other form) obtained during the performance of my duties must remain confidential. This includes all information about members, community members, families, employees, and other associate organizations, as well as any other information otherwise marked or known to be confidential.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I understand that I shall not keep any records (written, audio, or other forms) after my duties have been completed. All data will be given only to the lead researcher, Yolanda Lehman.

I further understand that any breach of the duty to maintain confidentiality could be grounds for non-payment of services and/ or possible liability in any legal action arising from such breach.

 Signature of Transcriber

 Date

 Printed Name

 Signature of Yolanda Lehman, primary researcher

 Date

 Printed Name

APPENDIX G

TWENTY SPECIFIC PRACTICES THAT IMPACT HOSPICE AND BEREAVEMENT
MINISTRIES IN CONGREGATIONS

1. Pray. Pray corporately and privately for the dying and their families, as well as those who are bereaved after the death of a loved one.
2. Start a Befriender's (<https://befrienderministry.org/>) or Lay Visitation ministry. Remember, we are the priesthood of all believers! Recruit both men and women to do this important work. When persons have been identified with needs, ask them if they have a preference regarding the gender of their lay minister. Lay ministers should work in tandem with pastors to determine frequency of visitation for spiritual care (e.g., 1x per week, 2x per month, or 1x per month). Calls can also supplement the visitation schedule.
3. Partner with a local hospice organization to train hospice and bereavement lay ministers. The hospice organization will teach on end of life volunteer support and a pastor or religious educator will teach on sharing ministries of scripture, hymn singing, prayer and Holy Communion.
4. Don't be afraid to preach about death, dying, and eternal life.
5. Regularly teach on death, dying, and eternal life in Bible studies, adult forums, and the like.
6. Conduct a forum on the legal preparations for death (e.g., last will and testament, medical directive, etc.).
7. Provide conversation starters on relational preparations for death in table tents, newsletter articles, or bulletin announcements. Relational preparations include talking to your family about where and how you would like to die and be buried. This also includes funeral planning such as who will preach and what scriptures and songs you would like shared with those gathered to celebrate your life.

8. Start feeding ministries for the grieving and bereaved (i.e., meal trains, Sunday supper ministries for widow/ers, funeral meals and radical hospitality). Remember, Sunday is the loneliest day of the week for those who have lost a loved one! Inviting your widow/ers to gather at a local restaurant after Sunday worship ensures that they do not go home to an empty house.
9. Start a card ministry. Send a card upon death and then quarterly for at least twelve months.
10. Start a bereavement ministry. Call, send mailings, and visit with people who have lost a loved one at regular intervals and for at least twelve months.
11. Provide a bibliography in print or online with books on death, dying, grief, bereavement, and eternal life.
(Example: https://www.hampshire.edu/sites/default/files/shared_files/Grief_Resources_Bibliography.pdf)
12. Start grief support groups for adults and/or children who have lost a loved one.
13. Create a buddy system which supports bereaved people to return to church after the death of a loved one.
14. Be aware of the conflict that can arise when people are grieving. This conflict may arise between grieving people and their community of faith and/or with their families; the conflict may involve unresolved or hidden issues from the past. Be prepared to provide spiritual counseling and support.
15. Educate the congregation regarding how to contact pastors or lay ministers when a spiritual need arises (phone, email, website, etc.). Provide many avenues to receive support. Remind members of the congregation that when they are aware of someone in need of support, they can confidentially contact the pastor as well.

16. Be aware of the importance of spiritual care and counseling *from the pastor* at decision points (e.g., receiving a diagnosis, withdrawing life support) and when a person is actively dying (i.e., expected to die in the next 72 hours). Lay ministers are great, but congregants desire pastoral care at these most tender times. When a person is actively dying, daily visitation from the pastor is advisable.
17. Make extensive use of all communication mediums to provide information and articles on death, dying, and eternal life.
18. Start a social group for people who have lost a loved one.
19. Hire a parish nurse to provide ministry to people when they are sick or dying.
20. Remember to provide tangible gifts to the dying and their families (i.e., prayer shawls, prayer crosses, etc.).

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