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CHAPLAINS' NETWORK

Caring Connections

An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling



A Ministry of Accompaniment with the Dying

The Purpose of Caring Connections

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable; solidly grounded in the practice of ministry; and theologically probing. *Caring Connections* seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries and — not least — concerned congregational pastors and laity.

Caring Connections also provides news and information about activities, events and opportunities of interest to diverse constituencies in specialized ministries.

Scholarships

When the Inter Lutheran Coordinating Committee disbanded a few years ago, the money from the “Give Something Back” Scholarship Fund was divided between the ELCA and the LCMS. The ELCA has retained the name “Give Something Back” for their fund, and the LCMS calls theirs “The SPM Scholarship Endowment Fund.” These endowments make a limited number of financial awards available to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education.

Applicants must:

- have completed one [1] unit of CPE.
- be rostered or eligible for active roster status in the ELCA or the LCMS.
- not already be receiving funds from either the ELCA or LCMS national offices.
- submit an application, along with a financial data form, for committee review.

Applicants must complete the Scholarship Application forms that are available from Judy Simonson [ELCA] or Joel Hempel [LCMS]. Consideration is given to scholarship requests after each application deadline, August 15 and February 15. Email items to Judith Simonson at jsimonson@aol.com and to Joel Hempel at Joel.Hempel@lcms.org.

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Contents

Editorial.....	1
The Divine Art of Dying <i>by Herbert Anderson</i>	3
A Hospice Journey <i>by Therese Amari</i>	14
New Steps with God <i>by Jeff Harter</i>	18
Singing at Life's Thresholds <i>by April Boyden</i>	22
Last Leaf <i>by Chuck Weinrich</i>	25
We Accompany Vern Gunderman <i>shared by Lee Joesten</i>	30
An Incident of Caregiving <i>by Charles F. Pieplow</i>	38
Book Review <i>by Diane Greve</i>	41
A Lutheran Understanding of Death and Dying <i>by Ed LeClair</i>	33
Pastoral Theological Principles on Caring for the Dying <i>by Herbert Anderson</i>	47
News, Announcements, Events	51

Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We want to invite anyone interested in writing an article to please contact the editor, **Diane Greve** at dkgreve@gmail.com. Specifically, we invite articles for upcoming issues on the following themes.

2017, # 4, "Ministry in Pediatrics"

2018, # 1, "Ministry with The Grieving"

Have you dealt with any of these issues? Please consider writing an article for us. We sincerely want to hear from you! And, as always, if you haven't already done so, we hope you will subscribe online to *Caring Connections*. Remember, subscription is free! By subscribing, you assure that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* website. This also helps the editors and the editorial board to get a sense of how much interest is being generated by each issue. We are delighted that the numbers of those who check in is increasing with each new issue. Please visit www.lutherservices.org/newsletters#cc and click on "Click here to subscribe to the *Caring Connections Journal*." to receive automatic notification of new issues.

Editorial

Chuck Weinrich

“SYNOD”—“WALKING WITH” “WALKING TOGETHER.” That’s a more dynamic definition than the common one, “ecclesiastical assembly.” I’m reminded of Jesus and the disciples as he set his journey toward Jerusalem. He was asking them to “synod” him: not just to walk next to him, but to engage in a ministry with him as well [thanks to **Dave Wurster** for prompting insight on this matter].

I recently read a blog by a pastor in which she noted that pastors grow more “comfortable” with feelings about death because our ministry affords us many more opportunities to think about, pray about, speak words of encouragement about and relate important elements of the Christian faith to the death of our parishioners/patients/clients and their families.

In our unique ministries of chaplaincy, pastoral counseling and clinical education all of us have been part of many such “synodical” experiences. These are the times when we’ve been able to walk with a patient or family, a client or a student in special circumstances. Sometimes these walks are brief; occasionally they extend for weeks or even months. In this issue of *Caring Connections* we will look at some examples of pastorally accompanying people who are dying. We hope that, as you read these articles, you will find yourself identifying some of your *own* ministries of accompaniment with people who were dying, and that you will be put in touch once again with that sense of awe that comes when we experience God’s Spirit working through these encounters.

We believe there are thousands of incidents like these that could be identified in our various ministries. Here are the ones we have gathered for this issue:

- **Herbert Anderson** has co-written a book with Karen Speerstra, titled *The Divine Art of Dying*. In his article Herbert shares some of the content and also of the process of co-writing the book with Karen, who was in the process of dying during that time. Please make note of the information at the conclusion to this article, in which the publisher has agreed to make the book itself available to you readers for purchase with a 40% discount!
- **Therese Amari** writes of her work in Hospice, particularly with a woman she accompanied on a poignant journey toward her death.
- **Jeff Harter** developed “Twelve Steps for Those Suffering from Terminal or Chronic Illness,” in collaboration with a man who was a recovering alcoholic, but also dying.
- **April Boyden** informs us of her participation in a unique musical ministry of accompanying the dying, called “Threshold Choir.”
- **Chuck Weinrich** reflects on his 2-year ministry of accompaniment with a 35-year-old woman who eventually died of leukemia.

- **Chuck Pieplow** shares a brief encounter he had with a man whose son was dying, as they both sat at the son's bedside. He writes about how the accompanier can also be ministered *to*, within the context of such a ministry of accompaniment.
- **Vern Gunderman** was a pastor and chaplain who died in late 2016 from ALS. In the last year or so of his life, he wrote weekly reflections about his experience. **Lee Joesten** has extracted several of those reflections for us to get a sense of this unique reversal of accompaniment: the chaplain ministering to his friends and colleagues while also caring for his own spiritual needs.
- **Diane Greve** reviews a book, titled *We Know How This Ends: Living While Dying*, written by Bruce H. Kramer in collaboration with Kathy Wurzer.
- **Ed LeClair** tells about his work as a hospice chaplain among residents of Lutheran Social Services of St. Louis.
- Finally, **Herbert Anderson** contributes another selection, drawn from his lectures to students on "Pastoral Theological Principles on Caring for the Dying."

We have received information from **Erwin A. Brese** that he has written an article "Pastoral Care As Dying," which is available online. It can be accessed by going to www.concordiasem.ab.ca/research/lutheran_theological_review.php. The article, found in Vol. 11 [LTR XI], on pages 7 to 21, is a summary of the course he used to teach at Concordia Lutheran Theological Seminary in St. Catharines, Ontario. It is titled: "Specialized Pastoral Care." He invites our readers to read it and even print it out for any use you might choose. In addition, Erv has written two books, *Sliding Home* [2014] and *When Story Becomes Life* [2007]. Both are available by contacting Erv at erv.brese@gmail.com. These books contain thoughtfully and imaginatively written life-and-death stories, such as one about the death of Jesus' earthly father, Joseph.

If you read these articles and are moved to write about your own experiences of accompanying the dying, we would welcome hearing from you about it. Contact **Diane Greve** at dkgreve@gmail.com.

A Personal Note from Chuck Weinrich

With the publication of this issue of *Caring Connections* I will be bringing to a close my tenure as an editor of this marvelous electronic magazine. Some current health issues and further reflection on the future have moved me to let something go, and I've grudgingly concluded that it will be *Caring Connections*. It has been an honor to work on *Caring Connections*, and a great privilege to work with the editorial board and all of you who have contributed articles to our several issues. Diane Greve will continue as editor of *Caring Connections*, and the editorial board is working to find a new co-editor in the near future. I thank God for all of you and for your support of the journal. I will remain a supporter of *Caring Connections* and an avid reader of this Lutheran pastorally-focused journal.

The Divine Art of Dying

Herbert Anderson

OUR DYING, LIKE OUR LIVING, is both personal and paradoxical. Each life is a uniquely personal journey that begins with birth. Each of us lives our own life and dies our own death. Although we hope death is painless and peaceable, sometimes that is not possible. Sometimes we die surrounded by those we love and sometimes not. And sometimes how we die may be the best thing we do in a life. Our death, like life, is also a paradox. A paradox, as I mean it here, is a seeming contradiction that is nonetheless true. These contradictions are not accidental; they are inherent in human nature, in human community, in the circumstances of life, and in our spirituality. Here are some: consolation is found where our wounds hurt most; we get over loss by dwelling on it; God is far away and near at hand; Jesus was fully human and fully divine; a family's capacity to be together depends on its ability to be separate. Paradox (and ambiguity) is about the inevitability of two-ness and three-ness and four-ness in human life and the consequent possibility of alternative meanings.

The Paradox of Death

We express that contradiction or paradox about death in a number of ways. We say death is both friend when we are weary from the pain and the struggle of living *and* an enemy when it disrupts life suddenly and prematurely.

Both are true. Death is both moment *and* process over a lifetime. Death is both fate *and* act, a rupture or accident that seem to strike from without and an act of self-completion. Death is also both a problem to be solved *and* a mystery to be experienced. Because death is a problem, we keep asking what must be done about this illness or that medical crisis. But because death is also a mystery to be experienced, we ask a different question: How shall I behave toward this situation? Toward death? When we admit that further curative treatment is futile, when we have exhausted all reasonable options that might continue our living for a short while, when we acknowledge that our end is unavoidable and near, how then shall we live?

The poet T.S. Eliot once observed that there are situations in life for which there are two possible responses. Being diagnosed with a life-limiting illness is one of those situations. The first question '*What shall we do about it?*' has been and still is the most common initial response to the diagnosis of a life-limiting illness. It is the question that will set in motion medical procedures seeking a cure or least a temporary continuation of living. Although it is appropriately the first question to ask, it is not the only question. Eliot's second question is '*How shall we live towards it?*' That question is not limited to dying, but takes on existential urgency when faced

Because death is a problem, we keep asking what must be done about this illness or that medical crisis.

with a life-limiting illness for which there is no cure. In his forward to the book, *The Divine Art of Dying: How to Live Well While Dying*, thanatologist Ira Byock proposes a slight variant of Eliot's second question. He writes this: "Mortality is a harsh teacher. The first lesson it delivers is that death is inevitable. It will happen to you. The final exam it gives entails just one question: *How then shall we live?*" This is a life question for every one of us, whatever our age and at every point in life. The fact of death as part of living – when we allow ourselves to be aware of the reality that we are finite creatures – invites us to consider questions about the meaning and purpose of life and how we shall live day by day – even when we are not sick or dying.

If, however, we are faced with a life-threatening illness or when death is near, the question has new urgency. If we stop asking what to do about this life-threatening diagnosis, then the urgent, existential question becomes – "*how then shall we live?*" The purpose of the book *The Divine Art of Dying: How to Live Well While Dying* is to explore that question. In contrast to books about 'dying well' or end-of-life care or controlling the moment of our death, this book is about living while dying. It is an invitation – as we say it – *to take the turn toward death* and choose to live fully, sometimes sadly, but often joyously and with great gratitude for as long as it is possible. In this way, *The Divine Art of Dying* is a spirituality for living while dying. It is reported that Paul Tillich preached a sermon in the Harvard University Chapel that concluded with this prayer: *Lord, help me to bring my death into my life, lest death take my life from me.* Had we known this prayer when we wrote the book, it would have had a prominent place. The turn toward death – as we propose in this book – brings death into my life so that death cannot take my life – my living – from me.

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Facing Life-Limiting Illness: Choosing to Live While Dying

The Divine Art of Dying: How to Live Well While Dying is written for individuals, their families and friends who face difficult decisions regarding a life-limiting illness. It also contributes to a larger discussion of death and dying in America. By coupling the words *dying* with *divine* and *art*, we imply that dying need not — indeed should not — be technology-driven. Our hope is to increase the possibility that dying is an integrating event that touches every dimension of being human. We acknowledge that dying is complicated and sometimes very painful but by framing dying as a divine art we hope to paint a picture of integrative wholeness that we long for in our living as in our dying. It is, in this way, a book about a spirituality for living while dying.

Karen Speerstra and I had been friends since 1977 when we both lived in Dubuque, Iowa. She had a remarkable career as an editor, including two decades with a British publishing company in Boston. When she retired, Karen and her husband

John moved to very rural Vermont. Shortly after retiring, she was diagnosed with ovarian cancer. Karen lived for 10 years with ovarian cancer, during which time she wrote three books, including *Sophia: The Feminine Wisdom of God* and a book about *Color*, maintained a blog called *Sophiaserv*, and traveled extensively. Karen tolerated the chemo well and lived successfully with 10 years of treatment for ovarian cancer. By Christmas 2012, however, when we saw her and her husband John in Connecticut, she had lost her appetite and her nails were turning black. If her nails were turning black and falling out, Karen wondered, what was happening to her stomach. On their way home from our Boxing Day Dinner, she and John were caught in a wicked snowstorm. Here is what Karen wrote about what we came to call “a moment of blessed recognition.”

My tipping point came the day after Christmas, when we returned from visiting our old friend Herbert and his family in Connecticut. After a series of mishaps in a pelting snowstorm we got stuck about fifty yards from our front door. It meant we had to walk the rest of the way uphill to the house. Fatigue piled up, like the snow lining our Vermont driveway. Doggedly following in my husband's tracks, I slowly trudged up the hill. I wanted desperately to curl up in the snow. “Hypothermia—please, just take me!” It was then and there I decided: no more chemo for me. I'm looking for some quality of life now—quantity be damned. “I want to get my snowshoes out again.”

Taking the Turn Toward Death

The book *The Divine Art of Dying: How to Live Well While Dying* is about the moment of painful but blessed recognition Karen describes above and the difficult decision she made to discontinue chemotherapy. We call this moment “taking the turn toward death.” The turn toward death is a way of acknowledging death in my life [in the language of Tillich] so that death cannot take my life – my living – from me. Karen and I wrote *The Divine Art of Dying* to encourage people facing a life-threatening or life-limiting illness to consider foregoing further curative treatment *sooner rather than later* and take the turn toward death *so that* they will have the time, physical capacity and emotional resources to live as fully as possible until they die. Here is Karen again:

I will consciously trade the treatment not only for more physical stamina, but also for what I hope will be a more wide-awake brain. I want to participate fully in my living until I die. And I want to be conscious enough to grasp some of the finer points of this whole mysterious ‘dying thing’.

Karen lived for 10 more months after discontinuing treatment and almost succeeded in being conscious to the very end. Karen's hospice physician was a friend as well as her doctor. Four days before her death, the physician urged Karen's son Joel who lives

The turn toward death is a way of acknowledging death in my life . . . so that death cannot take my life — my living — from me.

in Sweden to come sooner than he had planned. He came on Tuesday. Karen looked up and said “Hi Sweetie.” She died the next day. Karen was a full participant in her dying almost to the end.

Karen Speerstra was a remarkable woman. Her love of discovery, her passion for new ideas, her courage to walk into the unknown without fear and her fierce determination to live each day fully were an inspiration to me as they were to many others. The simple truth is that *a dying person is a living person*. Sam Keen had a conversation with Ernest Becker after Becker had written *The Denial of Death* and shortly before he died. Near the end of the conversation, Keen said that his dream was to be alive all the way to the end of his life. “Well,” said Becker, “if you are really a live person, you are bound to be more and more interested in experience, more and more things to discover, if you are a growing person.” Similarly, Karen Speerstra determined to participate fully in her living until she died. And she did!

The decision to suspend future curative treatment and take the turn toward death in order to live more fully is never easy. It is particularly complicated when the dying person appears to be well.

The decision to suspend future curative treatment and take the turn toward death in order to live more fully is never easy. It is particularly complicated when the dying person appears to be well. Advanced directives and the durable power of attorney, arrived at in better health, may help to determine the choice of treatment at life’s end, but the moment of deciding to suspend aggressive treatment programs is always contextual and emotionally charged. Honoring a prior choice is a gracious gift that a family can give a loved person who is dying. Karen was fortunate that family had agreed in advance that this was her decision to make. Even so, when Karen told her older son Joel of her decision, his comment in a tone rarely heard from him was revealing: “*You made the decision to stop chemotherapy just because you couldn’t walk through some snow up to the house?*” Making a decision to discontinue treatment may seem to family and friends like a decision to leave them rather than live.

When it is assumed that the decision will be made in consultation with family, then a discernment process may be needed – a way of considering the options and often conflicting family concerns that still gives weight to the person with the life-limiting illness as the primary decider. Most of all, the decision cannot be hurried. This first decision, difficult as it is, is not the last, however. Once Karen had told her oncologist of her decision to discontinue further curative treatment and ‘take the turn toward death,’ her oncologist recommended that she enroll in Hospice Care, even though it might be a while before she would need the services of hospice. Dying then becomes public event, even if the “public” beyond family and close friends is only the hospice team. Anyone who visits the kitchen of someone in Hospice will see the “Do Not Resuscitate” sign on the refrigerator door and dying is no longer private.

Reflections on Writing with Someone who is Dying

I am writing this reflective essay four years after the book was produced. One of certainties about writing with someone who is dying is that there is an urgency to the task that trumps all other activity. We created the outline for the book during a long weekend in April, 2013 and the manuscript was completed by the end of August, the same year. Karen slept very little and at odd times. I could count on a full inbox every morning with her nocturnal reflections and thoughts on what I had written the previous day. We talked when she had energy, argued some, but the synergy between us transcended distance and technology. On October 28, 2013, Karen wrote: *“Another ‘last’. John’s (husband) band concert for the director who turned 90 was yesterday afternoon. A wonderful event....But there’s such little leg strength left now that its quite a challenge for me.”* And then Karen asked about my hip pain. Karen “participated fully in her living” until she died November 13, 2013.

Transparency

From writing *The Divine Art of Dying* with Karen Speerstra and reflecting on the experience since then, I learned at least four things that I believe enhances “living well while dying.” Transparency is first. Transparency makes it possible to live more freely among one’s significant others. Of all the decisions Karen made, her determination to be transparent with others about dying was one of the most important. Karen lived without hiding so that she might harness her increasingly limited energy for creative quality living up to the end. Here is what she wrote in ‘Karen’s Hospice Journal.’ (Each chapter in the book begins with Karen’s comments written in journal form.)

Since I tell everyone that Herbert and I are writing this book about dying, I don’t have to worry about who knows what about my current state. It takes a lot of energy to figure out whom you can safely talk to, so I’ve decided on full disclosure even though it’s hard for some of my friends to accept my candor about death. Nevertheless, transparency is what I have chosen.

The consequences of Karen’s transparency were astounding. Old friends reconnected, local newspapers interviewed her, unknown people wrote to her about what she said on the radio, and something she had painted for the wedding of old friends 40+ years before was returned because the old friends had died. Karen lived in northern Vermont, and she quickly became somewhat of a local celebrity on the radio and in the papers because of her openness. What surprised her most were the new friends she made in the last months that become new occasions for separation, saying goodbye and grieving. Secret-keeping and withholding the truth about a diagnosis or a treatment plan isolates. Transparency makes it easier for communities of compassionate care to evolve.

Transparency makes it possible to live more freely among one’s significant others.

I have a friend who is living with a life-limiting illness with remarkable grace. Shortly after the diagnosis, he determined to write letters to his many, many friends about his illness and their friendship. By that process, he has created a network of support that sustains him and his wife in their journey together. *Caring Bridge* accomplishes something similar for people who are computer savvy. Dolphins, we have learned, cannot lie because they see so easily into each other. If we were more like dolphins, deception would not be part of our daily interactions. Of course, truth-telling is not an absolute, and not everyone was glad for Karen's openness, but deciding to be transparent made it possible for Karen to live without worrying whom she could tell. We waste energy pretending and covering and guarding our vulnerability. If we choose transparency as our guide, we just might birth a different and better way of being by sharing our deeper humanity and living more freely while we are dying.

Making Decisions

The inevitability of decision-making is the second dimension of dying that I learned from writing this book with Karen. The decisions to take the turn toward death or be transparent are followed by many more choices, most of which cannot be anticipated. Even before we face the challenge of a life-limiting illness, there are very ordinary decisions that need to be made that will in turn affect living while dying. The first decision happens when we are well and hardly thinking of death. I call it "the mortality moment." It occurs whenever we acknowledge that "I will die" just like everyone else. That decision prepares the way for writing Advance Directives and making other appropriate decisions about end of life care.

Living while dying is a series of ordinary life moments big and small, simple and complex, in which the dying person needs to decide what to do or how to act as he or she lives toward death. They will include relinquishing or handing over what we value and to whom, waiting, tolerating ambiguity, trusting the kindness of strangers, telling stories, sharing memories, giving gifts, waiting some more, grieving all our losses and then grieving some more for the new friends we have made or new experiences we have enjoyed. Taking the turn toward death or enrolling in hospice may not even be the most difficult decisions. Whom to tell the family secret or which stranger to trust or how to limit visiting time for dear friends without pushing them away may also be agonizing choices that the person dying must make.

The dying person has a single agenda: to get ready to die. That readiness includes deciding and deciding again and then deciding yet again. Here is what Karen wrote:

I daily decide what to eat and how much. I listen to my body for clues. What am I thirsty for that won't be too acidic? So far, I can decide what to wear. How

Living while dying is a series of ordinary life moments big and small, simple and complex, in which the dying person needs to decide what to do or how to act as he or she lives toward death.

much to sleep. When to nap. What to read. Which Netflix to watch. And how to spend my time with my friends.... I choose active dying just as I've chosen active living. I want to die as I have lived — a full participant in all life has to offer.

And she did. Because these are often ordinary choices people make when they are living but not dying, it is easy for friends and family and other caregivers to overlook the significance or the weightiness of these simple choices when the dying person does not know if it will be the last time.

There are changes that occur to our bodies as we grow older and as we die we cannot control. It is important that caregivers remember what the dying person knows already: 'feeling pretty good' is seldom a permanent state. And sometimes the unpredictability of the changes is relentless. We cannot control what happens to our bodies but we can be in charge of how we respond. A thin membrane separates being in charge from controlling. We make what decisions we can and we acknowledge other choices being made for us. Dying will not be commanded or controlled, but deciding to relinquish control and deciding to hand over our life is a way of choosing how to live until death. When Ernest Becker was asked what he thought about his dying after just publishing *The Denial of Death*, he said this: "Well, I suppose the most immediate thing I feel is relieved of the burden of responsibility for my own life, putting it back where it belongs, to whoever, whatever hatched me." When we are able to hand over a life at the end, there is less concern about control and considerable relief.

Dying will not be commanded or controlled, but deciding to relinquish control and deciding to hand over our life is a way of choosing how to live until death.

Accommodating Caregivers

The capacity to act is an essential dimension of being human. It is human agency that presses one to ask 'what shall I do with my life?' Or 'how shall I live toward my death?' It has been said that hospice may be the single most humane place in the entire modern medical system because it is the one place where we can be sure that everyone is committed to enhancing our participation and agency for the sake of human well-being while dying. The shift away from unilateral medical authority and patient passivity toward greater patient autonomy and agency is an important correction of a previous imbalance even though it cannot and does not eliminate ambivalence towards death.

Agency is the generative force in life that prompts us to choose and act. In order to live fully until one dies, human agency and patient autonomy need to be regarded and supported as cherished values. Since the beginning of the Hospice movement, fostering the capacity to decide and freedom to act has been a central guiding principle. The increasing legal possibility to choose the moment of one's death is a logical extension of human agency. Our commitment as caregivers of people at the

end of life is to support every effort to live fully until they die. Karen and I argued about the use of the word ‘agency’ because she thought it was too harsh. She was, however, perfectly clear about her desire to act and decide as a full participant in her dying.

Accommodating caregivers make agency possible. Helping people live as fully as possible until they die depends on the willingness of caregivers to make sacrifices, or at least set aside their own agenda, or at least be attentive to a patient’s wishes at the end. Sometimes we refer to those wishes as the litany of lasts – the last dinner out or the last visit by a grandchild or the last trip to the cabin in the woods or one last fly-fishing trip with the aid of portable oxygen or one more Cubs game at Wrigley Field. Family and family may worry that those activities are too risky. Making it possible for someone dying to have limited but significant acts of freedom needs to be a priority for caregivers. Bucket lists help people plan ahead on the litany of lasts – but the dying person may not always know what matters most until death nears. In point of fact, however, it will take considerable accommodating from caregivers to make them happen.

Making it possible for someone dying to have limited but significant acts of freedom needs to be a priority for caregivers.

Robert Smith taught New Testament at Pacific Lutheran Theological Seminary in Berkeley. Robert had had one round of treatment for non-Hodgkin’s Lymphoma, but when it returned he took the turn toward death and determined to have no more curative treatment. When he was asked whether there was anything he wanted to do before he died, he said he would like to teach his Gospels class one more time. A colleague volunteered to be his back-up in case he had a bad day and his wife Donna disinfected every surface near him in the classroom. Their sacrifice of time made it possible for Bob Smith to live toward death doing what he loved to do most of all: teach the Bible. The medical staff at UCSF Medical orchestrated his meds so he was alert to teach on class days. He taught his class until a week before he died. I was there and it was unforgettable to be in the presence of Bob Smith as he lived as fully as possible until he died. Nor have I forgotten the sacrifices that made it possible for him to teach the class. Living as fully as possible toward death depends on accommodating caregivers.

Waiting for the Mystery of Death

Although agency and active participation in living while dying is central, passivity and waiting are not far behind. When we say that someone is actively dying, we acknowledge that dying is a human activity – it is something we do. I die. Nobody can do it for me. All caregivers can tell stories of individuals who held on until the child from New Jersey or California arrives or marries or finishes school. The end of a life may be a rupture that seems to come from outside – suddenly, tragically, without

warning. Because death sometimes seems so alien, we will say ‘death took’ or ‘cancer took’ (or in previous times ‘God took’) as if death was a force outside us that acted on us. That we die is not a mystery. It is usually possible to determine medically how a person died. But the moment of death, taking the last breath, even when we know we are dying, remains a mystery. So we wait for death. And our passivity is no less fully human than our activity. We are as fully human when we are incapacitated, ill, still, needy, and dependent as when we actively produce, initiate, and make things happen. If we have lived in this truth, we will not find passivity and waiting so shocking at the end of life.

In a culture that idolizes independence and autonomy and activity, however, waiting for death is a particular problem. We have so little practice waiting. We don’t join the queue if the line is too long. Waiting for medical test results is annoying as well as fraught with anxiety. We think of waiting in terms of powerlessness and helplessness and passivity. Anyone who has had an incapacitating or limiting illness knows the emotions evoked by waiting may be harder to bear than the illness itself. This is a dilemma for caregivers as well. Healthy people who are free to come and go with ease have difficulty sharing in the helplessness and powerlessness of waiting while dying. If death is a mystery to be experienced as well as a problem to be solved, then caregivers need to understand how to live toward that moment. Living toward that moment includes waiting.

We are as fully human when we are incapacitated, ill, still, needy, and dependent as when we actively produce, initiate, and make things happen.

There was never any doubt what Karen Speerstra intended: *“I want to participate fully in my living until I die. And I want to be conscious enough to grasp some of the finer points of this whole mysterious ‘dying thing’.”* There was another side, however. For Karen, activity and passivity were not mutually exclusive. We are always acting and waiting, strong and needy, subject and object. The fourth dimension of living fully while dying that I learned from Karen is this paradox: we are simultaneously choosing and deciding about living *and* waiting for a mystery. A poem Karen wrote shortly before her death entitled “We Wait: Notaries of Time” includes these lines:

*So, we wait. Watch. Touch
memories and share stories.
We watch planets and stars
dance to velvet rhyme.
For we are notaries of time.*

If death is a mystery to be experienced as well as a problem to be solved, then we need to ask how shall I live towards that moment. And living fully and actively toward that moment includes waiting. We are, after all, *notaries of time*.

Our task as caregivers is a sacred one: helping the dying walk with lighter foot prints lest they fall. We will do that many ways as professional caregivers and family and friends. We will stay present. Honor agency when we can. Eliminate secrets when possible. Bear witness to their story. Eradicate isolation and eliminate loneliness. Practice powerlessness and embody hopefulness. And most of all, live in their mystery. They know what we do not know. For that, I leave you with one more entry from Karen's Hospice Journal:

As I view my planet now from my upstairs hospice room, sharper colors outline the mountains in the distance. Two words come to mind: intensity and perfection. I look up and notice more magnificently tinged clouds. Stars pepper the night sky, and the labyrinthine Milky Way that will undergird my passage becomes a scarf of light. This same sky has been hanging over my head for seventy-three year but now I can finally see it. Everything is mystery! It's all so much more than I thought. All this is not easy, but it is, at some mysterious level, perfect.

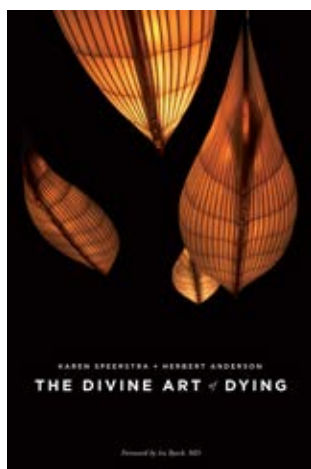


Herbert Anderson is a retired professor of pastoral care living in Sonoma, California. They moved here three years ago when his wife, Phyllis Anderson, retired as President of Pacific Lutheran Theological Seminary in Berkeley. Their son Joel teaches philosophy at Utrecht University in the Netherlands and their daughter Joy is founder and President of a not-for-profit think tank Criterion Institute. After being a parish pastor in California and a hospital chaplain in New Jersey, Herbert Anderson began his teaching career at Princeton Theological Seminary in the fall of 1969. He has also taught at Yale Divinity School, Seattle University School of Theology and Ministry, two Lutheran seminaries and the Graduate Theological Union in Berkeley, CA. In addition, Anderson is Professor Emeritus of Pastoral Theology at Catholic Theological Union in Chicago where he taught for 15 years. Anderson was Director of Pastoral Care at St. Mark's Episcopal Cathedral in Seattle, Washington from 2001–2004. Anderson is a Lutheran pastor with an ecumenical commitment fostered by working in a variety of contexts.

Anderson is the author or co-author of over 100 articles and 13 books on topics such as death and grief, family living, ritual and narrative, empathy, leaving home and living alone, men's spirituality, suicide, outpatient care, hospitality, and 'sense and nonsense in the wisdom of Dr. Seuss'. His most recent book was co-authored with Karen Speerstra and is entitled *The Divine Art of Dying: How to Live Well While Dying*. This book was the 2014 Gold Winner from INDIEFAB. It also received the 2015 Gold Winner award and Best of Small Press from the Nautilus Book Award. A book co-authored with Kenneth Mitchell, *All Our Losses, All Our Grievs*, is generally regarded as a classic in grief literature. He has co-authored five books on the family life-cycle entitled *Leaving Home* (also available in a Korean translation), *Becoming Married*, *Regarding Children*, *Promising Again*, and *Living Alone*. He also co-authored a book with Edward Foley on worship and pastoral care entitled *Mighty Stories, Dangerous*

Rituals. Essays collected in his honor were published in *Mutuality Matters: Family, Faith, and Just Love*. For eight years, he was the Editor of *Reflective Practice: Formation and Supervision in Ministry*. He is a recipient of numerous awards including the 2015 Lifetime Achievement Award from the International Congress in Pastoral Care and Counseling. Anderson is a nationally and internationally known speaker in the areas of bereavement, family, care of the dying, and pastoral and practical theology.

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The Divine Art of Dying

by Karen Speerstra and Herbert Anderson

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A Hospice Journey

Therese Amari

AFTER WORKING AS A LUTHERAN PASTOR for a dozen years, I looked out my office window one day and asked myself a simple question, “What has sustained me in ministry the past year?” It was as though I had entered a tunnel, my mind racing through the darkness toward a pinpoint of light, and when I emerged, I knew the only thing sustaining me was caring conversations. That was it. And the most meaningful conversations in the past year had been with three female parishioners who were dying.

As a result, I began the arduous task of continuing my pastoral work full time while finishing my three remaining Clinical Pastoral Education units required to become a chaplain. I was never more proud of myself than when I completed two super-extended units using both my parish and a hospital setting, along with taking a sabbatical in order to complete a summer unit at the University of Minnesota Medical Center, working in two different ICU’s. As hard as it was to leave the congregation I had served for nine years, becoming a hospice chaplain with Allina Health was a dream come true. I have been doing this challenging work now for four blessed years.

Recently I was asked to share a vignette about journeying with someone to the end of his or her life. It has been interesting these past couple of weeks thinking about various patients, encounters both sacred and meaningful, funny and poignant, horrible and conflicted. I have chosen one that I hope blesses you, the reader, as much as it continues to bless me.

I will call her Patty.

Patty was relatively young for a hospice patient, in her mid-sixties. She suffered from a rare lung disease that ran in her family. As a young girl she had watched her father die from it, as well as an aunt. Her father spent his last year in bed, struggling to breathe. When Patty was diagnosed with the same disease, her worst fear was spending the last year of her life in bed. We assured her that hospice was better, medications were better, managing symptoms were better than anything that was around when her father suffered. Slowly, over time, she began to trust us.

Patty was reluctant at first to have spiritual care visits. She was a longtime Lutheran and had served her church for decades. At the initial visit she looked at me with skepticism, not knowing what I would offer. When I said I was there to support her beliefs and not my own, she looked at me with interest and slowly, reluctantly, said I could come and visit and “she would see how it went.”

It must have gone well, because she agreed after that second visit, I could see her once a month. It was tense at first, since she wanted to know everything

When I said I was there to support her beliefs and not my own, she looked at me with interest and slowly, reluctantly, said I could come and visit and “she would see how it went.”

about my beliefs and, try as I might, she was relentless in asking me. Her beliefs were very set and sure. She believed in the inerrancy of Scripture, that God was in control of everything, and that everything happened for a reason, even her getting her father and aunt's disease. I listened to her, honored her, validated her feelings ... but she wanted more of me. Patty wanted theological conversation equivalent to having a Bible study together. She was endlessly curious about what I thought of certain Scripture passages, what I thought of certain Christian songs she would play on her iPad for me, what I thought of the latest conflict she or another's church was experiencing.

So I made a decision, I decided to share what I believe in order to support her, her curiosity, and her love of learning. It was a risk, and I told her so. She understood, and so we began to have theological conversation. She soon discovered that I was as far to the left liberal as she was far to the right conservative, but instead of either of us being threatened or defensive, we simply shared ... both what we felt sure of, what we questioned, and what we flat out would probably never know.

We simply shared ... both what we felt sure of, what we questioned, and what we flat out would probably never know.

I used to hide my tattoos on my feet from her, knowing there was a proverb that forbade it. In an unguarded moment, she saw them. She referenced the proverb and asked what possessed me to get them (her biblical knowledge could rival any seasoned pastor). I told her it was a celebration of my daughters' going to college. It was a funny and heartwarming story, and after it was told, she said, "Well you couldn't pay me \$10,000 to get a tattoo!" but there was no judgment, only another difference between her and me.

And so it went the first year. As she became thinner and her breathing became more labored, conversing began taking a toll on her, but she wanted me to still come, to continue our lively talks. The second year she ventured into deeper territory, talking about her marriage and the disappointment it had been that few, if any, knew about. She talked about not wanting her pastor to visit anymore because he was "too young to have experienced anything in his life" and, being so short of breath, she "didn't want to teach him what he needed to know in order to take care of her." She talked about the love she had for her children, the fear that she might pass on this disease to them, or — God forbid — to one of her precious grandchildren.

We grew close. Suddenly our differences didn't matter; they were accepted. We simply grew to love each other. And, as is often true in life, a paradox began to surface between us: the horror of her slow-moving disease gave us the gift of time. At the end of year two and the beginning of year three, I crossed a boundary with her. I decided to make her a prayer shawl, not knowing if that was okay to do, or in my sense of unrealistic fairness, why I didn't feel compelled to make all my patients prayer shawls. But I did it anyway. She was always cold, weighed less than 100 pounds,

and she loved bright, vibrant greens and blues. The day I presented it to her, she put it around her shoulders and simply said, “It matches my prison (meaning her recliner). Who would have thought you’d make my prison so warm and beautiful?”

Patty had a long history of anonymous giving and she loved to “pay it forward” every chance she got. Throughout the two years I had known her, she regaled me with stories about all the things she secretly did to make people’s lives better around her. Toward the end of her life, when she knew she had just a few days left until she would have to face her worst fear of being bed-bound, I came for my usual monthly visit and the prayer shawl was neatly folded on the couch where I always sat. I picked it up and put it on my lap, knowing she would explain when she had the breath and strength to do so.

We spent that visit looking at the latest pictures her grandkids had made for her, then looking through the book of poetry and inspirational sayings she was always collecting, and she showed me the ones she had added since my last visit, many of which she had written herself. It was a “conversation” that didn’t require a lot of breath. When it came time to pray, as we always did, I held on to both of her hands and asked — as I always do with my patients who want prayer — what was most on her heart and mind that day? She asked me to pray for courage, that the fear of the hospital bed in the next room wouldn’t consume her every moment.

So I prayed for Patty, asking God that the fear of the hospital bed in the next room would be replaced by a longing to be free of her broken body and gasping for air, that she would see it as a place of respite and peace instead of a worse prison, and that she would see it as a surrendering of her spirit to God. Even though she struggled for every breath, she prayed aloud for me, for my ministry, her gratitude for us becoming “spiritual sisters,” and then, at the last minute, that I would stop skipping lunch and start taking better care of myself (something she knew I was working on).

When the prayer was over, she reached over and touched the prayer shawl and simply said, “Pay it forward. I won’t need it where I am going.” Two days later she took to her bed, and blessedly, thankfully, beautifully, she was only in that place of peace and respite for a few days. I visited her the day before she died, offered prayer around the bed for the family gathered, then snuck in alone before I left. I smoothed the hair from her forehead, thanked her for trusting a woman with tattoos to be her chaplain,



Patty's prayer shawl

Even though she struggled for every breath, she prayed aloud for me, for my ministry, her gratitude for us becoming “spiritual sisters,” and then, at the last minute, that I would stop skipping lunch and start taking better care of myself.

and told her that she was one of my heroes, that she could have given up on this life, having been diagnosed with such an all consuming disease, but she chose to live, and to not only live, but thrive, giving generously to others all of her life. And I promised that, every time I pay it forward myself, I would do so in honor of her.

I kept the prayer shawl in my home for a few months, and when the time felt right, I added to it, making it a throw instead of a shawl, adding the new piece to the old with spaces in between, a visual reminder that her life had transformed mine, that I was different because of her, and would be used differently by God as a result. And when the time is right, I trust that Patty will tell me to whom I should pay it forward.



Pr. Therese Amari is a hospice chaplain, working the past four years for Allina Health Hospice in Minneapolis. Before becoming a chaplain, Therese worked for various churches, the last and longest being nine years as an Associate Pastor at Grace Lutheran Church in Apple Valley, Minn. She was ordained in 2002 and is a rostered leader of the Evangelical Lutheran Church in America (ELCA).

New Steps with God

Jeff Harter

“ARE YOU FAMILIAR WITH the Twelve Steps of AA?” Ron asked me during one of my visits to his home. “Yes,” I answered, “through Al-Anon.” “Good,” he said, “I haven’t been able to go to any meetings or go through the steps with anyone lately.” Ron was unable to get out of bed because of his ALS, otherwise known as Lou Gehrig’s disease. As a recovering alcoholic, his AA meetings and the Steps were important to him. They helped him stay connected with God and with the people he knew in the meetings. But, now he was feeling disconnected from both.

I was serving as a hospice chaplain when I met Ron. He had been a recovering alcoholic for over ten years. He was grateful and proud that he had never “fallen off the wagon” as he put it. His life had been going very well until he got this terrible disease of ALS. Now his life seemed to be falling apart as well as ending.

On each of my subsequent visits, Ron and I went through the Steps together and used them to spring board into deeper conversations. We prayed together and I read Scripture passages. We discussed God, life, faith, forgiveness, hope, and salvation in Christ. Ron clearly received comfort, peace, and strength from our visits.

Ron often wept as he lamented his deteriorating condition and what it was doing to the people he loved.

But Ron was not only hurting because of his health condition. He was deeply concerned for his wife, Barb. He could see the pain in her eyes and could hear the weariness in her voice. “I wonder if she just wants all of this to be over,” he said to me on more than one occasion. As the disease whittled away at him, Ron could see it doing the same to her. He had begun questioning her assurances that she was coping well and was glad to be there for him. Sometimes Ron would confide in me that he was nearing the point that he wished he were dead. “I have become such a burden to Barb,” he would say. “I have no reason to live any longer. I can’t get out of bed. I can’t do anything for myself. Barb even has to wipe my butt!” Ron often wept as he lamented his deteriorating condition and what it was doing to the people he loved. His antidepressants seemed to be offering him little relief from his growing sense of despair.

During one of my visits Ron remarked, “I wish there were Twelve Steps for people like Barb and me, who are suffering from a terminal illness. The Twelve Steps of AA help a little. But my alcoholism is no longer the main issue. It is the ALS that is destroying my life as well as Barb’s.” I promised to look for some Twelve Steps that would relate to his situation. I searched the Internet. I asked others who were familiar with the Twelve Steps of AA and I consulted with other chaplains. But I couldn’t find anything that Ron and Barb found meaningful and helpful.

As I prayed about this, it struck me that one of Ron's issues was the lack of purpose and meaning. He didn't think his life had a purpose anymore. He wanted his life to mean something not only to himself, but also to others. He needed to do something meaningful. He wanted to pass on a legacy.

"Why don't you write Twelve Steps for people who are experiencing a terminal illness?" I asked him one day. "How can I do that?" Ron asked, obviously annoyed at my suggestion. "I can hardly lift my hands. I can't write. I can't use a computer." "I will help you," I offered. "OK," he consented reluctantly. But within a week Ron was embracing our project wholeheartedly.

For the next few weeks Ron and I worked together on what he called Twelve Steps for Persons Suffering from a Chronic or Terminal Condition. He wanted the Steps to be similar to the Twelve Steps of AA, but to be meaningful and helpful specifically to people who were suffering as he and Barb were. "I don't want these to be about alcoholism or chemical dependency," he said. "I want people who have never touched a drop of alcohol to find them helpful."

Ron and I worked together for a couple of hours nearly every day and many evenings. When we thought we had completed a Step, we would share it with Barb and ask her opinion. Depending on her response, we would keep it as is or continue to work on it. Only after Ron and Barb were both satisfied that it was meaningful and helpful to each of them did we go on to the next Step. By the time we were done, Ron couldn't move, could hardly talk, and he had difficulty keeping his eyes open. But he was more alive than he had been when I first met him. Ron died peacefully just 19 days after we concluded his Twelve Steps.

What follows is Ron's legacy that he wanted to share with all who are experiencing what he and Barb went through. If your situation, or the situation of someone you love and care for, is similar to that of Ron's, we hope that these Twelve Steps are meaningful and helpful to you.

He wanted his life to mean something not only to himself, but also to others. He needed to do something meaningful. He wanted to pass on a legacy.

Twelve Steps for Persons Suffering from a Chronic or Terminal Condition

1. I admitted I am powerless to change this terminal/chronic condition. Though with appropriate help, the pain and many of the symptoms can be effectively managed.
2. I came to believe that God can restore me to wholeness of mind and spirit, even if he does not heal the body.
3. I made a decision to turn my will and my life over to the care of God, and to trust God to comfort, strengthen and guide me one day at a time.
4. I made a searching and fearless inventory of myself, taking into account all of the positive as well as the negative of my past and present.

5. I opened up to God and to another human being, and shared how my situation has affected my body, mind, soul, life and relationships.
6. I became entirely ready to work in partnership with God in discovering meaning and purpose in my life, and I will serve others as I am able and as God provides opportunities.
7. I humbly asked God to help me accept my life as it is, and to face my situation with hope, courage, and faith, always striving to make my life the best it can be. I am willing to utilize the resources and people God sends to support me.
8. I have made a list of all the persons that I have offended or harmed when I was angry, resentful, bitter or despairing. I have also listed all the persons who are affected by my situation, and those who have chosen to bear this burden with me.
9. I have directly contacted, and sought reconciliation with, persons whom I have offended or harmed, except when to do so would injure them or others.
10. I continue to take personal inventory of how my situation is affecting not only myself, but others as well, and promptly seek to support, encourage and thank others when opportunities arise.
11. I seek through prayer and meditation to improve my personal relationship with God, and I pray for the humility and faith to submit to God's will and the power to carry it out until the day he chooses to call me to himself to live with him eternally in heaven by his grace.
12. Having received from God a measure of serenity and spiritual wholeness as a result of these steps, I try to carry a message of hope and love to others throughout all the days of my life.

 I pray for the humility and faith to submit to God's will and the power to carry it out until the day he chooses to call me to himself to live with him eternally in heaven by his grace.

A prayer for those suffering from terminal or chronic illness

Dear Lord Jesus, when you walked upon this earth you healed the sick, the blind, the deaf and the lame. I come to you on behalf of those who suffer from chronic or terminal illness, (especially _____). O Lord, you understand their suffering, for you suffered all things to the point of death. I ask that you ease their pain, quiet their fears, increase their courage, and grant them your peace. Give them strength and hope when they are plagued with thoughts of giving up. Lead them to look inward with penitent reflection, upward in faith, and outward to the supportive people and resources you offer. Enable them to trust that all their sins are forgiven through Christ, and that you can work through their situation for their good and for the good of all whom you love. Take their hand in yours and lead them one day at a time through the present shadows until they reach their heavenly home, where the brightness of your presence dispels all darkness. In Jesus' name. Amen.

A prayer by someone suffering from terminal or chronic illness

Dear Lord Jesus, when you walked upon this earth you healed the sick, the blind, the deaf and the lame. I do not understand why I am suffering from this chronic/terminal illness. O Lord, you understand my situation, for you suffered all things to the point of death. I ask that you ease my pain, quiet my fears, increase my courage, and grant me your peace. Give me strength and hope when I am plagued with thoughts of giving up. Lead me to look inward with penitent reflection, upward in faith, and outward to the supportive people and resources you offer. Enable me to trust that all my sins are forgiven through Christ, and that you can work through my situation for my good and for the good of all whom you love. Take my hand in yours and lead me one day at a time through the present shadows until I reach my heavenly home where the brightness of your presence dispels all darkness. In Jesus' name. Amen.

Serenity Prayer

God, grant me the serenity to accept the things I cannot change; Courage to change the things I can; And wisdom to know the difference. Living one day at a time, enjoying one moment at a time; accepting hardship as the pathway to peace; Taking taking, as He did, this sinful world as it is, not as I would have it; Taking trusting that He will make all things right if I surrender to His will; Taking that I may be reasonably happy in this life, and supremely happy with Him forever in the next. Amen. *Reinhold Niebuhr*

Jeff Harter received his M.Div. from Concordia Theological Seminary Fort Wayne, Ind. in 1983. After serving Lutheran parishes in North Dakota, Minnesota, and Pennsylvania, he did a five unit CPE residency at Gunderson Lutheran Medical Center and Bethany Lutheran Homes in La Crosse, Wis. He has been a board certified member of the Association of Professional Chaplains since 2001. He has served as chaplain at Crestview Lutheran Homes in Minneapolis, Minn., Ridgeview Medical Center & Hospice in Waconia, Minn., and chaplain and bereavement counselor for Family Hospice & Palliative Care in Pittsburgh, Pa. In February 2016 he began serving as chaplain with Lutheran Senior Services, an RSO of the LCMS, at Lutheran Hillside Village in Peoria, Ill., the first time as full time in an institutional ministry. He is trained in Critical Incident Stress Debriefing and a trained member of the Central Illinois District [CID] Lutheran Emergency Response Team. He serves as a Reconciler with the LCMS in the CID. He and his wife, Dianne, live in Peoria.

Singing at Life's Thresholds

April Boyden

IT WAS A PARTICULARLY WINDY DAY in the Pacific Northwest, the cedar trees swaying, birds easily aloft. The three Threshold Singers were seated bedside facing the patient in this care center, as she lay tucked just inside the picture window. Three adult children were seated, by choice, just behind the singers. A fourth sibling was present by phone. "Spirit of the Wind, carry me home..." They sang. She took her last breath; after a moment of silence, one more song. The children were weeping. One said into the phone, "Mom died while we were singing to her."

"While 'we' were singing to her..." The woman's offspring had not actually voiced any lyrics or made audible any pitches. Yet the daughter clearly stated, "While we were singing to her." That is always the wish of each threshold singer, that in a tender moment they might give voice to love that is wanting to be expressed, especially when loved ones might not find words or even their voice.

The Threshold Choir movement was begun in the year 2000 by Kate Munger in California. She and many others have since written and collected a vast repertoire of tunes set to simple melodies with profound lyrics that can be repeated again and again as though a mantra of comfort. There are now more than 200 groups all over the world singing at life's thresholds where pain, anxiety, hurt, illness and even death are near.

The songs are sung a cappella, without accompaniment. The tempo is set as the song leader watches and matches to the breath of the one receiving the song. A person alert and engaging may receive a peppy rendition filled with meaningful words; while a person actively dying may hear only humming — the tune unfamiliar, the melody line unpredictable but calming. The songs are there to accompany, as closely as possible, the work of the one crossing a threshold.

This sacred offering by volunteers is a free service. It is not a performance to a large audience, but a tender connection of kindness and encouragement sung to just one person, perhaps with loved ones nearby. This unusual activity is often explained just a bit before it is begun. There is no expectation of applause, but instead an invitation to silence between songs. Just a few songs are chosen from the vast repertoire, chosen in the moment, guided by the tears or the laughter or the wind or the death.

The singers often sit on campstools that allow for a similar height to a person in a bed. They can almost whisper the songs into the person's ear. They sit near to each other and near the listener. They encourage loved ones to sit near as well, if wished,

That is always the wish of each threshold singer, that in a tender moment they might give voice to love that is wanting to be expressed, especially when loved ones might not find words or even their voice.

or maybe to recline themselves and take some moments to breathe. It is okay if one song seems to be “enough” or they might stay for some 15 or 20 minutes. They repeat the songs enough times to allow the tones to carry listeners to some deeper place of peace. They perhaps grow more and more quiet until it is time to tiptoe away because a time of rest has come.

Sometimes there are harmonies. Sometimes there are rounds. Sometimes a single melody line is the least confusing for the person with dementia, or the single tone enough for the person whose own breathing is interrupted by long periods of apnea. Blending and presence, love and acceptance are always the agenda.

Threshold Choirs were initially made up, by design of the Founder, to be only women’s voices, but over the years, men’s and mixed groups have emerged. Some “choirs” are as small as six members, others made up of more than fifty voices. Almost always they go to bedsides in groups of three to four — enough to bring beautiful harmony in a circle of sound, while small enough to be intimate and not overwhelming.

When our name is sung, when we hear “you are loved”, when we are reassured all will be well, a deeper peace comes.

Depending on the choices and capacities of each group, singers go to care centers, private homes, hospitals, hospices, memorial gatherings, and sites of accidents or violent crimes. Some sing at both ends of life and sing to welcome newborns! The ‘threshold’ is defined by the one requesting a song. Activity directors, nurses, spouses, children, neighbors — anyone — can request threshold singers. Those receiving song may decline the offering at any time, as they are able. Singers seek to remain alert to signs of distress, and indication if the music brings relief.

Singing in a “lullaby voice” — as though in a baby’s ear to encourage sweet sleep — is vastly different than a choral performance and takes time to learn. Learning a new repertoire by heart in order to be ready with any song at any time because the moment asks for it, takes time. Reflecting on one’s comfort level to be present to another who is encountering a threshold takes time. Commitments are made to other singers. Commitments are made to the purpose of the singing. Commitments are made to keep confidences and to hold as precious each encounter.

We humans each need reminders that we are not alone, that we are valued and that our lives matter. When our name is sung, when we hear “you are loved”, when we are reassured all will be well, a deeper peace comes. Each singer is blessed each time they sing. And each singer has been sung to so that they know what it is like to receive the gift that they also offer. Compassion makes quick friends of former strangers. Remembered pain nurtures empathy. Music creates equanimity.

Singers can be requested by looking at <https://thresholdchoir.org/general-content/chapters-region>, where a “map” of sorts is located. Many local chapters have their own websites with contact information. Some choirs are able to respond within hours to an urgent request. Others sing only on a scheduled basis in particular

settings. Often a person is sung to only once but, depending on the choir, the person, the setting and the circumstances, it is possible that a person is sung to numerous times over a number of weeks or months.

Each chapter has its own personality and way of operating. Most are happy to welcome inquiries about visiting a rehearsal or becoming a member. The best path is to find a group nearby and utilize their contact information. Invitations to come to a rehearsal and be sung to while reclining in a lounge chair should be followed by a “yes, please!”

It is profound to hear from families months after a time of singing that they were so touched by a particular song that they were able to remember and sing again and again to their loved one in their last hours or moments. To be able to give voice to love, gratitude, sorrow and farewell, or to be able to help others find their voices for such is a profound privilege.

There is a sacredness, a holiness, to threshold singing. While each singer and each recipient of song has their own spiritual path, Threshold Choir is not connected to a specific religious practice or faith group. While many, if not most, threshold choirs are able to sing a commonly known hymn or spiritual song when requested to do so, it is the more common practice to sing “threshold repertoire” with its songs that sing of love, peace, safe passages, and fond remembrances.

Singing encourages everyone in the room to take a fuller breath. Songs give shape to an experience and help to mark what may seem to be a fleeting moment, creating instead a memory of sweetness that can linger long after the last note was ended. Being sung to is a kind of honoring like no other, and being the bringer of song is a privilege unmeasured.



April L. Boyden is a Rostered Deacon in the Evangelical Lutheran Church in America, consecrated 28 years ago with the Lutheran Deaconess Association. She currently serves as a Hospital Chaplain in Bellingham, Washington and coordinates the activities of volunteers at Whatcom Hospice House. April has been a member of the Threshold Choir movement for almost ten years, serving as singer, song-leader, and board member for both local and international boards and as local music director for Bellingham Threshold Singers. Most recently she has sung with a group on Camano Island to sing for a Lutheran Care Center, JOSEPHINE Sunset Home.

Last Leaf

Chuck Weinrich

IN 1988, one of my favorite oncologists on staff at Overlook Hospital in Summit, N.J., where I was Director of the Department of Pastoral Care, asked me to see one of his patients. KJ was a 39-year-old woman with leukemia, who had gone out of remission after a second bone marrow transplant. In talking with her he had learned she was a Lutheran, but her church was currently without a pastor. She remembered that I had led worship at her church a few times and she was open to having me visit her. He also reported that he expected she would only have 2 or 3 months to live.

When I visited with KJ, she asked if I would be willing to work with her on a regular basis after she returned home. We arranged that she would visit me in the hospital every 2 or 3 weeks, or I would see her either if she was hospitalized or confined to her own home.

What KJ wanted to talk about was her understanding of and relationship with God. She had lots of questions and ideas about God that she desired to talk through with me. I agreed, with the stipulation that I would try to avoid imposing answers, but instead would explore these mysteries with her...the meaning of life, of suffering, of death, of love, of wherever her questions and struggles would take her. I promised to ask more questions than give answers or opinions. We then began an extended relationship that lasted over 3 years, and ended up being my most vivid experience in accompaniment of the dying.

While the struggles with her disease went through cycles of intensifying and ebbing, KJ and I worked together to address her issues of faith. One of her concerns was her discomfort with worship services, since they tended to focus on happiness and joy, which didn't conform to her concept of God or her relationship with God. Not surprisingly, she found herself responding more favorably to Lent and Good Friday worship services. We talked about Martin Marty's book, *A Cry of Absence*, in which he focused on what he called Winter Psalms. Early on we decided to compile a list of "Psalms for Troubled and Angry Christians"—those that are rarely used as the Psalmody in Sunday worship services. A personal highlight for me was discovering a touch of God's whimsy in inspiring the placement for 3 of the "wintriest" Psalms: 22 – 44 – 88. At any rate, we also started to develop an entire "Liturgy for Troubled and Angry Christians," with her doing some parts and me others. Although we didn't get very far in this process, we discovered that the parts I had written were often *angry* in tone, while what JK wrote sounded more *bitter*, filled with sustained and unresolved anger. I realized I had to "slow down" when getting in

One of her concerns was her discomfort with worship services, since they tended to focus on happiness and joy, which didn't conform to her concept of God or her relationship with God.

touch with my own angry feelings in order to connect more closely with her lament and bitterness. Upon reflection, it would have been good if I had also worked with her in the book of Lamentations.

At the end of 1988 Paul, the new pastor at her church, also began working with her. At one point he told me that she told him about her anger with one church member who often sent her notes with a “Smile, God loves you” smiley face on the outside of the envelopes. She discarded those notes without opening them. He also told me that he had been sharing with her examples of people in Scripture who expressed their anger at God.

Over time KJ shared with me her perception of God as a manipulator — an artist continually striving to achieve perfection in his creations, seeing each of us like an artist’s jointed wooden model, twisted to fit his needs to understand human life, death, pain, ecstasy... and frustrated in each attempt. She shared with me some of her thoughts about this. These were some of her reflections:

“I am part of God’s creation [a blob, a stroke]. I exist for His reasons, needs and vision...”

- When I am in the emergency room suffering, I experience my wretched insignificance and helplessness. God’s power and vision have set this repetitive pattern of struggle and pain into motion. I am but a speck of substance that may or may not have value to Him.
- I believe that God is a creator artist who is obsessed with His creation which both pleases and torments Him.
- I am part of God’s creation [a blob, a stroke]. I exist for His reasons, needs and vision.... Like the modern artists Jackson Pollack and Helen Frankenthaler, who are fascinated by the paint’s own choice of paths, God sets up the circumstances for the paint [a dribble, a stroke] to make its own way and then watches what path the paint takes. He is intrigued by its ability to surprise.
- Christ’s life and death are the patterns God is most pleased with, a pattern of compassion for others and denial of self to the point of accepting an excruciating process of dying.

She gave me a book, *The Artist in His Studio*, and wrote in it, “Clues to answer the question, “My God, my God, *WHY* hast Thou forsaken me?” These accounts of notable French artists from the early 20th century supported her notion of God as an artist. At about the same time, she shared with me 16 stanzas she had written as additions or variations to the hymn, “Take My Life and Let It Be,” in an effort to express her concerns poetically. Some examples:

3. Take my will and let it twist
Thru the plans that are your wish
Twisting turning painfully
For the sake of your creativity.

8. Lust for pain and lust for joy
Brings feeling to what else is void.
Both create a world profound
God and man writhe, passions resound.

16. Suffering is the key to life.
Death, a withdrawal, can be blithe
The door to secrets long withheld
Seeing You at last, we'll eternally meld.

Although not great poetry, KJ was working hard at trying to make sense of the tragedy of her life. I purposely chose not to challenge her faulty theology [at least by Lutheran standards], but instead challenged her to explore more deeply her thoughts and feelings about her situation. As I reflect on this experience with KJ, I think I was testing myself as well, to see how far I was willing to travel with her in these spiritual struggles.

KJ also wrote up a Creed of sorts, which led to further discussion and exploration in our meetings. That creedal statement began...

I believe that God has created all things to experience change. All parts of God's creation are equally significant or insignificant in His eyes. As a leaf on a tree, my life is given or allowed to take form as well as taken away while a multitude of changing lives and matter surround me.

And it concluded...

My existence and will continue to course through time to their deaths; and, God — whether just or unjust [as in life] — will do with them as He wishes.

I invited her to consider two questions: How does love fit in? How does Jesus fit in?

In responding, I invited her to consider two questions: How does love fit in? How does Jesus fit in? This led her to search out ways that she could integrate more traditional elements of her faith with her current life experiences. At this point I sensed I was reaching the limits of how far afield I personally was willing to go, and wanted to redirect our journey back closer to the path of traditional faith.

About half way through our time together I contracted with an art therapist who was a former CPE student of mine to do some work with her in that field. KJ was fascinated to hear about what I was doing, and there were several times when we utilized some of the exercises I was using in art therapy to explore more non-verbal methods of communicating her faith and struggles. Betty Edwards' books, *Drawing on the Right Side of the Brain* and *Drawing on the Artist Within* were helpful in this process. Creating analog drawings [see *Drawing on the Artist Within*, pp. 66 ff. for an explanation of this way of expressing feelings graphically rather than verbally]

seemed particularly effective in helping KJ redefine her perceptions about God and her struggle to make sense of her life and impending death.

In the early months of 1991 it was becoming clear to both KJ and me that she was coming to the close of her life. Even though she was now on a home-care hospice program, she continued to want to explore artistic exercises focused on perception and communication. On February 21, as I visited in her home, she wondered if we could try drawing portraits of one another. We did that, simultaneously. Here are the results:

KJ captured some of my intensity; I caught a bit of her weariness and still wry sense of the silliness of life with a God with whom she'd not yet completely come to terms.

On March 14 I once again visited KJ in her home. I had, as usual, brought my sketchbook with me. Her bed had been placed toward the back of the same room in which we'd drawn our portraits of one another. As she lay there talking about feeling so tired and ready to die, she kept repeating a phrase, referring to herself as "the last leaf hanging on a tree." I started to draw — first a tree that reflected my sense of how KJ's entire life had been — no serene cypress or sturdy oak, but more of a scraggly thorn bush, with lots of twists and struggles within it. Because of her repetition of the phrase — at least 3 or 4 times as I sat with her — and perhaps also with a subliminal memory of her having used that phrase in her earlier creedal statement, I then drew the single leaf... and was suddenly reminded of another who had hung on a tree. I drew in the crucifix [I continue to be awed by how Christ's head is perfectly inclined toward her leaf]. KJ asked to see what I'd drawn. When I showed it to her, she silently nodded her head and continued to gaze at the sketch. This is that sketch:

After a while, when I saw her eyes beginning to droop, I said a brief prayer with her and left. She died 5 days later, with her husband and Paul, her pastor, at her bedside.

Paul and I collaborated in conducting KJ's funeral the next Saturday, each of us sharing brief messages. I talked



On the left, KJ's sketch of me; on the right, my sketch of KJ



My last sketch for KJ

about the tree/leaf sketch, of which I had printed out 3¹/₂ x 4¹/₂ copies to be inserted in the bulletins. My conclusion was that, at the end, KJ had worked through enough of her struggles with God to be at peace, experiencing oneness with God through identification with Jesus, her Savior.

Over the years since then I have continued to feel a sense of peace and awe, combined with gratitude, for having been able to walk with this Child of God through the valley of the shadow of KJ's death.



Chuck Weinrich is co-editor of Caring Connections.

We Accompany Vern Gundermann

shared by Lee Joesten

INTRODUCTORY NOTE: *Vern Gundermann was the vicar at my home congregation in Rockford, Illinois when I was in my first year at Concordia Senior College in Fort Wayne, Indiana. When visiting home during academic breaks and the summer vacation of that first year I had several opportunities to interact with Vern. As I was trying to discern my call to ministry, he was impressively and consistently supportive and encouraging. My first call out of seminary placed me in rural Iowa in a congregation that would celebrate its 100th anniversary in my second year. I invited Vern to be the guest preacher for that festive occasion, and he graciously accepted. My decision to enter CPE, chaplaincy and eventually CPE supervision led me into different professional circles than Vern's. However, Vern's humility, warmth, good humor and spiritual depth made a lasting impression on me. I feel privileged to introduce the Caring Connections readership to excerpts from weekly reflections that Vern posted on a Helping Hands website during his battle with ALS, better known as Lou Gehrig's disease. As we consider accompanying the dying in this issue of Caring Connections, Vern's reflections provide a snapshot into his character as a loving husband, father, grandfather, friend and faithful servant of Jesus Christ. They exude humility, gratitude, courage and perseverance. They also allow us to accompany him as the illness gradually devastated his physical abilities but not his indomitable faith.*

Rev. Lee Joesten, retired chaplain and CPE supervisor

October 1, 2015 This was Vern's first weekly update after welcoming readers to his Lotsa Helping Hands website on September 25, 2015.

MEDICAL: Yesterday I had my semi-annual dental appointment — no cavities. I shared with them my diagnosis (of ALS) in writing. They were very understanding and supportive. I had noted the excess of fluids in my mouth. They responded that having fluids is much better than having dry mouth. Having excess fluids means I drool a lot, and if the fluids go down the wrong tube, I cough a lot. I sleep well. I eat well, though I have lost several more pounds. A “no, no.”

DEVOTIONAL FOCUS:

- Joshua 1:9 — “be strong and courageous because you will lead these people to inherit the land that I promised to their forefathers.”
- I am so grateful for those who led me to the promised land: my pastors, teachers, my parents and siblings, my children and grandchildren, my extended family and many friends.

- I am so humbled and grateful that I have had and still have the privilege to lead others to the promised land.
- I wonder about those times when I could have shown more courage.
- I lift up those who are leading others under great danger and distress.
- I am grateful to parents who lead their little ones to the promised land.
- I rejoice with those who are already safely in the promised land.
- I am humbled and encouraged by those who pray for me to have courage these days.

October 8, 2015

LIFE: I have come to realize that I cannot order at a drive-through window at an eating place or bank. No one will understand me. My days of talking on the phone are over.... Yesterday I celebrated the 25th anniversary of my installation as pastor of Concordia — what a privilege for me....

MEDICAL: Swallowing is becoming a bit more challenging.

DEVOTIONAL FOCUS: I centered my attention on II Corinthians 4.

- This was the text for the sermon I preached all over Southern Minnesota after my first year at the seminary for vacationing pastors. My mom and siblings knew about the “treasures in clay jars.” I grew to appreciate that treasure. Priceless!
- A good friend of mine, who is spending a long time in prison for murder, focuses on verse 17, and I am too: “For this light momentary affliction is preparing for us an eternal weight of glory beyond all comparison.” Indeed!

October 15, 2015

LIFE: I did play a round of golf on Tuesday for a charity that I feel strong about (Christian Friends of New Americans). It may be my last golf round....

MEDICAL: We had a very positive experience with the ALS clinic at Saint Louis University last Friday.... The main concern is to keep me from losing weight, which at this time is loss of muscle mass. Swallowing continues to become more difficult.

DEVOTIONAL REFLECTION: I focused on Ephesians 2:4–9

- What a great Gospel message....
- What glorious good news. “saved by grace through faith, a gift of God.”
- What a great text for me — about what God has done for me because I could not have done it for myself.

October 21, 2015

MEDICAL: My drooling continues — really messy.

DEVOTIONAL REFLECTION: Genesis 12:1–3

- I have been reflecting on this passage because I will be celebrating my baptismal anniversary on the 31st. This passage means so much to me....
- My Lord promised to be for me a loving, caring, forgiving, renewing Lord.
- The Lord promised to bless others through me. That is truly humbling.

October 29, 2015

MEDICAL: Two things: First I really need to do something about my drooling... Second, I have decided to have a feeding tube inserted. That is not to be seen as a desperate last effort to preserve life.... It is rather an effort to make sure I get the nourishment needed without risk of choking... I am hoping that me and the tube will become good friends.

BIBLICAL REFLECTION: Romans 6:3–5

- Buried with Christ
 - Joined to Him
 - To be raised with Him
 - His for now and forever
 - Safe in His steadfast covenant love
- That is good enough for me!

November 19, 2015

LIFE: One of the results of ALS is fatigue. I have a good case. I'm able to get done what needs to get done, but I look for a space for a nap.

MEDICAL: We are still learning about the feeding tube.

DEVOTIONAL REFLECTION: Psalm 63:3–4

- A wonderful truth: God's love is better than life.
- With that truth in mind there is nothing better than praising him...as long as I live.
- I may not always be able to lift up my hands, but I am determined to always call upon His name.

December 5, 2015

MEDICAL: ...My fingers are losing some of their flexibility. My jaw operates as it will. Poor toothbrush. Messy eating.

DEVOTION: I will be using some of the great Biblical songs of Advent, starting with Zechariah's song in Luke 1:68–79.

- I understand his frustration at not being able to speak.
- I affirm his trust in our Lord and I wish to model it.
- I celebrate Zechariah's confidence in what was promised would be fulfilled.
- So "living in the shadow of death, he guides our feet into the path of peace."

December 17, 2015

MEDICAL: I have begun active therapy. It is an effort to keep my shoulders flexible. Because of my jaws not wanting to work together, I soil a lot of clothes when I eat. I will be taking more of my nourishment through the tube. The tube and I are becoming good friends.

DEVOTIONAL REFLECTION: I have been reflecting on the song of the angels, Luke 2:13–14.

- They sang about the best possible news — Christ had come to the earth to redeem us.
- What good news — "Glory to God in the highest!"
- I have listened more carefully to those who sing around me — and I am convinced I have heard angels singing.
- I have begun praying for you on my helping hands list. There are more than 170 of you. I am so grateful and encouraged by you.
- Merry Christmas, you angels! Thanks for keeping the song of the angels!

December 24, 2015

LIFE: MERRY CHRISTMAS!

DEVOTIONAL REFLECTION: I have read through the birth accounts this week and connect them to the great hymns that the church will sing tonight and tomorrow.

- I am surprised again at God's wonderful surprise.
- I am humbled that I got to announce that surprise so often.
- I have never felt the urgency of announcing that surprise as I do this year.
- I am so glad for those who announce it again this night — may the spirit bless their every word.

December 31, 2015

LIFE: Happy New Year! May our Lord bless your new year in every way....

MEDICAL: ...My muscle loss will not be restored, but maybe we can keep from losing too much more. I have lost the muscle control around my neck and mouth. The good

news is that my feet and legs are still fine, so I can walk, and drive, and do a few errands. Betty has to do the rest!

DEVOTIONAL REFLECTION: I have been reflecting on the 12 days of Christmas....

- Day 1 — the Christ, the perfect Christmas gift.
- Day 2 — The OLD and the NEW testimonies of our Lord's great love for his people, including you and me.
- Day 7 — the seven gifts of the Spirit....

Happy New Year on this 7th day of Christmas. Keep on keeping on!

January 9, 2016

LIFE: Life is good. Life is changing. Life is good.

MEDICAL: On January 8 we had our 3-month check up with the ALS team.... I expect the written report will include the following:

- A neck brace: I cannot keep my head up, and it is affecting all the muscles in my neck and shoulders.
- A breathing vest
- Use of a cane: I haven't fallen yet, but my right side is much weaker and could cause a fall.
- Tube feeding — no more food through the mouth. I am ready for that. Nothing works in my mouth. Lost 12 pounds since October.
- No more driving. Too dangerous.

Life is good. Life is changing. So, I keep on keeping on. Thanks for your support and prayers.

DEVOTIONAL REFLECTION: I kept up with my 12 days of Christmas....

February 6, 2016

LIFE: ...It was about a year ago that friends noticed slurring in my words. I noticed I could not keep up when praying the Lord's Prayer or reciting the Creeds. I went from being independent to being very dependent. I know that for some that happens in an instant. For all of us the Lord remains unchanging. He is steadfast and faithful in His love.

MEDICAL: The neck brace is working. The good news is that I can look people in their eyes....

DEVOTIONAL REFLECTION: Psalm 105

- A great Psalm for reflecting on God's faithfulness to his chosen people

- I was with a group of clergy this past Wednesday, and we sang Martin Franzmann’s hymn “Thy Strong Word” stanza 5 beginning “Give us lips to sing Thy glory. Tongues Thy mercy to proclaim. Throats that shout the hope that fills us. Mouths to speak Thy holy name.” SOMEDAY I will do that again, although for now I may be struck by the beauty, I will not again be able to utter a single word.

February 13, 2016

LIFE: Life is good. Life is changing. Life is good. Do keep Betty in your prayers. Every change for me adds a task to her life! She now shaves me; puts on my socks, and so much more. And she does it all with a good spirit. Little did we understand “for sickness and for health.” It is not easy living with one who cannot speak and whose eyesight is quite dim.

MEDICAL: ...Despite the (speech) therapist’s best efforts, all sounds I can make sound the same.

DEVOTIONAL REFLECTIONS: Lent. I pray a petition a day of the Lord’s Prayer every day. I’ll lift up a petition a week through this season.

February 26, 2016

LIFE: Life is good. Life is changing. Life is good. The good includes the encouragement you provide through your contact in so many ways. My heart is filled with gratitude and my eyes with tears. Thank you so very much.

The change includes me having begun to use a walker. It is time. I have fallen. I really do not want to fall. I realize that my arms are so weak that I hit the floor with full force. So far I have not broken anything.

DEVOTIONAL REFLECTION: Monday’s Prayer — “Thy Kingdom Come”

- The kingdom of grace
- Mine through baptism on 10-31-37
- A covenant established by my Lord
- Refreshed often through Word and Sacrament
- An opportunity I was privileged to share for over 60 years
- The kingdom of glory
- In time my destiny because of the Christ....

April 3, 2016

In an editor’s note Vern’s daughter Sarah McCarthy wrote: Dad is no longer able to type his updates. He dictated this one using Zach (Vern’s speaking device). I had to

fill in as necessary. Please forgive the changes! Also, Dad cherishes your emails and responses. He cannot, however, read his email anymore. Keep them coming, and I will continue to read them to him as often as possible! Peace.

May 17, 2016

LIFE: ...Life is changing. I can no longer grunt. When I do, it takes such effort. My grunts sound like I am angry which is not how I feel.

MEDICAL: We no longer trust my balance. No appointments this week, which is a relief! Our lady who cares for me twice a week is a blessing.

DEVOTIONAL REFLECTION: Sunday was Pentecost Sunday. I gave attention to Martin Luther's definition of the third article of the Apostles' Creed.

- I cannot by my own reason or strength, believe in him. I have tried.

June 22, 2016

LIFE: Life is good. Life is changing. Life is good. Changes include much. It no longer includes meaningful grunts. My fingers and arms are unmanageable. I am left in a silent world. A world in which I have many meaningful conversations with God.

MEDICAL: Gout is gone! Visit with specialists tomorrow to begin the process of "eye gaze" technology to control Zach (Dad's speaking device).

DEVOTIONAL REFLECTION: I continue to reflect on the Ten Commandments. The Second Commandment: God says I may use His name. I use that name during my silent time.

June 30, 2016

LIFE: Life is changing. My journey with ALS continues. It is no longer possible for Betty to provide for my care, though she would be willing. With the good support of our children, I will move to the Care Center on Tuesday.

On Saturday, June 25, Betty and I also celebrated our 55th wedding anniversary! We began our 56th year living apart, but one in spirit and love. Life is changing, but remains good.

MEDICAL: ...Sleep at night continues to be elusive.

DEVOTIONAL REFLECTION: I continue to reflect on the Ten Commandments. The Third Commandment — Remember the Sabbath day by keeping it holy.

August 9, 2016

LIFE: Life is good. Life is changing. Life is good. Life is indeed good. But changing.

MEDICAL: We made a big and important decision yesterday. We decided that I should be in hospice care. Today is day one. I expect there will be many days in hospice. Those days... will be made more pleasant for me and my family....

DEVOTIONAL REFLECTION: I continue to reflect on the Ten Commandments.

September 7, 2016

LIFE: Life is good. Life is changing. Life is good. Little did I realize how different life would be; how different life would become. I haven't any muscle control. I write this with a laser taped on my shoe and point out the letters on a poster of a keyboard to spell the words. It is tedious. I have "yes" taped on my left shoe and "no" taped to my right shoe in order to answer questions.

MEDICAL: I need oxygen more often each day. My hands are too swollen, so my wedding ring needed to be removed this week.

DEVOTIONAL REFLECTION: I continue to reflect on the Ten Commandments.

September 16, 2016 Posted by Sarah McCarthy at 11:00 p.m.

*Alleluia, alleluia, alleluia!
The strife is o'er, the battle done.
The victory of life is won;
The song of triumph has begun.
Alleluia!*

Father, husband, grandfather, brother, pastor, friend. Rev. Vernon D. Gundermann has received the crown of life! Dad passed away at 9:15 p.m. surrounded by Mom and his four children....

Singing one of Dad's favorite hymns, "Beautiful Savior," we ushered Dad into heaven. We miss him terribly already, but celebrate his new life without ALS; a life with a voice that's loud and clear, a body (?) that moves as he wishes, and a throng of saints who have gone before him.

Thank you. Thank you for being a part of this group that has supported Dad through this journey. As you know, Dad was diagnosed with ALS just over a year ago. His journey with the disease was quick. Although Dad lost his ability to speak early on, he never lost his "voice." He continued to minister throughout his journey, using increasingly creative communication strategies. We heard his voice loud and clear, and he will be missed.

An Incident of Caregiving

Charles F. Pieplow

"IT WAS A DARK AND STORMY NIGHT..." And, it actually was! I was on-call at Princeton Hospital in Birmingham, AL on a mid-week night. Birmingham had only two Level One trauma centers at the time. Both had to divert emergencies because of full capacity. Hence, this trauma came to Baptist Princeton, a Level Two trauma center. And a bad one it was.

The reason that I am sharing this story is to highlight a truth that I have experienced again and again. Clinical Pastoral Education in its humble beginnings held that the caregiver is not the only teacher in a care relationship. Anton Boisen spoke of his patients as "the living human documents." With that phrase, he implied that those to whom we give care are our most important teachers. This bad situation to which I was called became an experience of learning about the love of One who gave into death his only begotten. The theme of this issue of *Caring Connections* is accompanying people in life and death. That dark and stormy night at Princeton Hospital I learned so much about the Holy One from a loving father's vigil with his brain damaged son and the impenetrable mystery of a God whose love became flesh and blood.

Initially, there was no family present. I made my availability known to the staff in our E.R. They also informed me that the patient had an over-the-top alcohol content in his bloodstream and that the accident was a single vehicle crashing into a tree on the old Shannon Road. I was quite familiar with the road. I had taken that route to Tuscaloosa many times when I was a pastor there at Christ Lutheran Church. It was one of those old scenic, curving, mountainous roads (Birmingham lies in the foothills of the Appalachian chain) that are a pleasure to drive slowly on a bright sunny day. After sunset, though, it was a perilously dark and isolated route on which headlights seemed to have minimal penetration.

Eventually the E.R. staff informed me that there would not likely be any family arriving any time soon. They only knew about a father, who was driving up from Pensacola. I knew that drive would take about four or five hours, so I left the E.R. to round the critical units in the hospital and try to catch a couple of hours of sleep. I anticipated that once the father arrived it would likely be a long wait throughout the night.

About midnight I got the call from the Emergency Room that the father had arrived from Pensacola. I ran down to meet the father and escorted him to the prayer chapel outside the Surgical Intensive Care Unit, where the son had been transferred from the E.R. I alerted nursing care staff to his presence and then sat

Those to whom we give care are our most important teachers.

down to stay with him until they were willing to alert us to the potential of a visit. Either the chemistry was right or the Holy Spirit was with us in that prayer room. I felt a powerful sense of connection with this man. I quickly gained a deep sense of how much love he had for his son, as well as his rich faith informed by a remarkable knowledge of Martin Luther.

Let me sidetrack for just a moment to let you know something about me. I am not much into mystical experiences. As a Lutheran, my most comfortable religious spot is on the left side of my brain, with an appreciation for the logical consistency of Lutheran dogmatics. It took three years of Clinical Pastoral Education for me to appreciate and truly develop the right side of my brain. Even so, I tend to be from Missouri, so “show me”, rather than tell me that you have a feeling. An example that might give you a clue about my lack of mystical enthusiasm is that I just recently lost my pride and joy, a tuxedo cat whom I affectionately called “Little Clyde.” He and I had become close buddies after years of taming his feral spirit. A friend called to give me the number of a woman that I could call to have a séance with “Little Clyde.” Now, I would no more try to séance a cat than I would my own mother. I am just not much into the paranormal. Yet what I am about to tell you is what I experienced as a paranormal experience.

In that father’s prayer, I could sense the great compassion of the Father whom we call God.

By the time I had kept watch with the patient’s father for several hours, we seemed to develop quite a religious rapport. Several times he asked me for prayer, a request with which I gladly obliged. About three in the morning the nurse alerted us that, while the son was not conscious, she had done all she could do for the moment and we were welcome to make a bedside visit if we cared to.

It was during this visit that mystery transformed the mundane. When we entered the room, the father moved to the bedside of his son and grasped his hand. We stood side by side for quite a long time, keeping watch by night. Then, without any suggestion from me, the father went to his knees at the bedside of his son. He folded his hands with his son’s hands on top of the mattress, and began a prayer that so reminded me of Jesus’ high priestly prayer in John 15–17. In fact, I don’t remember much about the content of the prayer, but what has remained with me all these years is the image of this father at the bedside of his son, praying for the well-being of his child. In that father’s prayer, I could sense the great compassion of the Father whom we call God. I could not swear that there was an aureole around that father and son on that night. But there is burned into my mind a memory of the light that shone upon them.

As I recall this incident of caregiving, two images burn within my mind. One image is Rembrandt’s depiction of the Gracious Father embracing his Prodigal Son. No matter what the circumstances of this son’s death might have been; here was a

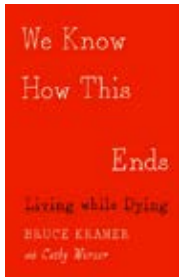
father from Pensacola willing to withhold judgment, to forgive all shortcomings, and to pray fervently for his son's recovery.

The second picture is that of our Lord's fervent prayer in the Garden: "Lord, take this cup from me. Not my will but yours be done." I cannot say that I saw real drops of blood falling from this father's forehead, but with the right brain, one does not necessarily have to see to believe.

As so many of us in pastoral care know, this incident of caregiving raised the question for me about who gave care and who received care. A couple of weeks after the incident I received a card from the grieving father in Pensacola expressing appreciation to me for what I had done and how I had been with him through that dark and stormy night. Lord knows that what I received far exceeded anything that I had given. The experience of that night is today as vivid for me as it was then. Accompanying others through their experience of death can be both a learning and holy experience.



Charles F. Pieplow is a retired pastor in the Lutheran Church—Missouri Synod. His pastoral ministry included parishes in Alabama and Ohio. He became a Certified Supervisor in the Association of Clinical Pastoral Education and a Board Certified Chaplain in the Association of Professional Chaplains. Before retirement he ministered in the Baptist Health Systems for twenty-five years. Charles is married to Jill. They live in Birmingham, Alabama with their two cats, Mocha and Scout.



Book Review:

We Know How This Ends: Living while Dying

by Bruce H. Kramer with Cathy Warner

Diane Greve

ACCOMPANYING SOMEONE who is dying is usually a private, personal process. However, when Bruce H. Kramer was diagnosed with ALS, at the suggestion of a mutual friend, he invited Cathy Wurzer along on his journey. Cathy is a broadcast journalist on the Minnesota Public Radio (MPR) *Morning Edition* and a co-host on Twin Cities Public Television (TPT) weekly program, *Almanac*. For about 5 years, Bruce lived fully even while dying of ALS as he and Cathy explored many topics including his diagnosis, the emotional burden of taking care of friends who are getting “the news” of his diagnosis, his spirituality, coming to be at peace with his body, etc. Over 30 radio programs were created from their conversations. Bruce died at the age of 59.

He was the dean at St Thomas University’s College of Education, Leadership and Counseling in St Paul, Minn. in December 2010, when he was diagnosed with ALS. He was a bicycle commuter. He was the choir director at Good Samaritan United Methodist Church. He was a husband, father and grandfather. Bruce, because he was a teacher and a learner throughout his life, found his core purpose in teaching others about living fully while dying. With Cathy’s accompaniment, he was able to be vulnerable as he spoke of his experiences and hopefully helped others to come to a place of dis ease, being aware that life is not easy. And, in such profound acceptance, we are transformed.

When they began this relationship, Cathy’s beloved father had just been diagnosed with a form of dementia and she was experiencing changes in her personal life. “Being part of Bruce’s experience would mean I was going to have to be fully present with him and his family. My normal journalistic detachment wasn’t going to cut it (26).” As she was able to let down some of her journalist objectivity, Cathy’s own vulnerability allowed the conversations to become more honest and real.

As Bruce was nearing the end of his life, they worked together to edit the radio programs and his own blog, *Dis Ease Diary*, into a book, *We Know How This Ends: Living while Dying* — published by University of Minnesota Press. Parts of the radio series are available on www.mpr.org (scroll to the bottom of their home page to the search option and enter “Living While Dying”).



Cathy Wurzer interviewed Bruce Kramer in February 2013. Kramer learned in 2010 that he had ALS, also known as Lou Gehrig’s disease.
©Jennifer Simonson /MPR News

There is amazing wisdom in this book that can speak to chaplains, pastoral counselors and to our students. As we engage “use of self,” joining those we serve through our own vulnerability, the integrity of our ministry is enriched. We too can learn from Bruce’s experiences with the medical community and how to value our bodies, whatever stage of ability they are in. He and Cathy tell of how they are both transformed through this process of accompaniment: crying, laughing and discovering together. Are we not also transformed through our ministries? Christ lived it and Luther taught it. Do we not also believe that in dying there is new life?

Review by Diane Greve, co-editor of Caring Connections.

A Lutheran Understanding of Death and Dying

Ed LeClair

MY CALLING is to Lutheran Senior Services (LSS) and I'm currently assigned to the hospice group. I have the joy of ministering to those older adults who are coming to the end of their earthly life. Moreover, LSS is a faith-based organization, so I have a rich environment in which to minister.

Obviously there are many different situations a hospice chaplain encounters when entering into a position of ministering to a dying person or the loved ones of a person who is about to die. The varying contexts in which I enter as a Lutheran pastor/chaplain impact how I bring a Lutheran understanding of death and dying.

Just as with other chaplains, the first thing I do is to assess where a patient or family member is at in the dying process, then their spiritual status. Once those things have been determined I attempt to meet them where they are. I would like to share how I do that from a Lutheran perspective and some accounts of ministering to the dying or their loved ones.

My Lutheran perspective is that death is a result of original sin, and that Jesus has conquered both death and dying at the cross. That belief shapes how I respond to the needs of the patients and/or their family. Many times I have assisted patients in finding peace for their situation at the foot of the cross or the baptismal font when they are ready to look there for their answers. But what does that look like in real life?

Let me share one of those incidents where God has allowed me to be His servant to a family. Karl and Sara had been married for over 40 years when he developed Parkinson's disease. Karl had been in business for himself all his life and Sara had worked alongside him while they raised two sons and a daughter. Theirs was a mixed marriage. He was born and raised Jewish, she an LCMS Lutheran. Karl didn't practiced his faith, and Sara had noted on many occasions how he would attend church, sing the hymns and join in the prayers. He never joined the church where they attended since he didn't want to do the classes. They had raised their children Lutheran and all were practicing the faith.

When I met Karl he was in end stage Parkinson's disease and in my context of ministry quite young — only 69. His diagnosis meant he was unable to move, or take care of any of his, "Activities of Daily Living" or ADLs. He was also almost completely dysphasic; only being able to softly utter a word or two. I ministered to him by reading scripture and prayer. Most of my time was spent ministering to Sara, his primary care giver. She dutifully, and lovingly provided 24/7 care for Karl during the several months that I ministered to them.

Many times I have assisted patients in finding peace for their situation at the foot of the cross or the baptismal font when they are ready to look there for their answers.

Early on, after hearing of Karl's spiritual situation, I asked Sara if she thought Karl would like to be baptized. She said she wasn't sure, and would think about it—but not then.

Several months later, Karl was completely dysphasic, as emaciated as a skeleton, contracted into a semi-fetal position, lying in a hospital bed in the couple's comfortable living room. Sara was tired, and had struggled with God over the imminent death of her spouse. We talked over issues of fairness and what God was doing. We had been to the foot of the Cross many times, and there had been many tears.

Sara knew Karl's time was short, and she asked me, "Do Jewish people believe in life after death, in heaven?" I responded with an answer that led to a question, "From my understanding it varies, but if you are asking me if I would baptize Karl, the answer is yes." Sara paused for a moment or two, cast me a look of appreciation for understanding her question and said, "Yes, I'd like you to do that."

God's Word is incredibly powerful at the time of death, or shortly thereafter for those remaining.

In a few days, Sara and I gathered in the living room with Karl's children and a grandchild and we brought her husband to the baptismal waters of Christ Jesus. (*Book of Concord* [edited by Kolb and Wengert], Large Catechism, pp. 462-463 for my rationale on the legitimacy of our action).

Approximately 10 days later Karl met his Savior face to face. Later that week I provided a Christian funeral for Karl's family and friends. Since he was a relatively young man, there were many in attendance and I was able to once again bring the Gospel message to those who needed it and might be really ready to hear it within the context in which it was spoken — a funeral. I share this as an example of one part of "Word and Sacrament" ministry that are the cornerstones of Lutheran pastoral care.

What is special about our doctrinal holdings in the hospice context?

For me, as a Lutheran chaplain, my service to the dying is many times the most intimate Word and Sacramental ministry. When I bring the Word or Sacrament to the room of the dying, I believe I'm on holy ground. I am privileged to declare God's truths to patients and/or their family. God's Word is incredibly powerful at the time of death, or shortly thereafter for those remaining. The Sacrament is a profound restorative, when received shortly before death. For example, I recently provided Holy Communion to two elderly sisters a few days before one of them died. They had only seen each other a few times during the prior year, even though they had only been separated by a short distance. As I left the room I could feel the joy they shared, having been to the Lord's Table together one last time on this side of eternity.

What is the most difficult part of being with the dying and their family?

The most difficult part of my role as chaplain to those on their deathbed is helping people accept that God is leaving them here. Many times people are ready to go long before God calls them home. This may be a characteristic of the population I serve, since I minister primarily in a geriatric hospice. Most of my patients have lived full lives and have been declining slowly. Many are tired of grieving over their personal losses. They can no longer see well, walk, go the bathroom by themselves or live in their homes. Consequently they are ready to “depart and be with Christ.” So my most difficult task sometimes is helping the dying accept God’s timing. It is in this duty that the Lutheran perspectives on God, His character, providence, and love as seen in Christ Jesus are the most helpful.

Most of my patients have lived full lives and have been declining slowly. Many are tired of grieving over their personal losses.

Why has our Lord called pastors and deaconesses to care for those who are dying?

My first inclination is to go to scripture, specifically Matt. 25:34–40. Jesus was speaking to his disciples, those people he was training for ministry. Therefore, those who have been called are beholden to this work. There are other scriptures one could go to, but it is the heart of service here that Christ is talking about, which is His heart...the heart of perfect, complete sacrifice, which we are to imitate (1 Cor. 11:1, Eph. 5:1).

What is unique about the Lutheran Christian understanding of death and dying?

The Apology of the Augsburg Confession marks the importance of faith in regard to death. It is worth noting that death is not a punishment per se. On page 214 [Kolb and Wengert], part way through section 151, we read, “*Besides, death is truly punishment when the terrified heart feels the wrath of God, according to the passage [1 Cor. 15:56]: “The sting of death is sin.” However, after faith overcomes the terrors of sin in the saints, death without this sense of wrath is not, properly speaking, punishment.*” This for me is a different perspective on death in juxtaposition with what I understand from other faiths.

Finally, what is a typical day like for a hospice chaplain or one who is attending to the dying?

As we can all testify, there is no typical day for those who are in any component of God’s service. My days often start out with doing administrative type work at one of the facilities in which I minister. After that, I visit those patients I’m scheduled to see, documenting those visits to comply with regulations. Often that schedule is interrupted by a death.

There are also those days when, as most of the readers have encountered, you have a funeral to do, and another crisis comes up. For example, I’m part way to

one facility and get called back for a crisis to the one I just left. It might be that I'm on the way home and get a call from a nurse needing support for the family of a patient who is actively dying and the on-call chaplain is already engaged at a death. After my arrival and introductions are made, the patient dies while I'm reading the 23rd Psalm—and his wife is relieved. So each day is different. But God has His way with things while we walk with those who are preparing to transition to the Church Triumphant.

Whatever a day brings, I consider it a joy and privilege to be called to such a ministry. I know that I don't go it alone, but with the Holy Spirit—who truly gets it all done [I'd mess it up otherwise]. Martin Luther captures it well for me at the end of his Sacristy Prayer, "Use me dear Lord, as Your instrument. Only do not forsake me; for if I were to continue alone, I would quickly ruin everything. Amen." And Amen to that!

Ed LeClair is a second career pastor, having spent the largest portion of his career in senior management of Logistics & Warehousing companies. He entered Concordia Seminary, St. Louis, when he was 50, completing 5 units of CPE while on vicarage at Lutheran Senior Services. His wife of 38 years is a Provisionally Licensed Professional Counselor. They have two grown sons and two beautiful grandchildren.

Pastoral Theological Principles on Caring for the Dying

Herbert Anderson

WHEN GOETHE WAS ABOUT TO DIE, he cried: “Light, the world needs more light.” It is interesting to think about that plea in relation to the final image in the death of Ivan Ilych. Many years later, the philosopher Unamuno reacted to Goethe and said: “No, Goethe was wrong; what he should have said was ‘Warmth, the world needs more warmth.’” We shall not die from the dark but from the cold. Hospice aims at warmth and providing a place of safety and comfort.

Care at the end of a life that fosters realistic hope demands a willingness to stand in helplessness with the one who is dying. Abandonment and consequent isolation are the great enemies of that hope. More often than not, it is the caregiver’s discomfort with being helpless that prompts them to abandon the dying. The hope that caregivers must embody and carry into the presence of one who is dying is formed within communities of commonly shared awareness of human finitude. We cannot command hope. Nor can we give hope to another.

Hope is embodied when caregivers create communities of dependable presence in which dying persons find wisdom and agency enough to find their unique way to death.

Care at the end of a life that fosters realistic hope demands a willingness to stand in helplessness with the one who is dying.

- 1 From the perspective of Christian theology, **we are not saved by a good death**. Everything we do with those who are dying is qualified by that conviction. This perspective is not shared by all religious traditions. Faithful care of the dying must honor the diversity of religious needs and ritual requirements at the end of life.
- 2 The meaning of death and the concerns about dying vary from group to group, from religion to religion, and from individual to individual. **Respect for those differences is an essential part of care for the dying**. It is impossible to know all the distinct practices of religions, cultures and even family tradition. It helps if we approach each situation with humility and wonder. And then ask — to be sure we have not missed something.
- 3 **Our dying, like our living, is both personal and paradoxical**. Because living toward death is a uniquely personal journey, each one dies his or her own death more or less as they have lived. But death is also a paradox: both enemy and friend; a moment and a process; a problem and a mystery. Death is also both act and fate, human action and something that strikes us from the outside. When someone says ‘death took’ or ‘cancer took,’ they suggest some kind of external force.
- 4 **Life is not the absolute or ultimate good nor is death the absolute evil**.

The most agonizing task is to decide when efforts to save a patient will not only fail but are likely to result in more rather than less suffering. It is at the point when the medical dictum — *primum non nocere* (do no harm) — becomes the norm.

- 5 **When conversations about patient care occur**, it is useful to have as many of the ‘stakeholders’ in the room as possible to hear what is said or decided. Ethics is about relationships. Because relationships keep changing, the right questions change as well. Health care professionals must give sufficient information and provide sufficient support in order that the patient might make a knowledgeable decision about appropriate care.
- 6 **The will of the patient**, not the health of the patient, should be a — if not *the* — primary consideration in all decision-making relative to a dying person. Our first task is to respect the autonomy of the dying person — insofar as that is possible. When that is not possible, *advance health care directives and POLST* (Physician Orders for Life Sustaining Treatment) make it possible for the will of the patient to determine medical action.
- 7 **A dying person is a living person.** Their problems are life problems and their needs are life needs. A living person, like someone who is near death, is marked by awareness, freedom, relatedness and transcendence. We will do well to attend to those things in the care of the dying. What we learn from our ministry with the dying will enhance our care of the living.
- 8 **Let them lead.** The dying person is on a personal journey we can only follow close beside or behind. Dying has as many pathways and styles as living. If we listen carefully, they will tell us what we need to know about the journey. Sometimes we die as we have lived, and sometimes not. Sometimes a short life may be full and a long life empty. And sometimes how we die is the best thing we do in a life.
- 9 **Health care professionals are responsible for giving sufficient information** and for providing adequate support to the patient in order to make knowledgeable decisions (when possible) about appropriate care. Informed consent policies and end of life documents should be geared toward enhancing patient autonomy and protection rather than protecting medical institutions and practitioners.
- 10 For the dying person, **rehearsing and telling the story of their life and faith** is the work they do to get ready to die. Our task is both simple and hard: to listen empathically and bear witness accurately. Gratitude makes such rehearsal easier for the one dying. Caregivers encourage the rehearsing by listen empathically and bear witness faithfully to their story in the midst of God’s story. In our care of the dying, we bear witness to their story in the midst of God’s story.

.....
What we learn from our ministry with the dying will enhance our care of the living.

They will know we have heard their story by how we bear witness to it.

11 Let them hope while they live. If we understand hope only as a future perspective, then there is nothing more hopeless than dying. The ministry of hope begins with our willingness to stand with one another in our hopelessness. Hope is born in community. And it is sustained by hoping communities that trust God's grace to transform helplessness and darkness into occasion for hoping. We cannot command hope, but we can embody it through communities of care.

12 The dying are grieving all the time. Dying is a process of saying goodbye to a life. If we understand that life is not defined by our possessions, that we do not possess ourselves, that we are constantly receiving and expending ourselves, then letting go at death is easier to do. They are letting go of everything they have loved, of what might have been or should have been as well as what was. We need to mourn *with* them but not yet *for* them because they are still living until they die. Then the survivor's grieving begins.

If hope is about mutuality even in the midst of hopelessness, then truth is the friend, not enemy, of hope.

13 The management of pain is important because the lessons of pain are wasted on the dying. Pain is a threat not only to the continued physical existence of the patient but also, and more importantly, to the personhood of the patient. The aim of palliative care is to alleviate suffering, pain, discomfort, and dysfunction whenever possible. Ironically, when pain is managed people live up to 25% longer, because they accept nourishment and are less likely to lose energy to the stress of pain.

14 Let them lean. Isolation and loneliness add unnecessarily to the pain of dying. It is the responsibility of caregivers to diminish isolation whenever possible. Human life is never a life wholly to itself. Responsiveness to the other and responsibility to ourselves go hand-in-hand in constituting the human. There is almost nothing more crushing than to feel abandoned at the end of life.

15 The patient needs to know as much as is necessary in order to be an agent in his or her dying and to foster community at the end of life. Not everyone wants the same amount of information. If hope is about mutuality even in the midst of hopelessness, then truth is the friend, not enemy, of hope.

16 The determination that an individual is now dying irreversibly is a moment in a process that is best arrived at in collaboration between family, physician, and patient. It is very important that everyone involved hear the same news at the same time. The term irreversibly dying refers to someone for whom a life-threatening illness is progressive and has reached a point where medical intervention will not reverse the illness.

17 It is not morally mandated that we *must* do everything that we can

do. This ethical distinction between the indicative and the imperative is perhaps the *most* important thing to be decided on in advance of life-threatening illness. Physicians should seek to avoid the useless or burdensome continuation of life-sustaining technologies. *Avoid technology rush!*

- 18 The task of medicine is to care even when it cannot cure.** In the past, when cure is no longer possible, care was defined by subtraction. Palliative care challenges this problem-oriented approach to care of the dying because it presumes that beneficence toward the dying, *the ethics of loving and faithful care at the end of life adds interventions rather than subtracting them.*
- 19 No family choice is perfect.** Therefore, it is important to remember that even our best and most carefully thought-out plans will be imperfect. Those who survive death need as much grace as the dying do.
- 20 Dying people often try to communicate important information to someone who makes them feel safe** – who won't get upset or be taken aback about the reality of dying. If you are an outsider chosen for this role, share the information as gently and completely as possible with appropriate family and friends, unless the dying person has asked for confidentiality.
- 21 The pastoral role includes advocating for the patient** by encouraging and assisting friends and family to listen, understand, and respond appropriately to the dying person's messages. It is likely that the pain of the dying person will be overlooked if caregivers cannot make room for their own pain.
- 22** When we accept that **cure is no longer possible and only care is called for**, physicians and other medical caregivers need an extra measure of commitment to stay present with someone whose life circumstance cannot be reversed. The dread of abandonment is a common fear of the dying that mandates faithfulness in our care. Faithfulness in care of the dying comes before love. We need to be fully present for people to feel the love that transforms the pain of dying into a moment of grace. Faithful care may also require that caregivers be willing to set aside their own plans or desires to accommodate the needs or desires of the one who wants to live fully toward death.

It is likely that the pain of the dying person will be overlooked if caregivers cannot make room for their own pain.

Honor agency when you can: the patient is the expert.

Eliminate secrets when possible.

Help people tell the story of their lives and connect it to the Divine story.

Eradicate isolation and diminish loneliness.

Practice powerlessness and embody hopefulness.

News, Announcements, Events

Obituaries



The Rev. Vernon D. Gundermann (Oct. 8, 1937–Sept. 16, 2016)

Vern Gundermann graduated from Concordia Seminary, St Louis, Mo. (1963).

After 43 years in parish ministry, with the final 16 serving at Concordia Lutheran Church, Kirkwood, Mo. (1990–2006), he served as the chaplain at the International Center of the Lutheran Church Missouri Synod, and as Coordinator of Chaplaincy for Lutheran Senior Services.

Vern loved sports. He was a star athlete as a young person. He was heavily recruited as a baseball player and had an opportunity to sign a major league baseball contract with the Chicago White Sox. He chose, however, a life of ministry as a pastor. Pastor Gundermann loved serving the Lord Jesus through the ministry of the Church, and was recognized by many as being a “pastor to pastors.”

On September 9, 2015 Vern was diagnosed with ALS. His faithfulness, determination, and continued service during his final year has been an inspiration to many. On September 16, Vern passed into the loving arms of his Savior, Jesus, surrounded by his wife, Betty, his four children, and a few dear friends. He opened his eyes and mouthed the words as his family sang the words to a favorite hymn, “Beautiful Savior.”



The Rev. A. Marlin Stene (Jan. 29, 1929–May 9, 2017)

A. Marlin Stene died on May 9, 2017, at the age of 88. We entrust our brother to the never-ending love of God with thankfulness for his many years of service to the church of Jesus Christ.

Stene was born near Emmons, Minn., on January 29, 1929. He attended Luther and St. Olaf Colleges, and graduated from St. Olaf in 1950. He received his BTh from Luther Seminary in 1954, and was ordained in the Evangelical Lutheran Church on May 23, 1954. He married Arlene Nelson on June 19, 1954.

Stene served as pastor of St. Paul, Manitowoc, Wis., from 1954 to 1956; pastor developer of Calvary, Beloit, Wis., from 1956 to 1962; chaplain resident, Lutheran General Hospital, Park Ridge, Ill., from 1962 to 1964; chaplain supervisor, Lutheran Deaconess Hospital, Minneapolis, from 1964 to 1980; chaplain supervisor, Bethesda Lutheran Medical Center, St. Paul, from 1980 to 1982; director of chaplaincy services, Bethesda Lutheran Medical Center (later HealthEast) from 1982 to 1992, when he retired.



Lutheran Breakfast at the Annual Conference of the Association for Professional Chaplains, hosted by Judy Simonson [ELCA] and Joel Hempel [LCMS]. The conference was held in Houston, Texas, from June 22 to 25, 2017.

SPM Educational Events

Be sure to save the date for the SPM Educational Event on a topic we live with daily:

- “Crossing the Lines – Approaching the Edge”

King’s House, Belleville, Ill.

September 19–21, 2017

Visit www.lcms.org/spm for more details about 2017 Educational Events.

Dates to Remember

SEPT. 19–21 Combined ESC Conference and SPM Educational Event

Belleville, Illinois

lcms.org/spm

Watch for the date and location for the Zion XVII Conference in 2019.