

COMFORT IN THE FACE OF DEATH

If you want to comfort a loved one who dying,
don't pretend everything will be OK.

by Rev. Paul D. Steinke

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There is a rabbinic adage that says it is impossible to look long into the sun or into death.

When a loved one of ours is ill unto death, the imminent loss, his or her suffering and our helplessness to change the situation blind us to the needs of the dying person. We protect ourselves from the impending death by denying it. We rationalize that talking plainly and honestly about dying with our loved one will just make him or her suffer even more.

There is no more awkward situation than death and dying. The following conversation illustrates the lengths to which people go to avoid death and the effect it has on the dying person.

This conversation took place at a medical center not long ago between a hospital chaplain and a patient:

Chaplain: Is this a good time to visit?

Patient: Yes, the tests are done for today. Please sit down. . . . I was just reading about this great saint. She really had an interesting life. My pastor gave me this book yesterday.

Chaplain: So how was that visit for you?

Patient: OK, I guess. He was good to come. I wish we had more time together. He thinks I'm doing fine and that my tests will be negative. But I'm not so sure.

Chaplain: You sound worried.

Patient: I'm terrified. ... I really can't do anything on my own, and I feel so weak. Everybody is so positive about everything. I wish I could feel like that.

Chaplain: You're really suffering a lot.

Patient: It's not the physical pain anymore. The medicine and blood I'm receiving have taken care of that. It's everybody's positive attitude that's driving me crazy. I really hate this show we're all putting on.

Chaplain: Could you tell me more about what you're feeling?

Patient: Well, I think I've got cancer, and I'm going to die, and I need time to get ready, and... [begins to cry]. It's hard to stay hopeful and keep acting like it's all going to be fine.

Chaplain: Sounds like being realistic is important to you right now.

Patient: Yes! And that's why I'm so upset. I'm afraid I'm going to die, and nobody else wants to think or talk about it. You should hear my children. They tell me story after story about people's cures. Everybody seems so positive. Am I the only one who sees another side, a bad side, to all this bleeding?

Chaplain: So you're feeling alone with your fears. It must be awful for you. [He goes on to listen to the patient's fears, then reads Psalm 55 and blesses the patient.]

What we have in this pastoral conversation is evidence of two different views of what it means to give comfort to the sick and dying. The root meaning of "*comfort*" is to strengthen, from the Latin *com fortis*, with strength. The chaplain comforts the patient, brings strength to her, by listening to her suffering, terror and loneliness and by reading the lament (Psalm 55) and blessing her in the name of the Triune God.

The patient is scared stiff; her agony isn't being heard. But through the reading and blessing, the chaplain allows her to do what Psalm 55 says: "Cast your burden on the Lord, and he will sustain you." She is allowed to express the "anguish within," "the fear and trembling," the "horror" that "overwhelms." Too often, suffering patients are still at Calvary while their well-meaning caregivers are rushing off to the empty tomb (having bypassed the descent into hell altogether).

The other view of comfort is "a state of ease with freedom from pain and anxiety" (*Random House Dictionary*). This sounds more like our culture's view of comfort, for this comfort doesn't mean to strengthen but to alleviate pain.

Physician-assisted suicide is a symptom of a culture that can derive meaning only from positive thinking. This philosophy, that everything will turn out all right in the end, blinds us to the resilience of darkness. Everything does *not* turn out all right in the end. The culture does *not* determine the meaning of life and death for us.

Through Baptism, we have been woven into the fabric of a different story, the narrative of the suffering, death and resurrection of Christ our Lord.

Our comfort begins at the cross. We provide care to suffering people when we allow them their cries of forsakenness (see Psalm 22). We don't have to pretty up dying with false hopes about "the tests coming out all right." Suffering makes us uncomfortable, so we end up comforting ourselves, not the patient.

Rather than tell your dying loved one story after story of people's miracle cures, why not face the deep grief of losing that dear one? Why not talk over old times? Why not tell her how much you'll miss her? Why not communicate with her with your tears? Why not hold her? Why not hear her? Why not hold her agony in your hands for a few minutes by acknowledging it? Why not pray the Psalms of Lament together? Why not bring along others from the community of faith and sing some hymns?

The patient in the pastoral conversation we started with ended by saying, "Thank you, Chaplain. I'm feeling better now. You've reminded me that I'm not alone in all this."

What made her feel better? False promises of getting well? Desperate stories of cure? Plastic smiles? No! What relieved her was someone hearing and marking her misery. And what happened? It made her feel less alone. She was sustained by God and God's care-giver. She was comforted with the comfort of God.

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