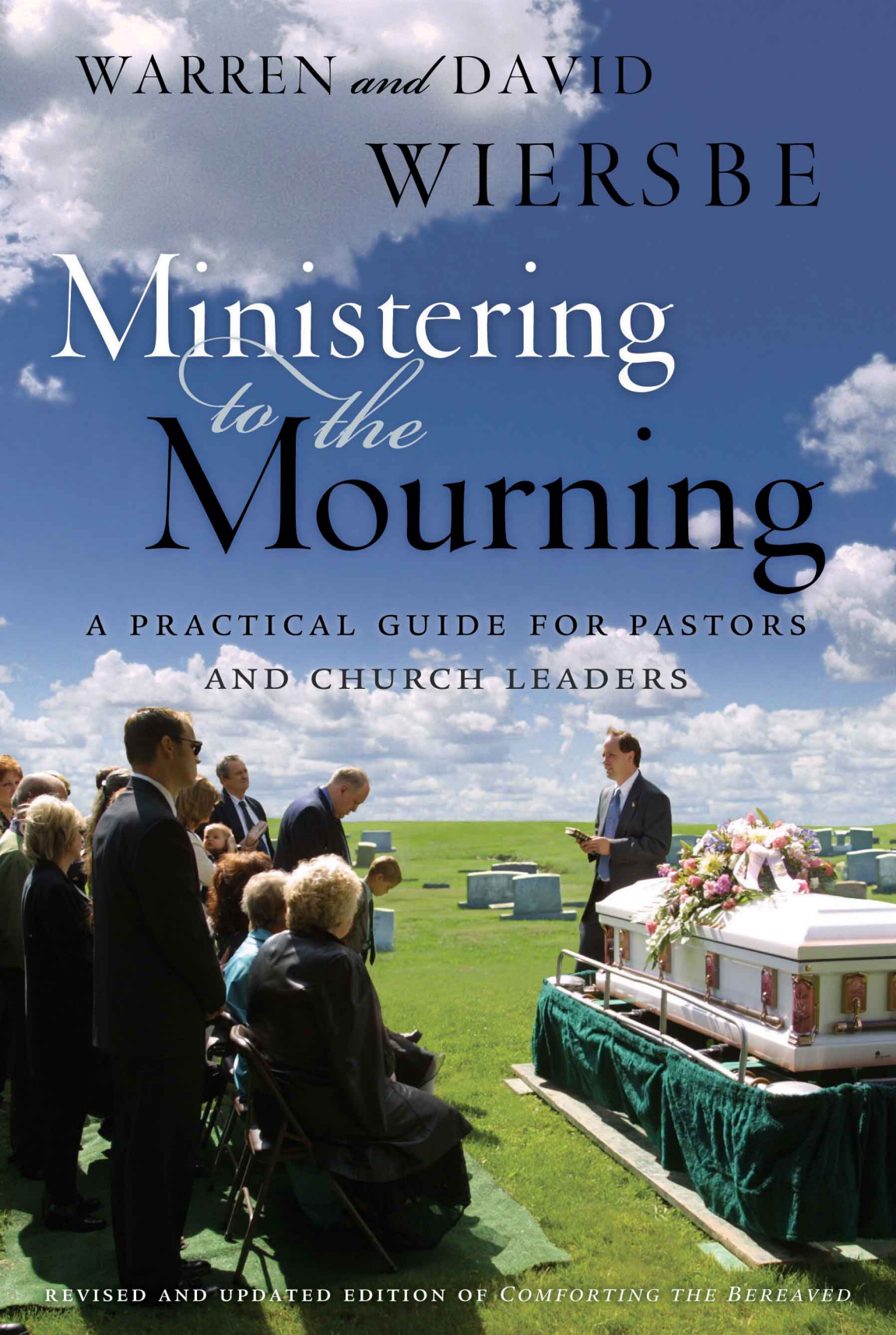
WARREN *and* DAVID WIERSBE

Ministering *to the* Mourning

A PRACTICAL GUIDE FOR PASTORS AND CHURCH LEADERS



REVISED AND UPDATED EDITION OF *COMFORTING THE BEREAVED*

SEVEN

Death and the Family: The Pastoral Opportunity

The phone rang. Pastor Walsh put down his book and said, "Yes?"

"Pastor, the Clark family just called," his assistant said. "Naomi's mother has only a short time to live. They would appreciate it if you could meet them at hospice."

"Can't Larry go? He's the visitation pastor."

"He was already there this morning, and he was also there last night. The Clarks really want to see you."

"I'm the senior pastor, and I don't do visitation!" said Pastor Walsh. "If I did it for one, I'd have to do it for all." He hung up and reached for his book.

Pastor Mike and Cindy were enjoying lunch together at their favorite sandwich shop, a treat that didn't come very often. Mike's cell phone rang just as the waitress brought their dessert.

"This is Barb at the church. You wanted to know when Tom Meier's family got to the hospital. They are there now. Tom is still unresponsive, and they have some big decisions to make."

"Thanks," said Mike. "We're on our way."

"Please package the dessert," Cindy said to the waitress, and they paid the bill and headed for the hospital.

"When It Is Not Convenient"

When death begins to cast its shadow, the Christian caregiver—that is, a member of the pastoral staff, elder, chaplain, or other person responsible for caregiving in the church—is given many opportunities to communicate God's love and truth. Suffering people call for the minister or the chaplain because these set-apart servants represent the Lord and His church, and people in crisis need God's special help. All of which says, *we must be available*. "Be prepared in season and out of season," Paul admonished Timothy (2 Timothy 4:2), which the Berkeley New Testament translates "be at it when it is and when it is not convenient." The question is never, "Do you want me to call?" but "When would you like me to come?"

Even if a family member says, "Oh, Pastor, you don't have to come!" the compassionate shepherd will answer, "Unless it's inconvenient for you, I would like to be there." People remember our kindness and personal ministry long after they forget our wonderful sermons. The presence of the pastor reinforces God's love for hurting people and makes that love real to them. We earn the right to be heard in public when we have demonstrated compassionate care in private.

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Every family situation is different. No two people in a family respond the same way to the fact of death or the news of death. Some people you thought had deep faith may fall apart, while others you considered less mature will rise to the occasion. Make no permanent evaluations from a crisis situation, but at the same time, don't be fooled by appearances. Since death is an infrequent visitor in most American homes today, this

will be a whole new experience for some of the family members. Let them know it's acceptable to cry, that real men shed tears, and that it's normal for children to be disturbed and even frightened. You don't "take over" the household, but your quiet presence, your use of Scripture, and your prayers help to make a difference.

Perhaps the key word is *reassurance*. Shocked and grieving people need to know that God is still on the throne, that they haven't lost control of life no matter how they feel, and that in the course of time they will live balanced lives again. Encourage them to make one decision at a time, to live a day at a time and trust the Lord for guidance. Grief is God's gift to hurting people to help them heal, and this takes time—and this in itself can be difficult for many to deal with. People have unrealistic expectations when it comes to confronting death and sorrow. They may have to learn the hard way; but you will be there to help.

What about the funeral itself? Once the funeral home has the body, the pastor chats with the family about the funeral arrangements. They may have already talked it over—and we must do all we can to fit into their plans. The minister finds out when the family will be going to the funeral home to view the body and plans to arrive before them to meet them at the door and stand with them when they first see their loved one's remains. They may want to pause for prayer before entering the chapel. Remember that it isn't our clever conversation or our extemporaneous sermonettes that assures them of God's care; it's our quiet presence with them and our availability to listen and to serve.

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MAKING CHRIST REAL IN THE VALLEY OF THE SHADOW

Before we look at ministering to the grieving after the loss, we need to look at ministering to the person facing death. Whether the person is at home, in the hospital, or in hospice care, the pastor's approach at each

visit is the same: encourage the person to talk; listen attentively; deal with fears and unresolved issues; and seek to make Christ real in the valley of the shadow. It may take time for the person to open up, and this must not be forced. Are there conflicts that must be settled? Has the patient thought about the funeral service?

Bring Bible truth into the conversation and don't hesitate to discuss death and the hereafter. If the person's death is a slow trajectory, you may have time to do a Bible study on death and heaven. If death is imminent, major on the great assurance passages, such as John 14:1–6; Romans 8:28–39; 2 Corinthians 5:1–8; and Psalm 23. Give the patient opportunity to affirm his or her faith in Christ; this will allow you to speak with confidence to the family and to the friends at the funeral. If there is no such affirmation of faith, with gentle urgency explain the love of Christ and the gospel and ask the patient to receive Christ. If there is resistance, don't threaten or frighten the person, but do urge him or her to make this all-important commitment to Christ.

Keep in mind that dying can be hard work, in spite of all the medication and fine equipment science has provided. Cancer can cause excruciating pain. Congestive heart failure makes it increasingly difficult to breathe. While medications ease the pain, they may also compromise the patient's alertness and awareness. While patients are conscious, we must seek to prepare them for the battle ahead and reassure them of God's presence (Psalm 23:4).

The Dying Patient At Home

In an ideal world, we would die at home, in our own bed, surrounded by the people we love the most; but this isn't an ideal world. Most family members are more than willing to honor the requests of a dying loved one, but they may not want the death to occur in their home. In our opinion, hospice has a marvelous ministry for the terminal patient in the home, but they have time limitations for residential patients in their hospice facilities. Before a family turns the home into a hospital, they must honestly answer a number of practical questions.

- Where will the patient be located? Is this convenient to bathing facilities?

- What special equipment will we need, such as oxygen, hospital bed, wheelchair, inhaler, portable toilet, etc.?
- Will we have to remodel for handicap-accessible entries, shower, and the like?
- Can we prepare and serve special diets?
- How will pain management be handled? Will we need a licensed person to administer some medications?
- Are we as a family prepared to accept interruptions day and night and witness the suffering and eventually the death of the loved one?
- If a residential caregiver is required, do we have the space?

Then there's a very personal question: what is our motive for wanting to care for the person at home? Many elderly people don't want to go to a care facility and may put the family on a painful guilt trip as they plead to be left at home; but the care facility might provide better care and be just what they need. If the demands of home care are something the family isn't equipped to meet (and many aren't), the patient will be better off in a licensed care facility. The best reason for home care is, "We love her, and we want to do this, no matter what the demands or the sacrifices."

A third consideration is, What is the family's attitude toward death? If the family has a wholesome Christian view of death and doesn't try to deny it, then the patient will be in an atmosphere of faith and hope; but if anybody in the household is negative or even fearful, their discomfort will probably affect the patient. (Perhaps the patient will do them good!) We have seen situations where the dying person accepted the fact of death and wanted to talk about it, but the family would not discuss death at all. But there have also been times when the patient refused to face the reality of death, and this hindered the family's efforts to talk openly and prepare adequately. As caregivers, we can't force people to confront their last enemy. We can only open the communications door and hope that the people involved will step through it.

The family needs spiritual care as much as the patient, and we must seek to understand the dynamics of the home. Is the situation tense or relaxed? Are family members united in their faith and love? How are the younger members responding? Are the right people making the right

decisions? Do the same problems or issues keep coming up in conversations? Are the adult members of the family openly dealing with the prospect of death and helping the patient to make plans? Do they seek your counsel and value it? Sometimes we must talk with family members privately and individually to discover these things.

Most church members expect the pastor to read Scripture and pray when visiting the home. Some families like to pray the Lord's Prayer together and even sing a verse of a hymn. Keep home ministry brief, and don't let it become routine or shallow. If you are present when the patient dies, a brief prayer and the quoting of relevant Scriptures will help prepare the way for the decisions and actions that must follow. (See chapter 5.) Don't rush the family. They may want to wait quietly by the body before getting caught up in the demands of the funeral plans.

The Dying Patient in the Hospital

The lady on the phone was speaking at warp speed.

"Pastor, the ambulance took her to the hospital and they don't think she was breathing and I just found out about it myself and I don't know what to think but I knew Bob would want me to call you—so what should I do?"

"First, take a deep breath. This is Janet, isn't it?"

"Yes. Sorry. I'm so shook I'm not thinking clearly."

"It's OK, Janet. Now, who was taken in the ambulance?"

"Catherine, my sister-in-law—Bob's sister."

"Tell me what happened."

"Well, she was working in her sewing room, and Bob called her about something but she didn't respond. He found her slumped on the worktable with the needlework still in her hand. He called 911 and they got there in just a couple of minutes, but I guess she wasn't breathing."

"Janet, where are Bob and Catherine's family now?"

"They've all gone to the hospital. Her husband rode in the ambulance. The kids have gone on their own. So did Bob's parents. I'm going as soon as I hang up."

"Janet, are you sure you're fit to drive? You still sound out of breath."

"I'm better now, really. You've helped me calm down."

"OK. I'll meet you at the hospital, but let's pray first." He offered a

brief prayer, hung up, quickly told the church secretary the facts, and then headed for his car.

When calls come that you are needed immediately at the hospital, respond calmly and try to lower the caller's anxiety. Without being stoical, caregivers must control their own emotions so they can think clearly, trust the Lord, and bring some calm in the midst of storm. Many laypeople are uncomfortable in a hospital environment, and the combination of bad news and an intensive-care waiting room is enough to make people nervous. Your own controlled comfort level can help others feel more at ease. It's here that we trust the Spirit of God, the Comforter, to assist us.

Family members will want to get immediate information about the patient, but as we saw in chapter 4, federal HIPAA guidelines control who can say what to whom. In a crisis hour, this can be exasperating, but the doctors in charge will talk to the nearest of kin as soon as they know something definite. If you are present when the doctor talks to the family or the patient, perhaps you can ask a question or two, but for the most part, maintain your support ministry, silently pray, and wait. Staying with family members in the nearest waiting room will encourage them and keep all of you from getting in the way of the busy medical staff.

At Hospice

The words *host, hospital,* and *hospice* come from the same Latin root meaning "to receive a guest, to give care to a stranger." During the Middle Ages, churches often provided "guesthouses" where travelers, the sick, paupers, orphans, and other needy people could find help. The hospice movement for the dying was begun in 1879 in Dublin by the Irish Sisters of Charity as a ministry to terminal cancer patients. It provided help in pain management, quiet time with loved ones, and spiritual strength for dealing with death. The ministry was adopted in London, England, in 1905, and after World War II it expanded rapidly and moved to the United States. At-home hospice care is available almost everywhere today, and many hospitals have inpatient hospice facilities.

Medical personnel in hospitals are certainly concerned about the emotional problems of patients, but their major task is to seek to control and cure disease and injury and to relieve pain, and it would be considered unethical for them to deal with spiritual matters. But hospice focuses

primarily on the spiritual needs of the patient, the fears and concerns that center on death and dying. The spiritual is uppermost. The full-time staff and volunteers in hospice are well trained, compassionate, and professional in every way. If a patient wants to die at home, hospice makes that possible and relieves the family of duties they might not be able to handle. This gives the family time to spend with the dying loved one. Hospice also provides "respite care" so that the family caregivers can have some time off and the patient can have a change of venue for a short time. Usually a patient's life expectancy must be six months or less for hospice to provide care, but they are flexible.

EVEN IF THE PATIENT DOESN'T SEEM CONSCIOUS, GO RIGHT AHEAD AND QUIETLY READ THE SCRIPTURES AND PRAY.

Pastoral visits at hospice are relatively easy since the emphasis at hospice is on the spiritual. You find much less "activity" there, uninterrupted conversations are the norm, and the atmosphere is conducive to faith, hope, and love. Some patients actually improve while at hospice. Even if the patient doesn't seem conscious, go right ahead and quietly read the Scriptures and pray, because hearing is often the sense that functions to the very end. When death comes, the hospice workers will call the funeral director and help to guide the family through the decisions they must make.

NOTIFYING A FAMILY OF A DEATH

Following a fatal automobile accident, the police chaplain or fire/rescue unit chaplain usually notifies the family of the death. The death of service personnel is communicated by an official military visit to the home of the deceased. However, there are times when a pastor is asked to break the sad news. If you know the family socially, or if they are part of your congregation, then you will know what to say and do. But if the people are strangers to you, here are some guidelines to follow.

If you are notified by phone, get the caller's name, address, title, and phone number, as well as the name and phone number of someone who can officially confirm that the person has died. Be sure to have all the official information you need for the home visit: name, age, address, details of the death, where the body is, name of the ambulance company or number of the rescue unit, and names and phone numbers of those who can answer questions (witnesses, doctors, first responders).

We must go to the home in person and convey the sad news. If we phone, they may think it's a practical joke, or the call may come at a time when the family member is alone. If you know people in your congregation who know them and can be alerted, ask them to go along. Neighbors can also be very helpful at a time like this.

When the door opens, immediately identify yourself (your business card should be sufficient) and ask if you may come in to see the family. Be kind but get to the point: "I'm very sorry to tell you that your husband and father died of a heart attack while driving home from work. Witnesses saw the car veer off the road and hit a tree and stop. They called an ambulance, but the rescue workers were unable to revive him. He was taken to General Hospital, where further efforts also failed. That's where he is now."

If there are small children in the home, you may want to talk to the spouse and any other adults alone, and then they can share the news with the younger ones. Stay long enough to answer questions and help them with whatever decisions they have to make. *Make it very clear that you are not an ambulance chaser who is looking for a funeral to conduct.* If you learn who their pastor is, you can phone him. If the family desires, you can contact friends or neighbors to be with them. If there are little children in the home, a babysitter may be needed. Perhaps other family members in town can come to help.

The scene will have a surreal quality about it, and you may be asked if you are joking or what authority you have to be there. In some situations, they may become very angry and take out their anger on the messenger. "This too will pass," so the "soft answer" is your best response. You can offer to take some of the family to the hospital (or wherever the body is), while the others get their act together; and they may need your help in going through the funeral preparation. Their own pastor should do this for them, but answer their questions and stay on hand until he arrives on the scene.

Watch the obituary column for information and extend your sympathy by means of a personal visit, a phone call, or a card. If this is an unchurched family, this may be an opportunity to make new friends for the Lord and His church.

Tragic Death in the Family

Except for Christian terminal patients who are yearning for heaven, any death is tragic, but some deaths are more tragic than others and bring with them special problems.

Murder

If you have a passion for exact numbers, then here's one for you: according to the FBI, 14,054 persons were murdered in the United States in 2002. That's only a number—until one of those victims is somebody you know, especially if it's someone in your own family. Consider the problems involved. First, the family has no time to prepare for the news, so they will need a support team as soon as possible, people to answer the phone, run errands, notify other family members and friends, and especially pray. Then, the police must conduct a site search at the scene of the crime, and this takes time. They also must interrogate family members and friends, so a trip to headquarters may be in order. Family members may have to go to the scene of the crime and perhaps to the morgue. We've seen all these things acted out on television, but this time, it's real.

Grief will focus not only on the death itself but also on the manner of the death—murder, perhaps very brutal and very ugly. The murderer robbed the victim of life and a family of a loved one, and the mourners cry out for immediate justice. "It's not fair" is an honest statement, but we live in a dangerous world, and anything can happen. Anger and grief mingle, people feel helpless, and only God's grace can give peace. The circumstances raise questions. Was this a random murder? Is somebody after the whole family? Why us? Why didn't God prevent this? Are we all being punished? If so, for what? We wish there were satisfying answers to all these questions, but sometimes all we can do is speculate. People live on promises and not on explanations, so focus on God's Word.

Since most murders draw in the press, the family may have to ap-

point someone to be their spokesperson. Murders also attract the curious, so the family must take steps to protect their privacy. For thoughts about the funeral of a murder victim, see chapter 9.

Sudden Death

No, not the kind that breaks a tie in a basketball or hockey game, but the kind that breaks into a family unexpectedly and takes away a loved one. Life is fragile. Cars crash, electric wires strike pedestrians, a driver backing up doesn't see a child on the driveway, a heart stops beating, a tornado touches down—and life is over for people who hadn't expected to die that day. The family has no warning, so once again a support system is needed as soon as possible. Go to the family where they are, mobilize the congregation for support, and help the family as they make decisions. Family members are shocked, and the shock may last a long time. We dare not protect them from the reality of their loss and pain, but we can point them to God's faithful promises. Romans 8:28 says that God is working all things together for good *here and now*—not just at some future time—and we can trust Him.

One typical problem is anger. "Why did she do this *now*?" But she didn't "do this"—it happened, and she didn't have an opportunity to vote on the matter. Death usually creates family problems, sudden death even more. Perhaps the victim didn't have a will, or maybe he or she didn't leave any instructions for the funeral and burial. For many of the families whose loved ones died in the Twin Towers attack (9/11) or the bombing of the Murrah Federal Building in Oklahoma City on April 19, 1995, the sudden loss of the loved one also included the loss of the remains. There was no face to see, no hand to touch, and today there is no grave to visit. Yes, there were memorial services, but the absence of the body means the services may not have left memories that might help the mourners heal. As caregivers, we can assist the families in remembering by turning over the pages of the photo albums, looking at family videos, and rehearsing the things about the deceased that mean the most to those they loved.

'In the Line of Duty'

September 11, 2001, brought us face-to-face with the dangers faced

by our brave police officers, firefighters, and others who serve and protect the community. And, at this writing, American troops are engaged in Iraq, and we hear each week about military personnel (and civilians) being killed by bullets or suicide bombers. Sometimes "friendly fire" kills a person, or it may be the crash of a helicopter.

Those who serve in enforcing the law, fighting fires, or fighting wars know that their chosen work is dangerous, but they face the risks and serve faithfully. Their families know all about the occupational hazards and are proud of what they are doing and pray for them. When tragedy comes, the family will be informed by the chaplain or other authorized official, and the family will in turn notify the pastor.

As soon as you get word that there has been a death "in the line of duty," go to the family and stay with the family as long as necessary. In the case of death in the military, it will take time for the remains to be sent home, so stay close to the family without being a nuisance. You may want to accompany them to the airport when the body arrives. Local military people will enlighten you about your part in a military funeral. (For suggestions about military funerals, see chapter 8.) You may want to give some special recognition in the worship service on the Sunday following the interment.

The Death of a Child

Approximately 228,000 children and young adults under forty die in the United States each year, not including stillbirths and miscarriages. About 19 percent of the adult population has experienced the death of a child and 22 percent the death of a sibling. A child's death is an event that says, "There's something out of order in this world," for parents don't expect to outlive their children. They not only grieve the loss of the child but also the loss of the future, for the future rests with the children. Grieving parents will not see their hopes and dreams materialize for that child.

Life is always precarious, but risks are higher at certain times of life, and birth and early childhood are high-risk times. Miscarriage and stillbirth are the most common neonatal concerns, and physical complications, illness, and Sudden Infant Death Syndrome (SIDS) are major postpartum concerns. According to the SIDS Family Web site, SIDS is the

most common cause of death during the first year of a child's life. Death is no respecter of children, for about 3,000 infants die of SIDS each year. After bonding with the child for nine months, the mother feels the loss very deeply. But children and youths also die in accidents and from diseases and abuse. They are murdered and, according to Marion Duckworth, each year almost 5,000 youths ages 15–24 commit suicide (*Why Teens are Killing Themselves,* p. 14).

While experiencing grief, parents sometimes also experience guilt. Parents expect to "fix" their children's problems and protect them from danger, and the "what-ifs" can be grief-blockers that hinder normal healing. Couples need to be reminded that men and women grieve differently, husbands preferring to grieve alone and wives wanting to be held as they openly allow their feelings to pour out. The more frankly they both can discuss their hurts and needs, the healthier the grief and the marriage will be. One indicator of what kind of progress is being made is the situation in the child's room. Has the room remained unchanged—a shrine—or has it been converted into usable space without removing reminders of the child?

For years it was believed that parents who have had a child die are at very high risk for divorcing, but a survey commissioned by Compassionate Friends, Inc., shows that only 12 percent have had that experience (*When a Child Dies: A Survey of Bereaved Parents,* pp. 5–6). It's very unwise for the spiritual caregiver to bring up the matter of divorce. If you see some signs of alienation and withdrawal developing between the husband and wife, or perhaps persistent bickering, accusation, and blame, then you must intervene and suggest they get professional help.

We suggest holding a memorial service for a miscarried child. Some couples have already named the child, so they will take the death very personally. A service allows them to publicly acknowledge the death, and it also permits family and friends to share love and encouragement.

What about the siblings of a child who dies? Their grief is just as real as that of the adults in the family, so they should not be ignored as the parents make plans. Nobody can really explain the death of a child, but we can listen to the other children's questions and seek to allay their fears. If they don't attend the funeral, will they wonder what's going on and why they were left out? "What else aren't they telling me?" they might ask themselves. "Am I also in danger of dying?" Children can write a

letter to the deceased sibling, or draw a picture, and thereby show their grief in a concrete way. Some families have drawn a picture together. As the children get older, they will ask questions and better understand the answers we try to give. *Parents must always answer with the truth, and children must never be told something about a death that must be "untold" later on.* There are times when the parents must grieve, but they must also care for the family. The best way to honor the dead is to take care of the living.

CHILDREN MUST NEVER BE TOLD SOMETHING ABOUT A DEATH THAT MUST BE 'UNTOLD' LATER ON.

We must not ignore the grandparents in these times of sorrow, for they find themselves having to be comforters to their own children and grandchildren. Grandparents see both the future and the past in their grandchildren ("She was just like you at that age"), and this gives them a double burden to bear. In many families, there are strong bonds between the older and younger generations, and this must not be minimized. The grandfather who took little Matthew out to breakfast every Saturday morning will miss him keenly next week and on the Saturdays to follow.

A Death Complicated by AIDS

Even though it seems that in recent years we've been hearing less about AIDS in the United States and more about AIDS in Africa, the illness has not gone away, and the wise caregiver will be prepared to offer compassionate ministry to its victims. Acquired Immune Deficiency Syndrome is caused by the human immunodeficiency virus (HIV), which is transmitted by an exchange of bodily fluids (blood, semen). The virus is not transmitted by a handshake or a hug. At this writing, there is no known cure, although improved medication and treatment have helped to give length and quality of life to many AIDS patients. AIDS patients usually die from disease complications caused by the inadequacy of the immune system, such as pneumonia. In 2003, about 950,000 people in the United States tested HIV-positive.

And the church is integrally involved in their care. According to the AIDS National Interfaith Network, there are over three thousand ministries in eleven national AIDS networks working with AIDS patients every day. More than half of all community-based AIDS organizations are operated by the religious community. It's unfortunate that many AIDS patients are abandoned by their families for one reason or another, but there are people ready to step in and help in the name of God. Missionaries in hospitals around the world are caring for AIDS patients and sharing Christ's love.

Regardless of how the patient acquired the virus, he or she is a person created in the image of God and loved by God, a person for whom Jesus died, and it's up to God's people to demonstrate God's love. The care we give must be shaped by a willingness to accept the patients even if we disagree with their values or lifestyles. This means listening to the feelings behind their words and allowing them to be angry, to ask tough questions, and even to declare war on God. They can't change the past—but they can make strategic decisions today that will affect their future. Affirm the patient as a person, not a hopeless sinner. Build trust, offer hope, and point to Jesus Christ and His abundant grace.

AIDS may greatly—and adversely—affect the dynamics of the family. The person with AIDS may feel bitter and abandoned; his family members may be angry or ashamed. A faithful wife may be struggling with her HIV-positive husband who just came out of the closet. The pastor can help family members, if not wholly understand, at least listen to one another.

If the patient brings up the matter of the funeral, listen carefully, make suggestions where necessary, and take notes. Chat with members of the family about what you have learned, and let them help make decisions. Nobody can accurately predict how long any patient will live, but AIDS patients know that they don't dare indulge in futile speculations. Once the patient accepts the facts of life and death, it's easier for everybody—the patient, family and friends, the medical team, and the caregivers. The Christian caregiver seeks to lead the patient to faith in Christ, for He alone can give the courage and peace needed.

Suicide

The National Center for Health Statistics reported 31,655 suicides in

2002, and about 30,000 is the average for any year. That's one every twenty minutes. But we must also consider the 130,000 who are hospitalized for attempting suicide and the 115,000 who are treated and released in various emergency facilities. *Suicide is the third leading cause of death for young people from ages 10 to 24.* The suicide rate for people 65 and older is increasing. Experts in this field tell us that the figures for suicides are actually greater than reported because many "accidents" are really suicides, but the "accident" cannot be confirmed as a suicide and the authorities want to spare the family more grief.

When a suicide occurs, the grieving family finds itself being attacked by some very powerful forces. They are bewildered over why the loved one committed suicide, and angry at what seems to be a very selfish and foolish act. They feel guilty ("Where did we fail?"), helpless ("Why didn't we understand the signals?"), and concerned over what people will think and say. The surviving family members feel stigmatized and ashamed, and yet the matter must be faced courageously and dealt with honestly.

Why do people kill themselves? We may never know for sure. Why do professed Christians take their own lives? We know that Satan is a murderer and a liar (John 8:44) and would drive all of us to hopeless despair if we gave him a foothold. Sometimes people take their lives just to punish others, and they will do it on a birthday or at Christmas so the event will be remembered annually. If most people who contemplate suicide would sit down and calmly discuss their problems with a competent counselor or even a loving friend, they would see that they were making a big mistake in planning to destroy themselves.

For some people, when the problems of life so far outweigh the pleasures, they feel trapped and want to end it all. There are no conclusive studies, but it seems that seemingly insoluble financial difficulties, worsening relational problems, and terminal illnesses rank high as "reasons" for suicide. To what extent mental conditions are involved, nobody can say for sure. People slowly dying of a lingering illness grow weary of medication, treatments, and even of people, and they long for the privilege of a quiet exit.

There was a time when some Christian communions would not allow the body of a suicide victim to be buried in "consecrated ground," but that attitude has changed. The belief that a person who commits suicide automatically goes to hell is also no longer used as a deterrent. Judas

went to hell, not because he committed suicide, but because he did not believe in Jesus Christ and was a counterfeit Christian (Matthew 27:5; Acts 1:25; John 6:66–71). The Bible teaches that life is a precious gift from God, and that we are forbidden to kill. It also affirms that nothing can separate us from the love of God (Romans 8:31–39). However, nobody has the privilege of going into God's presence without an invitation. If we do, the first thing the Father will say to us is, "You did a very foolish thing."

Relatives of a murder victim or a suicide usually experience an extended grieving period, and official investigations and court proceedings, some of which drag on for years after the fact, don't make it easier. Let's keep in touch with the family and allow the Lord to use us to encourage faith, hope, and love through the Word and prayer. For us to act like legal experts or professional police investigators is to add to their problems. We represent the King of Glory and must ask God to help us represent Him well. One day the painful problems of life will be untangled and we shall know even as we are known. Until then, goodness and mercy are following us, and the Father's house is not too far down the road.

After the Funeral

This may be when the real pastoral care begins. Grieving persons usually need pastoral care and encouragement for weeks after they have laid a loved one to rest. When death occurs, neighbors, friends, and the church family immediately step in with support and various forms of practical assistance. But after a few days, the relatives go home and the friends tend to drift back to their normal routine.

But bereaved people have no routine, because nothing seems normal anymore. After the flurry of death-related activities—sending out thank-you notes, paying bills, contacting insurance companies and other organizations, finalizing details at the cemetery, and changing everything from bank accounts to magazine subscriptions—the mourner is weary, yet with "nothing to do." Of course, there *are* things to do, because life goes on, but something has happened to her motivation and energy. The widow or widower is now a "single," and this changes their relationship to many other people. At this point, the spiritual caregiver must step in and help to build some bridges both to the past and the future.

Nobody has a predictable journey through grief, so we must be patient and discerning. It's better to call frequently and keep the visits brief than to visit occasionally and stay too long. Enlist others in the church to help in this ministry, and take them with you so they see how to do it. The sooner mourners return to worship services and their accustomed activities, the faster they will recover, but they must not be forced to put on a front just to please their friends. That can only make matters worse.

In any case, whatever their journey, they will need you—the provider of Christian care—to help them through it.

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