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Strategic Pastoral Care at the End of Life: An Ethical-Theological View of End of Life Care in the Context of African American and African-Caribbean Clergy of the Church of God

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STRATEGIC PASTORAL CARE AT THE END OF LIFE: AN
ETHICAL-THEOLOGICAL VIEW OF END OF LIFE PASTORAL CARE
IN THE CONTEXT OF AFRICAN-AMERICAN AND AFRICAN-CARIBBEAN
CLERGY OF THE CHURCH OF GOD

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Submitted by

Reginald George Smith

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BARRY UNIVERSITY
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DOCTOR OF MINISTRY PROGRAM

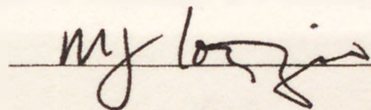## THESIS-PROJECT APPROVAL

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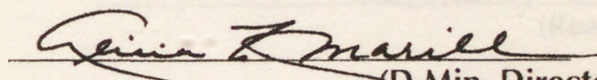This thesis-project prepared under my direction by

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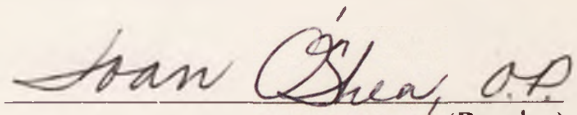
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ABSTRACT

The major concern of this thesis is the African-
American and the African-Caribbean pastors' approach to
ministering supportively and therapeutically to persons who
have been overtaken by the crises of life's ending.

There is no hard evidence that most pastors have been
professionally equipped to use themselves with knowledge and
skill in helping persons at their lives' end stage to manage
their dying with reality oriented expectation and faith
based resignation. Most grieving persons will grieve
intuitively, but, the risk of their grief being protracted
inordinately for lack of sensitive and supportive
intervention, is high.

This thesis seeks to underscore the value of taking a
responsible theological stance with a view to addressing end
of life issues with spiritual discernment and application.
Closely if not organically related to a theological stance,
is the ethical framework out of which the pastoral caregiver

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will operate in offering care. Patience, compassion and pastoral presence, as well as sensitivity towards cultural response patterns to the reality of death, receive substantial exploration.

As it turns out, this project recognizes the limits of care giving, notwithstanding the 'omnipotent' attitude of the medical establishment's view of physician care giving. To the contrary, there is no 'Dr. Cure All' who can confront the mystery of death with an all conquering upper hand. What is most important is the caregiver's commitment to be a person who has come to grips with his or her own mortality, and is further committed to be a patient, compassionate and loving presence mediating 'in time' company to one who is taking a not so smooth exit into the afterlife.

Whereas this thesis deals inevitably with theology, ethics, medical training and culture, it is also about divine revelation through Holy Scripture, in regard to negotiating the challenges of life's ending. Because of their religious and cultural heritage, African-American and African-Caribbean clergy place high premium on Scripture, sometimes without commensurate valuing of the behavioral sciences' potential to contribute to their supportive role.

In this project, a holistic view of pastoral care giving is lifted up.

The fruits of this thesis equip me to be a trainer and regional if not national resource professional for Church of God clergy on issues related to end of life care, including ethical and bio-ethical issues as well.

ACKNOWLEDGMENTS

This study is dedicated first of all to the clergy of the Florida State Association, and to Church of God ministers in general. My wife, Carol and my 'daughter' Janice gave me encouragement and motivation to stay the course, and for that they have my continuing love and loyalty. My congregation of wonderful, generous and patient people at the Church of God of West Broward who gave me nine months of sabbatical study time, have been graciously accommodating, and I am deeply grateful. President Greg Hall, faculty, staff and friends at Warner Southern College, Lake Wales, Florida could not have been more generous in permitting me to use their eating, sleeping and studying facilities complimentarily for four months while doing the research and writing. How can I repay such generosity!?

A great portion of my best and most genuine gratitude is reserved for my academic mentor, Dr. Mary Jo Iozzio, a brilliant scholar, a genuine human being and a tough and affirming mentor.

Sr. Joan O'Shea, Pastoral Care Director Emeritus at Holy
Cross Hospital, perhaps the finest chaplain I know, will
always be remembered for inviting me to join her chaplaincy
staff. She's through whom this journey in accepting the
professional challenge of growth in addressing the issues of
pastoral care at the end of life, began.

To all my professors at Barry University including my first
professor and mentor, Dr. Michael Allsopp, now at
Presentation College, please accept my genuine appreciation
for touching my professional life and spirit with very good
effect.

PREFACE

The intentional focus of this thesis project is my
African American/Caribbean clergy associates whose caring
strategies with the dying and their grieving survivors need
to be upgraded. Caring for the dying represents an area of
more than benign neglect in our tradition's record of
preparing ministers to be effective helpers during this
crisis. It is necessary for practicing clergy to be
ethically, theologically and culturally sensitive to the
issues that attend parishioners who arrive at their lives'
end stage.

The end of life is complicated by the goals of medical
technology to preserve life, often without commensurate
sensitivity to the quality of what this technology seeks to
preserve. Parishioners who struggle with the crises of
life's ending need the care of clergy who are able to use
compassion and the additional virtues of patience and
presence with supportive effects.

Specifically, there is every intention to help Church

of God clergy become more sensitive, knowledgeable and strategic in ministering both to persons in their lives' final stages as well as grieving survivors. I also hope to develop a clear statement of what is ethically and theologically feasible in the offering of end of life pastoral care.

In developing a view of end of life pastoral care that is ethically and theologically sensitive, this thesis proceeds sequentially as follows:

Chapter one gives an overview of the Church of God reformation movement, underscoring the historical state of ministerial formation in the church, the evolution of thought, spirit and attitude in regard to critical aspects of ministerial formation, and how we deal or falter in dealing with the challenges of end of life care. In initiating the process of theological reflection, this chapter will also locate the milieu of initial general praxis.

Chapter two presents a bi-cultural view of death, underscoring Africentric and Eurocentric influences on both African-American and African-Caribbean approaches to dealing with the end of life. In bringing particularity to the process of theological reflection, this chapter will not only throw back light on the ostensible background of our

clergy and members, but also tap into the culturally dynamic

origins that have formed their views about end of life.

Chapter three examines the physician's training,

particularly in terms of how that training predisposes the

physician to deal with the reality of death. Patient and

family expectations as regards the physician's role are also

given attention.

Chapter four explores a philosophical and theological

treatment of fear and denial of death with a view to

identifying some usable insights that could be foundational

for offering care. Some passages about death taken from

Scripture will be given relatively brief exegetical

attention in order to clarify their original meaning with a

view to contemporary end of life care application.

Chapter five engages in an exploration of a virtue

theory of ethics. The ontological properties of selected

virtues provide theoretical fit with ethical teachings in

the Biblical record.

Chapter six focuses on events in my pastoral

experience, and seeks to portray a profile of the

ministering caregiver applying patience, compassion and

presence in the offering of care (Final Praxis). The ethics

of virtue is morally binding upon all who would do

physically and spiritually invasive work with suffering

people, and therapeutically relevant to issues of care at the end of life.

Chapter seven concludes this writing with a summary statement of an ethical theological view of death which ideally informs pastoral care giving. Final praxis is further informed by impressions gained from two question-based focus group sessions comprised of ordained and licensed clergy. It is more probable that extrapolation for pastoral care is more readily drawn from ethical and theological exploration than from purely philosophical references.

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CHAPTER ONE

THE CHURCH OF GOD REFORMATION MOVEMENT

> When I speak of rooting spiritual formation in the
> soil of spiritual theology, I am speaking of a theology
> that has a good balance of biblical understanding, an
> awareness of church history and historical theology, a
> grasp of the psycho-social insights from the behavioral
> sciences, plus an openness to religious experience, and
> a sensitivity to our mandate to evangelize and to work
> for social justice. To be involved in the "outer
> world" of work and ministry, without proper attention
> to the "inner world" of devotion and personal growth,
> is to risk vocational disaster. My fear is that we
> deepen the split between the two "worlds." My hope is
> that we keep the two in dynamic tension, but intimate
> inter-relatedness. (Grubbs 1994, 28)

The Reform Movement referred to as the Church of God

began in 1877-78 as times of inspired insight among leaders

in the American mid-west, first appearing in the states of

Indiana, Michigan, Ohio and Illinois.[1] Currently, as a

result of extensive immigration, the movement is a cultural

mix of whites, indigenous blacks, Hispanics, West Indians,

Haitians, Africans and people of other ethnicities.

In October of 1881, these aforementioned inspired

leaders came into association with Daniel S. Warner a

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[1] John W.V. Smith, I Will Build My Church (Anderson, Ind., Warner
Press, 1999), 21.

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credentialed minister in the General Eldership of the Church of God in North America[2] who was expelled from fellowship as a troublemaker because of his holiness preaching. There is no claim or evidence that Warner had come under the influence of these leaders. Warner from all appearances was an independent thinker who claimed leadership directly from God's Holy Spirit.

Writing in I Will Build My Church, John W.V. Smith, who has been recognized as our church's historian of unquestioned reliability, cites as reasons for reformation the need to correct: errors and distortions in church doctrine; unscriptural and outmoded procedures in church life; neglected aspects of faith that need to be reemphasized; morally corrupt persons who need to be removed from fellowship.[3] There are no published lists of charges that were leveled against Warner, but his reforming zeal led to his declaration of not only independence from the General Eldership of the Church of God in North America, but also a deeper level of holiness preaching and living under Holy Spirit anointing.

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[2] Robert H. Reardon, The Early Morning Light (Anderson, Ind: Warner Press, 1979), 12.

[3] Smith, 16.

The two foundation stones of Church of God reformation belief are unity and holiness. Unity refers mainly to spiritual unity among non-charismatic evangelicals. On the right side of the holiness-unity equation, it is taking an inordinately long time to bring about genuine racial reconciliation under the unity/fellowship tent. The church has historically eschewed ecumenism as a call to Christian unity and has had for instance only observer status at convocations of the World Council of Churches. The Church of God in Jamaica has yet to become a member of the Jamaica Council of Churches. However, because the Church of God embraces congregational polity with congregations exercising internal autonomy (in pastoral choice and removal as well as the conduct of ministry and internal business management), there is a certain permissiveness that gives pastors and congregations leave to pursue relationships with other church traditions as their personal fellowship tastes dictate. A further clarification of unity and holiness is offered by Dr. Cheryl Sanders, a Church of God pastor and Professor of Ethics at Howard University Divinity School, Washington D.C. Commenting on 2 Cor. 6:17-7:1, (RSV) under "Ethics of Holiness and Unity in the Church of God" Sanders writes:

This exhortation to holiness and unity is couched

in the language of covenant and promise; the believers
are set. apart to enter into covenant relationship as
sons and daughters of God and a practical response to
receiving the promises of God is the pursuit of
holiness as an act of worship. The text also indicates
that sanctification has two irreducible dimensions –
social and personal. The social dimension mandates
separation from (i.e., "do not be yoked together with")
unbelievers" on the one hand, and unification with
believers (i.e., with those who are the temple, people,
children of God) on the other. The personal dimension
requires each individual to guard against
contamination of body and spirit.

These and other biblical texts form a firm foundation
for the promotion of holiness and unity by the Church
of God. The underlying theological assumptions and
practical ethical implications of these doctrines are
particularly illuminating with respect to the
experience of women and minorities within the
Church of God Reformation Movement. (Sanders 1989,
132-133)

Since church systems are peopled by imperfect human

beings whose historical imperfections have continually

exacted high human cost to those who are vulnerable, no

church can legitimately claim superiority in inducing

divine manifestation through Holy Spirit leadership. There

are those periods of sterling advancement and progress,

periods of crises and conflict, as well as periods of

decline in ministry effectiveness. However, from a

fledgling mid-west movement in the late 19th century, as

John W. V. Smith indicates[4] the Church of God has grown into

an international organization comprising 2,286

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[4] Smith, 21.

congregations in the United States with 231,050 Sunday

morning attendees, as well as 4,328 congregations abroad.

In Jamaica, West Indies, there are 12,000 constituents and

41,470 altogether in the West Indies (Caribbean). It is

notable that the Church of God in Africa has registered

numerically surpassing growth of 258,799 constituents

compared with its United States counterpart. Kenya alone

has 106,200 constituents. In the United States and Canada

there are 4,399 ordained ministers, 973 retired ministers

and 1,159 licensed clergy.[5] Statistics on the church in

America would include the National Association of the

Church of God, privately referred to as the black arm of

the church, an organizationally self contained entity, but

also an organism in spiritual relationship with what is

sometimes referred to as our white counterpart. The church

has a passionate vision to grow, and an aggressive plan to

continue planting new congregations mainly through the

instrumentality of our Kingdom Builders administration.

The Church of God has a strong record of spiritual

formation that has however not been paralleled with an

equally strong emphasis on educational formation, even for

ministers. This statement might appear to be 'out of sync'

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5 Church of God Ministries, 2000 Yearbook of the Church of
God, (Anderson: Church of God Ministries, 2000), 462-473.

with the fact that in the United States the church sponsors

a quality university, a first class seminary, and eight

colleges, four of them enjoying full national

accreditation.[6] The oldest of them, Anderson University,

had its beginnings in Faith Missionary House located on

Chicago's south side. It was quite clear that Daniel S.

Warner had conceptualized a ministers' training school but

it also became apparent that Warner wanted to expand an

existing school for children, who were failing to access

the county schools, into a Bible training school in 1895.[7]

Warner died before he could establish the school, and his

immediate successors, who had no roaring passion for

academics or scholarship, saw a school for the training of

ministers and gospel workers as incompatible with the

dictates of Holy Spirit possession. Seminaries were

regarded as places "devoid of truth, . . . creatures doomed

to decay and obsolescence."[8] Under more progressive

leadership, the Bible Training School came to birth in

1917, but soon ran into virulent opposition which was

nevertheless, later resolved. The 1917 mindset held that

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[6] Anderson University, Bay Ridge Christian College, Mid America Bible College, Warner Pacific College, Warner Southern College, Azusa Pacific University, Southern California School of Ministry.

[7] Reardon, 27.

[8] Ibid., 47.

training of ministers should be better left to the
'apprentice method' in missionary homes. Although there
 were those who desired a formal educational program on the
premise that it would offer indoctrination and cultivation
of the mind, the opposing side held that "education
inevitably leads towards worldliness," and "spirituality
would be replaced by sophistry," while the granting of
diplomas was "evidence of worldly conformity."[9] The
governing General Assembly of ministers upheld the
prohibition. However, as later history shows, the passage
of time which has a way of commanding reflection and
review, does lead to resolution, suggesting recognition of
standardized education. From the rank and file of the
church came enough patronage to sustain what was by then
Anderson College under the presidential leadership of John
A. Morrison (1917). By 1933 the college came to the center
of another crisis when the strong and influential Ohio
Association of the church accused the college of
undermining the spiritual objectives of the reformation
movement and demanded either the firing of the President
or the closing of the college, or both.[10] The college

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[9] Ibid., 47-48

[10] Ibid., 67

narrowly·survived this crisis in the June 19 meeting of the

General Ministerial Assembly by a vote of 243 to 231.[11]

Because of its special pioneering status, Anderson

College (my alma mater, now Anderson University) has

withstood the brunt of attacks but with a strong and

unsinkable resolve to serve the church with deep spiritual

conviction and strong academic credibility. Perhaps there

have been only two anti-scholarship vestiges of hostility

to its educational role since the late seventies and early

eighties. The convulsive opposition to the introduction of

a course in human sexuality supported by a textbook, with

explicit illustrations of the human genitalia, was

relatively short lived. Another visceral opposition was

raised to the seminary becoming a part of an ecumenical

consortium which would have included Roman Catholic

seminarians. The fact that in the past several years,

Church of God Clergy have studied in Roman Catholic

institutions of higher education, testifies to a positive

attitudinal change. Because Anderson University and

seminary withstood the tests of some turbulent times,

Warner Pacific College, Warner Southern College with its

powerful spiritual life and strong academic emphases, Mid

America Bible College and Bay Ridge Christian College have

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[11] Ibid., 73

been able to impact a larger, a more sensitive and mission minded church by fleshing out its commitment to prepare ministers, teachers and church workers to manage the ever more practical demands of Christian ministry.

A phenomenon of much interest has been the church's ability to nurture these institutions with goodwill and financing without requiring undergraduate or graduate training for ministerial credentialing, perhaps a pragmatic accommodation to the not quite quiescent relic of the anti-education past. The 1997 edition of our church's credentials manual indicates that the leaders of our movement have made reasonable strides in taking seriously the New Testament pattern for ministerial preparation i.e. study to be an unashamed but approved teacher and preacher of the word (2 Timothy 2: 15 RSV).

The following quote from our current Church of God Credentials manual underscores the prevailing state of conviction in regard to serving in Christian ministry:

Ordination is for those who are committed to adequate education for the ministerial profession.

Early in its history the Church of God recognized the need for ministerial preparation. Both history and experience reinforce the need for a prepared ministry in order to function effectively in today's complex world. That preparation focuses on the period of initially entering the ministry, but extends throughout one's ministry regardless of degrees earned. While affirming that God gifts divinely called

servants for ministry, it likewise is affirmed that
refinement is needed and other abilities and skills
must be developed.

Therefore, there should be a formal structure of
ministerial preparation to enable the fuller presence
of what the New Testament requires (1 Timothy 3
and Titus 1). This biblical requirement includes a
divine call, a divine endowment to help enable the
call, emotional and spiritual maturity, and a
program of comprehensive studies to better inform
God's call to ministry.(Credentials Manual 1997,47)

Educational requirements could reasonably suggest an

obligation to facilitate at least "in part" financial

support for ministerial preparation. In the absence of

these requirements, the credentials manual indicates

flexibility via three ministry tracks tailored to the

aspirant's prevailing circumstance.[12] Track #1 applies to

ordination candidates who have earned, or who are pursuing

a seminary degree. Track #2 applies to ordination

candidates who expect to earn a baccalaureate degree, but

do not anticipate seminary enrollment. Track #3 bears some

reflection of minimum requirements for ministerial

licensing and ordination passed by the black constituency

of the Florida church,i.e., the Florida State Association

(FSA) in 1994. This track applies to ordination candidates

who have not had formal exposure to higher education, or

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[12] Church and Ministry Service, The 1997 Credentials Manual,
(Anderson, Ind.: Church and Ministry Service, 1997): 48 - 51.

who have earned or expect to earn up to two years of

college credits. In requiring the Associate Degree for

Ordination, accompanied by a commitment to complete a

professionally relevant bachelor's degree within the next

four years, the F.S.A. ministers withdrew recognition of

CEU credits in favor of college credits[13] to satisfy

credentialing. Now that the black and white ministerial

associations of the Florida church have officially and

legally merged, the F.S.A. requirements for ministerial

credentialing are being reviewed for possible modification

and adoption.

The emphasis on spiritual formation in the Church of

God bears updated treatment if only because there has been

a substantial level of coexistence between spirituality and

scholarship in the past thirty years. It has been fairly

well acknowledged that spirituality and scholarship do not

have to be mutually exclusive cognitively or operationally.

Dr. James E. Massey, pastor, prolific author and Dean

Emeritus of our Anderson Graduate School of Theology, as

well as Dr. Samuel G. Hines of blessed memory, pastor,

author and master of the Bible Expositor's craft,

demonstrated to us the enormous viability of the interface

13 Florida State Association of the Church of God, "Minimum
Requirements: Ministerial Licensing and Ordination," a proposal
discussed and passed, 1994.

between spirituality and scholarship. On their shoulders stand many of our active clergy today. As indicated before, there was always an underscoring of spirituality, but at the expense of academic pursuit. However, we have made relative peace with loving the Lord our God not only with our hearts, souls, and strengths, but with all our minds, in reference to the scholarly pursuit of the faith. Since we are not endowed with developed and disciplined minds at birth, we are learning to recognize that our nascent cognitive predisposition is God's invitation to develop our potential that we might apprehend what God intends for us.

In addition to author and ethicist Dr. Cheryl Saunders, two other authors who have done notable work particularly with formation issues are Dr. Perry Grubbs, professor of applied theology and director of spiritual life at Anderson University's graduate school of theology (Anderson, Indiana) since 1978, and Dr. John Boedeker, State Executive Minister of the Florida General Assembly of the Church of God and whose 1999 Doctor of Ministry thesis focused on mentoring of Church of God clergy.

Beginnings: Spiritual Formation for Leaders claims that "effective ministry requires the establishment of a vital

spiritual center"[14] from which springs the tripartite 'Knowing,' 'Doing' and 'Being.'[15] Knowing is preparation in terms of history, theology and Bible. 'Doing' encompasses homiletics, counseling and administration. 'Being' signifies self awareness, personal integrity and spirituality. Grubbs takes the plausible position that this 'being' quality (also the quality of one's life in Christ) is not only the sure foundational support for knowledge and skill (knowing and doing), but is also an aortic or main supply source of sustenance for authentic Christian ministry. This knowing and doing encompass relevant academic and practice disciplines and pursuits, but not necessarily the mystical dimension of a life changing encounter with Jesus Christ. That encounter has especially the potential to forge a relational experience with God's spirit for "growth and development of the pastor's soul."[16] As a matter of fact, spiritual formation brings the pastoral servant into a dynamic relationship with the Trinity, making possible ideal praxis, i.e., a balance between ministerial service and the interaction between the divine and the human.

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14 Dwight L. Grubbs, Beginnings: Spiritual Formation For Leaders, (Lima, Ohio: Fairway Press, 1994), 13.

15 Ibid.

16 Ibid.,15.

For lack of scholarships and other forms of financial assistance, it may be the smaller percentage of Church of God pastors who are privileged to avoid coping with the rigorous wear and tear of bi-vocational service, i.e., pastoring and holding a secular job to make ends meet, so to speak. It is therefore virtually impossible for pastors to give their alert hours to secular employment, their tired hours to pastoral work, prepare sermons and bible study lesson plans, counsel with people, attend community meetings, nurture spouses and children, then get enough sleep and take time for spiritual renewal. The family lives of too many spiritual leaders have gone to the rocks because they were squeezed into a lifestyle of working for God but not walking with God. Dr. Grubbs' lists of spiritual disciplines and priorities, not to mention time for leisure, physical fitness and writing,[17] expose us to the confronting reality that besides providing educational centers, our movement could be more intentional in developing a serious enabling plan to facilitate much more pastoral involvement in holistic formation of mind, body and spirit. The pressure, however, is ratcheted up by congregational expectations of a full time pastor, whose

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[17] Ibid., 40-55

church can ill afford the necessary salary for qualified
paid associate staff ministers at the recommended ratio of
one full time minister for every 100 members. All polity
systems are subject to uses and abuses, and church
traditions do not suffer polity changes gladly. But if
these systems are presided over by reasonable persons, who
have a passion for spiritual and educational formation for
ministers and therefore for the mission and ministry
viability of churches, then one of our church's priorities
has to be a method of facilitating effective ministerial
formation for larger numbers of ministerial candidates. If
such a method came to fruition, then we would come much
closer to making requirements for critical aspects of
ministerial formation through formal education.

Although mentoring does not fall under the rubric of
formal education, it is nevertheless a critical corollary
in developing Grubbs' 'being' dimension of ministerial
formation. Dr. John Boedeker's thesis, A Model for
Mentoring Persons called to Ministry in the Church of God,
Anderson, Indiana in Florida, is a comprehensive statement
that focuses the need for a systematic program of mentoring
for individuals who are pre-licensed, licensed and persons
transferring from other fellowships. Observing that
mentoring is a neglected subject in seminary training and

ministerial practice, Boedeker proposes convictionally that

"mentoring is at the heart of God's plan for leadership

development and is a key element in producing relational

leaders who can grow the kingdom of God by meeting the

needs of people."[18] Mentoring therefore goes to the heart of

ministerial formation, and it becomes a matter of

considerable moment, when we make an honest assessment of

the church's need for prepared successors to ministerial

leadership. In 1998 there were memorial services for over

100 pastors while only twelve persons were being presented

as successor graduates.[19] This leadership crisis brings

mentoring into bolder relief as an alternative track for

ministerial formation. From Robert J. Clinton's The Making

of a Leader the following definition of mentor suggests its

importance.

> A mentor is someone who helps a protégé in some
> very practical ways: by giving timely advice that
> encourages the protégé; by bridging between the protégé
> and needed resources; by modeling and setting
> expectations that challenge the protégé; by giving
> tracts, letters, books or other literary information
> that can open perspectives for the protégé; by giving
> financially, sometimes sacrificially, to further the
> protégé's ministry; by co-ministering in order to
> increase the credibility, status, and prestige of the
> protégé; and by having the freedom to allow and even
> promote the protégé beyond the mentor's own level of

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[18] John E. Boedeker, A Model For Mentoring Persons Called to Ministry in the Church of God, (Anderson, Indiana) in Florida (Doctoral Thesis, Fuller Theological Seminary, Irvine, California, 1999), 2

[19] Ibid., 3.

leadership.[20]

Dr. Boedeker develops an exhaustive discussion of Old Testament and New Testament examples of mentoring, e.g., Jethro and Moses, Elijah and Elisha, Paul and Timothy, Paul and Silas, Aquilla, Priscilla and Appollos. There is also an examination of the roles of the mentor and mentee, including the need for character development. Dr. Boedeker develops also a carefully articulated mentoring plan for the Florida General Assembly. His thesis seems to have been restricted in focus to the previously white segregated constituency of the Florida church even as this thesis is aimed mainly at the black Florida State Association of the Florida church. In any event, the fruits of both efforts are relevant in terms of interchange and transfer of principles especially now that clergy in both associations have been merged under the reconciling ministry of God's Holy Spirit.

How have our black Church of God clergy practiced their ministry to the sick and dying given the relative lack of professional preparation to help in this area of human crisis? We have done the best we could with honest intention and of course God's help which comes without

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[20] Ibid., 17.

disqualifying distinction between training or lack of it. Training, however, will give us new handles for using the help that God offers. First and foremost we generously quote biblical proof faithfully and offer fervent prayers of faith which the Apostle James says "will save the sick man, and the Lord will raise him up; and if he has committed sins, he will be forgiven."[21] We do not regard or disparage going to the doctor as an act of faithlessness as was done in some sectors of the church in the early days. But·our greatest area of difficulty has been in understanding the dynamics of human behavior and how this understanding may be applied in offering support and guidance to our parishioners with patience, compassion and presence. With the tremendous advances in medical technology, we have remained relatively unaware of issues of ethics especially in regard to the rights of patients, rights of the dying, life support in ICU and CCU as well as strategies for grief recovery and emotional and spiritual reintegration for survivors. How to choose and embrace a system of ethics for personal ministerial guidance is also an area of need.

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[21] James 5:15 RSV in Christianity Today, Inc., The New estament in Four Versions: King James, Revised Standard Version, Phillips Modern English, New English Bible, (New York: Iverson-Ford Associates,1963), 732.

There is reason for optimism and great expectations.
Especially among the black clergy of the Church of God,
there is a hunger, thirst and passion for knowledge-based
effectiveness in helping, as well as for a certain savoir
faire in dealing with illness and end of life crises.
There is also a healthy admiration and affirmation for
ministry associates who have gained professional exposure
to death, grieving and crises intervention and desire to
engage in dissemination of information and know-how. The
testimony from one highly placed church official in the
white church constituency is that the black clergy are the
ones who are pressing for higher educational standards for
ministerial preparation. More than ever before, we are
believing that the requirements for authentic ministerial
formation cannot be met by what is conferred or purchased,
but by loving people and ministry enough to tread the
rigorous path of study to be God's approved and unashamed
servants, especially when illness and death come.

CHAPTER TWO

A BICULTURAL VIEW OF DEATH:

AFRICAN AMERICAN AND AFRICAN CARIBBEAN PERSPECTIVES

One day, soon after I began to understand the language of the people with whom I was working, I was faced with a question that my training had not equipped me to answer. The question was, Do you believe in evil spirits? I was supposed to be the expert on theological matters but there was nothing in my college or seminary training that equipped me to answer that question except perhaps at a highly theoretical level. At the gut level, I frankly didn't know whether I believed in evil spirits or not, for my culture denies the reality of evil spirits. What does one do when he feels he has been well trained for his task and suddenly realizes that those to whom he goes are asking quite different questions from the ones he has been trained to answer?

On another occasion I was presenting the Gospel message in the best way I knew how and came to the point where I asserted that the supreme proof that the message of God is true rests in the fact that God raised Jesus Christ from the dead. "Very interesting," one of my hearers replied. "My son rose from the dead just last week, and my uncle last month. My uncle was climbing a tree and he fell out of the tree, died, and, after half an hour, rose from the dead." What does one say to people for whom death and unconsciousness are in the same category?

A third major problem area for me was the question, Will God accept believing polygamists? The answer of my missionary colleagues revolved around the American assumption that having sexual relations with someone other than one's first wife falls into the category of adultery. Obviously, these people did not believe that having a second wife was adulterous. They, like every other culture in the world, had a law

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> againstcommitting adultery. But to them a
> plurality of wives comes under the "marriage"
> category, not under the "adultery" category. What was
> I to do, especially since they could read the Old
> Testament and discover that among the Hebrews God
> accepted polygamists? (Kraft 1981, 6)

The major focus of this chapter is on persons of
African decent, but who have been nevertheless shaped by
diverse cultural influences exerted by primarily the
British and the Americans. Jamaicans of African decent
have never been a minority in their own country and they
have not always been sensitive to the struggle of black
Americans to claim their right to human decency while
living in a racist environment. However, in spite of their
fierce ethnocentrism, there has been a noticeable shift
towards being more public spirited with an increasing
number of Jamaicans running for public offices in South
Florida, successfully. The black constituency of the church
in America has been a substantial base from which to pursue
public office, which has out of necessity thrown Jamaicans
and African Americans into cooperation in pursuing mutually
desirable goals. In the context of this cooperative
enterprise, both African-Americans and Afro-Caribbean
persons have discovered and affirmed their common heritage
in Africa, and nowhere has this mutuality of heritage

become more operational than in their responses to the crises of illness, death and dying.

The goal of this chapter is to examine African-American and African-Caribbean practices in relation to Eurocentric and Africentric backgrounds. By and large the Africentric heritage is reported to be overwhelming. Also, there will be some commentary on how African American and African Caribbean persons together affect the dynamics of local theology.

Basic to the foundational structure of this discussion is the expectation that 'culture' is both understood and would be well defined. Charles H. Kraft, an anthropologist, in his Christianity in Culture, says that culture is "an integrated system of learned behavior patterns which are characteristic of members of a society, and which are not the result of biological inheritance."[22] As though the anthropologist's definition was not enough, Kraft continues to quote the social science researcher Leslie White that "the individual is . . . not merely an organization of cultural forces and elements that have impinged upon him from the outside and which find their overt expression through him, the individual is but the

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[22] Charles H. Kraft, Christianity in Culture: A Study in Dynamic Biblical Theologizing in Cross- Cultural Perspective (Mary Knoll: Orbis Books, 1981), 46.

expression of a supra-biological cultural tradition in somatic form."[23] This extended definition may not add additional clarity to the anthropologist's, but it does suggest that some of the subtle and enigmatic problems in regard to definition are still being struggled with. Chamber's Etymological dictionary states succinctly that culture is "the state of being cultivated: educated refinement."[24] Whatever this definition gains in brevity is countermanded by its deficit of stated substance.

When we try to discuss Christianity in engagement with culture or vice versa, there is a sense that many of our terms and formulations may be not more than fanciful imagination that fall short of being "envisioned as real social worlds"[25] or socio/cultural worlds. As Tisdale suggests, in Preaching as Local Theology, when we enter other people's worlds as models and inspirers of hope they need to envision what we are offering as real possibilities that do not threaten the integrity of who they are in their differentially graced contexts - graced by God's historical presence. African-American and African-Caribbean persons

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[23] Ibid., 61.

[24] A.M. MacDonald, Ed., Chamber's Etymological Dictionary, (Patterson: Littlefield, Adams & Co.,1964), 146.

[25] Leonora Tubbs Tisdale, Preaching as Local Theology (Minneapolis: Fortress Press, 1997), 43.

have brought with them and passed on through cultural transmission the impacted effects of various well intentioned missiologies that left them trying to be faithful to, for instance, 'two Gods in Africa'. Rather than proceed on the assumption that God took them to Africa, the missionaries believed they were taking God to Africa, culture and all. In process of time and by divine revelation, we are now wrestling with issues of localization, contextualization, and inculturation, which indicate a shift in our western theological perspective. As Schreiter in Constructing Local Theologies posits, we are now giving greater attention to how our local circumstances shape our response to the Christian Gospel, while continuing to reflect on the Gospel in the light of prevailing circumstances.[26]

In discussing the African American and African Caribbean responses to death and dying, we are dealing not just with local theology, in the American and Caribbean contexts, but with African cultural/theological antecedents and perspectives. The links between the 'local' and the 'African' should be clear. But it is also noteworthy that as we peruse the descriptions of the mother African

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[26] Robert J. Schreiter, Constructing Local Theologies (Maryknoll: Orbis Books, 1999), 1.

cultural heritage, links with the contemporary black scene

in America may not be that clear. Either the authors may

have missed a few items or both the African-American or the

African-Jamaican contexts have sustained substantial Euro-

American cultural reorientation - the latter being the more

likely. The black constituency of the Church of God both

in America and the Caribbean preach and teach identical

conservative doctrinal positions. The 'Jamaricans,' as

'transplanted' Jamaicans call themselves, remain

substantially Eurocentric in their music and singing, while

the music and singing of Afro Americans hue substantially

to cadences of the plantation scene where spirituals as

forms of worship, celebration, protest and therapy had

birth. It is possible that what the black 'National

Association of the Church of God' has today is more of a

synthesis of cultural influences with retention of full

respect and appreciation for our Africentric heritage in

any event.

Kalish reports that until 1850, blacks believed in

African reincarnation in preference to Christian

immortality. Lazarus' death and resurrection became a

popular theme in spirituals.[27] The line "resting in the

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[27]Richard A. Kalish, <u>Death and Dying: Views from many Cultures</u>
(New York: Baywood Publishing Co. 1977), 95.

arms of Jesus" was more related to a nurturing reincarnated human relationship than a mystical reality. The black author Lawrence Dunbar in A Death Song underscores the slave spirit's yearning for liberation and security.

> Fu I t'ink de las' long res'
> Gwine to soothe my spirit bes'
> If I's layin' 'mong
> 'de t'ings I's allus knowed.
> (Kalish 1977, 94-5)

The anglicized version (my translation) would be:

> For I think the last long rest
> Is going to sooth my spirit best.
> If I am laying among
> The things I always knew.

Jamarican poet Claude McKay in "If I must die" lifts up the principle of "dying while fighting back." The Afro-American writer James Weldon Johnson in Go down Death pictures death as a reward for 'laboring long in the vineyard' as well as finding rest through closeness with Jesus.[28]

John L. Balling in "Guinea Across the Water" notes that one's view of life and death is determined by one's worldview, which in turn has been shaped by a legacy from Mother Africa that antedates slavery. Both the Jamaican and the African American worldviews are a synthesis that

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[28] Ibid.,93.

includes a Eurocentric component.[29] W.E.B. Dubois, the

black American sociologist, underscores the dual nature of

African American belief systems, i.e., "two souls trapped

in one dark-body", after warring against each other, and

which Dubois claims is most pronounced during one's final

maturational stages and death.[30] The African-American

attitude is a derivative of the African philosophy of dual

unity with polarities. But instead of having dichotomous

functions, these opposites are reciprocal in function,

e.g., death and life are not opposites, but are inherently

related, each one being a phase of the same phenomenon.[31]

Because meaningful reality requires the organic coexistence

of spirit and material, there can be no separation of these

entities.[32]

Beyond the nature of duality within polarities,

African philosophy is modeled on the ancient theocratic

Hebrew paradigm with group identity at its center - the

very opposite of the priesthood of the believer. This is so

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[29] John L. Bolling, "Guinea Across the Water: The African American Approach to Death and Dying" in A Cross-cultural Look at Death Dying and Religion (Chicago: University of Chicago Press, 1996), 145.

[30] Ibid.

[31] Martha Adams Sullivan, "May the Circle be Unbroken: The African American Experience of Death, Dying and spirituality" in A Cross-Cultural Look at Death, Dying and Religion (Chicago: University of Chicago Press, 1996), 161.

[32] Ibid.

in the sense that God spoke to the Old Testament religious leader who in turn assembled the people to receive God's message as a group. The Hebrew believer expected God to speak through the prophet, priest or judge as the case might be, therefore, for the believer, there was no one to one approach to Jehovah. The African scholar John Mbiti said it aptly. "I am because we are; and since we are, therefore I am."[33] Thus, death is a group event that places both the bereaved family and the community in transition, which change of form is not a termination of the future. This does not mean that the future can be humanly determined. Rather, it means that there will be a future life as a member of the ancestral community facilitating the family's extension into the other world.[34] Dying family members have been known to talk with ancestors who sometimes will visit in a dream to notify the family that a family member's death is imminent.[35] Invariably the dreamer dies soon after, perhaps in some cases through the mighty power of suggestion because persons who do not believe in the existence of an ancestral community, do have dreams

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[33] Sullivan, 163.

[34] Ibid., 162.

[35] Ibid., 163.

about seeing their deceased relatives without suffering an ensuing death.

In discussing the meaning of death for blacks in America, Richard Kalish in Death and Dying: Views from many Cultures, offers two explanations about the management of Afro-American thought in relation to a death event.[36] At the same time he complains that the black experience of death in America has been so systematically neglected, that researchers are forced to consult historical accounts and folk art where there is some highlighting of death in the black American community. In any event blacks in America embrace either the "Sacred norm" or the "Secular norm" in coping with death. Under the sacred norm, black people it is suggested should be concerned only with the supernatural and the metaphysical rather than mind earthly things for which it is assumed they have no coping skills. Death is an escape. Therefore blacks should look to the other world.[37] In the secular norm, death is a frequent companion, therefore a part of regular life processes. In support of the secular, I was surprised to see caskets on display for sale like any other item in the Accra market in Ghana, Africa. Notwithstanding the disturbing social and

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[36] Kalish, 93.

[37] Ibid., 94.

emotional impact of death upon a family, there is really no
need to resort to supernatural help. What is undeniable is
the strong desire for freedom, rest and peace to which
death is the only door. Therefore, in the absence of
academic and statistical reports about death, the
spirituals were the main medium for black speech to report
the tragedies attendant upon their life style. References
to heaven meant Africa, and in the United States, heaven
was "up north".[38] Contrary to the claims of the 'sacred
norm' blacks wanted to experience a full life in the here
and now.

Inasmuch as Africentric sentiments virtually overrules
the Eurocentric in both black and white contemporary
thinking, the Eurocentric may be underscored at least as a
means of bringing the Africentric into bolder relief. The
Eurocentric mindset denies continuity of the life of the
deceased after death in the sense of continuing to be
integral to everyday living, and sees Africentric
reincarnation as demonic, voodoo, superstitious and
sinister.[39] For the Eurocentric person, at death life is
over; cessation of living is permanent. To the contrary,

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[38] Ibid.,

[39] Bolling,148.

there is a continuing claim that virtually all African

cultures accord veneration and respect to the dead who

continue to be integral parts of every day life via

continuity of life and reincarnation of the soul in an

accessible spirit world.[40] (This view may be questionable

given informal discussions with two contemporary African

nationals reported later in this chapter.) In any event,

the spirit now assumes new qualities and powers that are

radically different from those held in natural life.[41]

Whereas the Eurocentric sees death as the end of human

existence followed by self imposition of stoic silence and

refusal to vent grieved emotions with abandon, the

Africentric response is to scream, "holler" and "ball", but

not too hard, lest you "hold your mother back"[42] in her

reincarnating development.

In Puritanical style, the funeral is a stoically sad

and emotionally controlled occasion. In Africentric

tradition, the funeral provides an occasion for group and

community catharsis, soul touching music and passionate

preaching. In the East African tradition, there is a first

funeral followed by twelve months of ritual mourning by the

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[40] Ibid., 149.

[41] Ibid., 153.

[42] Ibid.

family and community, thereby keeping the deceased alive on

everyone's mind via talking about her endlessly, and with

intense public display of grief. The second funeral is an

anniversary event bringing family and friends from distant

places and with the grave slightly opened. Vociferous

lament ensues as the dead exits the world of the living,

joins the spirit world, and then the funeral swings into a

celebration.[43] Some researchers give a little more

elaborate description of stages of development following

the deceased's entry into the spirit world. The after

death location is not static. There are actual journeys

through stages.[44] First, the waiting place accommodates

transformation from the physical to the spiritual in

preparation to make the reincarnation trip. Then there is

the judgment phase where a destination is determined

through evaluation of the previous lifestyle. Finally,

there is the return or rebirth where the traveler resumes

life with a new identity, completing the process of spirit

reincarnation.

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[43] Elizabeth Harper Neeld, Seven Choices: Taking the Steps to New Life After Loss Shatters Your World (Austin, Texas: Centerpoint Press, 1997), 3-4.

[44] Sukie Miller, After Death: How People Around the World map the Journey After Life (New York: Touchstone Press, 1997), 19-20.

The sense of loss may be carefully attenuated through reincarnation. But also a proper below ground burial, (since cremation is "like burning in hell fire,"[45]) takes on critical importance too. There are times when the Eurocentric oriented medical establishment does things that inhibit smooth transition into the reincarnation process. For instance, Bolling cites the medical establishment's patently Puritanical approach in the way it inhibits realistic presentation of issues to dying family members with statements like 'don't worry about anything; we are going to give you this treatment and you could live until you are old and gray.[46]'

A careful observer of the Afro-American scene may not readily identify within it death and dying response parallels with the African scene because there is no demonstrated evidence vocally or physically that ancestor worship or reincarnation is underway. The closest approximations are the uninhibited release of emotions, and the practice of having the funeral procession pass by the deceased's house, pause at the gate as if to say a final goodbye, as happens in some parts of Africa. So also is the preference to spend one's final days in the loving and

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[45] Ibid.

[46] Bolling, 155.

familiar surroundings of the home rather than the hospital.

One member of the clergy focus group in Lake Wales reported

that a church member who did not have the option of going

home to die, requested that the physician arrange for her

to be in a room that would accommodate friends and

relatives coming and going, in a simulated home

environment.[47]

A point to note however is that the African American's

failure to engage all of the African patterns of response

to death and dying has a cultural explanation too. Instead

of remaining static, attitudes towards death have changed

over time in response to urbanization, travel abroad,

acquisition of education as well as influences exerted by

the international community.[48] For instance,

the African diaspora in Jamaica, or what was left of

of them after an inhumane and disastrous Middle

Passage voyage, arrived in slave ships from what is now

Ghana, Angola, Dahomey, and Congo, and brought no concept

of the Christian heaven or hell.[49]   These slaves

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[47] Focus Group led by Reginald G. Smith, Nov. 1, 2000, Lake Wales, FL.

[48] Marjorie Irons Brown, Rituals Surrounding Death and Burial in Jamaica: African Retention or Inter-culturation? (Masters Thesis, University of the West Indies, Kingston, Jamaica, 1985), 2.

[49] Ibid, 7.

represented a broad spectrum of variables in African

religious belief systems, all converging in the basic

system of continuing ancestor presence. But we don't know

whether research on the African-American scene just

underreported or failed to do enough research. Depending on

who the researcher is (and invariably is the researcher

African-American),we cannot readily ascertain the validity

of research instruments, and the reliability of outcomes.

The research effort and reporting on the Jamaica scene is

vast, especially in descriptions of mortuary rituals.

It should be noted that while contemporary Jamaicans

do not subscribe to an ancestor cult, even so there still

exist many patterns that are reminiscent of the African

cults.[50] The descriptions are faithfully elaborated to

their strange if not bizarre limits in Irons-Brown's

thesis, some of which are summarized as follows:[51]

*   After death, orifices of the body are stuffed with

    nutmeg.

*   All containers of water are emptied because spirits

    like to play in water.

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[50] Ibid., 12.

[51] Ibid., 14-30.

*   Clothes and bed linen must remain outside for nine days.

*   Where the deceased was evil, gravediggers charge a fee; otherwise their work is a thoughtful contribution to those grieving relatives.

*   The site of the grave is sprinkled with rum and gravediggers are constantly supplied with more rum during grave digging. The first shovel full of sod is mixed with rum and given to the family, including children, to drink - as protection from evil spirits.

*   In preparing the body for burial no water must touch the back or the eyes will open. The water is a powerful agent, which offers protection to those who bathe themselves in it before it is used on the deceased.

*   The preparation of the body is done by 'funeral bessies,' i.e., affable and charitable women who specialize in giving that service.

*   The body is preserved by burning coffee and duck ants nest under the bed. Salt may also be sprinkled over the body.

* All buttons and pockets are removed from previously worn burial clothes to hinder the departed from throwing stones at the living.

* A spouse who had a bad relationship with the deceased and feared him will step astride the face of the deceased three times, which disrespect will hinder his return to molest her.

* A dead man's testicles are removed and either flung into the sea or placed in his mouth to hinder his return for sexual favors.

* As the body is laid out in the coffin, children are passed over it three times for their protection and leave taking.

* Immediately the body is removed from the room, furnishings are rearranged and two mirrors so positioned to disorient the spirit's effort to locate the bed. Doors are hung on the opposite side.

* The odor of frankincense and myrrh supplemented with "oil of turn him back"[52] keeps the spirit away.

* The wearing of black or red underwear protects women who had sexual contact with the deceased.

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[52] This 'oil' could be some sort of brew or concoction of different vegetable agents. It is superstitiously used to invoke inhibiting or discouraging influences against intrusive or unwanted people.

*   "Planting" of the body is achieved by placing peas and

corn grains in the grave, followed by inserting a

large& long nail in the vicinity of the head and the

heart.

*   The surviving spouse cannot remarry until the deceased

spouse is tombed, or the second spouse would risk

untimely death.

In the interest of giving the deceased a "good

funeral" or in African American parlance, "putting

him/her away in style" the funeral can be a very elaborate

display of passionate preaching and singing – Afro-American

style.

One is hard pressed to refrain from placing the label

of superstition upon many of these Afro-Jamaican practices.

The unmistakable theme that emerges from them however, is

the continuing interaction of the dead with the living.

Especially in West African philosophy, death rather than

being arbitrary, comes at the proper time, and can be

explained or even averted through appropriate rituals.[53]

The invalidation of arbitrariness in favor of strategic

permissiveness raises a question mark over the superstition

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[53] Ibid, 3.

label. As William B. Watty says in his discussion about

cultural aspects of bereavement in Jamaica, the church

cannot continue to disassociate itself from cultural

practices related to bereavement on the premise that they

may not be perceived to follow overtly biblical or

liturgically western standards.[54] Rather, he sees the

church being supportive of the grieving family at the

"ninenight" and tombing events which are community events,

the latter bringing relatives final closure since it "marks

in a sense, the execution of the last act of obligation to

the dead."[55]

There is no question that other cultural influences

brought to bear upon the slave population by European and

American slave masters succeeded only in modifying the

cultural patterns of response they brought from Africa. It

might be even fair to say that both the African diaspora in

America and the Caribbean continue to give unconscious

loyalty to their African cultural heritage, and sometimes

will consciously revert to African solutions when western

prescriptions fail. In recent years, blacks in America and

the Caribbean have demonstrated a roaring passion to

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[54] William B. Watty, "Bereavement: A Parish-Based Approach for the Jamaican Situation," Caribbean Journal of Religious Studies 2, (September 1985): 34.

[55] Ibid., 35.

acquire African clothing styles, as well as taking
expensive trips to the African motherland, but without any
particular desire to relocate there. They may have become
skilled in managing the marriage of cultures while
embracing unity in the midst of diversity.

In raising the question of African retention or Inter-
Culturation, Irons-Brown may have succeeded in
demonstrating not one or the other, but both in the
aftermath of coercive enslavement. Retention has yielded
to inculturation where it was practical. In any event the
links between Afro-Jamaican and Afro-Caribbean cultural
patterns and the Africentric cultural origins in response
to death, dying and bereavement may be identified by at
least the following:[56]

*   Although there might not be overt proclamation in
     regard to the actual and effective presence of
     ancestral spirits, yet the responses of the African
     diaspora in America and the Caribbean, do identify
     with African background and origins.

*   The practice of taking the funeral procession past
     the deceased's former residence still enjoys limited
     practice, but with some departure from the original.

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[56]Irons-Brown, 45.

Whereas Afro-Jamaicans and Afro-Americans do it as an act of final goodbye, the Africans do it to enable the deceased to discover who had caused the injury, or the death.

* - All give the dying water to help them on their journey as they negotiate a steep hill getting to the place of the spirits.

* In West Nigeria and Jamaica, women prepare the body while men dig the grave. The funeral industry in America precludes this practice.

* Women in West Africa and Jamaica still cross the bodies of their dead husbands at the graveside three times. In some parts of Jamaica, grave goods like cereal are placed in the grave to insure that the deceased will not return.

* Also, pins stuck in the soles of the feet insure that goal.

* The ninth night after death is still an important ceremony of celebration in Jamaica, except that it has now been moved up to the night before the burial.

* As in West Africa the second funeral, forty days

after the first is also observed in a limited number of places in Jamaica.

* In Jamaica, South Florida ('Jamaricans') and Africa, children are passed over the coffin three times, to insure their life long protection.

* In Jamaica, West Africa and America (Afro Americans), bodies are interred east to west, with faces turned to rising sun waiting to meet Christ at the Resurrection.

* The wake in Afro-America, the 'set up' in Jamaica and in West Africa are integral parts of death rituals. It is a time to amuse the dead by reiterating themes containing sexual innuendo.

American missionaries planted the Church of God in Jamaica in the early years of the twentieth century therefore, the church has Eurocentric features in terms of hymnody, style of worship and response to death. Church of God immigrants to the United States have a natural gravitational pull towards the Caucasian church until they discover, some to their chagrin, that in the new and racially organized culture, even church membership is racially defined. This unspiritual anomaly in the American organization

of the Church of God has had three effects. Some
Jamaicans have formed Jamaican churches, and others
have associated with Afro American church systems. The
third group comprises those Jamaicans who take pride
in their perceived approximation to Caucasian
phenotype, and have made themselves comfortable with
'white' church membership. When death comes to
religious expatriate Jamaican families, the church
system of their association determines how the event
will be managed.

Informal Interviews

These interviews were conducted with three African and
one Bermudan nationals, all international students at
Warner Southern College. Although there was no intention to
do pastoral care among Africans or Bermudans as such, I was
interested in documenting the current state of death
rituals in Africa and in Bermuda where the population is of
African descent. I expected to find support for African and
Caribbean cultural patterns in dealing with death and
dying. As a matter of special personal interest I usually
seek out international students for acquaintance, which in
this case, led to my sharing about my research and inviting

them individually to hold informal discussions with me over

lunch. As will be reported, what I heard varied

considerably from historical and textbook accounts.

Fictitious names are used.

Mary Foreign – Bermudan.[57]

Mary is a protestant minister of the A.M.E. church and

a Church Ministries student at Warner Southern College.

Although she would disavow her being the reincarnation of

her mother, she has an awareness that based upon third

party testimonies, the recapitulation of her mother's

personality and mannerisms, not to mention phenotypic

characteristics, have to be more than inherited factors.

She is not aware of reincarnation beliefs among Bermudans.

Her first exposure to death came at age 7. She was

confused by the scene of a horse drawn hearse preceding a

crowd of people singing "All things bright and beautiful".

She could not bring both sentiments or symbolisms together.

Her second exposure occurred at the death of a grandparent

whose body was brought back to the house by the undertaker.

Upon opening a door she was terrified at the sight of the

corpse. As a Christian, Mary claims to have no fear of

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[57] Mary Foreign, Informal Interview by Reginald G. Smith, Oct. 3, 2000.

death which absence she attributes to her Christian orientation about the after life.

At a funeral service, everybody is supposed to view, but she thinks this practice is exaggerated in the U.S. In Bermuda as well as the U.S. Afro-American community, a lot of food is served during the wake and after the interment. Grieving family members are virtually left to themselves soon after the funeral rites are over.

James Acerola - Kenyan[58]

James is a 21-year-old Kenyan student. To James death means separation (intellectually), a sad departure (emotionally), and being with God (theologically). His nuclear family has not yet lost a member. His church teaches that death means 'absent from the body, present with the Lord.' Work on earth is finished. By and large, James' tribe will, out of fear, do anything to avoid dying although death is acknowledged as part of the human condition.

Grieving is an unwritten requirement and if the deceased was not a person of some social standing, mourners would be hired and funeral expenses in addition to

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[58] James Acerola, Informal Interview by Reginald G. Smith, October 4, 2000, Lake Wales, Florida.

outstanding bills would be paid from funds provided through charitable donations from the community.

The socio/cultural significance of the deceased is measured in terms of the cost of the funeral and the number of persons attending the rite.

Because a wife is not considered a part of the deceased's family, his survivors will virtually seize all his wealth and belongings in spite of any inheritance law that might favor his widow. If a woman dies, nothing that she owned is retrievable by her relatives. More recently wills are being filed with the court to insure fair estate administration.

Pre-planning to include insurance is not practiced and, out of necessity if not preference, people die at home. Euthanasia is banned, and the wealthy have been known to maintain loved ones on life support for years sometimes. This ought to make American hospital ethics committees cringe.

James advises that families that embrace Christianity do so as a voluntary alternative. Reincarnation and ancestor worship are now embraced mainly by rural and lower class/caste persons.

Jomo Balleye - Nigerian[59]

Jomo has never attended a funeral. That rite is reserved only for persons who lived a good life. Theologically, death means transition into heaven or hell; cessation of life force (intellectually); and loss (emotionally). Death just means going to heaven or hell. It is not something to be feared but to be ignored, although it is accepted as part of living. The grieving process is helped through the supportive presence of relatives and friends who also assist with general expenses.

Jomo has never seen a funeral being conducted. The practice of making a will is fairly widespread, and there is a preference to die at home in peace. Reincarnation and ancestor worship are embraced mainly by non-Christians and rural lower class people. Jomo was not particularly comfortable discussing these matters possibly because he may have unresolved emotional issues regarding death and dying.

Pastoral Care in the Bi-cultural Context

The Church of God of West Broward in Plantation, Florida is a bi-cultural community comprising African American and African Caribbean people, the latter being

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[59]Jomo Balleye, Informal interview by Reginald G. Smith, September 27, 2000.

primarily Jamaicans. One of the challenges of this pastoral

context is to promote mutual sensitivity and appreciation

for the realities of African American culture, which has

been heavily conditioned by the debilitating pressures of

racism. Two of the church's most popular annual events are

Black History Month celebration of Afro-American origin,

and Jamaican Independence celebration in Jamaica and

abroad. Both events are well attended by both groups.

Over the past thirty-five years, I have noticed that

the average African American person tends to be more

retiring and less aggressive than the Jamaican counterpart.

Because Jamaicans are products of public and secondary

school systems that have made Scripture a curriculum

requirement beginning at the kindergarten level, the

average Jamaican has a fund of religious and Bible

knowledge that is often impressive by comparison. In

addition, the superstructure of Bible School and Seminary

training often appears to give the average Jamaican clergy

person a little extra facility with practical and

theoretical theologizing. This in no way detracts from the

consummate skill and expertise of many Afro-American

theologians and Biblical scholars.

Having been virtually thrown together in one church

system - the Florida State Association of the Church of

God, comprised of local congregations individually defined as Caribbean or black American churches - the challenge is how to do effective ministry together. To state it more precisely, how do we flesh out or participate co-existentially in a local theology, and among apprehensive Afro-Americans, given the Robert Schreiter claim that immigrants bring experience of other communities that are indispensable to the enrichment of a local community. Also, immigrants can hear and report subtle things about community life the native community member might miss.[60]

We must bear in mind that whereas the Schreiter paradigm examines principally the Euro-American culture vis-à-vis the Two-thirds World culture, the African American and African Jamaican collaboration bring together two cultures that have already been pressed into the mold of a supposedly supranational culture. On the other hand, we do know beyond all reasonable doubt that the presumed superiority of one culture over another is a myth.[61] The truth is that in spite of mutual but unspoken biases, our joint ministry effort has had some success for the following reasons.

[60] Schreiter, 19.

[61] Charles H. Kraft, Anthropology for Christian Workers (Mary Knoll, New York: Orbis Books, 1996), 5.

First, we have viewed ourselves from the start as Christians and secondarily as ethnic types.

Second, both have embraced the same teachings of the Church of God Reformation movement. We use the same hymnals, sing the same hymns but with Jamaicans staying closer to the written Euro-American style music and with African Americans being much more permissive and therefore creative in their musicology.

Third, both African American and African Jamaican cultures have their roots in Africa, but have been mutually impacted by the Americans and their British cousins respectively. Jamaicans have had a double dose of acculturation from the British in terms of Education, Constitutional Government, Anglicanism and Moravianism while the African Americans have been similarly impacted but more so in terms of Church planting, evangelicalism and polity.

Fourth, given number three above, styles of music vary but in the more substantive areas of church life there is constructive unity both in regard to African and Euro-American influences.

Fifth, both church communities have become familiar

with the failures of traditional missionary outreach, i.e.,

the western church's assumption that it offers a missionary

package that ought to be accessible to all receiving

cultures. Irrespective of what has been solidified through

years of inculturation, both groups appreciate the strong

trend towards finding a Christian voice coming through

circumstances that vary considerably from those known in

Europe and North America.[62] One asset that both Jamaicans

and African Americans bring to the table, so to speak, is

their awareness of the lessons of Acts 15, i.e., in

adjusting the circumcision dispute, the basic principle

articulated here is that in presenting the gospel to the

culture of receiving peoples, the presenters must adapt

themselves to that culture. Jewish Christians were clearly

in error when they demanded that gentiles become like them

via circumcision in order to gain acceptance in the

Christian church. Eventually, the Holy Spirit was given

to gentiles who did not become converts to Jewish culture.[63]

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[62]Schreiter, 2.

[63]Acts 13-14 RSV

The Apostle Paul further testified that while working with
gentiles he lived like gentiles in order to win them to
Christ.[64] This record of inculturating the gospel is
undeniable.

Inasmuch as Afro-Caribbean persons have been slow in
identifying with those African American issues that have
been sprung by racism, Jamaicans have come to understand
that their ambitions to serve black communities cannot be
realized outside of a collaborative mobilization to deal
with a common enemy – racial injustice and its various
threats of general disenfranchisement. Since black
political ambitions in South Florida have been
traditionally nurtured and supported by the black church,
both 'Jamaricans' and black Americans have in effect
defined theology as an emancipating praxis that has the
potential to liberate consciousness and precipitate action
to relieve imposition on human freedoms.[65] A like interest
in church life has brought indigenous and immigrant
Americans together not only as church members, but also as
political activists fighting the common arch enemy of human
freedoms- racism. They have also, in effect, articulated a

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[64] 1 Corinthians 9: 10 - 22 RSV

[65] Schreiter 17.

local theology that is inbreathed by God's spirit and animated by the reconciling power of the Christian gospel.[66] This practical theological accommodation is both ecumenical and collaborative.

Schreiter's discussion about the expatriates' role in shaping the theology of the local community[67] pinpoints a sensitive area of relationship between the African American and Jamaican religious communities. Inasmuch as there has been successful collaboration in the church, community and political contexts, there may yet be undertones of the outsider complex. However, because of pragmatic considerations as well as attitudinal maturation on the part of Afro-Caribbean persons, matched by a more informed, liberated and openly receptive spirit among Afro Americans, the expatriate role may be more real than apparent or acknowledged. The lived experience of Jamaican expatriates has been a strong asset in articulating with African Americans a local theology that prevails against threats to their partnership.

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[66] Ibid., 24

[67] Ibid., 19

In conclusion, it has been shown that the cultural responses of African American and African Caribbean people to death and dying do have some links with African cultural origins. However, it would appear that Africans have a more profound investment in maintaining their belief systems regarding death and dying than their diaspora brothers and sisters in America and the Caribbean. The conceivable reason is that in spite of the former cultural package (of which the Gospel was a part) that was imposed, Africans, except in South Africa, were not minorities in their own culture, therefore they practiced their native belief systems alongside what they were taught. Also, systematic exposure of thousands of Africans to the educational centers of America and Europe has only heightened their appreciation for their original culture, notwithstanding their adoption of western ways including Christianity. They seem to have made peace with a dual existence. The testimony of many African nationals is that Reincarnation and Ancestor Worship are embraced only by a numerical minority, leaving the cities and Christian groups free to practice western religions with whatever devoutness they desire.

Reincarnation and Ancestor worship are virtually unknown among African-American and African-Caribbean

people, but here again, they retain full appreciation for original African responses to death and dying but do not substantially engage in those responses.

Much of the literature on death and dying written by some white professionals in America would lead one to believe that people of color everywhere fit their (sacred) descriptions of responses to death and dying, i.e., ancestor worship, reincarnation and what they have called superstitious behavior. Obviously their data gathering practices may be not only less than reliable, but overtly biased. Also, (considering) the previous DuBois quote, blacks should be experiencing death as a violent struggle between two trapped and warring forces. But Martha Adams Sullivan sees, as previously stated, a synthesis of forces, which would appear to be more probable since their origins are a unity - God. The African scholar Mbiti picks up that theme in his famous quote on 'being.' Bolling may be in error in his claim, as previously stated, that virtually all African peoples are ancestor worshippers. In the final analysis, let it be conceded that God is neither bound nor tethered to any one paradigmatic formulation as regards responses to death and dying. Our free omnipotent, omnipresent and omniscient God will accomplish divine will in mysterious ways regardless of our labels, critiques and

supposedly informed speculations. As long as each of us

finds a place to stand with faith based security, that's

what matters most.

>For My thoughts are not your thoughts,
>Neither are your ways My ways says the Lord.
>For as the heavens are higher than the earth,
>So are My ways higher than your ways,
>And My thoughts than your thoughts.
> (Isaiah 55: 8 - 9, RSV)

CHAPTER THREE

THE PHYSICIANS PERSPECTIVE ON DEATH AND DYING

> The gap between medical death and the death
> experienced by patients is wide . . . the culture of
> medicine is still one of silence, estrangement, and
> abandonment, even when death occurs in the inner
> sanctum of the hospital - the ICU . . . Some well
> meaning professionals tried to promote a more human
> death by introducing the contract-like language of
> advanced directives. Though forbidding, formal, and
> inarticulate language does not change the culture of
> medicine, it only emphasizes the estrangement between
> medical death and human death . . . Death belongs to
> families and to patients, not to the medical
> profession.(Miles 1996, 29)

Before the modern era that found medicine applying

science and technology to medical care of the sick and

dying, death had no differential or categorical

description. Death was natural. The loved one's time had

come and notwithstanding the enormous pain of separation,

the end of life was accepted as God's plan - God's call to

come home. Final religious services for the deceased would

be bulletin captioned "The Home going of . . . " Then came

the modern power and wisdom of science and high technology

with unprecedented blessings for virtually every field of

human activity. Inasmuch as the student of medicine has always been required to register academic mastery in the physiological and biological sciences, there is still this nagging question, viz., for all its reliance upon esoteric scientific knowledge and sophisticated technology, is medicine a science? Members of the medical profession believe it is, and since our culture has developed a strong investment in certainty, we shrink from death, while embracing medicine as a sort of latter day messiah that defies death and secures that certainty,[68] at least temporarily. Whether or not medicine is a science, is a subject for debate somewhere else. Suffice it to say that the close relationship between the practice of medicine and its reliance upon science and technology give the modern medical student a certain predisposition towards the reality of death and dying. Mainly, the physician's attitude towards death is that death is an unnatural intruder that must be defeated by the genius of medicine.

In probing the matter of the physician's perspective on death and dying, and given the foregoing observations, it is necessary to examine the direct or indirect contributions of the physician's training to the medical

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[68] Kathryn Montgomery Hunter, Doctors Stories: the Narrative Structure of Medical Knowledge," (Princeton: Princeton University Press, 1991), p. xvii-xx.

professional's mindset regarding death, dying and grieving.
It is also problematic to determine with great accuracy
whether the attitude and expectations of the patient, the
patient's relatives as well as society at large are in a
tandem or reciprocal relationship with the attitude and
expectations of the medical practitioner. Whether it is
justified or not, patients, relatives and society appear
sometimes to swing strategically between pro and con
positions in relation to medicine. In any event, all three
levels of expectations will be examined. Since
expectations must bear the burden of evaluation in terms of
realistic variables, this discussion proposes to include
identification of unrealistic expectations and therefore
the alternative medical practices of hospice and palliative
care, in bringing human dignity and integrity to the end of
life. This care perspective is particularly important for
both the terminally and precipitously ill.

Medical Training - Cloistered Physicians From The Dying

A brief summary of the history of medicine will
hopefully bring issues of training into bolder relief.
Law, Medicine and Divinity were the only professions in the
Middle Ages, with their professional and philosophical
roots in religious orders. Even the military profession

which was added late in the Middle Ages, is said to have

had a prior commitment to serve the church.[69] Medicine is

historically associated with religion, therefore the

medical practitioner earned the conferral of priesthood.[70]

There were non-priestly physicians, but they were consigned

to lower class status in society. Drane holds that the

Hippocratic doctor understood medical intervention in

priestly terms. Worthy of note is the Hippocratic Oath

that describes the physician's professional behavior in

priestly terms. Since the doctor was a priest handling the

human body, the role of physician was considered sacred.[71]

It would stand to reason then, that medical ethics bore the

stamp of high priestly character, and exemplified holiness

in life and professional activity. Secular standards of

moral behavior stood in far second place to those of the

doctor-priest.

Under the monarchy of Henry the Eighth of England

(1509 - 1547), the first evidence of a radical departure

from the priestly professional paradigm of the medieval

university became evident, when the King established the

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[69] Dennis M. Campbell, <u>Doctors, Lawyers and Ministers: Christian Ethics in Professional Practice</u>, (Nashville: Abingdon, 1982), p.20.

[70] James F. Drane, <u>Becoming a Good Doctor: The Place and Virtue and Character in Medical Ethics</u>, 2nd ed., (Kansas City: Sheed and Ward, 1988), p. iii.

[71] Ibid., 114-115

Royal College of Physicians in London.[72] Although they still considered themselves members of the ecclesiastical collegiate, students assumed control of their medical education, and even stipulated their own standards for acceptance into medical school.[73] They permitted no diminution of priestly commitment in the discharge of their work however, and even resisted any attempt to associate a business identity with medical practice. They enjoyed the privilege of tax-exemption, and were immune from giving testimony in court. For the cure of body and soul, doctors received not a salary, but a stipend or honorarium.[74] It would not be long however, before social ferment began to take umbrage at the physicians' privilege and authority in society.

Drane makes the arresting observation that any image of the 20th century physician as being anything but a priest, is patently faulty if not fallacious. Physicians, according to this author, were never more like priests and for a sobering if not astounding reason. "Health has taken the place of salvation."[75] But an even more irreverent

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[72] Ibid., 118

[73] Ibid., 117

[74] Ibid.

[75] Ibid., 120

question is raised. "But when dear reader, was the last time you heard about a religiously scrupulous person?"[76] These questions and observations testify to an alarming revolution of declining moral expectations not only in regard to physicians, but to society in general. What Drane neglects to say however, is that inasmuch as the modern physician is yet a "Priest," this characterization may be only nominal or at best remotely approximate in the sense that there is no official requirement to believe in a personal and transcendent God whose intervention in the lives of individuals and communities gives definition and character to their religious commitment. This doctor-priest is not exercising a religious priesthood. The virtue of religion is nowhere espoused. Drane cites a modern woman who has lost her religious faith and is afraid to die, saying: "For me, the doctor is now God. Now there is only the doctor to protect me."[77]

As far as we can tell, the Hippocratic doctor's reason for practicing medicine was grounded in a priestly religious system of values, whereas, the modern physician's preparation and practice are foundationally structured by

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[76] Ibid.

[77] Ibid., p. 131

science and technology. Reliance upon scientific knowledge

may be quite understandable, at least because of its self-

correcting potential to continuously broaden its base of

operation in the interest of its own progress.[78] With some

cogency, Jensen makes the case that the mission of medical

technique is to control nature through a "new knowledge

called science."[79] In their technological endeavors then,

physicians virtually incorporate the patient into a part of

nature, leaving behind, in a shambles as it were, the

traditional view of man as an "exceptionality,"[80] i.e., that

divine endowment that defines the radical difference

between human beings and other creatures. Human beings are

'higher animals' capable of loving, appreciating and

practicing fidelity in the context of reciprocal bonding.

If we press Jensen's thinking towards further conclusions,

we discover that the patient as an example of a

technological creation, has no claim to "exceptionality."

As such, he or she is different from pre-technological

persons who saw natural forces as divine events in control

of human destiny. Not so, with today's medical

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[78] Robert Jensen, "Man As patient," in On Moral Medicine:
Theological Perspectives on Moral Medical Ethics, 2nd. ed., (Grand
Rapids: William B. Erdmans Publishing co. 1998), 412-19.

[79] Ibid., 414.

[80] Ibid.

professional who recognizes no transpersonal power in technical nature, where a human being as a part of nature is bereft of any claim to divinity. The historical biblical image of God in created beings, and our `technological patient' have no divine spark.

A further portrayal of Jensen's thought begins to reveal the ideological foundations that support the medical super-structure. Contrary to the mystery that characterizes faith and the divine-human relationship, science does not see unexplained or unobjectified events as mystery. Whatever is suggestive of mystery is a puzzle that must be solved.[81]   But science is confronted with a further `puzzlement,' as per the King of Siam. For every mystery that yields to a scientific solution, ten others are dredged up. And for every force in nature that science succeeds in taming, more powerful ones are set loose. Notwithstanding, our technological expert maintains that all that's necessary to deal with the ills of society is the application of our human intelligence, strength and ingenuity. Moral and aesthetic judgments are avoided and, given that medicine bears the imprimatur of a scientific technology, the physician eschews moral and aesthetic

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[81] Ibid.

judgments. As a major molder of thought attitude and
opinion in society, the physician, it stands to reason,
exerts considerable leverage in forming the citizens' view
of medical practice. For instance, death must be stopped
in its tracks because death is an unnatural and unwelcome
intruder.

It is reasonable to expect that the prime mission or
business of medicine is preventive and residual care of the
sick. The ensuing section will attempt to extrapolate some
evidence (based upon the foregoing discussion) for the
particular bias that undergirds medical training.

Dr. Thomas J. Smith has reported that he wanted
to be a family practitioner until the welcoming professor
at an ivy league medical school told him that given his
expressed practice bias, he might as well leave because
that medical school trained only the best and the
brightest,[82] i.e., those who aspired to be something other
than a general practitioner. Continuing, Dr. Smith said
that it never occurred to him that "medicine might be more
complicated with business plans and income streams if you
choose practice, research as the priority if you choose
academics, and little attention paid to actually fixing the

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[82] Thomas J. Smith, Lessons in Survival, Caring for the Dying:
Personal Narratives, (Philadelphia: American Board of Internal
Medicine, 1996), 49.

problems of the patient.[83]   Another thoughtful observer, L.

Gregory Jones, suggests that as medicine has become more

scientific, bureaucratic and structured in response to

managerial and economic efficiency, the relationship bond

between physician and patient has been severely ruptured.

Science and business do not value people highly, let alone

sick people.[84]   The clear suggestion is that the scientific

model of medical training virtually factors out the patient

as the prime focus of healing concern. Yet another

physician, Charles F. Von Gunten, M.D., holds that the

physician-scientist model that prepares the modern

physician is too limited in its scope, and is responsible

for the disaffection and anxiety that the public endures

over the state of their medical care.[85]   One physician who

went into Hospice Care has stated:

> I am dismayed at our lack of preparation and
> support for such work. Physicians in training are
> rarely exposed to home care, or specialized terminal
> care programs, and may not even be aware that some

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[83] Ibid.

[84] L. Gregory Jones, "A Pathology of Medical Ethics: Economic
Medical Rationing in a Morally Incoherent Society," in On Moral
Medicine: Theological Perspectives in Medical Ethics Second Edition,
Stephen E. Lammers, Allen Verhey, eds, (Grand Rapids: William B.
Eerdmans Publishing Co. 1998), 998.

[85] Charles F. Von Gunten, M.D., Ph.D. "Why I do What I do" in Care
For The Dying: Identification and Promotion of Physician Competency
(New York: Project of the American Board of Internal Medicine, 1996),
47-48.

doctors provide these services: . . . the
psychological care of the sick, dying and bereaved;
the management of pain and other symptoms of terminal
illness; home are; family oriented supportive care;
even oncology is often deficient. Role models are few.
Colleagues suggest that my interests are a bit
bizarre. . . . I am misusing my time and training.
Other colleagues are not even curious (Billings, 1996,
33).

The above testimonies suggest that because of a

training paradigm that focused more on science-based

diagnoses and treatment than on persons in pathological

distress, medicine became a cloistered profession, which in

its condescension to treat persons disabled by illness,

also exercised the prerogative of safe withdrawal from the

rigors of caring for the dying. There is ample evidence

for this flight from dealing with the most threatening

state of the human condition. Most of the people who die

in United States hospitals are the elderly whose illnesses

are terminal, placing them in need of mainly palliative

care. But only two percent of physicians engage in this

branch of medical practice. If Bernard Shaw is to be

credited for his views, beyond his literary genius, then

his insinuations regarding motives for seeking medical

credentials are indeed unflattering. The history of

medicine would suggest that the British physician was among

the most virtuous of professionals. British medical

practice even until today maintains some of the charitable

values that go back to medical-priestly times.   The

surgeon, who was a professional ally of the barber, is even

today addressed as "Mister" in courteous recognition of

training emphasis upon quality professional care, rather

than the socio-cultural advantages of the 'Doctor' title.

However, in his book The Doctors Dilemma, Shaw holds that

the modern physician is inspired by a "hatred of ill-health

and an impatience with any waste of vital forces."[86]   The

doctor, he says, cannot be trusted as a person of good

conscience and honor unless his or her motivation to study

medicine is exceptionally charitable.   Or, choice of

medicine must be a family tradition that nurtures a flare

for what is virtuous, even where there may be lucrative

onsiderations.[87]

Part of the problem for medical training in the

contemporary American context is that the very nature of

being human is at odds with the scientific definition that

gives validity to medical practice.   It is not known how

many American physicians would agree, but most observers of

some probity agree that medicine is not a science since by

its very nature, medical practice cannot be guided by "an

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[86] Bernard Shaw, The Doctor's Dilemma: Recoil of the Dogma of Medical Infallibility on the Doctor" (Baltimore: Penguin Books 1954), 12-14.

[87] Ibid., 69.

invariant and predictable account of the physical world."[88] The reason is that medicine is a practical body of knowledge that informs the treatment of illness. In the diagnostic phase of treatment, the physician who relies heavily upon symptoms and their interpretation, must frequently reason back from symptoms to causes of the disease, which procedure can lead to different interpretations and diagnoses. Diagnosis is to a great degree an inexact science and ought to be a science about human health needs. But in order to maximize certainty, technological instruments are pressed into service, which succeed mainly in removing the patient from therapeutic contact with the doctor.[89]

In a 1904 essay, William Oster stressed the need for reform in teaching medical students. "Move medical students away from their books to the bedside"[90] since medical knowledge is more reliably arrived at through the clinical process that emphasizes observation and inquiry. Given the hubris of the medical profession in contemporary life, it is interesting to note that in 1947, leaders in medical education were convinced that the students clinical

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[88] Hunter, ix.

[89] Ibid.

[90] Ibid.

exposure could be considerably enhanced by personal hands-
on knowledge about the patient's social realities.[91] This
conviction is most significant for patients in the lower
economic sector of society. Their lives are invariably
complicated by several problems, e.g., lack of knowledge
and skills for successful functioning in the areas of
health maintenance and positive interpersonal
relationships. It is noteworthy that some years ago, the
'oral tradition' reported that the Medical School of
Columbia University in New York City discussed the merits
of requiring that all aspirants for admission to their
medical school have at least one year of experience working
with the poor via the Department of Welfare, known in more
recent years as the Department of Social Services.

There is no documentary evidence that medical schools
around the United States are making similar requirements.
The idea however, is said to have originated at Columbia
University Medical School. Dr. Emerson, dean of the
Medical faculty of Indiana University wrote in 1911, "If
the Social Service Department helps one patient then one
patient is helped; but if the Department teaches one
medical student how best to help that patient, then it has

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[91] Harriett M. Bartlett, The Participation of Medical Social
Workers in the Teaching of Medical Students, (Silver Spring: Hayes
Lithograph Co. Inc.: 1947), vii.

indirectly helped many of the patients whom this student might later treat."[92] It is conceivable that in the traditional mindset of the medical profession, these non-traditional suggestions from two medical schools could conceivably give the impression of downgrading the social status and experience expectations of the physician aspirant and the physician trainee respectively. To the contrary, these suggestions penetrate to the core of medical training deficits, i.e., an understanding of how the poor live, how the poor die, and how the poor who generate the vast majority of professional treatment opportunities need to be understood in the totality of their relatively dislocated but human experience. A person though poor, is still a person, not a disease. This person has a disease that cannot be separated from his or her personhood. Chaplains and clinical social workers know that quite often, when the person is treated, the disease yields more quickly to medicine. In cases of psychosomatic dysfunction, the administration of synthetic medicine may be just an exercise in futility. Real science should not be systematically employed at the expense of social science.[93]

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[92] Ibid.,ix.

The proliferation of good research in science and technology has, as previously noted, brought numerous blessings to our human population. But research moves so fast and furious tomorrow's retrogression. Hilfiker cites a substantiating incident from his medical training. A famous cancer researcher, who lectured his medical school class, reported returning to the meticulous notes he had taken while himself a medical student. Said the researcher, "ten years after I graduated, they were all lies."[94]

Societal Expectations

In the midst of revolutionary changes in medicine and its related technologies and therapies, there needs to be a `constant' that gives anchor and reassurance to both the medical practitioner and the patient. Society at large also needs to have some mechanism that keeps expectations under review in relation to what medicine is offering citizens in the name of adequate healthcare. One of the historical incongruities that afflict the parties to the relationship is the formation of expectations in the absence of understanding what makes medical practitioners

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[93] Drane, 104.

[94] David Hilfiker, M.D. Healing the Wounds: A Physician Looks At His Work, (New York: Pantheon Books 1985), 47.

function the way they do. That this is not likely to change in the foreseeable future, places an even greater burden on medical practitioners to keep an ethical compass that resists violation. In the very best of circumstances however, societal expectations can be at times unrealistic if not unfair. It is not easy for parties in the relationship, but if all parties will commit to a relationship of trust and mutual respect, then for example, malpractice suits would be less prevalent. Personal autonomy is the moral `telos' of society, i.e., the best kind of life for human beings.[95] One can reasonably assume that societal expectations which are founded on that human telos will bear the character of reasonableness.

Physicians are expected to preside intentionally over the nation's health maintenance. Those expectations spring in part from society's perception of the power and genius of medical practitioners. If perceptions are less than accurate, then expectations run amok of reality. A curious phenomenon at work is the fact that society's expectations are substantially shaped by the medical profession, which has been elevated to the top of the professional totem pole. The MD's clout in America is superior to the Ph.D's

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[95] Joseph J. Kotva, Jr. The Christian Case for Virtue Ethics (Washington D.C.: Georgetown University press 1996), 22.

and it has been suggested that anyone who desires to make a substantial impact for good on society would be better advised to get an MD degree even if there is no intention to practice medicine.[96] The other side of that curious phenomenon is society's rebellion against the maldistribution of medical benefits by a profession that was actually empowered to do just that. In effect, the physician uses the standards of society to determine what, for instance, may be defined as illness, then proceeds to determine that any illness process leading to death must be halted,[97] not so much as a pro health care posture as an anti-death measure. Both society and physicians appear to have worked themselves into a bind, from which the former tries to extricate itself by various measures. One measure is reflected in the annual ranking of professions in terms of income and prestige. In 1975 the physician slipped below the fifty percent mark. Almost thirty years later, and given the convulsive political debate that rages around the healthcare industry, it is not surprising to find that as a profession, our medical practitioners have slipped lower down the scale. This slip is not necessarily because technical competence has slipped commensurately. Given the

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[96] Drane, 121

[97] Jensen, 414.

'miracle' breakthroughs in scientific and technological
supports for medical practice, average competence may have
improved considerably. However, discontent over a changing
system that's netting less profits for physicians' valuable
work may be carrying less appeal in a society where forty
three percent of Americans have no healthcare.

Is society unreasonably hard on the medical
profession? To the extent that the answer is 'yes,' it may
be the medical profession that gives cues for society's
response. The medical profession has absolutely no
tolerance for doctors' mistakes, and neither does society.[98]
Having been saddled with the yoke of perfection, medicine
will continue to live in uncomfortable tension with
society's expectations. But let it be assumed that
medicine finds a way to make mistakes tolerable among
physicians on the premise that doctors are only human
regardless of their superlative IQ's. How does a surgeon
apologize and ask a relative's forgiveness for his scalpel
having slipped and fatally punctured the liver of a young
mother? Perhaps L. Gregory Jones is justified in saying
that "medicine is a fundamentally tragic profession."[99]
That is, given the very nature of medicine, regardless of

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[98] Hilfiker, 85.

[99] Jones, 999.

the technical skill of the physician and the inordinately high sophistication of technology, there will be failure and sometimes fatal results.[100]

The transition from priest to scientific medical technician, may have accommodated the impressive advance of science and technology, but it did not strengthen the bonds that drew society and the medical profession together. As long as there was an embodiment of religion and medicine in the person of the medical doctor, there was no distinction between social and medical goals.[101] When individuals in society, especially the sick and suffering, come to the time and place where they have no advocates, society at large has to require respect for persons, not just as a matter of courtesy and good breeding but also and more significantly for the security of inalienable human rights and the satisfaction of common human needs that promote life, liberty and the pursuit of happiness. Because good health is integral to life, liberty and the pursuit of happiness, society has called medicine back to accountability and moral obligation, through the

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[100] Ibid.

[101] David C. Thomasma, "The Bases of Medicine and Religion: Respect for Persons," in On Moral Medicine: Theological Perspectives in Medical Ethics, Second Edition, Stephen e. Lammers, Allen Verhey, eds, (Grand Rapids; William B. Eerdmans Publishing Co. 1998), 423.

articulation of norms and guidelines for respect of persons.

Guidelines For Respecting Persons[102]

First, the autonomy of individuals must be recognized and such persons accorded the status of free agents and full partners in research. Second, in order to protect those whose autonomy is impaired, attempts to offer healing should be seen as patently incompatible with exploiting their lack of autonomy caused by illness. Third, protect the integrity of being human by lifting up a healthy view of the whole person, not only the sick organ. Fourth, fair treatment requires that a person, who is the subject of medical research, must benefit personally from the research even as other persons benefit. Thomasma espouses a high theology of persons by seeing them as sacramental, that is as "extensions of God in human history."[103]

It is not likely that God would have stamped the divine image upon human creation if the Almighty did not expect us to represent the holy and righteous Jehovah as a carrier of divinity. It has been said that the ground is

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[102] Ibid., 426.

[103] Ibid.

level at the foot of the cross, which symbol proclaims the
power to make all of God's creation equal in both human and
divine eyes. God's image enshrined in us speaks eloquently
about a great common denominator which is the identical
essence of who each person is. Since no one human being is
more valuable than another, nothing that I expect of my
doctor should give pause for applying meritorious
differential evaluation. Society's expectation of medicine
may sometimes sound less than compelling. But the patient,
that specific human sufferer whose person, sense of self
and well-being are disrupted by some invasive malady, knows
precisely in feeling if not in medical terms, what the
medical healer needs to administer.

Patient Expectations

Expectations are outgrowths of a perception that a
given event is likely to occur. Patient expectations then
are "anticipations that given events are likely to occur
during or as a result of medical care."[104]

The patient's expectations are not met until the
patient is satisfied with an outcome. The perennial
complaints of most patients is that physicians assume that

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[104] Susan Keane Baker, Managing Patient Expectations: The Art of
Finding and Keeping Loyal Patients, (San Francisco: Jossey-Bass
Publications 1998), 2.

they would not understand medical explanations, therefore,

why take the trouble to explain. Baker posits that most

physicians will admit their failure to take time to ask

patients whether their expectations for care are being

satisfied.[105] Some physicians respond to the effect that if

a patient cannot tell a lawyer how to practice law, neither

should the former tell the doctor how to practice medicine.

Hopefully no physician of integrity would engage in such

thoughtless arrogance. The truth is that if the physician

does not intentionally create a climate that permits the

patient enough comfort to ask questions, the vicious cycle

is complete when the doctor blames the patient for not

being alert enough to make inquiries. The effects of

liberation movements in society with attendant

disappearance of inhibition, not to mention the explosion

of knowledge that gives access to greater general knowledge

about many disciplines, equip patients to be more assertive

partners in managing the affairs of their health.

One major development in the field of health care is

the emergence of effective non-traditional therapies. When

traditional medicine fails to heal, mention of successful

alternatives can be extremely threatening to a doctor and

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[105] Ibid. 3

will usually elicit harshly judgmental responses. Baker

relates the account of a physician whose patient reported

consulting with a faith healer, a palm reader and a guru.

"And," asked the physician "what foolish advice did they

give you?" "They all told me to see you,"[106] said the

patient.

There are two issues that exemplify the seriousness of

patient expectations, particularly in terms of their

validity and their violation, i.e., managed care, and

informed consent. Formerly, a patient was under the care

of a family physician whose billings were paid by an

insurance company as per the insurance agreement. Under

managed care, a company determines what treatment the

patient will receive and from whom. Whereas one's doctor

was a licensed professional being paid by a regulated

insurance company, managed care companies are neither

licensed nor regulated by the Federal Government, although

they have the power to make important decisions that were

formerly left to the patient and his or her doctor. The

careful choice of a managed care organization and the

adoption of measures to guard against misuse and

exploitation, are now left to the patient. This choice can

be a confusing and bewildering process even for persons of

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[106] Ibid., 12

some sophistication. The choice of a managed care health plan is done by the employer who can negotiate better terms with the company depending upon the employer's perception of the employee's- patient's needs. Under this arrangement, the doctor and the patient may agree upon what the physician believes to be medically necessary only to be overruled possibly by a non-medical management employee who is being guided, not by the patient's medical need, but by an arbitrary HMO payment schedule called the Formulary. If the prescription is not on the Formulary, the patient must either pay the full price out of pocket or negotiate with the doctor to have an alternative generic drug that must still stand the test of Formulary acceptability. The participating physician must also agree to accept below market fees for medical services. The doctor is allowed a certain amount per month for each HMO patient and the total HMO income depends upon how much or how little the doctor manages to spend in caring for the patient. The truth about Managed Care is that doctors are often being paid to curtail care,[107] - a gross violation of patient trust and expectations. The patient's health interests are also compromised and anxiety maximized. Managed care systems also engage in the archaic policy of covering physical

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[107] Baker., 41.

illness but not mental illness to the same extent, a throw back to the days when mental illness was synonymous with devil possession.[108]

One troubling consequence of being forced into a managed care system of health care is that the patient who has no advocates to press for his or her rights is consigned to frustration in trying to negotiate cold and unyielding bureaucratic systems. The patient is not frustrated because his or her expectations are sometimes unrealistic. Rather the record proves that health system's expectations are often unrealistic in that most patients are not helped to understand their benefit plans. A Harvard study in 1994 revealed that thirty-five percent of HMO patients did not know the meaning of HMO.

The whole matter of managed care cannot be comprehensively treated in this relatively brief description. Suffice it to say that some patients, (mainly those who have been favored with good health) report satisfaction with the HMO's. In spite of the complaints of most doctors, surprisingly enough, there is a small number that believe "managed care with few exceptions has been an advocate for the consumer."[109] The preponderance of

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[108] Ibid.

evaluations however, appear to indicate that patient's

rights and expectations are in substantial jeopardy.

The relationship between the doctor and patient is not

a contractual seller/buyer relationship. It is rather a

covenantal relationship characterized by attitudes of

fidelity, truthfulness, respect, and mutual trust.[110]

Informed consent provides one of the acid tests of how well

the ethics of virtue is applied to the doctor - patient

relationship. There has not been much of an issue around

'consent.' It is the qualifying word 'informed' that most

often raises our eyebrows so to speak.

A Harvard Medical School study, reputed to be "one of

the most comprehensive studies of professional

liability,"[111] concluded that "surprise and anger over bad

clinical outcomes cause more lawsuits than bad

medicine."[112] Usually the unexpected clinical outcome was

believed by the patient or the family to have been

preventable or avoidable.[113] Another medical survey

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[109] Ibid., 45.

[110] Bernard Haring, "The Physician-Patient Relationship," in On Moral Medicine: Theological Perspectives in Medical Ethics, Second Edition, Stephen E. Lammers, Allen Verhey, eds., (Grand Rapids: William B. Eerdmans Publishing Co. (1998), 793.

[111] James F. Holzer, J.D., "A New Approach To Informed Consent Can Reduce Claims, Pediatric Annals 20:2 (1991): 64-68.

[112] Ibid., 66.

reported that improvement of communication between patient and doctor with more exchange of information, as well as active questioning and listening skills, can reduce litigation considerably.[114] Yet another study commissioned by the Journal of the American Medical Association (JAMA) concluded that when faced with a bad outcome, it is more likely that a doctor would be sued if the patient and family felt the doctor was not compassionate.[115] Plainly, the cardinal issue here is communication with genuine interest and concern for the patient. Usually, the informed consent form can be useful in developing a "therapeutic alliance" between the doctor, patient and family.[116] Too often however, the issue of 'consent' is confused with the issue of 'process.' The former is a legal event that requires the signing of a form, giving the impression that dialogue about important clinical information is complete.[117] The 'process' model of informed consent focuses upon meaningful dialogue regarding medical

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[113] Ibid.

[114] Ibid.

[115] Wendy Levinson, M.D. et al "Physician-Patient Communication: the Relationship with Malpractice Claims Among Primary Care Physicians and Surgeons, "The Journal of the American Medical Association (277:7 (1997): 553-559.

[116] Holzer, 67.

[117] Ibid.

decision-making, and starts with the first contact involving the patient's relatives, and the physician.[118]

On the valid premise that the spiritual dimension of the patient can help the healing process, physicians are ideally positioned to meet patient and relatives' expectations by taking a spiritual history, thereby facilitating compassionate care giving.[119] In summary, the difference between sued and never sued, is not an explanation about the quality of care. The difference is the virtue of compassion intersecting expectation in the presence of even the most troubling of losses.

When the promised miracle does not materialize, the end of life ushers in progressively those ultimate terminal processes, e.g., stoppage of circulation, organ failure, inadequate transport of oxygen to tissues[120] that are in effect the countdown to the end. Another level of care emphasis relates to promoting the dying patient's sense of solace. Clinical results may have already distanced the doctor from the terminally ill patient and relatives are traumatized. The physician's practiced emotional

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[118] Ibid., 68.

[119] Christina M. Puchalski, M.D., "Improving The Care of People Who Are Dying," Vision 9:9 (1999): 10-15.

[120] Sherwin B. Nuland, "How We Die: Reflecting on Life's Final Chapter," (New York: Alfred A. Knopf 1994), xviii.

detachment offers protection from grieving over the patient's approaching death. The whole set of circumstances cry out for a better way of caring at the end of life, an awareness that has ushered in at least one creative approach to end of life care.

Hospice Care - Palliative Medicine

"A Hospice is a well coordinated set of services intended to relieve or ease the varied symptoms or side effects of a terminal illness."[121] Palliative care was actually pioneered by the Hospice movement with a view to operationalizing the philosophy of respect for life in providing compassionate and competent care while creating an environment that emanates hope, faith and love.[122] The word Hospice is a derivative of the Latin "hospes" meaning host or guest.[123] Originating in medieval times, their functional origin relates to travel weary crusaders going to the Holy Land and finding places of rest in monasteries. In time, these places of rest were renamed Hospices, and many a weary and ill pilgrim spent their final days

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[121] Larry Beresford, The Hospice Handbook: A Complete Guide to What Hospice Is and Isn't … (Boston: Little Brown and Company 1993), 8.

[122] Jan Sellinken Bernard, Miriam Schneider, The True Work of Dying: A Practical and Compassionate Guide To Easing the Dying process, (New York: Avon Books Inc. 1996), 13-16.

[123] www.joshuatreevillage.com "Hospice History", 12/5/99.

there.[124]   Although the earliest Hospice was developed in

England in 1940, the first modern Hospice house was built

in 1968 in London, initiating a movement that twenty-nine

years later, has approximately 260,000 Hospices in all

fifty states,[125] the first one in 1974. Dr. Cecily Saunders,

a British Registered Nurse and Social Worker turned

physician, takes credit for modernizing the medical

paradigm of Hospice care.[126]   Obviously, the United States

Hospice has experienced accelerated expansion since 1974.

Dr. Stephen H. Miles in his article "Stage Managing Death"

testifies that for a long time, mainstream medicine,

especially academic medicine marginalized Hospice care

management, and in 1979, his Alma Mater "had only the

barest rudiments of a death curriculum."[127]   The Hospice

emphasis on caring assumes the giving of one's self purely

for the sake of the other, and being professional without

the burden of formalities, affectedness and pretensions.

Care as defined by Dr. Holzer means helping or at least

permitting her and her family to find meaning in illness or

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[124] Ibid.

[125] www.vc97.attjens.com, "History," 12/5/99

[126]Ibid.

[127] Steven H. Miles, Stage Managing Death, Caring For The Dying: Personal Narratives, (Philadelphia: America Board of Internal Medicine, 1996), 29.

death, or in other words, having a good and peaceful death.[128]

The methodology behind Hospice care seeks to recreate death in the image of a life event rather than a medical procedure. The birthing room in the home or the hospital is intimate and sacred to the birth event. Some hospital birthing rooms have appropriate color, comfortable furniture and even Jacuzzi hot tubs, not to mention the provision of favorite food.[129] Bernard and Schneider have a passion for bringing home the "deathing room" in a manner that created an environment where compassion and loving presence are main supports for the effort to maximize comfort and caring spirituality for the departing loved one. When Jackie Kennedy Onassis left her hospital to die at home, she went home to be herself because "home is where the heart is."[130] Compassionate care is so styled because it seeks to compliment the needs and values of the patient and family members involved, focusing upon the family's world and encouraging meaningful choices and experiences in the course of dying.[131]

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[128] Holzer, 67.

[129] Bernard, and Schneider, 11.

[130] Ibid.

[131] Maria Lattanzi-Light et. al. The Hospice Choice: In Pursuit of a Peaceful Death, (New York: Simon and Schuster 1998), 13.

Usually, the Hospice referral is made by a physician when it is clear that curative treatment is no longer available; the transition from acute care to comfort and support is timely; and there is a life expectancy of six months or less. The patient also needs to be satisfied that life's end is approaching; curative treatment is not a realistic alternative; and that treatment of comfort and support are available.[132]

The main therapeutic goal of palliative medicine is quality of life for the advanced terminally ill. That small percentage of physicians who have within recent years committed to palliative medicine and care for the dying are in large measure being gratified by their proven effectiveness in delivering end of life care. Dr. David E. Weissman who grieves and cries at his patient's dying claims to find the practice of palliative medicine "one of personal enrichment and growth."[133] Similar testimonies are coming from many more physicians.

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[132] Bernard and Schneider, 21.

[133] Weissman, David E., M.D. "Why I Care For The Dying" in Caring For The Dying: Personal Narratives, (Philadelphia: American Board of Internal Medicine, 1996)45.

A concluding note

There is no doubt that society wants superior minds involved with medicine because anyone who would assume care of God's mysteriously and wonderfully made children assumes an almost super-human burden. It is assumed that the risks to life and limb are considerably less, the greater the intellectual endowment of the professional who would do invasive treatment of the human body, by surgery or administration of medicine. But there may be an anomalous incongruity in society's arrangements that dictate the choice of medical students. The economics that inform that choice favor the well heeled, but the large number of patients are the poor as well as the struggling middle class, many more of whom would qualify as physicians, but for their being economically less favored. There is apparently very little about medical training that takes holistic needs of the poor seriously. If the goal and expectation of patients, relatives and society in general is quality of care, and it should be, then the goal of medicine may have placed quality of care a distant second to scientific and technological savvy, which is no necessary respecter of patient interests. The doctor-patient relationship is still that of the superior to inferior. All of this has to change and society may have

acted more punitively than correctively towards physicians by permitting HMOs and other corporate entities to modify the earning power of doctors. Society's response would have been better aimed at the refinement of medical ethics in terms of virtue. The egalitarian spirit of ethically virtuous physicians would insure better physical and moral health for society at large. In that event, we may not even care how much money they make.

It is not quite clear from the literature whether there is a 'lawful' relationship between medical training or society's, patients' and relatives' expectations on one hand, and how medicine views death. It is however apparent that medicine has rejected death as a natural event. Is that because doctors more than anyone else fear their own death, or because there is a passion to manage death and dying in order to maximize treatment success? Perhaps a more exhaustive study and/or reliable research will yield a clearer picture.

CHAPTER FOUR

<u>FEAR AND DENIAL OF DEATH</u>

The more knowledge we have about the realities of
terminal illness, the more sensible we can be about
choosing the time to stop or the time to fight on, and
the less we expect the kind of death most of us will
not have. For those who die and those who love them, a
realistic expectation is the surest tranquility. When
we mourn, it should be the loss of love that makes us
grieve, not the guilt that we did something wrong.

A more realistic expectation also demands our
acceptance that one's allotted time on earth must be
limited to an allowance consistent with the continuity
of the existence of our species. Humankind, for all its
unique gifts is just as much a part of the ecosystem as
is any other zoological or botanical form, and nature
does not distinguish. We die so that the world may
continue to live. We have been given the miracle of
life because trillions upon trillions of living things
have prepared the way for us, and then have died – in a
sense for us. We die in turn, so that others may live.
The tragedy of a single individual becomes, in the
balance of natural things, the triumph of ongoing life.

All of this makes more precious each hour of those
we have been given; it demands that life must be useful
and rewarding. If by our work and pleasure, our
triumphs and our failures, each of us is contributing
to an evolving process of continuity not only of our
species but of the entire balance of nature, the
dignity we create in the time allotted to us becomes a
continuum with the dignity we achieve by the altruism
of accepting the necessity of death. (Newland 1993,
267)

In an adversarial discussion between two persons, one issued a demand in the imperative, whereupon the other replied, "There are only two things I have to do: pay taxes and die." Since our government makes it legal for some persons and institutions to avoid the payment of selected taxes, the "taxes" portion of the adversarial response may be subject to question. However, there is ample certainty that except for some biblical historical cases, e.g., Enoch, for everyone who is born, death will occur.[134]

Death is the great common denominator of the human condition. In addition, human beings are the only living members of God's creation who are able to think about death in advance of it's occurrence.[135] Certainly the other species of animals may manifest fear for their safety and security, but there is no evidence whatever that they possess within their instinctual make-up any contemplation of death. Contemplation of death is a phenomenon reserved exclusively within the human domain.

This portion of my thesis will focus substantially upon the fear and denial of death. My elaboration of these

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[134]Richard A. Kalish, Death and Dying: Views From Many Cultures (Farmindale: Baywood Publishing Co. Inc., 1977), 111.

[135]Ibid.

two concepts will conceivably reveal an area of mutual inclusivity in the sense that one could hold that the denial of death grows out of the fear of death. We could also say in terms of Freudian thinking that, the fear of death triggers the most primitive of the human defense mechanisms - denial, which suggests how deep and virtually unmanageable this death mystery is. Earnest Becker, who makes a major contribution in Denial of Death, uses denial and fear of death interchangeably throughout his discussion. Sherwin Newland in How We Die emphasizes denial of death.

It should be helpful to discuss death in ways that at best approximate its best definition, but although there are biological and clinical explanations about how dying and then death occur, we still do not know what death is. Its onset and progress yield to description, but remains eternally defiant of conclusive definition. Notwith-standing this lack, an attempt will be made to offer some descriptive highlights. Further, much of the philosophical and theological discussions about death may not be readily accessible to interested clergy or church members in the Church of God. It should also be helpful to examine some scripture passages on death to provide biblical insights at the same time making accessible links with the

philosophical and theological treatment of the subject where practical.

Karl Rahner sees death as an event that strikes humankind in their humanity.[136] Because in the divine mind, human beings are subject to death, death forecloses our human future since it concludes our state of pilgrimage as well as our soul's relationship with the world.[137] There is a distinction between spiritual and biological death in the sense that as Rahner holds, the spiritual person's death constitutes an act of self-completion, self-affirmation and full self-possession. But in Rahner's thought the death of a biological being is a destructive and invading accident precipitated from the outside.[138] In evangelical Christian theology, spiritual death means eternal separation from God, having died without experiencing the salvific benefits of believing in Christ. Rahner's description of spiritual death comes closer to the description of a Christian who has had a 'good death'. Also, biological death is natural death, or in Rahner's thought previously expressed, an externally invading and destructive event.

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[136]Karl Rahner, On The Theology of Death (New York: Herder and Herder, 1977), 21.

[137] Ibid., 51.

[138] Ibid.

Sherwin Newland in How We Die calls death a mystery,
which has been both eroticized and feared.[139] His very
striking analogy of a moth that is attracted to the flame
that consumes it, suggests that inasmuch as human beings
recoil from death, their pervasive preoccupation with death
means that at some conceivably unconscious level it has an
irresistible attraction as well. Except for Newland's
further notation that the aged who die in nursing homes
have died of something in them that has worn out, his major
contribution is a clinical approach based upon observations
of his grandmother, a brother and some of his patients.

Fred Feldman pictures death as the reaper in his
philosophical study of the nature and value of death.[140] In
an apparent simplification of the issue, he defines a
person's death as an event that takes place whenever a
person ceases to be alive. This less than plausible
definition presents death as an event that has no greater
mystery than any other biological phenomenon.[141] If death
is defined as the cessation of life, we are forced to ask
what is life? More specifically, what is the property

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[139] Newland, xv.

[140] Fred Feldman, Confrontations With the Reaper: A Philosophical
Study of the Nature and Value of Death (New York: Oxford University
Press, 1992) 18.

[141] Ibid.

that's operational in the phrase "is alive"? Invoking

Aristotle's "life functional" approach to defining life,

Feldman cites nutrition (which facilitates growth and

reproduction), sensation, motion and thought as reliable

indicators of a functioning biological organism. Feldman

would not necessarily associate death with the destruction

of this biological organism, but he rather sees death as a

"transition marker" located between being alive and being

dead,[142] with an emphasis on being. A more or less

compatible version of the Feldman formulation is his

quoting of Rosenberg who, in Thinking Clearly About Death,

says, "to die is to cease to live, i.e., to cease to be in

a condition of life,[143] where life has ceased permanently.

The derivative and more conclusive definition is that

"death is the permanent irreversible cessation of life,"[144]

but even so, the definition has its detractors, e.g.,

suspended animation, (ceasing to be alive and then living

again); fission, (a deathless exit from life followed by

two descendants, e.g., amoeba; and fusion (two entities

fuse into a new zygote).[145] Obviously, if an amoeba exits

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[142]Ibid., 59.

[143]Ibid., 60.

[144]Ibid.

[145]Ibid., 61, 70.

life, then evolves into two new and living entities, no permanent and irreversible cessation of life had occurred.

The biological concept of death previously described does run afoul of fission and fusion, and at times borders on a measure of circular thinking. Also, attempts to be definitional soon become a statement about what happens at the time of death. We are therefore thrown back on the notion that death is a mystery. However, since virtually all of the observable indicators of death are first biological and are therefore the most trustworthy of objective indicators, a more expansive and perhaps definitive statement could be reasonably extrapolated as follows: Death is a state in which a human biological entity has not entered suspended animation, has not engaged in deathless forms of fission or fusion, but has ceased to live. Allowing that in the midst of all of the medical - scientific and philosophical claims and counterclaims in reference to death, one still needs to find a place to stand so to speak. Whether 'ceases to exist' is or is not mutually exclusive with 'dying' is an article of philosophical inquiry, not faith. So also is the circular

spin which says, "before material objects die they are alive. After they die, those objects are dead."[146]

Theologians do not appear to have come any closer to offering a conclusive definition of death. Karl Rahner's discussions also resolve into more of a description of what death does to its victims, than what death is. For Rahner, as noted earlier, death is an event that strikes a person in his or her totality concluding their state of pilgrimage as a normal spiritual person. Something happens to a person in death, i.e., the achievement of an absolute determination that is intrinsic to death itself. Death is the consummation of a goal towards which human beings move and which is also a mark of chastisement. Death ends a person's state of pilgrimage as a moral spiritual person. It is evidence either of man's sinfulness, or it is a salvation event signifying participation in the destiny of Jesus Christ.

Epicureans upon whose philosophy much contemporary perceptions rest, did not bother to define death. Given their controlling hedonistic worldview, their concern was whether death was a part of everyday existence. They

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[146] Ibid., 128.

concluded that death was not a part of everyday existence therefore, their enjoyment of pleasurable sensations was never perceived to be in jeopardy. The grand conclusion of this thought process is that when death terminates 'epicurean' existence, depriving Epicureans of sensation, "death is nothing to us" since the living ought not to be concerned with it and the deceased have no sense of it.[147]

What posture ought Christians to cultivate before this mystery? On the face of it, the Epicurean position might have some appeal in view of it's implied claim to factoring out unhappiness and dread from the prospect and actuality of life's ending. Death would therefore be divested of even the appearance of evil. However, in purporting the possibility of living without any apprehension about death and it's precipitating painful separation, the Epicurean mindset succeeds in falsely disqualifying even that pain which yields pleasure, for example, years of sacrifice in order to apply one's self to rigorous study that yields higher gratification later. The Epicurean appeal may be neither persuasive nor compelling. The Christian position ought to be that death is indeed a realistic part of everyday life, the ending of our earthly pilgrimage, and

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[147]Arnold Toynbee, A. Keith Masnt and et al. Man's Concern with Death (London: Hadder and Stroughten Ltd., 1968), 28.

the ushering of the believer into a glorified existence with Jesus Christ as an eschatological heritage.

In a counter-Epicurean claim, James Rachels in The End of Life: Euthanasia and Morality, holds that, contrary to the Epicurean position, the anticipation of death does cause unhappiness and dread. It is feared in advance mainly because it is an evil, which can be better appreciated only when we give attention to the concept of "life."[148] Rachels substantiates his claim that death is an evil for the one who dies, in view of foreclosed possibilities for one's life, frustrated hopes and aspirations, as well as the pointlessness of an untimely end of life.[149]

We need to acknowledge that what is academically mysterious to us relieves us to a substantial degree of the wherewithal to state a viable definition of the phenomenon in question. However, we may question whether, in the case of death, we are any better off being able to properly define this phenomenon. Can definition mitigate the difficulties that death imposes upon us and our survivors? If the answer to both questions is "no," which may be the

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[148]James Rachels, The End of Life: Euthanasia and Morality (New York: Oxford University Press, 1986), 44.

[149]Ibid. 59.

more than likely correct answer, then leaders and laity in the religious community may forego the mystery of trying to demystify death and instead, work at the practical issues of coping, caring and healing.

Arnold Toynbee in Man's Concern with Death refers to death as "the new pornography," Toynbee argues that this new pornography shifts the object of wrongful gaze from sexual matter to death. He finds that prevailing attitudes define death as immoral, dirty, and obscene in its destructive invasion of human health and welfare. Death makes a mockery of human achievements and in it we are relegated to nothingness and left with a disturbing sense of future non-existence.[150] In his apparent disillusion with death, Toynbee may be omitting the power and personal fulfillment of human achievements in the interest of society, to furnish one with a sense of having lived well, with the possibility of dying well.

Denial of death is an affliction of not only the dying patient and distraught relatives, but doctors also have been known to deny the hovering presence of death by engaging in some form of "medical do nothing."[151] In these cases, Newland sees an instance of society reflecting its

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[150]Toynbee, 30.

[151]Ibid.

refusal to reckon with the power of death if not death itself. In the absence of hope, scientific and technological approaches to treatment also seek to maintain mere traces of life while thwarting death, only to be later confronted by the inevitabilities of death's triumph over technology.

Denial functions sometimes as a destructive force not only because it flies into the face of reality but also because, whereas it is designed to protect, it softens fear for the moment but makes facing inevitable reality much more difficult. In effect then, one's desire to live submerges the wish to know.[152] There are also those ambivalent sets of circumstances where patients will even execute advance directives, but refuse to permit their implementation at the appropriate time. In addition, human beings have a basic biological need to control anxiety and deny death by consigning its terror to the unconscious.[153] Paradoxically, in our effort to destroy evil, greater evil results. The unconscious cannot be unlimitedly or indefinitely loaded with repressed material without there being some release into pathological forms of human

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[152]Newland,224.

[153]Earnest Becker. The Denial of Death (New York: Free Press, 1997), XII-XIII.

behavior, e.g., severely neurotic or psychotic patterns of adjustment.

Perhaps human need is not so much to control anxieties as it is to resolve anxieties, which are responses that are disproportionate to the real threat. If there were indeed a reciprocal relationship between anxiety control and denial of death, then it would stand to reason that the resolution of anxiety would diffuse the need to deny death. Basic therapeutic wisdom that has historically informed helping professional practice teaches that anxiety throws most dimensions of the human system into disarray with manifest and sometimes bizarre behaviors. It is also conceivable that deep and unresolved tensions and intra-psychic conflicts produce the etiology of fear and denial of death. Conversely, the said intra-psychic conflicts could trigger a fear of life where the alternative of living offers bleak and forbidding prospects.

Inasmuch as the unconscious protects us from awareness of disturbing thoughts and memories, the unconscious itself can be overwhelmed by an inordinate load of repression, which could precipitate the concomitant evil that attends the effort to destroy evil. Quite correctly, Becker suggests that rather than fear death, primitive societies celebrate death as an ultimate elevation into a higher and

presumably more enjoyable form of life.[154] If the Africans

have got it right when they view death as a transition to a

more palatable state of existence, then we may ask whether

western sociologists and philosophers have not misplaced

the 'primitive' label. We must also question what is it

about the state of western secularization and acculturation

that places fear of death at the core of our psychological

mindset?[155] It may be possible that the acquisitive drives

of western persons to amass wealth and consume

conspicuously in the presence of so many millions of

languishing "have-nots," carry with it the ever present

fear of loss which leads to depression and other

pathological patterns e.g. the irrational fear and dread of

death.

Opinion is divided on whether fear of death is natural

to human beings or is dysfunctional, as most schools of

thought hold. The psychoanalyst William James holds that

death is "the worm at the core""[156] of who we are. Another

psychoanalyst, Gregory Zilboorg says that the fear of death

is an instinctual drive towards self-preservation, a

counterforce working against the threat of disintegration.

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[154]Ibid.,17.

[155]Ibid.

[156] Ibid., 15, (as quoted in Becker).

His astounding conclusion however is that the fear of death motivates our normal functioning.[157] This state of normalcy assumes repression of anxiety producing stimuli, thereby keeping fear out of one's consciousness. But inasmuch as repression of material into the unconscious permits one to live in relative comfort, the lid is kept on, and 'inward watchfulness' is never relaxed.[158] This kind of reasoning reveals a troubling paradox. Presumably it is normal to fear death but at the same time, remain oblivious of it.[159] The question is, do we really have a paradox here? If it is normal to be oblivious of a state of fear, it does not seem logical to claim at the same time the (conscious) existence of the said fear. Ordinarily, the contradiction in a paradox is only apparent. Both elements of the paradox are usually reality based.

Another psychoanalyst, Frederick Perls, espouses a position that is similar to Zelboorg's and James'. Identifying the 'fear of death' as one of the four layers of the human neurotic structure, he describes this layer as the repository of both our true anxieties as well as the terror of the fear of death which we accommodate in our

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[157] Ibid., 16, (as quoted in Becker).

[158] Ibid., 17, (as quoted in Becker).

[159] Ibid.

secret hearts.[160] Perls sees some possibility of resolution

when he suggests that this layer of neuroses may be

'exploded' so we may get in touch with our authentic

selves. It should be noted that Perls is using a non-

therapeutic term, 'exploded', which might be better

substituted with 'resolved.' When resolution of a neurotic

process has occurred, there ought to ensue a more healthy

level of functioning. Perls' 'human neurotic structure' is

not normally a given in human behavior. What comes across

from Becker, Zelboorg, Rachels and Feldman is the common

and pervasive theme that in the very essence of who we are,

death as a mental, spiritual, and emotional preoccupation

resides with a stubborn kind of permanence. We will need to

look outside the orthodox philosophical domain to find

clues that will hopefully lead to healthy strategies for

coping with death.

In his dynamic theory of child development both

Sigmund Freud (psycho-sexual theory of child development)

and Eric Erikson (psychosocial theory of child development)

and to some degree, Piaget (cognitive theory of child

development), place great emphasis on the child's early

experiences as being substantially deterministic in regard

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[160] Ibid.,57.

to healthy mental and emotional adjustment. The major issue is the child's sense of security, a primary index to the quality of parent-child bonding. A child who has a maximized sense of security and trust will not likely develop a morbid fear of death although there would be the expected grief response to the death of a primary and loving caregiver. The child's first awareness of death occurs at age 3-5 in the sense that someone has gone away never to return. However, the inevitability of death does not occur to the child until the 9th or 10th year when the Formal Operational stage of abstraction and related object permanence are achieved. The child is able to perceive the existence of an object even in its absence. Bad early experiences, which trigger the defensive mechanism of repression, failure of maternal nurturance and deficits of a good sense of trust and security, subject the child to anxiety as well as the fear of annihilation and the loss of support. The further loss of self-confidence and self-esteem places the child at risk in a perceived hostile world.

Norman Brown in Life Against Death has apparently overreacted to the incidence of bad early experiences and repression, by calling for an "unrepressed life, the recognition of the body as the seat of primary pleasure,

and the abolition of shame and guilt."[161] Brown holds that

fear of death can be overcome by 'living the body fully',

i.e., maximize pleasure and leave no residue of regret.

There is ample evidence in society that upbringing which is

permissive and void of structure produces sociopathic

personalities. But if such persons have no fear of death,

which lack is of dubious accuracy, neither do they have any

fear of menacing society by even committing murder. Brown's

bohemian lifestyle alternative may be just a desperate

effort to solve the puzzle.

While much of the philosophical discussion about fear

and denial of death is informational but not particularly

oriented to functional use, there is still a need to

discuss the issue from a more user-friendly point of view,

which may be offered through exploring religious biblical

offerings. Karl Rahner invokes a biblical and systematic

theological approach by first stating that death "concludes

man's state of pilgrimage as a moral and spiritual

person."[162] Pilgrimage is the period of time over which a

person lives and serves in a stewardship relationship with

God. Rahner holds that we had a chance to be immune to

death, but through Adam's disobedience we lost our original

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[161] Ibid., 260 - 261.

[162] Rahner, 39

sinless status, i.e., divine life grounded in the grace of God. Showing much more usable credibility in relation to spiritual dying, he proceeds to describe death as a dying with Christ, which becomes for the individual a participating in and appropriating Christ's redemptive death.[163] Continuing in a more or less controversial vein, Rahner suggests that it is impossible for death to be both the consequence of sin and a dying with Christ at the same time. He grants that we can die via Adam or the death of Christ but then makes the incredible claim that it is impossible to know which death the individual died. Some evangelical traditions make a distinction between natural (biological) death and spiritual death (eternal separation from God). Based upon a person's profession of faith in Christ or lack of such profession, one can know whether a person has died in Christ. Even while a person is alive, without a conversion experience, that person is described in scripture as being "dead in trespasses and sins",[164] i.e., spiritually dead. It is conceivable that dying in Adam as well as in Christ are spiritual death and spiritual life events respectively. Since the life giving Christ has also been conceptualized as the second Adam, compared with

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[163] Ibid., 44

[162] Ephesians 2:1 RSV

the first Adam in whom we died, in Christ we have been made alive.[165] Pressed to its logical conclusion then, it would stand to reason that dying in Adam is spiritual death, but dying in Christ is spiritual life - a paradoxical case of life proceeding from death.

Since the purpose of this thesis is to furnish the practicing clergy with a practical theological explanation about death, we must address the scriptures as the source of that theology and from which their authority and tools for doing ministry are derived. From the scriptures we learn that with few exceptions, e.g., Enoch[166] and Elijah,[167] death comes universally to all. There is exemption from death at the Parousia or second coming of Christ, "we that are alive, that are left shall be caught up in the clouds to meet the Lord in the air: and so shall we ever be with the Lord."[168] Paul is even more explicit in stating the exception, "we shall not all sleep but we shall be changed in a moment, in the twinkling of an eye, at the last trumpet.[169]

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[165] I Corinthians 15:22 RSV

[166] Genesis 5:24 RSV

[167] 2 Kings 2: 11 RSV

[168] 1 Thessalonians 4:17 RSV

[169] 1 Corinthians 15:51-52 RSV

The evangelical systematic theologian James Boyce defines death in its most common application as "that separation of soul and body, which is the most manifest form in which the penalty of sin is seen among men and women.[170] It has been previously established that living without Christ, i.e. living without the salvific benefits of conversion, is an issue of spiritual death or separation from God. However, the death of the soul (not in the sense of its ceasing to exist), is by its nature radically different from the death of the body in that the body returns to mother earth, while the soul continues its existence and will receive its just adjudication in the hereafter.[171] Boyce concedes that the death of the wicked is easily accounted for in that they lived wickedly until their death occurred. However since the righteous are no longer under the penalty of sin, they remain spiritually alive following their natural-biological death. Faith in the atoning sacrifice of Jesus Christ certifies that whereas the righteous are born twice (naturally and spiritually) and will die once (by divine appointment) naturally, the unrighteous are born once (naturally) but

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[170] James Montgomery Boyce, "Death and the Soul's Immortality" Abstract Systematic Theology, Ch.39 (http://www.founders.org/library.boyce1/ch.39.html) 1 - 3.

[171] Ibid.

will die twice (naturally and spiritually), assuming they do not come to faith (conversion) before they die.

The separation of soul and body accomplishes more than natural-biological death. Assuming that the righteous do have the eschatological heritage of living eternally with Jesus Christ, there needs to be a removal of passions and appetites of the flesh to permit the Pauline change, i.e., a transition into living a life of perfect holiness.[172]

We may now observe how the textual witness from scripture bears upon the previous discussion regarding death in relation to Jesus Christ. The purpose for exegeting these passages is not only to bring the original meaning into relief, but also to give readers a 'handle' on divine promises that offer faith based strategies for coping with death. Grieving persons need the assurance that believers like themselves in New Testament churches similar to theirs, struggled with the same apprehensions and anxieties, focusing sometimes on themselves, and at other times on believing loved ones whose post-death status gave cause for confusion of mind and restlessness of spirit. The author of the Psalms (most likely King David) and Saint Paul the apostle have sterling records of divine calling

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[172]Ibid.

and election that give a certain legitimacy and credibility
to their writings.

1 Thes. 4:13-15 RSV

But we would not have you ignorant, brethren,
concerning those who are asleep, that you may not grieve as
others do who have no hope. For since we believe that Jesus
died and rose again, even so, through Jesus, God will bring
with him those who have fallen asleep. For this we declare
to you by the word of the Lord, that we who are alive, who
are left until the coming of the Lord, shall not precede
those who have fallen asleep.

The first passage, 1 Thessalonians 4: 13 - 15 reveals

a message of reassurance to the Thessalonians believers

whose main concern was the security of fellow church

members and relatives who died. The apostle tries to focus

their hopes on the coming Parousia at which event the

resurrected Lord Jesus Christ will bring with him those who

have died. This Parousia should allay their fears and

diffuse their anxieties. In this passage, it is not so much

the misfortune of death that triggers their concern, but

rather their loved ones' after death fortunes.

On his second missionary journey, Paul was successful

in planting a church in the commercially thriving city of

Thessalonica, after hurriedly leaving Philippi because of

pressure born of jealousy from the Jews. Timothy and Luke,

who were less prominent in the church's planting effort,

were able to remain in Phillippi while Paul ministered and
held gainful employment in Thessalonica.[173] Paul later
returned to Corinth but had Timothy go there to nurture the
fledgling Thessalonians church plant. A number of the
church members had died, precipitating concern that the
deceased members would miss the victory and blessings of
the Parousia. Timothy's report on this grave congregational
concern led Paul to offer the assurance contained in this
pericope. The phrase 'those who are asleep' in some
translations is synonymous with 'those who have died' in
this passage. "Sleep" as a metaphor for "dead" was of pagan
origin but based upon Paul's previous teaching about the
resurrection, the Thessalonian Christians adopted "sleep"
to mean a temporary state pending the resurrection event.[174]
Paul's use of "sleep" here means being with Christ, rather
than a protracted state of altered consciousness and points
to a continuing relationship with Christ even as their
bodies remain interred. It was customary for non-
Christians, referred to as outsiders in verse 12, to sorrow

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[173] Frank E. Gaebelein, The Expositors Bible Commentary, Vol. 11
(Grand Rapids: Michigan, 1978), 232 – 233.

[174] Ibid. 276.

not so much because of the loss sustained, but out of pity

for the deceased who went to an unknown place.[175]

In his letter to the Philippian church (Phil. 2: 27

RSV) Paul certified grief as legitimate for loving

survivors, but his assurance in the context of the

Thessalonians' letter is emphasizing not so much the need

to grieve, but to see the deceased as being much better off

than their survivors, and with the added prospect of

participating equally in the future Parousia.[176] Given the

burden of the inquiry, Paul's choosing to focus upon the

eschatological fortunes of the dead, without addressing

their grief is not necessarily a case of insensitivity

towards the inquirers. Their inquiry could have been their

way of masking grief over their loss. To what extent

however does the prospect of a loved one being with Christ

mitigate their grief? The Christian, whose profession of

faith is substantial enough to comprehend not only the

realities of "in time" but also "post-time" blessings,

could find a great measure of assurance and satisfaction

with knowing that a loved one is gone to be with the Lord.

A cousin of mine, a 47 year old single man who was a

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[175] James M. Boyce, Death and the Soul's Immortality – Abstract of
Systematic Theology Chapter 39.
http://www.founders.org/library/boyce1/ch39.html

[176] Ibid.

brilliant musician and composer as well as minister of music for a large AME church in Washington, D.C., died recently. His parents, who are both clergy, could not have been more broken and devastated. Their major if not their only source of comfort has been their assurance that Patrick has gone to be with Christ. They have even expressed thanks to God for taking and delivering Patrick from what could have been an even more regrettable cause of his death.

Clinical observation shows that grief for the Christian is much more complicated when their loved one dies outside of Christ. From another point of view, one's readiness to die is an index to one's quality of life, which incorporates more than material comforts. A person who has an authentic Christian life style in which one's intentional servanthood has helped other lives to be transformed directly and indirectly through contributions made to ministry enterprises, e.g., education and healthcare, will approach the time of their dying with a sense of fulfillment and integrity. This approach is reminiscent of Erik Erikson, the most comprehensive of life-span theorists whose eighth stage of psychosocial development, viz., Integrity vs. Despair, speaks to the issues of fulfillment or its lack during old age. Some aged

persons experience a sense of pride in their past and

present lives in addition to a shared sense of 'we' within

a communal mutuality (integrity), while others experience a

feeling that the time is now short, too short for the

attempt to start another life and to try out alternate

roads to discovery (despair).[177] It is clear that one of the

cardinal ways to prepare for and cope with death is to

order one's life generatively, i.e., to maximize sources of

satisfaction and self esteem within the context of a

maturing spirituality in a relationship with Jesus Christ.

Romans 5; 13 - 15 RSV

. . . sin indeed was in the world before the law was given
   but sin is not counted when there is no law. [14]Yet death
   reigned from Adam to Moses, even over those
   whose sins were not like the transgression of Adam, who
   was a type of the one who was to come. [15]But the free
   gift is not like the trespass. For if the many died
   through the one man's trespass, much more have the grace
   of God and the free gift in the grace of that
   one man Jesus Christ abounded for the many.

In this passage, Romans 5: 13 - 15, Paul links death

with sin, but with the further explanation that even as

Adam's sin corrupted the human race, the atoning sacrifice

of Jesus Christ brings life to those who were spiritually

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[177] Kathleen Stassen Berger, The Developing Person Through the Life Span (New York: Worth Publishers, 1994), 674.

dead. Again, Paul wants to assure Roman believers that they have a sure anchor in the atoning sacrifice of Jesus Christ, but not only that. "For every grave opened by sin, there is a door opened in heaven by grace."[178]

Paul is the acknowledged author of Romans and there is strong agreement that he wrote while in Corinth. Those who make a distinction between an epistle and a letter would hold that Romans is an epistle because its intent is to set forth divine truth for public use as well as preservation for posterity. The genre of the letter was considered a private communication dealing with issues of pressing currency,[179] for example, the Corinthian inquiry about eating food that was offered to idols (1 Corinthians 8: 4 – 13 RSV). The book of Romans satisfies both criteria, given Paul's passion not only for personal and individual edification, but also for the corporate body of the church and the preservation of its future as God's instrument placed in the world to redeem the world. This passage reflects the apostle's eschatological concern, which springs directly from the overarching theme of Romans, viz., Justification and Life in Jesus Christ. Life in

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[178] D. Stewart Briscoe, "Romans" in The Communicators Commentary Vol. 6 (Waco, Texas: Word Books Publisher, 1982), 125.

[179] Frank E. Gaebelein, Expositors Bible Commentary (Grand Rapids: Zondervan Publishing House, 1976), 6.

Christ is made possible through justification by faith.[180]

Justification (being made just in God's sight through

repentance) is the result of confrontation with 'death in

Adam' to bring about 'life in Christ' and operationalized

in a redeemed style of living. In this chapter, Paul

establishes justification by faith, ushering in our new

standing in grace and with equipment to deal with the

inevitable troubles that afflict those who choose to follow

Christ. After invoking character and the virtues of

perseverance and hope (v.3-5), he cites God's supreme act

of love for us (when we were at our most undesirable)

poured out in his son's violent substitutionary death,

making reconciliation possible. Verses 13-15 are part of a

larger pericope where Paul shows how one man's death can

provide salvation for many. Adam's sin transformed his

inner nature, passing on spiritual death and depravity to

posterity. However, in verses 13 and 14 Paul relates law to

sin stating that since the law was not yet given, sin was

not committed in the same sense that Adam violated a divine

directive,[181] a calculated denial of God's authority. From

the time of Adam through Moses people were still dying - a

reference to physical death.

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[180] Romans 5:1-5 RSV

[181] Gaebelein, 63.

1 Corinthians 15: 51- 54 RSV

> Lo! I tell you a mystery! We will not all
> sleep, but we will all be changed, [52]in a moment, in the
> twinkling of an eye, at the last trumpet. For the
> trumpet will sound, and the dead will be raised
> imperishable, and we will be changed. [53]For this
> perishable nature must put on the imperishable, and
> this mortal nature must put on the imperishable. [54]When
> this perishable puts on the imperishable, and this
> mortal body puts on immortality, then shall come to
> pass the saying that is written:"Death is swallowed up
> in vctory."

There is a sense in which believers were struggling
with not only the mystery of death, but also the mystery
related to their after death status. Here Paul is assuring
them in 1 Corinthians 15:51-54 that death is ultimately a
loser, and does not have the last word, since death is only
the passage to their fullness of life in Jesus Christ.

At the time of this writing, Paul encountered in
Corinth a bustling commercial and military center known for
luxury and profligacy, temples and shrines. It is believed
that Paul wrote four letters to the Corinthians, two of
which were lost.[182] The purpose of this first epistle was to
confront very serious doctrinal and moral irregularities in
worship and Christian living, e.g., incest and adultery.
The issue of death emerges in Paul's major treatment of the

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[182] Ibid., 180.

Resurrection, a subject of much speculation and debate. It is also conceivable that there was substantial concern among church members whether death in its terminating power had said the final word about a member's existence. It is not certain that Paul had any therapeutic purpose in mind and, even if he did, it would have been only peripheral to his main purpose. Paul wanted the church members to expand their faith to embrace New Testament teaching about the 'after life' even in the midst of sorrowing over departed loved ones. The dead in Christ will rise first in glorified or incorruptible bodies, i.e., the mortal will put on immortality and the corruptible incorruption, at which time death will lose its sting even as it is swallowed up in victory through our Lord Jesus Christ.[183] In verses 54 - 57 Paul is expressing joy at the reality of the resurrection by quoting from Isaiah 25:28 and Hosea 13:14 NKJV, the latter virtually taunting death as though it were a bee that had its sting removed.

The ultimate purpose of one's life transcends the toils, tempests and pleasures of temporal living, therefore, inasmuch as bonds of human relationships have been painfully severed by death, Christians may take

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[183] 1 Corinthians 15:54 RSV.

courage and find comfort and solace in the promises of God and his son Jesus Christ[184] that Christians will enter into the fullness of Christ upon their death.

Psalm 116: 15.

"Precious in the sight of the Lord is the death of his faithful ones." RSV

This passage is cited to underscore the Hebrew (Old Testament) view of death, which view lies at the center of the African attitude towards death. In the thought world of both, death is a natural event, not an agonizing intruder. This and other similar passages have the potential to help westerners become less uncomfortable with death.

This Psalm of thanksgiving emphasizes divine protection, preservation, sustenance and deliverance from the misfortunes of life including death. As a matter of fact, the Rabbis of the period called the Psalms "the book of praises".[185] God is the inspirational author of Biblical literature, however, there are more than seven acknowledged human composers, with King David credited with writing at least seventy-five of the one hundred fifty Psalms, while

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[184] John 14:1 - 3 RSV

[185] John McArthur, The McArthur Study Bible, New KJV (Nashville: Word Publishing 1997), 741.

about forty eight of them have anonymous authorship.[186]

McArthur, the biblical commentator, claims that the

authorships encompass a period of about nine hundred years,

from Moses to the post-exilic 6th century B.C. Psalms 113

through 118 known as the Hallel, were usually sung at three

annual Jewish festivals and are assigned to the post-exilic

period.[187] The majority of the Psalms were written during

David's and Solomon's tenure, i.e., 10th. Century BC.[188]

Psalm 113, verse 15 is a direct reference to natural-

biological death and how God views it. Inasmuch as

deliverance from death is one item for thanksgiving in the

psalm, the repetition of the death theme in verses 3 and 8

would seem to have an anomalous character, since it is the

only item repeated in the context of thanksgiving. In the

Old Testament however, life with success, stability and

security as its normal goal, was not just an existence, but

an action force defined functionally as more than just to

be, but characterized by mobility, spontaneity and

development.[189] In other words, life was not just a care

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[186] Ibid.

[187] Leslie C. Allen, Word Biblical Commentary: Psalms 101-150, Vol 21 (Nashville: Word Publishing, 1983), xix.

[188] Charles C. Ryrie, The Ryrie Study Bible (Chicago: Moody Press, 1978), 798.

free 'flotsam' and 'jetsam' affair. Life was characterized

by dynamic and goal directed movements. The Hebrews were in

love with life. But more significantly, Achard, professor

of New Testament Theology at the University of Geneva,

portrays Old Testament death as an entirely natural event,

coming in due course and received with a sense of

resignation. It was natural to return to the earth and in

the context of Israel's religious thought world, death was

not a particularly agonizing problem,[190] since emphasis was

on the natural and communal in preference to the individual

and personal. It would stand to reason then that, given the

described attitude towards life and death, the celebration

of death during a celebration of life had no incompatible

image in the Hebrew mindset. The western view of death as

an intruding, mysterious and cruel monster that wreaks

terror upon its hapless victims cannot readily appreciate

the Hebrew and African attitude towards death.

Leslie Allen, in his commentary on the Psalms, tries

to justify God's attitude towards a saint's death by

suggesting differing theological explanations, which may be

neither persuasive nor compelling. Since through death God

takes us to our heavenly home, death must be precious to

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[189] Martin Achard, From Death to Life (London: Oliver and Boyd, 1960), 4-5.

[190] Ibid.

God.[191] Then, by application of that principle to the case of the bereaved, Allen posits the preciousness of death to those who believe that their loved one has gone to be with the Lord to experience true love and fellowship. A deferring thought may be appropriate here, since the saints are precious to God both before and after they die. It is more likely that it is their homecoming that's precious to God - not their death, since death only performs an agency that conveys the departed into celestial fellowship.

Derek Kidner, the British theologian, suggests alternative meanings for precious, i.e., 'highly valued' or 'costly.' Since the singer in verses 3 and 8 of the psalm is at one point thanking God for deliverance from death, 'costly' it is suggested, is more fitting,[192] viz., God's deliverance initiatives were very costly to himself. The more likely choice should be 'highly valued' which is more compatible with mutual enjoyment of the realities of celestial fellowship with the Godhead.

James L. Mays, professor of Hebrew and Old Testament Interpretation at Union Seminary in Virginia, holds that the thrust in verse 15 is the death of the faithful which

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[191] Allen, 82.

[192] Derek Kidner, Psalms 73 -150: A Commentary (Leicester: Inter Varsity Press, 1973), 410.

is costly and therefore grievous to the Lord because when Christians die their praise is silenced and their witness in the land of the living is lost to God.[193] Here we see the other side of a divine anthropology that finds God grieving over death when God is not celebrating its preciousness. Notwithstanding, in this Psalm there is an apparent subterranean concern with death, so much that even in times of thanksgiving the death theme surfaces outside of considerations of thanksgiving for deliverance from it. It is May's contention that when distress and anguish overtake the living, one is already in the sphere of death, i.e., "the living are not dead, but death conditions the living."[194] In the happiest of moments the celebrant is lifting up righteous living and deliverance from death, but with a balancing and positive awareness that even if death had occurred, God would be pleased because their lives portrayed the dignity of virtues. It is the dignity of one's living that confers dignity upon one's dying.

An item of conclusion but not necessarily resolution is that the philosophical inquiries into the fear and dread of death do not give church members a ready handle on

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[193] James L. Maays Psalms: A Bible Commentary for Teaching and Preaching (Louisville: John Knox Press, 1994), 370.

[194] Ibid.

managing death. The commentator theologians are at pains

to 'make it plain' even in their presentation of an

applicable biblical hermeneutic. If there is any assurance,

it comes from wrestling with the biblical texts, which

present their own difficulties sometimes. None of these is

the fault of the authors. It is rather a commentary on the

profound intractableness that death presents to the would

be unraveller. Newland treads a slippery slope in

picturing human beings "for all its unique gifts,"[195] as

items of ecological replacement. Let's allow that he is

only ecologically correct. A high theology of our divine

mission is what confers preciousness upon the dignity we

create in time rather than our contribution to ecological

continuity. The promises of the gospel of Jesus Christ in

scripture offer comparatively greater accessibility in

dealing with the issues. Eriksonian developmental

psychology makes a helpful contribution also.

Death has been seen as an unwelcome invader, natural,

pervasive, fearsome and dreadful but also motivating. The

question of some moment is whether death will be

accommodated on the front burner or the back burner of our

consciousness. The closer to the front it comes, the more

obsessive it is in character and therefore less comfortable

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[195] Newland, 267.

to manage. Newland's moth analogy intimating an unconscious but irresistible attraction to death may have some merit. Rahner's moral-theological view of death as the dying person's self-completion, self-affirmation and self-possession begs for some user-friendly interpretation that can offer support to the dying in their hours of terminal crises.

It is more than apparent the best that humans can do is to engage a lifestyle that has at its center the nurturance of virtues and a strong faith that the story of our lives is not purely earth bound, but that life with Christ is a guaranteed reward, i.e., eternal life for righteous living. In addition, we need to use our God given gifts, talents, endowments and blessings to touch other lives with affirming and redemptive effects, morally and spiritually, while making tangible and service contributions to mitigate the plight of those who live on the outskirts of hope, opportunity and privilege.

Of great importance is our need to resolve chronic interpersonal conflicts and severely dysfunctional relationships that have the potential to disfigure our view of reality. We must also seek affirmation within a community of persons of like faith, values and vision,

where spiritual disciplines are practiced and life is

esteemed as precious.

And I drew, too, the way my father once looked at a
bird lying on its side against the curb near our house.
It was Shabbos and we were on our way back from the
synagogue.

"Is it dead, Papa?" I was six and could not bring
 myself to look at it.
"Yes," I heard him say in a sad and distant way.
"Why did it die?"
"Every thing that lives must die."
"Everything?"
"Yes."
"You, too Papa? And Mama?"
"Yes."
"And me?"
"Yes," he said. Then he added in Yiddish, "But may it
 be only after you live a long and good life, my Asher.
 I couldn't grasp it. I forced myself to look at the
 bird. Everything alive would one day be as still as
 that bird.
"Why?' I asked.
"That's the way the Ribbono Shel Olom made his world
 Asher.
"Why?"
"So life would be precious, Asher. Something that is
 yours forever is never precious." (Job and Shawshuck
 1983, 92)

CHAPTER FIVE

VIRTUE THEORY OF ETHICS

In the past decade moral philosophers and
theologians have paid increasing attention to the
role of virtue in the moral life. "What only ten years
ago was a cottage industry threatens to become an
industrial giant." Since the Enlightenment, moral
philosophers concentrated on specific acts which are
justified by rules or consequences, while deliberately
ignoring questions of virtue, character, and the nature
of human happiness. The manualists departed from
Aristotle and Thomas Aquinas in treating the
theological and moral virtues as sources of obligations
rather than as the dynamics of moral living.
Contemporary Catholic revisionists emphasize
"proportionate reason" for particular acts rather than
the virtues which bring Christian vision, sensitivity,
and motivation to moral reflection.

Almost all proponents of virtue ethics consider it
more adequate than utilitarianism or neo-Kantianism
because it provides a more comprehensive picture of
moral experience and stands closer to the issues of
ordinary life. (Spohn 1992, 60)

In any issues-oriented reflection that falls under the
caption "End of Life," it is imperative, especially for one
who assumes the burdens and blessings of pastoral care, to
be equipped not only with an ethical compass, but also a
functional sensitivity towards that ethical center from

which one chooses to discharge one's professional role. Although the history of philosophical and ethical reflection in the west goes back to Hindu and Buddhist philosophers, Socrates, Plato and Aristotle, to mention a few. As the author of ten volumes of Nicomachean Ethics, this towering philosopher Aristotle, did not speak once and for all time, although succeeding ethicists find referencing Aristotle an almost respectful if not inescapable necessity. His monumental work in Ethics remains a significant historical point of departure, to say the least, for those who adopt a virtue approach to ethical reasoning.

This chapter proposes the ethics of virtue as the system of choice in regard to relating an ethical system to the concern for "Pastoral Care at the End of Life." In order to place some current theories in differential relief, there will be some brief definitional observations about utilitarian and deontological ethics, followed by virtue ethics, in hopefully bolder relief.

Once an ethical system is chosen for purposes of explanation and application to moral living, one necessary consequence is the need to identify professional persons who for all intents and purposes, give the most substantial articulation to the values, tenets and 'soul' of that

system.   Joseph Kotva espouses not only a system of ethics

but lifts up more specifically The Christian Case For

Virtue Ethics. James Keenan's polemic in response to

contemporary theological critics of virtue theory, also

anchors his case in a strong ideology of Christian life in

his Virtues For Ordinary Christians. Stanley Hauerwas uses

Christian life as the matrix from which springs solid

convictions about one's ethical task. For the Christian

spiritual leader who battles on a virtually daily basis

with counter forces that continuously label the present era

as post-Christian, the contribution of these three

theologian-philosophers and others tends to offer firm

assurance that the claims and witness of Christianity

cannot be relegated much longer to the backwaters of

irrelevance. It is gratifying to note that both Keenan and

Kotva have jointly edited a highly readable and

scintillating volume addressing the uses and abuses of

power in pastoral and congregational life.[196] Stanley

Hauerwas has done creditable work with William Willimon,

Dean of the Chapel and Professor of Christian Ministry at

Duke University.[197] The wisdom especially of Keenan, Kotva

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[196] James F. Keenan and Joseph Kotva, Jr. Practice What You Preach: Virtues, Ethics and Power in the Lives of Pastoral Ministers and Their Congregations (Franklin, Wisconsin: Sheed and Ward, 1999).

and Hauerwas provide the motivational thrust behind this
paper, even if others happen to be quoted more frequently.

The What and Why of Virtue Ethics

The field of virtue ethics is concerned with "the
priority of an ethics of 'being' in preference to an ethics
of doing or, an ethics of character over an ethics of
action."[198] The onus of having good character falls on the
agent (minister, teacher, physician, service worker,
business person, etc.) who could be morally flawed, but who
is rigid and demanding on others for virtuous behavior. The
ethics of virtue calls the concept of virtue back to the
center stage of contemplation and behavior in regard to
what traits of character make one a good person. The
alternative concern with obligation and duty lifts up law
without concern for the lawgiver,[199] but the ethics of
virtue recognizes basically that we have a moral calling to
do the right thing, not just to avoid sin.[200]

The need for an ethics of virtue has been well
advanced and defended. Alasdair MacIntyre in After Virtue

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[197] Hauerwas, Stanley and William H. Willimon, Resident Aliens: A Provocative Christian Assessment of Culture and Ministry for People Who Know that Something is Wrong (Nashville: Abingdon Press, 1989).

[198] Keenan and Kotva, 8.

[199] Rachels, 161.

[200] James Keenan, Virtues For Ordinary Christians (Kansas City: Sheed and Ward, 1996), 10.

declared that the language of morality is in grave

disorder.[201] He sees analytical and phenomenological

philosophies as powerless to detect disorders in moral

thought and practice. The need for an ethics of virtue

springs from the perception of incompleteness in prevailing

modern theories. Joseph Kotva makes no absolute claim for

an absence of virtue from other approaches to solving

ethical problems. He posits that contemporary and renewed

interest in virtue ethics may be accounted for by three

main developments.[202] First, he perceives society groping

in a state of crisis. This author cites for example, a

Newsweek poll which found that seventy six percent of adult

Americans feel that the United States is in a state of

moral and spiritual decline. That ought to send shock

waves through the ranks of those who claim to be moral and

spiritual models for the young generation of potential

leaders in the church and society. Second, Kotva cites the

"Rise of Historical Consciousness."[203] The sharpening of

that consciousness is manifest first of all, in the

imposition of limits on the status of rules of ethical

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[201] Alasdair MacIntyre, After Virtue: A Study in Moral Theory (Notre Dame: University of Notre Dame Press, 1997), 2.

[202]Joseph J. Kotva, The Christian Case For Virtue Ethics (Washington DC: Georgetown University Press, 1996), 6-11.

[203] Ibid., 8.

practice, as well as the dynamics of the agent's context.

We are being forced to reckon with the fact that not only

are rules not purely objective and static, but the passage

of time requires us to use moral judgment for evaluation of

historical contexts in which moral decisions have been

made. "Contextual simplicity" says Kotva, provides

openness to the uniqueness of each situation.[204] Kotva

maintains that at a third level of reflection on the state

of ethics in America, some critical aspects of human moral

experience have virtually fallen through the cracks, so to

speak, or were never really recognized.[205] For instance, a

visit to a hospitalized friend ought to be premised in a

genuine and prized friendship rather than duty obligations

of deontologist reasoning.

Closely related to and supportive of Kotva's rationale

for an ethics of virtue, is the heavy preoccupation of

Christian ethics with misconduct, breaches of

confidentiality, and dishonesty in preaching.[206] Virtue

ethics has the strong potential to reform clergy ethics,

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[204] Ibid.,9.

[205] Ibid.,10.

[206] Joseph J. Kotva, The Formation of Pastors, Parishoners and Problems; A Virtue Reforming of Christian Ethics, The Annual of Society of Christian Ethics 17 (1997):288.

bringing it into realistic relevance for stemming the tide of moral turpitude in society.

Like Christian ethics that focuses attention on misconduct, professional ethicists have committed the error of concentrating exclusively on operational structure deficits as well as the quandaries that afflict professional practice contextualized in behavioral disciplines.[207] The greater need for virtue relates not only to church ministries and other religious systems, but also to the growth of large-scale business operations. But by the same token, there have been increased opportunities for monitoring performance, which would appear to dispense with the need for virtuous employees. The result however, has been the verbal taking hostage of society to the machinations of professionals who wield enough power to cover their mistakes and misjudgments. This opportunity for increased specialization of the professions has the effect of distancing many lay and other professional persons in these systems from the decision making of "experts." Very few subordinates are in a position to discredit the policies and behaviors of the experts. Ironically, knowledge explosion inspires an ignorance

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[207] Joan C. Callahan, ed., Ethical Issues In Professional Life (New York: Oxford University Press, 1988), 408.

explosion with concomitant powerlessness substituting for the sharing of power in organizational life.[208]   If there is any merit in believing that the test of character is what a person does when no one is watching, then the conclusion that a society that relies upon expertise needs people with virtue is inescapable.

As a background for further exploration of the ethics of virtue, a profiling of two ethical systems of currency will be laid before presenting the relevance and applicability of virtue ethics for pastoral care.

Deontological Ethics

Emmanuel Kant is widely credited as the ideological father of deontology. This theory occupies itself with pointing out the obligations and duties of the individual, irrespective of the effects of actions.[209] It is not the consequences of our actions that make them right or wrong. Rather, actions are right as long as they nurture characteristics like fidelity, truthfulness and justice.[210]

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[208] Ibid.

[209] Joseph J. Fins, M.D., and Matthew D. Bacchetta, "Framing the Physician-Assisted Suicide and Voluntary Active Euthanasia Debate: The Role of Deontology, Consequentialism and Clinical Pragmatism," Journal of the American Geriatric Society 43 (May 1995):564.

[210] Ibid. 4.

The German philosopher Samuel Pufendorf cited three rationales for duty.[211]

First, there is a correlating of rights and duties, which, for every right that one asserts, there is an implied duty on the part of the other person to respect one's right. One's right to own one's car imposes on the other person the duty not to steal one's car. Second, there are perfect duties, which duties have precise definitions and prescribe proper conduct at all times. Duties are always more important than rights. By implication there are also imperfect duties, for instance, the duty to be charitable, which has no fixity and is open to individuals as to how, when and where it will be performed. Third, duties come in three groups: duty to God - which is practical and theoretical; duty to one's self, which involves the development of skills and talents; duty to others, which is the most fundamental, is universally binding (absolute) because in the final analysis, society at large needs to be the beneficiary of its ethical system. Duty to others is necessary because it is at times the product of contracts between persons (conditional).

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[211] http://www.edu/research/iep/d/duties.htm

Emmanuel Kant offers the world an ethical system that he feels is rational and universally valid for all people. Just think clearly, get your principles right and you will do the right thing. He therefore proposed his 'Categorical Imperative' which espouses universally fitting acts for rational persons confronted with the same situation in any setting anywhere.[212] Deontology is confronted with an item of widely used wisdom, which holds that if knowing the right thing is a guarantee that even well intentioned people will do the right thing, then there would be minimal concern for the state of morality in society. What is lacking is a vision of what we could be, on the premise that our visions have to be right before we can get our actions right.[213] In Aristotelian ethics, the moral life is lived on the basis of example and apprenticeship.[214] One becomes just, not by knowing the rules that supposedly inspire just behavior, but by imitating just persons. In the context of church and Christian life, we need Christians who believe that following Christ means imitating Christ, because nobody remains Christian by

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[212] Stanley Hauerwas and William H. Willimon, <u>Resident Aliens: A Provocative Christian Assessment of Culture and Ministry For People Who Know That Something is Wrong</u> (Nashville: Abingdon Press, 1989), 97.

[213] Ibid., 102.

[214] Ibid., 99.

attending classes or reading books, even if the only

reading book is the Bible.[215] Ethics, as per Spohn in his

citation of Robert C. Roberts involves the implicit task of

assembling reminders that assist us in remembering, not

only how to speak as a matter of habit, but also how to

live by way of practice, the language of the gospel.[216]

The deontological and utilitarian justification for

right actions fails to match the motives for human action.

We need more than a classroom exposure to ethical theory

and social problems, less of studying moral dilemmas, and

more of supplying aids that help in managing and resolving

dilemmas. [217]

Joseph Kotva sheds light on the thrust of deontology

in his discussion of love and law in the gospel of

Matthew.[218] Duty and law for their own sakes are located at

the center of the essential character of deontological

ethics. Duty and law in Matthew are made out to offer

handy credibility to deontological claims re rules, laws

and commands, but Kotva very skillfully refutes that claim.

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[215] Ibid., 115

[216] William Spohn, "The Return of Virtue Ethics" Theological Studies 53, (1992): 67.

[217] Ibid., 97

[218] Joseph Kotva, The Christian Case for Virtue Ethics (Washington D.C.: Georgetown University Press, 1996), 113 - 118

Matthew's ethic, Kotva says, "is a perfectionistic ethic that is concerned with both our actions and the attitudes behind them."[219]   Therefore, inasmuch as the Matthean ethic uses rules and commands, this ethic refuses to be reductionistic in the sense of compressing all moral considerations into an ethic of rules and commands. Rather than develop a comprehensive set of rules, or a system of commandments, Matthew presses his law language into serving an educational function with rules and commands being exemplary in preference to designing a catalog of acceptable behaviors.[220]   Further, in a studied departure from the deontological view, Kotva invokes Thomas Ogletree's argument that in Matthew, "laws and commandments function not simply as statements about what we are to do, but predominantly as specifications of who we are to become."[221]   The function of rules then is to offer guidance for moral living rather than to bind prescriptively and impersonally to codes of conduct. It is Kotva's firm conviction that deontological thinking fails to factor in concerns for personal moral growth.[222]

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[219] Ibid., 116.

[220] Ibid.

[221] Ibid., 117.

Utilitarianism - Consequentialism

Consequentialist thinking posits the justifiability of any action if it results in an end that conforms with a predetermined good.[223] Taken a step further, the ends may justify the means, since action derives its credibility from results. The individual is justified in maximizing personal pleasure (ethical egoism) as well as pleasure for the greatest number (utilitarianism).

Gilbert Meilaender, the deontologist theologian with virtue sensibilities has provided a major critique of consequentialist moral theory, in which the argument that any Christian ethics must not be consequentialist[224] is advanced. Meilaender suggests that ethicists of consequentialist persuasion consistently make the same mistake of "failing trust, to want to be like God, knowing good and evil."[225] The serpent of Eden may be cursed, but this viper is still alive and scheming in consequentialist moral theory.

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[222] Ibid., 156.

[223] Ibid., 33.

[224] Gilbert Meilaender, "Eritis Sicat Deus: Moral Theory and the Sin of Pride," Faith and Philosophy 3 (October 1986): 397-413.

[225] Ibid., 397.

In consequentialist theory, the moral agent is a
public functionary with responsibility to exercise
impersonal judgment in evaluating possible states of
affairs as a means of determining the best overall outcome
possible. What one ought to do follows from what one ought
to be.[226] For instance, in the interest of maximizing
personal comfort (ought to be) and minimizing suffering,
one reserves the right to do whatever is necessary, even to
the point of aiding euthanasia if necessary (ought to do).
Consequentialism does not necessarily promote good
consequences, neither is there any intentional investment
in a widely recognizable telos, the best kind of life for a
human being. Human excellence is therefore neither the goal
nor end of consequentialism,[227] and this theory finds any
and all actions justifiable as long as the right ends
materialize.[228] The problem here however is that 'right
end' is not necessarily a 'telos end.' Although Meilaender
has critiqued consequentialism for deontological purposes,
that critique serves non-deontological purposes just as
well. For instance, the consequentialist claims that one
may always do what will lead to the best outcome, may at

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[226] Ibid., 398.

[227] Kotva, Virtue Ethics, 33.

[228] Ibid.

face value have a certain acceptability to Christian

ethics, and might even lead an unsuspecting Christian to

believe that there is not much difference between an act

which maximizes good consequences and an act of genuine

love.[229] Therefore, we may be dealing with what is not much

more than a secularized version of Christ's command to love

one another.[230]

Jeremy Bentham and John Stewart Mill gave the most

definitive formulation to the theory of utilitarianism,

which was originally proposed by David Hume in the late

eighteenth and early nineteenth centuries.[231] Dissenting

from the deontologist, the utilitarian conceptualizes

morality as an attempt to maximize happiness in preference

to embracing the abstraction of rules rigidly. All that

matters is that people be as happy as can be in the world[232]

- the greatest happiness principle. Happiness is indexed

to good consequences, or at least the balance of happiness

over unhappiness since unhappiness, at some level, cannot

be realistically factored out of average human experience.

At the level where happiness is recognized as a benefit

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[229] Meilaender, "Sin of Pride," 400.

[230] James Rachels, The Elements of Moral Philosophy, 2nd ed. (New York: Mcgraw Hill, 1993) 90.

[231] Ibid., 91.

[232] Ibid., 104.

that must be acquired for its own sake, hedonism has
emerged.[233] However, the healthier state to strive for is
happiness as an acquired response to things or experiences
we have already recognized as good in their own right.[234]

One item of inescapable note is the utilitarian claim
that divine requirements, restrictions and prescriptions
have no relevance to the pursuit of maximized happiness,
and therefore fall outside the definitional scope of
morality.[235] The way is cleared for the consequentialist to
suggest, for example, that laws which regulate sexual
conduct restrict happiness and are thereby contrary to the
consequentialist's aims. If happiness is the supreme goal
of living, and with divine prerogatives factored out of the
equation, then the individual now has a sovereign right
over the ordering of body and mind. Consequently, if no
one else is harmed in the course of deriving happiness
through the use of one's body or one's mind, then, it is
none of anybody else's business.[236]

In a dialectical sense, any reflection on happiness of
necessity involves considerations of the opposite state, as

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[233] Ibid., 105.

[234] Ibid., 92.

[235] Ibid.

[236] Ibid., 97.

typified by, for example, suffering, a common denominator
of both the human and non-human species. Whereas western
philosophers saw justification for treating humans and non-
humans differently, on the premise that non-human interests
"are outside the sphere of moral concern,"[237] the
utilitarians objected strenuously. The use of animals for
human purposes ranging from providing meat to making them
objects of amusements at zoos, came under indictment, not
withstanding their deficits in speech and other higher
rational capabilities. Bentham agreed that to make a
distinction between humans and non-humans for the purpose
of adjudicating differential moral status is just as
irreverent as an avowed racist asking whether a person is
black or white.[238] Non-human and human suffering carry
equal moral weight in utilitarian thinking.

Utilitarian-Consequentialist morality exposes its
Achilles' heel at the point where it must be conceded that
the rightness of action may be determined by forces other
than consequences or in addition to utility.[239] To support
this claim Rachels cites the examples of (a) bearing false
witness for the purpose of causing the punishment of an

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[237] Ibid.

[238] Ibid.,106.

[239] Ibid.,106-109.

innocent person; (b) immoral behavior that maximizes

pleasure at the expense of the victim of that behavior; (c)

failing to keep a moral obligation incurred through making

a promise on which someone relied, but which pales in

comparison with the pleasure derived from engaging in an

activity that is more pleasurable than keeping the incurred

obligation. These citations constitute a highly

unacceptable view of morality, in the sense that they

reveal an incompatibility with justice, human rights and

promise keeping.[240]

Nevertheless, the consequentialist James A. Keller,

while conceding that moral rules will conflict in

inevitable ways, suggests that part of the utilitarian

mission is to resolve conflict by revising old rules, and

formulating new and more relevant rules, without

sacrificing happiness.[241] In a further effort to clean up

its act, so to speak, by shifting from the justification of

acts to the justification of rules, where the latter tends

to yield the greatest happiness for the greatest number,

proponents of this shift advanced the concept of rule-

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[240] James A. Keller, "Christianity and Consequentialism: A Reply
to Meilaender," <u>Faith and Philosophy 2</u> (April 1989):203.

[241] Rachels, 112-113.

utilitarianism in preference to act-utilitarianism.[242] The
effect of the above shift would then preclude for instance
the bearing of false witness against an innocent person.
On the other hand, not only will the shift bring the
decision making and action process into closer parallel
with our intuitive judgments, but also the rule precluding
false witness, having been established, makes invoking the
principle of utility again, unnecessary.

Virtue Ethics

The contemporary emphasis upon the ethics of virtue
has been accelerated by the publication of William
Bennett's The Book of Virtues in 1993.[243] As Secretary of
Education in the United States government, Bennett held
that the central task of education is virtue, and taking
his cues from Aristotelian Nicomachean Ethics, he makes an
appeal to our moral sense and proposes virtue not as
something to have, but as something to be.[244] Although his
chapters have a virtue-based organization, Bennett would
also suggest that his book is about vices from which

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[242] Ibid., 113.

[243] William J. Bennett, ed., The Book of Virtues: A Treasury of
Great Moral Stories (New York: Simon and Schuster 1993) 12.

[244] Ibid., 14.

orientation we are better positioned to cognitively

understand virtue.[245]   Therefore, some of the stories

illustrate virtue in reverse.   The Book of Virtues

underscores moral literacy for children who, in order for

them to take morality seriously, especially at what must be

the most opportune time in the life cycle, must also have

parents who take morality seriously.

Bennett, as does Aristotle and Thomas, dichotomized

virtue into intellectual and moral, the former focusing on

the teaching function attended by experience and practice;

the latter on habit and practice since virtues do not occur

through genetic transfer, but we are predisposed by nature

to receive and develop them over time.[246]

A reliable approach to justifying the practice of

virtue and the teaching of virtue ethics, may be

demonstrated in exploring the inner dynamics of virtue.

Clifford Williams in "Teaching Virtues and Vices" explains

that the major obstacles to living morally are self-

centeredness, skewed perceptions of morality, recalcitrant

hearts, self-directed drives and in general, a lack of

attention to the good.[247]   These areas of moral deficits

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[245] Ibid.

[246] Ibid., 101.

have been the historical domain of Christian teaching and
conviction in the interest of growing into a reformed
lifestyle.

Joseph Kotva makes the functional link between the
ethics of virtue and the Christian vision of the good life.
His finding is that some proponents of virtue theory have
failed to explain the attractiveness and relevance of this
theory to Christianity, which can only discourage those who
are trying to articulate the Christian moral vision through
embracing virtue theory.[248] It must be conceded however,
that the links between virtue theory and Christianity may
not be as obvious as we would hope and, Kotva virtually
takes Hauerwas, McClendon and McIntyre to task for either
overstating their claims, or not substantiating them
sufficiently.[249] In order to make his case for a functional
Christian view of virtue ethics, Kotva selects two landmark
doctrines from Christianity - Sanctification and personal
Eschatology - in an attempt to establish virtue-Christian
linkages.[250] In orthodox description, Christian life that
begins with being convicted of sin, repenting and receiving

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[247] Clifford Williams, "Teaching Virtues and Vices," Philosophy
Today 33 (1989) 196.

[248] Kotva, 48-49.

[249] Ibid., 52-56.

[250] Ibid., 71.

Christ's forgiveness for sins, completes the divine work of grace called Justification. In continuation, justification passes into the progressive work of sanctification in which the Holy Spirit progressively reforms and informs one's style of living and relating, for the rest of one's life. In virtue thinking, there's an initial in-depth transformation of one's character which sets the stage for the development of specific virtues[251] analogous to evidences of Christlikeness.

The dynamics of Christian living involve a "reaching forward to what lies before; a "pressing towards the mark;" a "going on to perfection;" and being renewed in the spirit of one's mind.[252] Here, one can reasonably claim that sanctfication is a teleological process which not only functions for its own sake, but motivates the Christian practitioner toward achievement of relative perfection. For the sake of clarification, the critical distinction between a sanctified person and a virtue practitioner is the presence or absence of metanoia, a miraculous transformation that is wrought by confession and forgiveness of sin; i.e., justification, followed by an elective pursuit of progressive holiness of heart and life.

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[251] Ibid., 73.

[252] Phil. 3:13-14 RSV; Heb. 6:1 RSV

Sanctification ought to encompass the virtuous life. A virtue practitioner may not hold to the strict belief and lifestyle tenets of a justified faith practitioner, but may practice selected virtues with satisfaction and good interpersonal impact.

Virtue theory and sanctification have a common teleological character, incorporating a structure that "moves us from who we are to who we would be."[253] Here a telos comes into view as a counterpart of biblical holiness in the moral but not necessarily charismatic sense. Another mutual teleological element may be observed in the inner nature of both systems in that both involve the intellect and the will, the rational and affective components of the self. Both pursue goals that are never completely realized in life; and more particularly, each engages in the formation of character, which in turn shapes our choices and actions.[254]

If we permit our thoughts to transcend the confines of our historical existence, as Christians we will discover an accommodation with virtue theory. Inasmuch as virtue theorists did not conceive of life after death, Kotva takes virtue up to the level of personal eschatology where

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[253] Kotva, " The Christian Case for Virtue Ethics", 38.

[254] Ibid., 76.

Christians believe that death is only a transition to a continuing existence in Christ.[255]   Indeed, Christ is the Christian's telos, a life changing power and presence virtually ignored by other ethical systems.

Hauerwas places Christianity within accommodative reach of virtue ethics if we give credibility to Kotva's already mentioned critique of Hauerwas, as well as Kotva's desire for virtue theory to come into maximized compatibility with Christianity. In Hauerwas and Willimon's Resident Aliens, the church is conceptualized as a colony populated by Christians conceptualized as resident aliens.[256]   The world needs the church, not for the church's sake, but to sanitize the world's self identify.   Like a contemporary gospel proclamation that sees the church and the world in helpless role reversal, Hauerwas bemoans a church that runs errands for the world in sorry accommodation, leaving the world with less and less in which to disbelieve.[257]   Hauerwas may be betraying either his own negative view of the church's role, or rather his perception of the church's own misperception about its role since the church's correct emphasis on what to believe will

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[255] Ibid., 78.

[256] Hauerwas and Willimon, Resident Aliens, 94.

[257] Ibid.

simultaneously de-emphasize what is to be disbelieved.

Hauerwas has an equally negative view of the current state

of pastoral care and preaching. The former, he says, seeks

to enable adjustment to anxieties spawned by maternalism

and the latter presents Christ as a subject for poetic

reflection.[258] However, Hauerwas places himself at the

center of virtue reflection by suggesting that ethics is

"first a way of seeing before it is a matter of doing."[259]

The agent must develop a morally informed self, have virtue

convictions as alternatives to 'doing' in the absence of

'being.' Our visions need to be right before our actions

can be right.[260]

In underscoring virtue's emphasis upon models for

imitation, Hauerwas and Willimon propose that society needs

people who will follow Christ, especially since reading a

book or coming through a class has failed to make or keep

anybody Christian.[261] A sustained intentional following of

Christ will infuse moral virtues, enlightening the mind,

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[258] Ibid., 95.

[259] Ibid.

[260] Ibid., 102.

[261] Ibid., 115.

thereby bringing the agent's mind into conformity with St.
Paul's exhortation to put on the mind of Christ Jesus.[262]

Hauerwas set character ethics (organismic aggregation
of virtues) off from normative ethics.[263] Previous to his
effort, Gustafson's work on "Dispositions" hinted at a
possible investigation of character and virtue, but without
recognition in current works in ethics. It was MacIntyre's
After Virtue previously cited, that shook the moral
landscape up, virtually requiring theologians and
philosophers to cease their mindless avoidance of virtue.[264]
By the 1970's an ethic of virtue was being given new
respectability.

In attempting to accord due respectability to virtue,
Hauerwas makes the observation that Christian theological
ethics has shaped its formulations around obedience to the
law and the will of God with the objective of ready
obedience to law rather than personal growth.[265] This claim
leaves the impression that Hauerwas is pressing scripture
inappropriately into the service of virtue theory's
reaction to laws, rules and commands. It is not possible

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[262] Phil. 2: 5-8 RSV

[263] Stanley Hauerwas, Character and the Christian Life (Chicago:
University of Notre Dame Press, 1989), 11.

[264] Ibid., xiii.

[265] Ibid.

for God to be interested in our obedience at the expense of our personal growth. When Jesus invites the tired and weary pilgrim to come and receive rest from the burdensome and laborious pressures of living, he gives assurance that even the yoke offered is easy and the burden light.[266] Hauerwas comes clear in his conceptualization of character, not in terms of natural temperament or trait, but in terms of what a person can decide to be in contradistinction to one's natural endowments.[267] This author further seeks to remove definitional ambiguity by distinguishing between having a character *trait,* e.g., being time conscious; being a *type* of character, e.g., disordered or inappropriate behavior; *being* a character, e.g., a behavior style that sets off a person in a humorous or distinctive way; and *having* character.[268] In having character, the moral agent manifests consistency, control, and predictability in regard to the practice of specific virtues, e.g., integrity or charity. An ethic of character according to Hauerwas, shifts focus to how belief and behavior are related, thereby making the ethical issue what we are by believing

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[266] Matt. 11:28-30 RSV

[267] Hauerwas, 12.

[268] Hauerwas, 14.

in Christ rather than what we do.[269] The effects of
Christ's work on the believer's development of a virtue
ethic are promoted in a close interdependence between a
grace-act of God in the believer's interest (justification)
and the subjective effects of that act in the believer's
renewed style of living.[270]

The ethics of virtue have not been without critics or
detractors. For one thing, virtue theory has been
criticized for lacking sufficient normative qualities
rendering it less than useful in helping decision makers to
arrive at practical moral changes.[271] Writing in 1984,
Robert B. Louden notes that there are not yet fully
developed examples of virtue in contemporary literature.
"It's primary aim is more to criticize the traditions and
research programs to which it is opposed rather than to
state positively and precisely what its own alternative
is."[272] However, as scathing as Louden sounds, he is forced
to concede that "what sets it apart from other approaches,
again, is its strong agent orientation."[273] Donahue, the

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[269] Hauerwas, 230.

[270] Hauerwas, 184.

[271] Robert B. Louden, "On Some Vices of Virtue Ethics" American
Philosophical Quarterly 21 (July 1984): 227.

[272] Ibid.

Georgetown University professor whose preference is to view

moral problems through the laws of character, suggests that

when central norms in virtue ethics combine with virtue

based insights, the result is "a compelling framework for

moral choice." [274] Suffice it to say that the illumination

of Keenan's (Virtues for Ordinary Christians, 1996) and

Kotva's (The Christian Case for Virtue Ethics, 1996) works

respond to Louden's concerns.

What consequences does an ethics of virtue have

for pastoral care? How can a minister benefit from a

serious contemplation of what it means to be virtuous? The

average Christian would immediately connect 'virtuous' with

sexual purity without any thought of virtues like

obedience, compassion, etc. The pastoral newcomer to an

ethics of virtue might question the need for this study,

given the large menu of ethical precepts and teachings from

the prophets through the gospels and the epistles. For

millions of Christians and spiritual leaders biblical

ethics is a neglected and unused system, taken for granted

and conveniently invoked. This realization hits home upon a

thoughtful reading of the cases presented by Keenan and

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[273] Ibid.

[274] Donohue, James A., "The Use of Virtue and Character in Applied
Ethics," Horizons 17 (1990): 228.

Kotva in <u>Practice What You Preach</u>. Many pastoral leaders function in violation of critical virtues and without sensitivity to ethical issues related to some of the most vexing problems in society, eg., life imprisonment imposed on a 14 year old, stem cell research, ICU heroics, to name just a few. These problems often just pass us by without our feeling even a scintilla of awareness of their existence.

Ministers insulate themselves from empathetic ministry to grieving survivors by getting the funeral over with and making a follow up phone call, largely because they do not understand the dynamics of grief and strategies of supportive intervention at a time when they are most needed. In some cases, ministers may be struggling with their own mortality. The primary modes of pastoral care, viz., preaching, teaching, counseling and visitation are avenues through which relevant virtues can be mediated for encouragement, support and healing. Each of these modes of care delivery has the potential to inspire a new selfhood through the application of virtues. The enormous power of "thereness" through presence will find free manifestation in all pastoral service tracks, because pastoral care is the healer's touch that communicates the meaning of the gospel to persons in their needs and crises.

A Concluding Note

Inasmuch as Christian ethical reflection is trying to break out of its restrictive mission of judging and adjudicating sexual dilemmas, the emergence of virtue ethics as a welcome alternative for dealing with the moral puzzles and perplexities of our times is a laudable breakthrough. An ethical system that is not too elitist or other worldly to emphasize the issues of love, forgiveness, moral discernments and race in Christian life, is a system whose time predated our formerly myopic understanding of how the moral life can be enhanced and enjoyed. The new Aristotelians have dared to believe that the comforts and conveniences we can afford through material prosperity, must not be permitted to deceive us into thinking we do not stand in great need of improvement. The moral crises of the campus, the workplace and even our sprawling religious systems can profit immeasurably from the teaching and practice of virtue ethics.

One of the puzzling observations of our time is that the preponderance of reflection on medical ethics is not being done by physicians who often take a defensive posture towards the work of ethicists who do not have medical

credentials. Unfortunately, physicians have been known to think of ethicists as "imperialistic or meddlesome moral philosophers or theologians."[275] In the spirit of humility and with a commitment to use our energies in the interest of persons in health crises, chaplains, pastors and theologians must continue to believe that our work is not meddlesome work but redemptive spiritual work.

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[275] Daniel Callahan, "Shattuck Lecture - Contemporary Medical Ethics" (Waltham: Massachusetts Medical Society,1996; reprint, Waltham, Mass, :The New England Journal of Medicine, 1986): 1-10.

CHAPTER SIX

VIRTUE ETHICS: A PRAXIS ORIENTED APPLICATION

A. PATIENCE
B. COMPASSION
C. PRESENCE

Out of his solitude Jesus reached out his caring
hand to the people in need. In the lonely place his
care grew strong and mature. And from there he emerged
into a healing closeness with his fellow human beings.

Jesus indeed cared. Being pragmatists we say: "That
is obvious: he fed the hungry, made the blind see, the
deaf hear, the crippled walk and the dead live. He
indeed cared." But by being surprised by all the
remarkable things he did, we forget that Jesus did not
give food to the many without having received some
loaves and fishes from a stranger in the crowd; that he
did not return the boy of Nain to his widowed mother
without having felt her sorrow, that he did not raise
Lazarus from the grave without tears and a sigh of
distress that came straight from the heart. What we
see, and like to see is cure and change. But what we do
not see and do not want to see is care, the
participation in pain, the solidarity in suffering, and
the sharing in the experience of brokenness. And still,
cure without care is as dehumanizing as a gift given
with a cold heart.

I would like to reflect on care as the basis and
precondition of all cures. In a community like ours we
have put all the emphasis on cure. We want to be
professionals: heal the sick, help the poor, teach the
ignorant, and organize the scattered. But the
temptation is that we use our expertise to keep a safe
distance from that which really matters and forget that
in the long run cure without care is more harmful than
helpful. Let us therefore first ask ourselves what care
really means and then see how care can become the basis
of community. (Nouwen 1998, 31 - 32)

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This chapter will focus on how the virtues of patience, compassion and pastoral presence may be supportively applied in the practice of pastoral care at the end of life. In planning the approach to doing this project, I relied upon the paradigm for doing practical theology, authored by James D. and Evelyn E. Whitehead. The project has postulated a need for Church of God clergy in South Florida to understand more clearly the dynamics of end of life crises in order to address strategically the ministry of pastoral care giving to both the dying and grieving. It must be assumed that by virtue of their ministerial obligation and practice, most clergy deal regularly with the sick as well as those who grieve over the loss of loved ones. They are therefore forced to do some sort of intervention. The question is whether they are able to use themselves with sufficient knowledge and skill for supportive professional care. Part of this thesis project was to determine, through focus group sessions, that level of knowledge and skill. Clergy men and women eagerly attended these sessions which were designed to tap into their existing levels of thinking and practice regarding end of life care, and made them more vital and virtually inspirational than was anticipated.

Virtues have an inescapable link with the Christian message, which link demands that the discussion of the virtues,- patience, compassion and pastoral presence - must take their cues from the example of our Lord Jesus Christ. Well has it been said that the spirit of Christ incarnated in human beings is the core of pastoral care, and the caregiver's task is to help the person clarify and appropriate his or her own relationship with Christ. Actually, Christianity is a belief system that rests securely on foundation stones of Christian virtues. That accounts for the virtual facility with which Kotva makes his case in The Christian Case for Virtue Ethics and, building upon Aristotle and Thomas Aquinas following Augustine, describes virtue as a "good quality of mind by which we live righteously, of which no one can make bad use, which God works in us without us." [276] Because God is at work in us through virtues, patience, compassion and pastoral presence are exemplary for strategic pastoral care at the end of life.

The mission of the ethics of virtue turns on the issue of how to live the moral life. As Keenan in Virtues For Ordinary Christians says, dealing with life's demands

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[276] Thomas Aquinas, Summa Theologiae 1.2. 55.4.obl.

requires a sequence of moral acts[277] and each human act may be evaluated in terms of what is right, virtuous, true and what contributes to a genuine and authentic telos of human life. In the course of coping with life, we develop habits, which are being reinforced continually by practice. With the grace of God and a supportive community, we are able to be critical of our habits and change them, preferably and ideally in the interest of furthering not only our own personal good, but also the good of friends, family and society.

In pursuing the moral good, the agent makes choices that over time determine a 'type of person' instead of a 'performer' of certain acts.[278] Human beings are not at leisure to live their lives in merely routine and simplified patterns of adjustment. There are those pleasant surprises and happy occasions that we could hardly do without. However, crises will erupt in our lives with such daunting and mind-boggling complexity that our good habits and normally sufficient skills and virtues can become frighteningly overwhelmed. There are crises of severe illnesses, divorce, business and relationship failures, as

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[277] James F. Keenan, <u>Virtues for Ordinary Christians</u> (Kansas City; Sheed and Ward, 1996), 4.

[278] Donohue, 233.

well as woefully disappointed expectations resulting in deep personal straits. But none of these losses compares with the shattering finality of the death of one who has been cared for, nurtured and loved. And when the ending of life is protracted with death appearing to be in approach-delay motion, both the dying and surviving face distresses that require for the sufferer's sustenance a supportive level of care that even the best of professional caregivers find patently challenging. In these situations, a healer empowered by virtues that speak by application to sufferers in crises, is needed. As a backdrop from which to look at how pastoral care is enhanced by the virtues, it would be helpful to review briefly some of the assumptions of good pastoral care.

Pastoral care is often thought of as the care of persons who have elected to become members of a congregational community of faith practitioners. It may be helpful however, to examine 'care' at its metaphysical or ontological level. Care is derived from Latin 'kara' which means to lament, to mourn, and to be present in the other's suffering and pain.[279] A care response projects the sense of being there for others on the substantial premise that, as

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[279] 4.Earl E. Shelp and Ronald H. Sunderland, Sustaining Presence: A Model of Caring by People of Faith (Nashville: Abingdon Press, 2000), 54.

Shelp and Sunderland hold, a person comes to a realization

of selfhood only in the presence of another, i.e., it takes

a caring presence to become a self.[280] In the words of

Martin Buber, " a body can pretend to care, but cannot

pretend to be there."[281] It is an article of essential

wisdom that presence requires a need-laden context to

be real in its therapeutic manifestation. What it does not

need is the exploitative attitude that care is what the

strong do for the weak, the powerful for the powerless, or

the 'haves' for the 'have nots.'[282] In his exposition of the

helping relationship in the context of pastoral care, Karl

Lucas suggests that care is a gestured feeling and action

based statement to the effect that "I know that it must

hurt"; I am here to help you if you want me and can use

me"; "You don't have to face this alone."[283]

Reacting to the notion that pastoral care is an effort

to deal with persons in life crises, Caroll A. Wise in The

Meaning of Pastoral Care, suggests that this activity

involves more than dealing with persons in life crises

since psychological aspects of growth are a necessary

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[280] Ibid., 48.

[281] Ibid.

[282] Henry J. N. Nouwen, Out of Solitude; Three Meditations on the Christian Life (Notre Dame; Ave Maria Press, 1998), 34

[283] Shelp and Sunderland, 55.

result of effective pastoral care.[284] The pastoral

caregiver's goal then is to bring care related principles

of psychology and sociology into relationship with the word

of God, thereby taking treatment into the realm of divine

discourse, permitting the grace events of reconciliation

and forgiveness to mediate an awareness of God's caring

presence. Invoking these principles also serves to remind

us that at the heart of holistic pastoral care,

psychological and sociological realities are being made

part of the total thrust towards communicating the meaning

of the gospel to persons in their need.

A. Patience.

> Patience is a way of enduring. What is endurance,
> then? In virtue tradition, endurance is a mode of
> resistance to evil. It is a component of fortitude,
> which is a steadfast realization of the good "in the
> face of injury or death, and undeterred by any spirit
> of compromise." Fortitude – the strength to work for
> the good no matter the cost – encompasses both attack
> and endurance. When evil can be eradicated, it is to
> be attacked. When it cannot be eradicated, it is to be
> endured. Patience is the quality of spirit that allows
> one to endure – to sustain the struggle against evil
> in spite of the odds. Patience, then, is not simply
> waiting, but is the strengthening of the spirit
> precisely to sustain the struggle for good or for
> justice. (Lebacqz & Macemon, in Keenan & Kotva 1999,
> 284)

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[284] Carol A. Wise, The Meaning of Pastoral Care (New York: Harper and Row, 1996), x.

The word 'patience' is derived from the Latin word 'pati' that means to suffer, to endure, to bear. Oliver Goldsmith, the British man of letters, wrote in The Vicar of Wakefield that in life a person may not be completely happy but may be completely miserable, a testimony to the fact that in the modern organization of living, suffering is likely to be more of a major than a minor feature. Patience has been described in Nouwen's Compassion: A Reflection on the Christian Life as "the discipline of compassion.[285] Lebacqz and Macemon cite Joseph Pieper's claim in Four Cardinal Virtues that patience is not a requirement to bear everything, but is a way of mobilizing a quality of spirit that will not be disheartened even while injury is being sustained.[286] This virtue is about a way of resisting evil and securing justice sometimes at high personal cost, for e.g., nonviolence practiced by Mahatma Ghandi and Dr. Martin Luther King, in the face of violence and injustice. Both activists paid with their lives. In an admittedly sacrificial way, their deaths had redemptive effects in demanding that their societies pursue

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[285] Henri J.M. Nouwen, Donald P. McNeil and Douglas A. Morrison, Compassion: A Reflection of the Christian Life (New York: Image Books, 1983), 92.

[286] Karen Lebacqz & Shirley Macemon in Keenan & Kotva, Practice What You Preach; Virtues, Ethics and Power in the Lives of Pastoral Ministers and their Congregations (Franklin; Sheed & Ward, 1999), 283.

a more decent and humane course. As leaders in nonviolent struggles, both Ghandi and King bore with patience the suffering by which they sought to bring relief and justice to oppressed peoples. Ghandi's maintenance of nonviolent opposition against British colonial occupation of his country and people was undergirded with patience and fortitude in spite of violent response from the British.

Dr. King was a professional pastor who took pastoral care to the highest level of sacrifice. He assured millions of socially, culturally and economically disenfranchised blacks that they did not have to face their abasement and dehumanization alone. In being there for them, and with them, spending time in prison himself for his convictions, he virtually took upon himself the hurt he knew they were enduring. The amazing and liberating result of his suffering with them and sacrificing for them was the awakening of their discredited and denied sense of selfhood, which in turn stiffened resistance against the lies and atrocities of racism. It would be shortsighted to claim that it was only King's powerful faith, stubborn endurance and unflinching fortitude that eventually broke the back of Jim Crow. Through his writings, sermons and speeches King cared, but beyond those writings, he left his home and family to be present in and with the other's pain

and suffering on the streets and in the trenches, facing snarling police dogs, high pressure water hoses and 'ugly' cops. King's forbearance and endurance during years of acrimonious assault upon his spirit, emotions and self-esteem are a continuing testimony to the virtue of patience for the sake of others.

This powerful virtue is not only the motivating energy of caring, but also has the potential to bring perpetrators of evil to reckon that after their evil deeds have failed to overcome patience and human sacrifice, their only alternative is to be at least minimally decent. Mahatma Ghandi maintained patience alongside his nonviolent opposition against British colonial occupation until the latter ran out of the will to perpetuate evil. There is a reciprocal relationship between patience and caring in the sense that patience has the goal of enduring, suffering and bearing with someone else. Caring without 'suffering with' is an empty promise. Caring without 'enduring with' could well be an imposition of non-threatening distance between the would be caregiver and the sufferer. Caring without 'bearing with' is a refusal to walk with the sufferer on a journey fraught with danger. If Jesus Christ had elected to be heaven based while practicing his messiah's role by impersonal remote control, then the inevitable absence of

incarnation, kenosis, and human solidarity with us might have left us languishing for atonement that would never come. The fulfillment of divine patience, compassion and presence might very well have been forfeited.

Divine patience brought Jesus Christ from his heavenly surrounding to earth, refusing to scorn putting on human flesh and bearing the sins of others, although he himself had committed no sin. A succession of divinely appointed leaders had to cope with the people's rebellion against God's desire for them, from the patriarchs through the judges, kings and prophets. Paul describes God's act of forbearance and caring in sending his own son, Jesus Christ, to be the propitiation for our sins, which he accomplished through his atoning death and resurrection. (Romans 3:23-26 RSV). Consider the reproaches heaped upon him at his passion. Having been scourged and spat upon, he lost neither his serenity nor sense of mission, and eventually resigned his experience to the ignorance of his detractors by the prayer that his "Father, forgive them; for they know not what they do" (Luke 23:34 RSV) In Christ's atoning death, we witness the consummation of patience. This virtue produced not only a unique death, but a miraculous death in that it was history's only dying that produced living for millions who have come to receive his

unspeakable gift of salvation - everlasting life through
and with Jesus the Christ.

How many have questioned whether the proverbial
"patience of Job" is an accurate description of Job's
afflicted state of mind?[287] The record shows that Job did
use excessive if not hostile language against God in
response to his perception of divine unfairness. And yet
people of his day saw Job as a model of patient
endurance.[288] He refused to curse God and accepts his fate
willingly. His extended debates with fellow alumni of the
wisdom school, Bildad, Zophar and Eliphaz, are a classic
but inspired performance of patience. Further, the apostle
James credits Job with patient endurance.

No practitioner of pastoral care comes equipped with
the virtue of patience. Impatience, like Freud's Id, is in
place at birth, but like the Ego, patience must be
developed and nurtured into mature functioning through
practice. The terrain of pastoral care is strewn with
frustration, failures, irritation and conflicts, whether
care is practiced in the parish or congregation or
healthcare facilities, e.g., hospitals, hospices, nursing

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[287] Susan R. Garrett, "Patience of Job and Patience of Jesus,"
Interpretation 53 (1999);253-257.

[288] Ibid., 255

homes, etc. It is especially in these settings that the pastoral caregiver discovers that patience ought not to be naively conceptualized as an engagement while waiting. Rather, it is an engagement in professionally confronting situations even while being confronted with the pathological excesses of the human condition, all of which require endurance rooted in patience as a virtue expressed as a discipline, in the sense that the virtue practitioner through practice, manifests virtue as an internal drive rather than something required or imposed from an external source. In other words, a disciplined person does not need a monitoring disciplinarian, anymore than a patient person needs an on watch prompter to manifest patience. Unlike some physicians, the pastoral caregiver does not have the luxury of substituting an assumed omnipotence for patience in dealing with patients' sometimes intractable physical malfunctioning. Pastoral Care demands that caregivers accept their limits by acknowledging that there is no "Dr. Cure All" in pastoral care.

Essentially, biblically predicted end of life for all human beings(ashes to ashes, dust to dust) remains invariably true and thus remains also a fate with which we all can be reconciled. Spiritual care is perhaps the only care giving that can supportively mediate and reconcile the

dying patient's transition from natural life to after life. In the midst of protracted illness, emotional crises among those who are dying and those who need to be in healthy survival, the need for strategic planning and decision making re: surgery, technological or medical heroics, DNR, the coordination of funeral arrangements, grief recovery, etc.- all require the caregiver's patience for the projection of empathy, reliability, stability and, in general, predictable caring for the dying patient. The chaplain is not being unrealistic in supportively and prayerfully projecting a spirit of hope in the midst of these circumstances. It is true that dying does have some tragic human consequences. But is natural death a theological tragedy? Does God assign strategic significance to a person's death? Dying for all intents and purposes, is a theological necessity. The Church of God holds that one's conversion is one's guarantee of eternal life in the now. But pending the Parousia, eternal life is God's eschatological gift during and at the end of life. And God must have been referring to the believer's receipt of this end of life gift when reference was made to the death of saints as precious (Psalm 116:15 RSV).

In caring for the dying, a major challenge to the pastoral caregiver in hospital settings is the patient

whose pain is excruciating and protracted. Frequently, a chaplain who reports a patient's pain gets the impression that medical staff may be giving an insensitive response. It is virtually impossible to deliver spiritual care to a patient who is fully occupied with enduring pain and cannot understand why relief is neither immediate nor imminent. Then there may be the chaplain's annoying awareness that the chaplains' role is not fully recognized and or appreciated by medical staff. Hence, advocacy on behalf of the patient is dismissible. Or it may be that medical staff has grown so accustomed to patients' reacting and over reacting to pain that they do not share the chaplain's sense of urgency around another patient in pain.

It may also be that the chaplain who does not have as much regular or intensive exposure to patients in pain as the nursing staff, may be prone to respond passionately to one patient's pain whereas the nurse has learned to adapt a professional coolness in managing the multiple demands for pain relief. Coolness may not be necessarily coldness or aloofness. Whatever the dynamics at work, the pastoral caregiver must patiently and sensitively transcend the slights of the moment on the premise that the patients' well being is better served by maintaining a healthy

collegial atmosphere with a wholesome team spirit without surrendering concern for the patient.

Patience in pastoral care helps the pastor to see and judge events from the perspective of faith, which in general practice yields results over time. "But without faith it is impossible to please him" (Hebrews 11:6 RSV), whose response to us is governed by a divine time table that is no respecter of our hurried and anxious ways. Faith cannot be hurried. The Hebrews author employs the entire eleventh chapter to paint a panoramic picture of the patriarchs practicing their faith walk across Old Testament annals. One classic example of faith working in tandem with patience is Abraham's willingness to set out on a journey, not knowing where he was going, unaware of the circumstances of the journey, or how long the journey would last. Wisdom from such patience exists for the purpose of informing contemporary Christians that it is by patience and unwavering faith that our living pleases God. Basically and essentially, the pastoral role with persons in end of life crises is to patiently assist the dying to take hold of their own faith on the premise that since by divine orders living must be done by faith (Romans 1:17 RSV), dying may also be accommodated in faith.

The Abrahamic citation regarding faith supported by patience would suggest that patience functions best in association with faith. Commitment and perseverance can conceivably take us as far as our cognitive and emotional limits will allow. But beyond our human biological limits is the mystical dimension where the supernatural assumes superintendence of our continuing faith journey. It is especially at the level of the mystical that patience needs faith to sustain its resolve to continue caring in spite of the onerous character of maintaining presence.

Patience may be acquired and perfected only through exemplary models and continuous practice. God's calling to pastoral work requires many virtues, but if there is one virtue that is indispensable to authentic pastoral care, it is patience. A lack of compassion may be excused by some persons, on the premise of some personality deficit. A lack of presence may be excused by others because a pastor does not handle some crises well, and another pastoral associate can suffice. But a lack of patience during a church family's crisis, is unspiritual, insensitive and deplorable. A manifestation of pastoral patience in my experience involving the planting and nurturing of a congregation follows.

I was never fascinated with planting a church. I had seen too many small churches that never grew numerically, and seemed at times to be the preacher's hobbyhorse. Upon coming to Florida, I almost vowed never to start a church, but would rather assist with an up and going congregation. I was soon to discover that offering to assist another pastor was an act of self-disqualification. My not being able to resist my pastoral calling any longer after having pastored in Harlem, New York for five years, resulted in the founding of the Church of God of West Broward three years after our 1977 arrival to live in Florida. For the next ten years, after beginning with 16 persons, my wife Carol and I led this congregation, with the support of some of the most faithful, loyal and dedicated members as we worshipped in the auditorium of one of Broward County's middle schools. A messianic Jewish pastor and a fellow Church of God pastor graciously permitted us to conduct our midweek celebrations in their facilities. These first ten years of holding a full time college faculty position while growing the congregation required patience and resilience that only God could have inspired. Arrangements with the school principal called for a School Board employee (custodian) to be willing to be on duty on Sundays, and if he was late or failed to turn up, we assembled ourselves

under trees for worship. After three years, we were
permitted to unlock the main gate for access to the
schoolyard, but not the school building. Our contractual
four hours accommodated Sunday School and divine worship,
but we were often at the custodian's mercy if the Spirit
took us past the contractual closing time. There were
regular complaints that some of our children thrashed some
of the teachers' classrooms, which was enough to terminate
our use of the facility. We could not store appliances in
the school, therefore on a weekly basis for ten years, we
lugged containers of hymnals, Sunday school materials and
other worship support items.

The church planter needs to be aware that leadership,
even at this early stage of congregational development,
does not confer the power of authoritarian rule and self-
sufficient decision making, especially when dealing with
persons from West Indies cultures. Perhaps this independent
streak is a response to years of colonial domination, but
at least in church life, democratic leadership is expected,
even though there's no biblical New Testament support for
such leadership in the church. The founding members
especially, want a sense of ownership and participation,
which is desirable in terms of healthy consensus. But some
manifestations of that ownership can run counter to the

leader's better judgment at times. Founding members have also counted the cost of their involvement, realizing that there will be big challenges as well as the need to make sacrifices of time, talent and treasure to launch and sustain a successful congregation. Many of them have had exposure to other established church traditions, therefore, their decision to be a part of a new congregation is intentional. The have decided to sacrifice the developmental blessings of a previous congregational fellowship to accept the basic and pedestrian features of a beginning venture in the hope that there will be spiritual and congregational growth, future ownership of a congregational home, and the eventual offering of ministries that serve the holistic needs of the congregation and the wider community. They are in it for the long haul not knowing what the future holds but trusting God to guide and provide.

The commitment to accept the rigors of sacrifice and hard work for years to come requires the undergirding of patience, which means more than waiting. I had to make a continuing commitment to become a source of intimate solidarity with people, knowing that I would have to bear the pains and discomforts associated with our chosen venture along with them. In these circumstances, I

mobilized patience as a disciplined internal desire that
needs no external prompting to become an operationally
virtuous and caring response. Sometime the exercise of
patience meant accepting well-intentioned criticism, as
well as giving up control to accommodate points of view,
which though not potentially destructive, appeared to
incorporate questionable wisdom. In times like these, I was
obliged to trust the conviction that it is God's church,
not mine, and God knows how to preserve the church that He
has called into community. In God's time the community will
be properly established and most of us will be satisfied.
That time takes forbearance.

Nouwen discusses with great cogency the issue of clock
time versus time lived from within and experienced as full
time.[289] Because our lives are systematically dominated by
our timepieces and calendars not only are we beleaguered by
a sense of hurry, but regrettably, hurry breeds impatience.
Indeed we want to hurry up, buy the land, build the worship
and ministry edifice and go after the one thousand members.
I have been in this business long enough to know that clock
time and God's timing are seldom congruent at least in
church development. What God does for and with us is done
'in the fullness of time' (Luke 1:57; 2: 6; 2: 22.). It is

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[289] Nouwen, 97.

patience that overcomes clock time[290] and helped me to

understand that I needed to model 'living from within'

before my people in order +for all of us to welcome God's

action in the fullness of time.[291]

In church development, nowhere is patience demanded

and tested as severely as in a building program. There is

never enough money to build what the church needs;

architectural drawings have to be revised to reflect

complementarity with available resources. Some members'

interest in the building program will not translate into

financial support until 'we see something', i.e., the

commencement of construction. Then there are those members

who exit the fellowship for fear of being asked to make

sacrifices. The wheels at City Hall grind slowly;

consultants miss their deadlines for submitting plans to

the city boards resulting in frustrating delays; city

bureaucrats make picayune judgments and demands that cost

large sums of unplanned for funds. The challenge here is to

model the patient spirit of measured response that

neutralizes the pressures of clock time. Pioneering a

congregation that will live in perpetuity demands the

perpetual exercise of patience, sometimes a choice between

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[290] Nouwen, 99

[291] Ibid.

holding on doggedly, or giving up the struggle. The latter
is impossible in the presence of a divine calling.

B. Compassion

Jesus in his solidarity with the marginal ones is moved to
compassion. Compassion constitutes a radical form of
criticism, for it announces that the hurt is to be taken
seriously, that the hurt is not to be accepted as normal
and natural but is an abnormal and unacceptable condition
for humanness. In the arrangement of "lawfulness" in
Jesus' time, as in the ancient empire of Pharaoh, the one
unpermitted quality of relation was compassion. Empires
are never built or maintained on the basis of compassion.
The norms of law (social control) are never accommodated
to persons, but persons are accommodated to the norms.
Otherwise the norms will collapse and with them the whole
power arrangement. Thus, the compassion of Jesus is to be
understood not simply as a personal emotional reaction but
as a public criticism in which he dares to act upon his
concern against the moral and spiritual insensitivities of
his social context. (Job and Shawchuck 1999, 163)

From some of the literature on patience, it could be
implied that patience bears some functional if not organic
link with the virtue of compassion.[292] The spirit of
patience manifests resourcefulness, magnanimity, empathy
and fortitude but with the necessary demand to "suffer
with." Compassion requires "being there for or with,"
having been derived from the diadic structure of "pati" and
"com." which suggests 'empathizing with'. Compassion does
not mean literally participating in another's pain and

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[292] Keenan, 91.

suffering with identical physical, cognitive and neuro-
sensory symptoms or responses. It is an empathetic entering
into the setting where a person hurts, and where there is
fear, confusion, vulnerability and powerlessness. Donahue
in "Use of Virtue" calls compassion a special version of
tenderness, which is more than human kindness.[293]

Nouwen holds that compassion could also be rendered
'com-patience' since as already indicated, patience is the
discipline of compassion. There is a substantial area of
'overlap' between compassion and patience where both are
related organically. The word 'pati' which means 'to
suffer' is the derivative origin of both passion and
patience. Given this definitional scenario, one may
reasonably conclude that the compassionate life without
patience would lack effective caring.

Compassion poses quite a challenge to its
practitioners. One might risk appearing abnormal by being
attracted to another's pain in the sense of deriving
sadistic pleasure therefrom. Also, competition, which has
been raised to the level of an ethic in our culture, leaves
very little room for compassion, making it much more handy
to be competitive rather than compassionate even among the

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[293] Donahue, 228 - 229.

ranks of clergy associates. The late Senator Humphrey of

blessed memory was once asked to comment on compassion in

politics to which he gave a most sobering response, in the

context of a discussion about the painful horrors of

poverty, disease and starvation in Bangladesh. Holding up a

pencil, Humphrey identified the eraser as the small part

that is used only when we make a mistake, or by

implication, when our own personal affairs get out of hand.

In application, the main part of life is competition, and

the small part (the eraser) is compassion.[294] Senator

Humphrey was bespeaking a harsh reality with euphemistic

illustration. Politics (anywhere) has no stomach for

compassion and nowhere on the contemporary scene has this

been more nakedly illustrated than in the convulsive

national stew precipitated by the unusually close year 2000

Florida presidential voting results, which closeness has

raised the stakes to an unheard of 'high.' When the party

of reputed compassion and the party of reputed elitism

become locked in such visceral combat, each claiming to be

the better guardian of public national interests, the issue

of compassion becomes moot if not painfully irrelevant. In

the spirit of Christian love we need to be reminded that

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[294] Henri J. Nouwen, Donald P. McNeil, and Douglas A. Morrison, Compasion: A Reflection on the Christian Life (New York: Image Books), 85.

God has chosen to be Emmanuel, or God with us, as well as our high priest who is touched with the feelings of our infirmities.

The pastoral caregiver is regularly touched with the feelings of those who need his/her care, a response that is reminiscent of Christ's compassionate ministry. Mark 1: 41 and Matthew 9: 36 tell us that upon being confronted by the starving multitude and the pathetic leper, our Lord was moved with the Hebrew version of compassion, i.e., "rachamin" meaning womb of Yahweh, or more pointedly "a deep movement in the womb of God."[295] Our theology of compassion emanates from the depths of the divine viscera. From there proceeds the mystery of how God revealed divinity in Jesus Christ, a divested and powerless mediator who was ironically never so powerful as when he was powerless, by worldly definition. The record shows that by divinely invested power Jesus Christ achieved solidarity without limits with us and for us in our various forms of dysfunction and disability, even those related to the end of life. Pastoral care is a calling to a radically compassionate servanthood that transcends distinctions between wealth and poverty, success and failure, fortune

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[295] Nouwen, et al, 5.

and ill luck.[296] The ultimate demand of compassion is the shift that the caregiver must make from those ordinary and proper locations where our comfort is secured, to those places where a precipitous disequilibrium needs to be thwarted to accommodate a new helping sense of balance. In the thought of Nouwen, et al, this shift is tantamount to being present to a sufferer who needs company on a frightening journey.[297] In a curious sort of way, compassion provides an enabling vulnerability in the presence of another person's disabling vulnerability. In the context of this vulnerability born of helplessness, there is nothing that one can do operantly to relieve another's physical suffering. The ministering servant, like the wounded healer, has learned what it is to be broken and then healed with a view to administering supportive care to the dying.

The application of compassion to pastoral care ought not to be done casually or conveniently, but must be related necessarily to an operative understanding about pastoral care. As was previously noted, care has been traditionally conceptualized with relation to individuals, which care was also an outgrowth of espousing individual

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[296] Ibid., 16.

[297] Ibid., 31.

salvation going back to 15th century individualism.[298] The

individual's perceptive capacity was considered the doorway

to truth and personal relationship with God. The merchant

class that Elford reports exploited individual initiative

in the production of wealth, and the only reason this

exploitation did not assume runaway proportions was that

proponents of Reformation theology kept the church and

society aware of individual responsibility for another's

welfare.[299] Elford makes the pointed observation that

because Christian teaching reacted negatively to the

humanistic claim that the resources for human reformation

reside within individual human experience, exponents of

care incorporated the notion of the care of society.[300] As

it has turned out however, care of society may be

guaranteed only through compassionate care of individuals,

which insight suggests that the vision of compassionate

caring needs to encompass sensitivities to both the

individual and society. At whichever level it is practiced,

care will become more relatively perfect with continuing

practice. Following now, is a description of my pastoral

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[298] John R. Elford, The Pastoral Nature of Theology: An Upholding Presence (New York: Cassell, 1999), 105.

[299] Ibid., 166.

[300] Ibid., 106.

experience in applying compassionate care in the context of nurturing a young congregation.

The Church of God of West Broward operates a ministry of Social Concerns in full recognition that the effects of mal-distribution of economic resources in our capitalistic society leave some people at the short end, so to speak. Historically, they were the poor whites and blacks who found themselves outside the precincts of plenty and opportunity. Moreover, thousands of middle class persons, especially blacks have slipped below the middle class boundary in recent years. Interestingly enough, the persons who call our church and knock on our doors for help with food and utility payments are mainly Caucasians. But within our church fellowship, which is 100% black, there is also a steady need for health care assistance and financial aid.

The motivation that drives the ministry of social concerns has its roots in the compassionate ministry of Jesus Christ who once noted the ubiquitous presence of the poor. A major concern for the poor is not just food to eat, but also related to nutrition is the matter of general health care. We operate an annual "Health Fest" when our multipurpose church building space is rearranged to accommodate various displays by county health agencies, private health care agencies, paramedical agencies with

physicians, dentists, dietitians, osteopaths, podiatrists and orthopedic specialists giving lectures, demonstrations and tests. At the "Health Fest", tests of prohibitive cost are given complimentarily. This exposure serves an educational function, which in turn contributes to greater health awareness and better self monitoring, a significant preventive health maintenance measure.

Aware that there are scores of senior citizens (over 65 years old) who are without health coverage at this most vulnerable time of their lives, we have partnered with a federally funded program through Broward County Department of Health to locate a mobile health clinic – Medivan – on our church campus once per month. As many as fifteen persons from our church and adjacent community obtain full health services without cost to them. Medivan is staffed by retired physicians and nurses.

In terms of compassionate outreach, our church operates a ministry headed by one of our elders and a staff of fifteen persons. They serve upwards of 200 meals twice per month at both the Homeless shelter in Fort Lauderdale and in a poor neighborhood along a stretch of Broward Boulevard in Fort Lauderdale. In addition, dry goods are distributed at the church monthly. Just previous to Christmas 2000, Elder Turner took twelve barrels of food

and clothing to two churches in Jamaica, West Indies. The church also maintains a benevolence fund through a monthly first Sunday offering to meet emergency needs of church members.

The ministries of the Social Concerns department of our church, i.e., Health Fest, Compassionate International Care and Benevolence are operated by a church that appreciates the downward pull of the compassion of Jesus Christ.[301] This downward pull counters our obsession with society's prescription of upward pull and mobility of our personal interests.[302] As a matter of fact, like the poor and outcast of society, Jesus Christ was powerless, but in that powerlessness we saw the manifestation of divine love without limits. Compassion is the trademark of Christian servanthood energized by the divine life of Christ. It is the virtue that makes us not only legitimately human, but Christian and virtuous. When we practice compassion, we become God's revelation in accessible form to those who thought they were without hope and without God in the world.

As of August 2000, our church has incorporated the West Broward Family Empowerment Center with application for

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[301] Nouwen, et al., 27-28.

[302] Ibid.

federal and state tax-exempt status (501c3) being
processed. This agency will take compassion to the level of
criticism, on the reliable assumption that the needs the
ministries will address are serious and ought not to be
taken for granted.[303] In view of that assumption, the agency
will address families at risk, marriages at risk, and
students at risk. We are committed to minister
compassionately to those who threaten to be left behind,
with the awareness that in serving them, we are also
serving Christ. "Inasmuch as you have done it unto one of
the least of these my brethren, you've done it unto me"
(Matt. 26:40 RSV).

C. Pastoral Presence

> Many of the problems of life are insoluble on their
> own terms: lost opportunities do not come again; death
> may be postponed but not avoided; decisions that offer
> pain however made cannot be escaped. In the biblical
> sense triumph comes not in the altering of the
> externals, although at times this is needed. Rather the
> true success comes in the transformation of the person
> in a relationship of love and forgiveness so that s/he
> is able to deal creatively with any situation (cf Phil,
> 4: 13). So it is that presence is more important than
> programmed solution as the person discovers the basic
> meaning of "I will fear no evil for thou art with me".
> (Shelp and Sunderland 2000, 70)

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[303] Job and Shawchuck, 163.

This section attempts to explore the ontological heart of this vital pastoral virtue. In addition, and in terms of application, my personal experience in being present to my grieving family members will be described. The Church of God of West Broward has also been wonderful in practicing the offering of corporate presence to members in bereavement and other crises.

In "Just being there: The Power of Pastoral Presence" Larry Austin describes pastoral presence as a truly powerful and holy manifestation of pastoral care.[304] Pastoral Care is not by definition necessarily holy in manifestation. This optionally acquired quality of holiness springs from a systematic investment in prayer and reflection that opens up the heart and life to the possession and indwelling of God's Holy Spirit. This manifestation is not obtained through being law abiding or turning in a record of good works.[305] When God is present in a transforming and sanctifying way to the caregiver, the latter cannot help but project a holy presence. The regular and well-intentioned presence of the caregiver is now suffused by the divine presence giving the patient a sense

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[304] Larry Austin, "Just Being There: The Power of Pastoral Presence" Christianity Today 41 (1998):13.

[305] Ibid.

of God's presence and, therefore, a stirring of the other's

faith and hope for health renewal. Lest this description of

presence sounds ostentatious or super-spiritual, it may be

conceded that a supposedly purely physical presence does

have a spiritual component by virtue of the pastoral

caregiver's immersion into God's grace. Pastoral presence

that is inbreathed by God's grace has the power to allay

feelings of helplessness, isolation and vulnerability while

increasing a sense of relationship, connectedness and

having been cared for, if only through a shared silence.[306]

Shelp and Sunderland bring the concept of 'sustaining'

to the discussion of presence that appears to relieve the

concept of its heavy abstraction thereby affording a

welcome degree of functional accessibility. They make the

assumption that the "character and content of the caring

relationship are more important than the outcome of

activities."[307] The culture of science insists upon the need

for an exhaustive solution for every problem. The

physician as a practitioner of science and its supportive

technology sees the patient's worsening condition and/or

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[306] City of Hope, End of Life Care-Content Guidelines (Duarte
California:City of Hope National Medical Center, (1999), 59.

[307] Shelp and Sunderland, ibid.

death as personal failure to be analyzed and rectified to insure future success. The average caregiver is programmed to believe that when help is offered it should result in healthy completion of a task that yields to reassuring objective measurements. There is danger in this mindset because it forces us to label caring presence that is less than restorative of good health, as useless if not a waste. To the contrary, presence is eloquent in its achievement of solidarity with those who suffer while simultaneously promoting endurance without the necessary promise or prospect of a desired outcome. Granted that Job's three friends were questionable comforters, yet they sat with him in silence and solidarity for several days as Job famished on the city ash heap.

The sustaining nature of presence is validated by the fact that caregiving for the catastrophically ill demands extraordinary sacrifice, e.g., suspension of the caregiver's freedom to pursue other interests, not necessarily their own life's interests. An inordinate level of love and commitment is required to counter feelings of resentment and the sense of being overwhelmed physically and emotionally by care giving demands. In the context of pastoral presence, and given their pressing demands for pastoral attention, the pastor's efforts need to be

supplemented by the presence of a sustaining community projection of Koinonia. The community at the Church of God of West Broward has been exceptional in its offering of sustaining presence especially during times of bereavement, thereby recognizing and expressing the dignity and worth of persons as well as an understanding of that relatedness which preserves self-esteem.

Pastoral presence becomes more critical as the fabric of society continues to come apart. One evidence of this unraveling is decreasing attendance at Sunday Worship. One preacher while bemoaning the drop in church attendance claimed that according to George Gallop the Pollster, church attendance of forty nine per cent in 1955 and 1958 has dwindled to thirty eight percent of adults, who in 1996 said they had attended a church or synagogue weekly. Emphasis on sports and other Sunday diversions have been destructive to the sense of the sacred and have relegated religious devoutness of the historical majority to the privatized prerogative of the contemporary few.

An even more disturbing phenomenon is the lack of direct correlation between church attendance and reciprocal friendliness. That communal presence upon which pastors could rely to supplement care during times of crises may not be quickly available any more. Fortunately however, the

anonymity that afflicts many large congregations at the expense of communal koinonia is being corrected by the development of small group ministries. Through small group caring, pastoral presence is being restored and delivered with pastoral effectiveness through ready response especially in times crises. Persons or groups whose hearts and minds have been graced by patience, compassion and empathetic sensitivity can effectively deliver pastoral care. The pastoral ministry of small groups has its origin in the New Testament where house churches were primary settings for corporate worship.

My decision to obey what I perceive to be a calling from God into professional Christian ministry was a rather sobering experience. This sobering dimension came not so much from my awareness of being called by God, but more so from my dread of some of the responsibilities that came with the practice of ministry e.g. people dying and people grieving. With all my religious and formal training, I was totally unprepared to handle death and dying. As a child, I had raw exposure to death events since grief stricken relatives of church members were always coming to our home to give my father bad news. The road to our elementary school passed by the Presbyterian church cemetery where children, out of curiosity, would observe grave digging. My

father must have felt he was giving his son good experiences taking me with him when he went to perform funeral rites. Little did he know the terror that afflicted me and, in hindsight, he was totally unaware of my need for a therapeutic debriefing following the tolling of the church bell, the funeral and interment.

The first death in my nuclear family was my mother's. Upon returning to Jamaica for her funeral, I cannot recall any effort before or after that trip to help me grieve properly. There was no particular presence that I experienced as therapeutic. Soon after assuming the pastorate of the Prophetic Church of God in Harlem, New York, the older members started as it were, to die off, affording me a 'baptism' in conducting funerals. But it was my chaplaincy at Holy Cross Hospital in Fort Lauderdale under the supervision of Sr. Joan O'Shea, one of the finest of chaplains and pastoral care supervisors, that I started coming to grips professionally with death and dying, and discovered the ministry of presence.

In November 2000, my 32 year old nephew. Richard, a Federal customs police officer working out of Newark airport, was killed in a motorcycle accident. As I was away on a sabbatical, I could only speak with many of the grieving family until I arrived in New Jersey to preside

over the funeral rites. My wife Carol, my sister-in-law

Cynthia and other church members became towers of strength

and presence to my sister Emlyn. The sort of reception I

received from my sister and her two surviving sons, Carlyle

and Michael, told me more than their tears or words could

describe. As her oldest brother and the boys' oldest uncle,

I always held a respected and revered status among them,

and when Richard's father requested that I do the Eulogy,

it was in some ways a challenge and yet a blessing because

I knew they needed my presence as more than something that

was available. Especially in times of bereavement, pastoral

presence carries an incarnation-like quality in that it is

God's presence that is mediated to suffering ones through

the sanctified caregiver's presence. There was nothing I

could do that could immediately relieve their suffering,

but my presence communicated to them a reassuring

solidarity. Janet Stokes' research reported in "Ministries

of Presence in Ministries of Spirit" notes that pastoral

presence has the potential to "increase the presence of the

spirit" to patients who are already religiously oriented.[308]

Also, in her very lucid and deeply thoughtful thesis

entitled The Christian Wake and Bereavement, Mary Carter

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[308] Janet Stokes, "Ministry of Presence and Presence of Spirit in Pastoral Visitation", The Journal Pastoral Care 53 (Summer 1999): 1191-1998.

Waren while reflecting on her experiences at the funeral of
her grandmother, relates the difference that pastoral
presence would have made to persons who had been schooled
in the containment and repression of afflicted emotions.

> The absence of an "official" minister to be present
> to the family at this time helped to reinforce the myth
> that all is well, and admonitions from within the
> family and without not to grieve went unchallenged. A
> strong and gentle pastoral person might have been able
> to give the family permission to say goodbye.[309]

Focus Groups

Question based focus groups were intentionally
initiated to implement especially the attending and
asserting phases of the Whiteheads' paradigm of practical
theology. The questions were designed to probe their level
of ethical and theological sensitivity in regard to issues
of medical and spiritual care at the end of life. It was a
matter of not only procedural elective but also strong
passion to document whatever fund of knowledge and pastoral
practice skills that may or may not exist among Church of
God clergy.

In general, the process revealed a need for useful
information and instructionally guided practice. These

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[309] Mary Carter Waren, The Christian Wake and Bereavement: Rituals
of Letting Go (Masters Thesis, St. Thomas University, Miami, Florida,
1985), 40.

clergy members of both genders thrived enthusiastically on the process and are looking forward to further similar experiences. There is a real thirst and hunger for knowledge and expertise in serving and caring for their people. Following is a summary of findings.

"How widespread is a fear of illness and physical suffering among your church members?"

Responses to the question of fear of illness and physical suffering lacked evidence of orientation with the subtler dynamics of fear, e.g., fear of death and loss of control. The main evidence of fear articulated was requests for prayer upon solicitation during worship. There was little evidence of sensitivity to non-verbal expressions of this particular kind of fear.

Do you think about your own death often"?

Most felt that because of their role as spiritual leaders they could not help thinking about death since church members are always dying. No one reflected on the fear or terror of death either for themselves or for parishioners, which could be an indicator of denial.

"If your spouse should die, how difficult would it be for you to go on with your life?"

Except for two persons, there was reticence in regard to being able to go on with one's life should one's spouse die but, in general, there was a sense of resignation to that prospect.

"What are your true feelings about (a) being placed on life support; (b) choosing not to be resuscitated?"

The prospect of being placed on life support elicited strong preference for its disuse should there be minimized promise for quality living. One person felt that machines were used to play tricks on patients and family members. Most felt comfortable with executing an advanced directive.

"On what basis would you feel comfortable with donating one of your organs to science?"

Organ donation elicited strong negative response especially if the potential recipient was not a family member. Although it was not said in so many words, there was a sense in which this could be regarded as a disrespectful dismembering of one's body.

"How comfortable do you feel offering support to a grief-stricken person"?

All felt they had the ability to give support to a grief stricken person, but no extra biblical source of

information for intervention was identified. Quotation of
scripture was the major elective. Pastoral presence held no
conceptual status.

"How would you feel about the doctor who seemed unable
to help your best friend, who died?"

There was respectful guardedness in addressing feeling
responses towards a physician who cared for but 'lost' a
patient who was their best friend. This reflected some
measure of at least pedestal regard for the 'omnipotent
doctor'. There wasn't even the slightest suggestion that
malpractice could have been involved.

"A pastor should not be expected to be all things to
all people." Is this a valid statement? Would you rather
hire an experienced bereavement counselor on your staff"?

That a pastor should not be expected to be all things
to all people lacked appreciation, since, most claimed they
were forced to be all things to all people given the
relatively small sizes of their congregations and therefore
lack of funds to salary a professional bereavement
counselor. There was however support for the clergyman
being knowledgeable about community sources of help for
referral purposes.

"Is there anything in your culture or family tradition that gives or fails to give you a handle on coping with the death of a family member?"

Partly because this was the last question in a time pressured situation, the contribution of culture and/or family tradition to coping with the death of a family member did not elicit the most relevant or knowledgeable response. However, based upon the way other probing questions were handled, the chance is that extrapolating from culture to address responses to death and dying would be less than productive, since that would require a better than average orientation with formal sociological variables. In any event, this presumption of mine is central to the motivation that energizes my desire to provide training regarding care in relation to end of life issues for African American and Caribbean clergy in the Church of God in South Florida. Encouraging if not challenging factors among these clergy are their openness, receptivity and appreciation for new experiences in learning about end of life pastoral care. Some of them hoped they would have a chance to read my thesis.

A Concluding Note

A more critical and in-depth look at patience, compassion and pastoral care helps to make a welcome if not

gratifying shift in one's perception of the nature of each
of these virtues. Ordinarily, Christians view patience as a
laudable capitulation under the guise of turning the other
cheek, so to speak. Compassion usually carries the
connotation of sanctimonious pity over the misfortunes of
other persons. It is virtually liberating to perceive
patience and compassion as forms of protest and criticism
in response to evil and other pathological excesses that
threaten the human telos. Protest here does not mean a set
of adversarial initiatives or rejoinders but rather a quiet
strength with stubborn spiritual and moral resistance in
support of valid moral alternatives. For instance, in the
history of race relations, we saw patience exploited with
the protracted denial of justice and human decency until
Dr. Martin Luther King's fury exploded in resounding but
sane pronouncements like "justice delayed is justice
denied." Gandhi's compassion for his people and his patient
resistance eventually drove the British colonial masters
and overlords from India. Pastoral presence is not an
appeal for respectful deference but is an operational
strength that defines, for instance, 'meekness' as power
under rational control for securing desirable human
benefits. The presence of Jesus Christ in the temple
precincts took the form of protest as he evicted the

moneychangers and speculators on the asserted premise that the temple shall be called a house of prayer - not a den of thieves.

Moral disorder in many areas of human endeavor, not excluding church environments, insists upon reducing moral values to mere rhetoric. The sorry spectacle of a succession of moral failures among spiritual leaders bespeaks a shameful violation of landmark virtues, e.g., fidelity. Pastoral presence in life or at the end of life loses credibility with care receivers and their loved ones where there is knowledge of moral turpitude in the spiritual leader's history. Whereas most people have the potential to be compassionate, the person who represents God to persons in life's crises offers an experience that can be perceived as a service lifted to a near divine level of contact. Patience, which has been conceptualized as a virtuous way of resisting evil can be pressed into the service of sanctifying the moral agent for redemptive intervention with persons in their final crises. The anointed servant of patience, compassion and presence is God's own instrument for the conferring of hope, courage and dignity to persons who must now negotiate the mystery of their dying to live eternally with their Lord and savior, Jesus Christ.

CHAPTER SEVEN

CONCLUSION: AN ETHICAL THEOLOGICAL VIEW OF END OF LIFE PASTORAL CARE

The summary findings of chapter one indicate that ministerial formation in the Church of God is still inhibited by an historical anti-scholarship spirit. There are still no academic requirements for ministerial credentialing although the church supports good quality institutions of higher education. Requirements for credentialing would conceivably include ministry preparation to offer end of life care.

The bi-cultural study African American and African Caribbean responses to death indicates that both groups have links to African origins, at least in their awareness, but African Americans do not embrace ancestor worship or reincarnation. The possible reason is that indigenous Africans and West Indians have never been de-culturated minorities in their own country. African Caribbean

nationals do embrace patterns of response to death that are rooted in African culture. Through these practices, Africans and, to some extent, African Caribbeans have a healthier attitude towards death than their counterparts in Eurocentric cultures.

The medical view of death is heavily conditioned by medicine's commitment to science and technology. Medical training is not oriented towards valuing the poor and physically indisposed. Patient death represents the physician's failure because death was not successfully dislodged from the sick room. Quality of care is inferior to technical savvy. Society may have erred in making physicians less financially comfortable instead of requiring them to be virtuous moral agents.

The exploration of fear and denial of death did not reveal any successful approach to demystifying death. Philosophical treatment of the subject of death did not yield any user-friendly application. Exegesis of scripture passages dealing with death offered more promise that death, rather than being a feared monster, is the door to inheriting life with Jesus Christ. In African and Hebrew thought, death is not an end of life, but a transition to another existence that maintains communication with family, therefore, death has no face of terror.

Virtue theory of ethics is acknowledged to be an appealing adjunct in support of pastoral care mainly because of its emphasis on moral motivation. Some of the authors who have been consulted during the course of this writing would not claim to be avowed exponents of the Ethics of virtue, but they have advanced compatible links with virtue: Grubbs' emphasis on the covenant of 'being'; Boedeker's lifting up character development in ministerial formation; the underscoring of compassion in the study conducted by the Journal of the American Medical Association; St. Paul's ethical citation of character. The heart of this ethical system is its insistence upon the moral quality of the agent. Emphasis is upon "being" and "doing". A thoughtful digest of strategic virtues lends itself to effective application in the contexts of pastoral care.

The final praxis chapter that lifts up application of the virtues of patience, compassion and pastoral presence underscored the practical relevance of those virtues for crisis events in which I was recently involved as a relative as well as a ministering servant.

A theological view of end of life care indicates that the pastoral practitioner of the virtues of patience, compassion and pastoral presence is God's appointed

instrument for mediating hope, courage, and dignity to those confronted with the mystery of dying. Not only are the virtues capable of a compatible fit with the virtue teachings in the Old and New Testaments, but also patience, compassion and pastoral presence naturally facilitate therapeutic application to the crises of end of life. Applied with sensitivity and understanding, they function like spiritual gifts from our caring God for strategic use at a most critical life and death juncture. To be able to offer presence to the suffering and dying with the assurance that there is a friend supporting the dying on the journey into eschatological existence with Christ, equips the dying to take the sting out of death and to die in spiritual wellness and dignity.

In the Old Testament context, to live is a better choice than to die. The Lord is God of the living and death is a curse.[310] We are granted the privilege and blessing of life, but with the certain appointment to die as designated by God. Regardless of when, where, or how it happens, death is inevitable. We can fear it, fight it, hate it, cheat it, mock it, deny it, but we cannot change the reality that

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[310] Patrick Sena, "Biblical Teaching on Life and Death" in Responsibility in Prolonging Life Decisions, D. McCarthy and A.S. Moraczwski, eds. (St. Louis: Pope John Center 1981); 3 - 19.

each of us will at some point cease to be.[311] From a very human point of view, why we are programmed to maximize preparation for and enjoyment of life only to die, is one of life's most troubling imponderables. And paradoxically enough, it is in that enjoyment of living well that the seeds of dying well germinate, grow and bear what Erik Erickson, the womb to tomb developmental psychologist, would call the fruit of integrity. Death is still an unmitigated mystery with which one must make peace in order to live fully. This goal is life's most worthwhile challenge.

More likely than not, a smaller number of persons in society come to their lives' end stage with self-assurance about dying well in the sense of having lived a fulfilled life. Inasmuch as one may hold that it is the dignity and integrity of living that confers similar dignity and integrity upon dying, nevertheless, it is in the nature of altruism and healthy eschatology that spiritual helpers are virtually driven to desire a dignified end of life for even the most obscure of persons. Laudable success is not in every person's potential, but God's love is unconditionally

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[311] Angie A. Newell, "Learning to Care Even When There is No Cure: Reflections from a student physician on Healing Those Near Death" Journal of Personal and Interpersonal Loss, Vol.2 (April 1997): 368.

extended to all, from the proverbial 'uttermost' to the 'guttermost' so to speak.

Given the number of work hours that have been poured into the doing of this project, I could have indulged a certain amount of enlightened naiveté expecting to derive the magic formula that demystifies death and brings resolution to its fear and denial. Regrettably, the best of philosophers, theologians and apologists are yet to mine that formula. Rahner, Becker, Newland, Feldman, Hauerwas, Rosenberg, Rachels and others, but especially Rahner, have written with probity, candor and sometimes-scintillating appeal. They have made this research effort an academically and therapeutically productive enterprise. Without any need to be mutually exclusive, it appears that God's promises in the biblical record mediated by compassionate pastoral caregivers who have no inhibition about pressing the wisdom of the social sciences, ethical understandings and biblical hermeneutics into service, offer the most reliable and effective reassurance to the dying and grieving. The critical care physician who is said to be "the dying patient's last ally" and should be the one to introduce "peace of mind to the patient"[312] is in many cases taking

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[312] Roger C. Bone M.D., "End of Life Issues: The Physician's Role" Critical Care Medicine Vol. 25 (6), (1999), 1083 - 4.

refuge behind complicated high tech machinery and esoteric

pharma-cological compounds.[313] The physician is just doing

what physicians are trained to do. Faced with absorbing an

inordinate volume of scientific and medical knowledge, they

find it an irrelevant diversion to "take contemplative

classes on ministering to the terminally ill."[314] For the

indefinite future then, and especially so in the black

religious community, the pastoral caregiver will be the

point person and anchor professional who must address the

care issues of end of life. The black preacher is still who

W.E.B DuBois said he was in his 1904 work entitled The

Souls of Black Folk: "The preacher is the most unique

personality developed by the Negro on American soil."[315] The

black preacher and caregiver will need ethical and

theological sensitivity which will come through living in

spiritual harmony with God's spirit through the spiritual

disciplines of prayer, fasting and contemplative

reflection, supplemented by academic and clinical exposure

through courses, seminars and workshops that emphasize

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[313] Ibid.

[314] Ibid.

[315] Samuel K. Roberts, "Virtue Ethics and the Problem of African American Clergy Ethics in the Culture of Deference" in James F. Keenan, S.J. and Joseph Kotva, Jr., Practice What You Preach:Virtues, Ethics, and Power in the Lives of Pastoral Ministers and Their Congregations, (Franklin, Wisconsin: Sheed and Ward, 1999), 128.

ethical reflection and care in human crises. The American

Academy of Bereavement and Hospice care systems offer

certification in critical aspects of end of life care.

Clergy at the Church of God of West Broward will be offered

seminar support as part of pastoral action based upon the

Whiteheads' paradigm of practical theology - attending,

asserting and pastoral response.

In dismissing the African view of death as

superstition, Eurocentric ideologues may have foreclosed

valuable insights to themselves. Although African

theological tradition predates the western Eurocentric

tradition, the latter would take the position that in

relation to Africa, the omni-present God chose to reveal

his will and pleasure for Africans to Eurocentric believers

who were then charged with missionary zeal to take God to

Africa on the preposterous assumption that God was never

there before they arrived. There is no question the west

has been ahead of Africa in terms of the blessings of

automation, science and technology. But neither did the

ancient Hebrews whom God also called to be models of

Godliness to the rest of humanity, have these blessings.

They too mistook their calling as a right and privilege to

treat Gentiles as less than human beings. Approximately two

thousand years later, God introduces the Apostle Paul to

the scene, the latter claiming divine inspiration to live like Gentiles in order to afford them their legitimate heritage in the eschaton.[316] Missionized societies have demanded the separation of alien cultures from Christian mission with a view to inculturating Christ in heretofore non-Christian cultures. Wherever God's creation exists in their various cultural expressions and with particular reference to death issues, Jesus Christ may be contextualized rather than imposed with authoritarian zeal. The spirit of our inculturated Christ will then be joyfully permitted to make sacramental and behavioral inroads into the lives of recipients who are challenged to deal with for instance, the mystery of death.

The Christian tradition may find worship of ancestors unacceptable. The testimony of some African nationals attending Warner Southern College in Florida is that mainly rural and lower class persons practice reincarnation and ancestor worship. The cities have virtually dispensed with this brand of religious devoutness in relation to managing the issues of death and dying, perhaps in response to western influences. However, there must be something wonderful about a religious belief system that affirms rather than terrorizes the dying and grieving. In

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[316] 1 Cor. 9: 10-22 RSV

contemplating the mystery of death and dying, Africans and their diaspora brothers and sisters are ahead of the west in their view of the end of life. In Eurocentric thought death ends it all. In African thought, death and life are part of one and the same phenomenal reality and life continues in another dimension, but with new power and influence. More significantly, death is not a monster to be feared or a terror-laden intrusion to be repudiated. The death event may bring sadness but it also brings joy and celebration to the bereaved family and community. It is substantially a community event. This attitude towards death is revealed in the Negro spiritual:

>   Soon a will be done wid de troubles of the world,
>   Goin home to live with God
>   No more weeping and wailing
>   Goin home to live with God
>   I want to see my mother,
>   I want to see my father
>   Goin home to live with God.

African group identity gives a greater sense of support and solidarity, which makes a direct link with the Hebrew religious identity.

As regards the issues of suffering and end of life, Evangelicals and Catholic believers approach common ground especially in regard to the ethics that apply. God holds sovereign power over life and death. Having been created in

God's image, and recreated in Jesus Christ,[317] we share in Christ's holiness and are therefore divine recreations endowed with value, worth, dignity and integrity. Although suffering through illness and death-threatening conditions at times presents a Herculean obstacle to joy and happiness in life, it is not only a crucible that yields and shapes character, it was also the 'passion' experience of our resurrected Lord with whom we share solidarity. Suffering in the context of dying is not to be glorified, but must be acknowledged with patient and compassionate care while mediating the presence of Christ to the one whose journey is approaching the door to eschatological fellowship in Jesus Christ. Death may be the mortal enemy of life on one hand, but it ought to be seen by faith as a change of life rather than an end of life. Life has indestructible spiritual dimensions and death ought also to be seen as 'the gateway to our final destiny in Christ.'[318]

Ethical analysis may not be the easiest proposition to teach for application because Christians tend to take the virtues for granted, which means they are not being seriously applied to living or actively engaged for

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[317] 2 Cor. 5:17-18 RSV

[318] Fr. Paul Ritt, "A Theological Foundation For End of Life Ministry" 2-3.
(http://weww.rcab.org/healthcare/theologyofendoflifeministry.html

perfection. Pastoral caregivers may not be struggling at a particular point in time with their own dilemmas, but their role will pit them regularly against the ethical crises and dilemmas that attend the end of life. It will take some time for clergy associates to develop the ability to "see beyond the externals of a phenomenon into the inner workings, the reality beneath the surface of any phenomenon."[319] Issues of grief, organ donation, hospice care, pre-death conflict resolution, ICU, CCU, to cremate or not to cremate, to name a sample of issues, will require of the teaching, ministering and counseling pastoral caregiver imagination, sensitivity, discernment, patience, compassion, presence and above all, divine guidance in possessing the spirit of God, the mind of Christ, and virtues inspired by God's Holy Spirit. Of great moment will be the powerful virtues of patience, compassion and pastoral presence. Awesome? Yes! Doable? With God all things are possible!

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[319] Roberts, 132.

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