

FOREWORD BY STANLEY HAUERWAS

Speaking of Dying



RECOVERING THE CHURCH'S VOICE
IN THE FACE OF DEATH

FRED CRADDOCK,
DALE GOLDSMITH, AND JOY V. GOLDSMITH

“This book is theologically sound, pastorally insightful, grounded in Christ, and rooted in Scripture. Helpful tools and ways of giving voice to the dying and to their loved ones are provided for the church’s ministry.”

—**Abigail Rian Evans**, PhD, LHD, Center for Clinical Bioethics, Georgetown University Medical Center; Princeton Seminary

“Christians often say they are not afraid of death—it’s the process of dying that raises anxiety. *Speaking of Dying* lays a solid biblical and theological foundation connecting baptism and the Eucharist to their fulfillment in death, which aids our understanding of how dying ‘in Christ’ is counter to the cultural milieu of avoidance. The authors encourage pastors and congregational members to speak of their dying both to strengthen their faith and to receive support. This theological road map will most definitely enhance the reader’s approach to a dying person.”

—**Susan J. Zonnebelt-Smeenge**, RN, EdD, licensed clinical psychologist, and **Robert C. DeVries**, DMin, PhD, pastor and emeritus professor at Calvin Theological Seminary

“This book is a wonderful contribution to restoring the sacred art of facing the end of life. It is a deep and reflective analysis of the culture of dying and the Christian experience of living and dying, and a valuable resource for theologians, health care professionals, and all who seek to honor the final chapter of life.”

—**Betty Ferrell**, PhD, FAAN, FPCN, CHPN, City of Hope Medical Center, Duarte, CA

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Foreword

They had not expected him to die. He was in the critical-care unit of the hospital in a city some distance from where they lived, so they knew he was very sick. But they did not think he was going to die anytime soon. They traveled to see him, assuming that he would at least for a time get better. As soon as they walked into his room in the hospital, however, it was clear he was dying. The struggle he faced helped those who loved him to recognize that the medical interventions were only prolonging the inevitable.

Moreover, he was being forced to breathe, making impossible any communication between him and his family. If a nurse had not been present to help the family understand that he was suffering from an illness from which he would not recover, he would have died without interacting with his family. The intervention of the nurse made it possible for his therapy to be revised, which meant he could receive the love of his family, family members could pray for him, and he knew he would not die alone. He soon died, surrounded by those who represented how his story reflected a Christian life.

I was a witness to this death. It was not long after my involvement with this death that I was asked to write the foreword to

Speaking of Dying. Reading through the book, I could only think how much it is needed given what I had just witnessed. There is simply no question that too often we lack the words necessary to speak to one another about dying and death. Death threatens speech, often reducing us to silence. There can be a silence whose eloquence is a form of prayer, but too often the silence surrounding death is little more than noisy platitudes we are not sure are even true. “He or she is in a better place” tries to comfort, but it does so by denying the reality of death itself.

As the authors of this book document through paying close attention to the lives of ministers who are dying, it seems that Christians have lost our ability to “speak of dying” with one another. The essential story—the story of the life, death, and resurrection of Christ—that should form our dying as well as our living as Christians seems to have been lost. The authors no doubt are right to suggest that the way our dying has become the province of medicine may be one of the reasons Christians have lost our ability to speak of death. That another procedure always seems possible too often results in a person dying without being able to have his or her dying storied by the story of the church. It would be a mistake, however, to blame those associated with medicine for this result. As the authors make clear, Christians have only themselves to blame for losing the story that should make it possible to speak of death.

Take, for example, something as simple and significant as where the funeral is to take place. The authors rightly note that this is not a book about funerals; however, funerals often reflect how we have or have not learned to speak about death. The person whose death I witnessed had left instructions for his funeral to take place in a funeral home. As a result, the liturgy was less than it should have been, and it failed to reflect his many years of faithful attendance at his church. Somehow he had not been formed by the church to recognize the relationship between his baptism and his death. So those gathered at his funeral became an audience rather than a congregation.

I am, perhaps, particularly sensitive to the connection between baptism and the funeral because of the practice of my church. We have a cross-shaped baptismal that is sufficiently large to immerse not only children but adults. When one of our members dies, the coffin is placed on the baptismal the night before the funeral. We then take turns keeping vigil with our dead brother or sister through the night until the funeral is held. The connection so established between baptism and the funeral has made it possible for the church to speak about death in quite remarkable ways.

I am not suggesting that this church always gets it right, but rather I am calling attention to the fact that the small act of displaying the connection between baptism and death turns out to be one of the most significant defining characteristics of this church. This simple action seems to have unleashed the kind of speech this book suggests we desperately need if we are to speak truthfully of death. As these authors argue, the death of Jesus means Christians have a storied death that enables us to speak to one another about our dying. It may well be, therefore, that one of the most determinative witnesses Christians can make in our time is to be a people who know how to speak of dying.

Particularly noteworthy is the authors' suggestion that Christians have the psalms of lament as a resource to shape our dying. These authors rightly distance themselves from those who attempt to make death a spiritual experience. Drawing on Arthur McGill's great work on death, they remind us that we cannot experience our own deaths, but we can recognize that we need to die in order to discover our true selves. Therefore, death is properly lamented, but also celebrated as new life.

This is a book we have desperately needed. I hope it will become a book widely studied in congregations and seminaries. We must learn to speak of dying. This book appropriately helps us recover our voices as a people taught to speak by the one who died on a cross.

Stanley Hauerwas

Preface

I selfishly claim to have known my sister better than anyone else did. She was a pastor, and in her desperate time of degradation and loss—in the midst of a congregation and governing body unable to engage the subject of her dying constructively—I observed a train wreck. The experience changed my entire life. I turned from an academic career in the theatre to the world of uncertainty, anxiety, and fear heard in the communication of dying patient to caregiver, dying patient to clinician, dying patient to God.

I was Janet's caregiver during a nine-month experience with adenocarcinoma of unknown primary. From my view (as caregiver), her dying in the church, while working full-time, then part-time, but never not working, was a debacle. A devastation. A secret. An unspeakable thing.

My coauthors share with me the golden thread of Janet's life in wonderfully powerful ways. Dale (my dad) suffered my sister's journey of dying in the church as a parent. Janet's best seminary professor, Fred, agreed to enlarge our circle in hopes of affirming the need for the church to speak more openly about dying.

Knowing of other pastors who died while still in ministry, we wondered if it was common for the church to be ambiguous and to avoid talking about dying, even when it

was happening to a key individual in their midst. We found a number of respondents who were not hesitant about sharing their recollections and their losses.

In most work situations, death is an event that carries no particular baggage other than the admittedly significant termination of a worker's employment, the absence of that worker from the job, and coworkers' devastation about the suffering and absence of a peer. Few pastors die while serving their churches. Some of those who do, die suddenly. Others die as the result of a longer illness. While every death produces its own network of emotion, the effects on the church of a pastor's often lengthy terminal illness and death can be much more complex and have more subtle and far-reaching results than the impact of a pastor's sudden death. The dying pastor provides an extreme example of the modern church's inadequacy to serve the dying, and if the pastor suffers a bad dying in the midst of the church, who can die well?

As we proceeded into the darkness of the stories our research produced, we recognized the negative critique implicit in the book's opening. Our first acknowledgment goes to those dying pastors whose struggles can challenge us to do better at the end of life. We gratefully acknowledge those informants who willingly shared their memories of the ten churches in which these pastors died.

The support we received from others was terribly important. We must acknowledge and thank those of Janet's congregation who helped her complete her call in the midst of tension, fear, and unknowing. Since the infancy of this work, Katherine Rowe has been supportive and faithful in advising us through its various challenges and celebrations. Dave Schneider fueled our efforts by repeatedly pointing out that church resources for supporting the terminally ill just weren't out there. We are most thankful to our spouses and children who have been part of this long journey in their own influential and unique ways.

We are grateful to Rodney Clapp for seeing the promise in the project and for shepherding it through the acquisition process at Brazos Press. He offered a needed fourth hand in shaping the work, championing its core intent, and providing a platform for its appearance.

The southwest branch of the Amarillo Public Library proved absolutely indispensable as a veritable research library, responding to constant interlibrary loan requests and procuring resources throughout the writing of this manuscript.

Finally, we acknowledge that this is not a story about one death—that incomparable loss of my beloved sister—nor of ten dying pastors, nor of the grief that attends death. Rather, it is about the larger narrative of God’s loving care for all creation and Christ’s call to the church to carry the dying on life’s last journey.

Joy Goldsmith (for Fred Craddock and Dale Goldsmith)
Blairsville, Georgia
Advent 2011

Introduction

The Christian church has always been cognizant of the need to prepare believers to face dying in a manner fitting to their essential nature as creatures of God—as beings already dead, buried, and raised to new life in Christ through baptism, and sustained in that new physical existence by the Eucharist until called by their creator to the life of the resurrection. That commitment to provide for a good dying has taken different forms throughout history, and the appropriate “art of dying well” has always been clearly articulated—until modern times. Today we find that Christians have ceded to others the scenario for dying; the church no longer has much to say or ways to say convincingly those things it wishes to say.

Words of Jesus, words of Scripture, and sacramental words all constituted the coping tradition for the church’s first millennium and were available through worship, sacramental rites, and popular piety. Early in the second millennium, with more individualism and the invention of the printing press, a new vehicle of communication found immense popularity: *The Art of Dying* (or *ars moriendi*) was the title of an immensely widespread collection of warnings, encouragements,

prayers, and directions for a good dying that could be accessible to all even if the church was unavailable.

As we enter Christianity's third millennium, we believe it is not too bold to hope that this volume continues the church's commitment to be with and supportive of the dying—that it is a modern iteration of Christian theology of dying in the ancient *ars moriendi* tradition. We do not claim novelty; rather, we offer reminders of the gospel resources available to the dying and we draw on contemporary communication insights that can help us reflect on the ways in which we speak the truth and the comfort available in Jesus Christ, the Word of God, the Lord of the Living and the Dying.

The road map of this journey begins with the dramatic stories of ten dying pastors whose end-of-life days were lived out not only “on the job” but also in the grip of terminal illnesses lived in full view of their death-denying congregations. The dyings were fraught with missed opportunities and marked finally by tragic consequences for the church. This tragic bypassing of the gospel promise is not our story; it is but the sad reality that confronts us if we only take the world's word for it. Chapter 2 offers a broader view of American cultural end-of-life communication patterns and the narratives central to our end-of-life choices. An analysis of how the church has capitulated to a secular narrative closes with the question of how any Christian can receive the benefits of the gospel message for the dying when the church outsources care for the dying to secular caregiving.

The next four chapters look in detail at the Christian narrative and how that story—the one in which end of life can have an entirely new and hopeful meaning—is constituted. Chapter 3 lays out a theology of dying based on the nature, life, death, and resurrection of Jesus Christ, Lord of the Living (and the Dying). Chapter 4 retells the Christian's narrative, in which baptism is the entry and Eucharist the sustaining power for a people who are familiar with dying because they have already died in Christ. We are a community of believers who

have *already died* and are already in a new life and equipped to face physical dying in a radically new way. Chapter 5 is a christological examination of Jesus as the *Word* of God, which is the basis and the warrant for Christians who may still need help in talking about the taboos of dying and want to live in a community of communication that includes communication about death. Chapter 6 affirms the need for the church to speak publicly about dying as it brings the full gospel message to a death-defying and death-denying world from the pulpit.

After the organized theological and christological efforts to bring a theology of dying to the reader, chapter 7 offers less organized personal testimonies from ten Christians who, in one way or another, offer thoughts on facing dying as Christians. Each story is different, but each individual relies on Jesus Christ as the means to cope constructively with end-of-life certainties.

Finally, chapter 8 offers a scriptural framing of central criteria for good dying that relies on the breadth of Scripture, Christology and theology, and individual examples offered in previous chapters. A brief offering of practical strategies for communicating on end-of-life issues within the church concludes the volume. Neither the criteria for good dying nor the practical strategies for strengthening communication are exhaustive; rather, these are offered as a stimulus to remember the age-old resources for facing the ending of life that Christians have treasured for centuries.

None of this is meant to replace the role of helping provided by medical science or health care; instead, the role of “being there” in the unique way offered by Christ is encouraged and mapped out in ways that we hope are clear and helpful, but not officious. Each chapter concludes with discussion questions that we hope can be useful to the individual reader and to study/discussion groups committed to the church’s mission to bring God’s grace to all.

1

The Dying Pastor

EVERYBODY KNEW,
BUT NO ONE WOULD TALK ABOUT IT

Ten years ago, Pastor Janet Forts Goldsmith died of cancer. Janet died while she was the associate pastor of a mid-sized Presbyterian church in the South. She was the daughter and sister of two of the coauthors (Dale and Joy) and the former seminary student of the third coauthor (Fred). For all of us, she was a light extinguished too early. Janet died within nine months of a diagnosis of metastatic cancer. Terminal illness is stressful for any workplace dynamic. But in this case we noticed that Janet's position in the church made her dying even harder. Her congregation was unable to engage the subject of her dying, to communicate openly and well about it. Denial and ambiguity clouded an already difficult situation. Janet's dying in the church was a train wreck. A disaster. An imposition. An unmentionable thing. The church only many years later is recovering its stability.

Very few pastors die while serving their churches. Sudden death comes to some while others die from protracted illness. Complex and burdensome emotions are produced in either scenario. Here we examine the unique problematic of terminal illness and its complex, insidious impacts on the life and health of a congregation. We recognize the unique circumstances of a dying pastor—yet this provides an extreme example of the modern church’s inadequacy in serving the dying and their families. If the pastor suffers a bad dying in the midst of the church, who can die well?

Janet’s dying underscored the Protestant church’s acquiescence to ambiguity and avoidance concerning dying, even when it is happening to a key individual in its midst. To be sure, the church is expert in dealing with *death*. The ritual and practice of the funeral is performed with exactitude, community, and reliability. But the funeral and what else happens after death is not the focus of this book. Our focus here is on the event of dying itself, and how the church often averts its attention while one of its members dies. We want to call attention to this unfortunate tendency. But more important, we want to remind the church that it has abundant resources to face and engage dying. The church can help its members die well. So ultimately our message is one of encouragement and hope.

First, however, we have to face the situation as it stands. We must explore how churches avoid, deny, cover up, and confuse the reality of dying in their midst. In ten cases we studied closely, pastors faced their dying largely in isolation. And if the pastor’s dying can occur so far beyond the ken of the gospel’s reach, is there hope that the rest of us can find possibilities for a good dying in the fellowship of the church?

Provisions for Avoidance

Why can we not talk honestly and openly about dying, in our churches and in the surrounding world?

The preeminence of medical science and advanced technology, which have led to the eradication of many diseases once considered death sentences, permit us the belief that we have conquered death, that it is no longer the inevitable, natural progression of life. The ability to receive medical treatment and advanced testing has caused illness to become a permanent condition rather than a temporary state. This prolongation of life has shifted the cause of death from infectious to chronic and terminal diseases. As more causes of death result from chronic conditions, people are living in a dying role longer, thus increasing the necessity of communicating more frequently with dying persons.¹

Many Americans today see technology as an escape from the inevitability of death and believe that technological advances will fix any bodily damage suffered throughout their lives.² Moreover, the attempt to control death has resulted in a loss of understanding of the meanings surrounding dying. Austin Babrow and Marifran Mattson conclude that the dying process has thus become, paradoxically, even more agonizing.³

Barriers to communicating openly about dying are a result of a lack of open awareness about dying, society's high expectations and emphasis on health restoration and recovery, and the change from community-based religion to individualized religion.⁴ Our care of chronic and terminal illness is medicalized; this replaces the care we could receive from other sectors and institutions of society, the church being a dominant one. The trepidation associated with communicating with dying persons who are seen "as living reminders of the unavoidable reality of death" is commonplace for most of us, and can be the common experience of dying even in our own families.⁵

Medicine has largely usurped our involvement in dying. The loss of public rituals and practices surrounding dying (both cultural and religious) has contributed to communication apprehension in these contexts. Daniel Callahan argues that it is these practices that teach us "the comfort of knowing how to behave publicly in the presence of death—what

to say, how to compose one's face, to whom to speak and when to speak."⁶

Church members and pastors are not immune to the ideology of impending death denial. The typical funeral sets a low bar for entry into some rewarding afterlife. That afterlife is typically conceived as a continuation of this life. This in itself is astonishing in light of our increasing knowledge of physics and cosmology. Thus the church typically ignores dying, not on theological grounds but because (1) technology postpones it, (2) culture removes it from view, and (3) the focus is diverted elsewhere. Thus the imponderables are rendered manageable by medicine, technology, institutionalization, and the church's simplistic pandering to a softhearted and softheaded universalism that places an easy judgment on each soul as it ushers them to a heaven that is simply earthly life in perpetuity.

In his survey of Western attitudes toward death, Philippe Ariès describes how our views of death have changed from the natural occurrence that takes place in the bedroom (ideally) to the virtual banishment of dying from our minds by outsourcing it so that it is "hushed up" or "furtively pushed out of the world of familiar things." Death in a medical facility signals a shift from dying as a ritual to dying as a "technical phenomenon."⁷

Helpful Communication Concepts

Medicalization and related factors help explain how and why the church has outsourced the management of dying to institutions other than itself. Some concepts in communication theory will also aid us in understanding how the church fails to properly or constructively engage the dying in its midst.

Diagnosis responses among church family members are as varied as the dynamics in any human system. Other than the patient, family is most immediately affected by a terminal

diagnosis: their system is altered and will continue to evolve radically as the pressures of suffering intensify. Research performed in the last two decades recognizes the “intimate reciprocity of suffering by patients and families experiencing terminal illness.”⁸

For all parties, there is the individual concern of coping with the suffering of self, as well as the interpersonal concern of coping with the suffering of the other.⁹ Both a pastor and congregants share the fatiguing duality of living with and dying of an illness.

Caring for the terminally ill can produce profound psychological effects, increase anxiety and depression, cause deterioration in other relationships, and suppress professional roles and involvement in personally fulfilling and healthy activities.¹⁰ We see all of these familial losses in the churches with a dying pastor. In the church context, basic congregational needs continue and members of a church family likely feel the pressure of increased responsibilities or increasing avoidance of responsibilities. In addition, patient suffering can commingle with these shifting roles of responsibility to create feelings of high anxiety, frustration, confusion, anger, and loss in a church community. Congregational conflict can become untenable as a pastor becomes too sick to participate in the decision-making processes of the church. Amid all this tension and confusion, there are three communication approaches that help us explain how churches can fail to share ideas about a pastor (or member) who is terminally ill: mutual pretense, strategic ambiguity, and Communication Privacy Management (CPM) theory.

Mutual Pretense

The ritual drama of mutual pretense is established when medical staff, church, family, friends, and patient agree to behave as though the patient is not dying. To create this context, a complex, mutually achieved but often unspoken

coordination is necessary.¹¹ If one participant in the context is unable to pretend death is not encroaching, the pretense will end. Of course, mutual pretense is eventually unsustainable if a patient is actively dying. The pretense denies family a closer relationship with the dying patient, leaving the patient very much alone in dying and silenced. The most prominent organizational consequence of the mutual pretense context is that it eliminates any possibility that family and friends might psychologically support the patient and one another in the dying process.

Strategic Ambiguity

In 1984, Eric Eisenberg defined strategic ambiguity as an “instance where individuals use ambiguity purposefully to accomplish their goals.”¹² Strategic ambiguity allows points of agreement to be found and values to be shared at an abstract level; agreement occurs in general and the grand narrative of the group is preserved. Conflict can be avoided.

Communicators use resources of ambiguity in language because they always have multiple goals in communicating (though sometimes we are not fully conscious of these goals). The classic example is a person wanting to be simultaneously truthful and tactful. Conversations aimed at breaking bad news or talking about the loss of life as we know it are rife with multiple goals, so it is not surprising that pastors, congregants, and church hierarchy are at times strategically ambiguous.

There are two sides to strategic ambiguity. The first is self-protective, political, and even manipulative—power and privilege can be preserved by avoiding conflict that can occur as a result of directness. The second side of strategic ambiguity is inclusive and even transformative—by avoiding clarity, a communicator can make room for multiple interpretations and in so doing engage disparate stakeholders.¹³ Though the properties of this communication strategy can serve an

organization and its process, we find that this method used purposefully and passively (without training) presents challenges of vagueness, nonspecificity, distraction, and evasion when a church is confronted by a dying leader or member. The essential problem is this: strategic ambiguity allows people to avoid responsibility for the messages created in a culture of death avoidance. Strategic ambiguity can contribute to the patient and her or his immediate community buying into a story of recovery when it is inappropriate, given the diagnosis.

Communication Privacy Management (CPM) Theory

According to Communication Privacy Management (CPM) theory, private information is owned by individuals and this information is maintained by boundaries. The flexibility of the boundaries and the inclusion of certain people are determined by something called *boundary conditions*.¹⁴ Once private information is shared, the new recipient assumes co-ownership of the information. Boundaries are continually managed between individuals. Terminally ill patients and congregants/staff must ultimately manage co-owned information as a means of managing uncertainty. For example, if two members of a congregation learn of a serious advanced disease diagnosis for another church member, they now must manage that information. Will they share the information and report to supportive others that their co-congregant has a terminal illness? Will they share that their co-congregant has received a difficult diagnosis but is doing well and is committed to recovery? Will they share that their co-congregant has received a difficult diagnosis but is hopeful for recovery? Each choice will have a different impact on the people who become co-owners of this private information.

Thus individuals manage personal (e.g., pastor to congregant), shared (e.g., congregant to congregant, or staff to congregant), and organizational boundaries of private information (e.g., congregant to church hierarchy; parties

throughout the entire structure of the church and its governance) through privacy rules that dictate how a boundary can operate for people. CPM theory helps us consider what information is actually exchanged about the dying reality for a person in the church. Originally proposed as a way of understanding organizational culture, CPM theory is easily applicable to family and church systems and is useful in determining group culture during terminal illness. In addition to understanding boundaries, the ideas held within CPM theory identify the ways in which people go about managing uncertainty.

What we found in the churches examined in this chapter is that uncertainty management was primarily achieved by avoiding an open awareness of dying as well as limiting access to private information not only to the local church family but also within larger governing structures.

A Study of Dying Pastors

In order to learn more specifically how churches respond to the dying in their midst, we elected to study ten churches, scattered across the southern and midwestern United States, that had pastors suffer terminal illness while leading their congregations. We interviewed interim pastors who replaced the dying (and now dead) pastors, denominational administrators, church staff members, and congregants from these churches. We asked questions such as: How long before his or her death was the pastor's terminal condition made known to the church? How did the church discuss—or fail to discuss—the pastor's dying condition? Was the experience of dying used to enrich the church's ministry in any way? And what were the impacts of the pastor's dying and eventual death?

Here we include a sampling of the responses we received to our inquiries about how these churches coped with and communicated about a dying pastor. These examples are

qualitative, subjective, and not generalizable, but also truly authentic and rigorous in their experienced detail as represented in the voices of our participants. We believe they provide illumination on how the church faces dying and death in our day; often, as we will see, the church does so with a great deal of avoidance, denial, and confusion. What follows are some of the themes we interpreted from the stories collected.

Communicating a Terminal Illness

Perhaps this is the key moment where we go wrong, or where we at least miss some major opportunities, such as failing to communicate clearly that a pastor is in fact dying. For all of the churches we studied, this seemed to be the least dramatic or quietest event we learned about, but one that casts immense shadows onto how these congregations functioned and communicated as their pastors faltered and as diseases progressed.

In one Texas church, a minister of music told us that the senior pastor knew of his terminal illness “probably” nine months to a year (the uncertainty is telling) before he told other staff, the church board, or anyone else in the congregation. Before then, though he was visibly failing, the gravely ill pastor said nothing about his condition. And when the terminal illness was announced, how did church people talk about it? “They didn’t very much,” was the reply.

In another case, a dying pastor and his family suppressed any recognition of his condition long after its seriousness was apparent to others. “Everybody knew but no one would talk about it,” an interviewee told us. “He kept trying various kinds of treatments . . . and he was not in remission. It was ongoing and he was getting worse and worse and worse.” But at no point did this pastor discuss his illness or his dying with the congregation.

Each of these two examples offers a different scenario, but they share the themes of ambiguous communication,

congregational denial, and suppression—initiated largely by the pastor. This is not unlike a typical American response to a terminal diagnosis. In the majority of the churches we learned about, the fact that the pastor was dying was denied, suppressed, or ignored by the congregants, even upon a public announcement of a life-limiting illness. Few of us have the opportunity to announce our health updates to congregations in public settings; and in those instances in which pastors chose to share the news of their disease from the pulpit, the weight of this news did not transform the practice of the church body or its outreach, or the performative expectations of the pastor. In such cases, immense dissonance ensues. The caretaker of the people needs care. How do these churches deal with the dissonance? Privacy and boundary management (controlling health information and its impact on organizational function) as well as strategic ambiguity find their stronghold in this tension of need.

The Pastor's Workload in the Midst of Dying

We were interested in how pastors and churches, facing the spiraling challenge of functionality attendant to terminal illness, maintained the practice of pastoring. Some participant responses concerning workload were the most painful to face in our analysis. For many of the pastors who were dying, a concerted effort was made to preserve their preaching appearances. For some, this labor was supported or administered by an inner circle privy to the truth of the pastor's physical dwindling, and for others, church staff were needed to achieve this facade. But as we learned, maintaining the face of a (highly) functioning pastor who was—in reality—dying had a variety of costs for churches that opted for this drama of mutual pretense.

In one case, a sick pastor preached from an easy chair because he was too weak to stand. In another case, a gravely

ill pastor kept preaching until three months before his death. His final sermon was interrupted by a seizure. “We wound up having to call the paramedics to take him to the hospital from the worship service,” said one of our interviewees. In a third case, a pastor continued to preach after cancer affected his mental processes and he often lost his train of thought.

There seemed to be a potpourri of pastoral crises at these churches with nobody really at the wheel of the floundering congregations. Because pastors at many locations were “so loved,” nobody would broach conversations about how they could help the pastor and the church. And other churches allowed pastors to work in contexts that had become dangerous and embarrassing for everyone. They slid further into the drama of mutual pretense, thinking, if not actually saying, things like “These illnesses could be overcome” or “We’re one battle away from improvement.” Without talking about and planning how to care for the pastor, the pastor’s family, the work of the church, and the congregation during this time of decline, most of these churches failed in their mission and suffered a variety of compromises (e.g., loss of financial solvency, abuse of church staff personnel).

Dying and Death as a Consideration

Avoiding the reality of terminal illness extended into an absence and exclusion of this reality from the life and work of these churches. Excluding an acknowledgment of a terminal condition, the probability of dying, and the need to minister to the dying constitutes a conscious (or, more kindly said, an unconscious) positioning taken by these churches. Not only are these dying pastors denied the ministry of the church when they all—including the church—need it most, the larger mission and goal of the church to minister to the needs of the world is delivered a blow from which it is almost impossible to recover.

In none of the instances we studied did the dying pastor and his or her congregation respond to terminal illness by facing dying head-on. A dying pastor might be thought to model a Christian dying, but that was not too likely when the pastor and those around him or her would not acknowledge the reality of a life ending and a need for transitions.

In one case, a pastor hoped to model what an interviewee called “hitting hard and winning.” This interviewee said, “He talked about his disease but ultimately and evidently privately—always in terms of ‘this is how I’m going to beat this thing.’” This posture left the pastor with nothing to “model” once his dying was clear and undeniable.

In another case, the pastor and church colluded to conceal the pastor’s impending death by also failing to acknowledge it. In healthier days, the pastor had been a runner and bicyclist. As a gift of hope, the church presented him with a new bicycle. Their intentions were to encourage and support the pastor, but the failure to engage the reality of his dying only encouraged false hopes of his recovery.

The picture was similar in a third case, where, an interviewee said, the pastor was “in total denial.” Rather than attempt to in some way discuss even the possibility of his death, church members were “just surviving along with him.”

Can a dying pastor find the wherewithal to direct a program about dying to help the church deal with its most difficult reality in leadership? In most of our cases, the answer was no. But also the churches as functioning bodies did not rally to act on their new reality to grow and cope in their crisis, or extend their learning about dying through outreach and mission. What does a dying pastor need? A new racing bike? The mutual pretense of denying death among the pastor’s community and the ignorance of Christian tools to aid in this life’s transition? We observed that these choices only damaged the churches involved and created wreckage for family and congregations that had lasting effects in excess of a decade at many locations. Table 1 identifies the protracted nature

of this experience for several of the churches in our small sample and hints at the costs incurred, which are further described in this chapter.

Impact on the Congregation

Most of these churches lost substantial membership, resources, time, programming, purpose, trajectory, and mission. With the exception of two churches, all the congregations were still continuing to rally and regroup as a result of the experience of the pastor's dying and its management and communication of the illness and dying in and outside of the church body at the time we collected this research. As for Janet's congregation, they are in their tenth year of rebuilding (after two interim and one short-time lead pastor and two associate pastors) and seem to be only now stabilizing and reaching forward with their programming. After conflict and disagreement, the lead pastor announced his departure in conjunction with the session's pledge to allow her to work until she chose to leave or died, whichever came first. With both pastors leaving, the church family was splintered and abandoned.

In the absence of openly acknowledging and planning for a dying pastor's death, another church split into factions after some members thought various other groups were surreptitiously vying to appoint the dying pastor's replacement. Sometimes churches recognized they needed to face a pastor's impending death, but were paralyzed about how to do so. Even as cancer metastasized into one pastor's brain and he became abusive, one church did its best to ignore his behavior. "We were held hostage by his illness," a former staff member said.

Our participants described a variety of hits their congregations incurred, stemming from different causes and traceable to communication surrounding the terminal diagnosis and the role of the pastor in the church. One congregation

Table 1: Summary of Qualitative Data from Sample Churches

Church	Time from Public Acknowledgment of Illness until Death	Summary of Pastor's Work Performance during Dying	Church's Use of Pastor's Terminal Experience to Enhance Church's Ministry	Intervention/help from (higher, outside) Denominational Committees or Officials	Aftermath for Congregation
A	5 years	Worked 6 weeks before death; reduced to sermons only	None	No	Denial of grief; rejection of tradition; schism; did not notify prospective ministerial candidates that former pastor died on the job
B	10 months	Worked until 1 week before death.	None	Yes. Presbytery met with session and urged that associate pastor remain employed as long as associate desired.	Schism; lead pastor left; interim pastor served 2 years; regular pastor served 2 years; another interim pastor served for 2 years before another regular pastor was installed
C	2 years	Worked until death; preaching often incoherently due to illness	Pastor publicly modeled "fight hard and win" vs. illness	No	Much grief; 25% drop in membership, then slow recovery and rebuilding
D	4 years	Worked until 3 months before death; load reduced to sermons only; preached while supported; suffered seizure while preaching	Placed more emphasis on "faith in hard times" in sermons	No	Schism over replacement; leadership instability; 5 pastors have served since death; deceased pastor's wife, traumatized by experience, left community

E	7 years	Although independently wealthy, he worked until 8 months before death; outsourced multiple tasks at cost of \$250,000; had fits of anger toward staff	None	Yes; when session realized large outsourcing expenditures, “We were held hostage by his illness for 7 years.”	Mutual anger; 3 years of pastoral instability; drop in membership.
F	5 years	Not functional last 6 months but worked until 1 week before death; load reduced to preaching while seated	Series of 3 or 4 sermons concerning “what I have learned as I am dying”	No	Board split over the church’s grief process; did not inform applicants for job of former pastor’s death
G	2 years	Worked, but with assistant	None	No	“Essentially became 2 congregations” as church split over how to honor deceased pastor
H	1 year	Employed as pastor until death but performed no pastoral function; withdrew to role of congregant	None	No	Initially smooth transition followed by several years of pastoral instability
I	1 year	Worked and resigned 2 months before death	None	No	Recovery and growth
J	6 years	Pastor left church, knowing he could not do ministry full-time; served other smaller parishes part time until a few years before death	None	Yes; after pastor’s resignation, church unable to find stable ministry (Interim transition was made after pastor’s resignation and both before and after his death.)	Interim pastors unable to move church forward; church felt abandoned by the (slowly) dying pastor

in our sample experienced six pastors in as many years in the period following their pastor's dying. Some participants noted the impact of suppressing the dying pastor's story in the church's search for its next pastor, thus leaving applicants unaware of the minefield that awaited the new pastor. This sanitizing of the church's narrative created its own new set of pathologies. As a result, some of these churches failed to grieve and process their experience with a dying pastor for years after it occurred, or they never did so, and new pastors arrived, spending most of their ministry simply identifying the truth of the churches' stories.

One church prepared for its immediate pulpit supply (the Sunday after death) needs, while two others suffered from ill-equipped governance structures. Perhaps these local church governance bodies were overtasked or overloaded, but what can undoubtedly be said for all of the church governance bodies we learned about is that they were not endowed with any practical tools of intervention for churches facing this unique, protracted crisis.

These examples of fracture stem from the same problems: the church (1) communicating poorly about the dying experience, inevitable transitions, and shifting goals; and (2) ignoring its many resources. In some churches, a dying pastor garnered immense power because of his or her diminishing health and the church's fear of discussing dying, and in other churches the pastor lost out in participating productively with the congregation or community because he or she used his or her remaining energy to mediate conflicts, or failed to live up to previously established expectations for preaching performance or organizational management.

Where We Go from Here

In almost all of our ten pastor death stories, the church was either damaged by the experience of dying, or this episode in

the church's life brought deep-seated historical problems to the surface. Why is this the case? Employee deaths in other businesses do not seem to have such devastating consequences. What went wrong in the affected churches? Communication Privacy Management theory offers some explanation of the human behavior at play in these settings with the concept of boundaries and understanding the conditions of those boundaries.¹⁵ Often preexisting boundaries established an environment not conducive for productively communicating as a community about a pastor's terminal illness. These boundary conditions, or historical patterns of communication (who gets to know, and how they are told), played substantial roles in each of the churches we explored in this project.

The profoundly hurtful dynamic resonating throughout many of these stories is the same: there was a failure to communicate honestly and substantively within a context provided by the Christian tradition. With the resources available in the church as an institution with a long and rich faith tradition, there ought to be no better place to face death and do the work of dying than within a family of faith. Because of these resources and the promise that rests in this institution, we are hopeful that positive coping resources, through awareness and education about communication, can emerge from the situation we have been describing. The Christian tradition offers a considerable wealth of ideas for communicating about dying. In American culture it is not popular to emphasize dying or to see benefits in it. Nor is there urgency to get the message out before plague, war, nuclear holocaust, or some other blow cuts down the hearers. The fact that most sermons are delivered in front of an American flag suggests that the message is really one of life in the kingdom of America, not death in and toward the kingdom of heaven. Easter, not Good Friday, is the heuristic liturgical paradigm for American Christians. Lively applications of the latest technology make churches look and sound like American pop culture—the culture of the living, not dying.