

When Someone Is Dying

The Words You Both Need

By Martin Hall, Writer-Editor

Introduction

Dealing with the impending death of someone important to you is an ordeal of unequalled difficulty. The difficulty is amplified when you have to find the words to tell that person he or she is dying.

The purpose of this book is to give you the words to open a meaningful dialogue between you and someone you care about who is dying.

Some of us deal with the impending loss of a loved one by default. We never really discuss and share what is so painfully obvious. In the process, we foreclose the possibility of creating the intimacy we both desire and need, and our dying loved one is then left to face death alone.

Some of us choose to have somebody else say the words for us: a minister, priest, doctor, nurse, social worker or friend.

And some of us choose to challenge our understanding and change our own feelings about death.

In many cases, the dying one already knows the truth, even though you and he haven't talked about it. Diverse signals have already reached him. Words have been said and words have been left unsaid. He has observed what doctors and nurses and family and friends have done and have not done. Yet it is difficult to speak frankly with him about what is so obvious to both of you.

We give you specific tools to approach the subject; help you recognize the stages of a person who is dying will most likely, although not necessarily, experience; and leave you with a sense that death, the most fearfully contemplated event in our lives, may be an opportunity for you and him to share a degree of intimacy simply not probable under any other circumstances.

No matter what you might expect the experience of dying to be – or what may follow that experience – it is a critical first step to recognize that all of your actions or inactions during this critical period should be based upon an understanding of the dying person's expectations, beliefs and capacities. Working within the context of his belief system and current emotional and physical capacities is critical.

It is for this reason that we present information intended to help you identify and assess the dying person's perspective of this process. We review the typical stages of dying, telling you what he is likely to say during each stage, and we review typical beliefs and perspectives of what may follow death. Based upon this understanding, the opening of new channels of communication, intimacy and love becomes a challenging, yet very achievable and satisfying goal.

What follows may be as much about you as about the one you are losing. While the main focus here is not on the trauma of sudden death or the unfairness of the untimely loss of a young loved one, we believe that much of the following will be enlightening and of comfort in dealing with your loss.

Our information comes from a rather wide variety of sources. We have talked with doctors, nurses and other health-care professionals; with non-professionals who are in contact with the dying; and with family members and friends who have lost a loved one. We ourselves have lost a loved one and have been motivated to do this project for that reason.

It is our wish to help you through this most difficult time, and we hope that you will share what you find to be true with others you may know who are having to deal with the death of someone they love.

Martin Hall

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Chapter One

A Family Who Couldn't Find the Words

By Louise Heckendorf

The following is the true experience of a family that did not discuss death with the patient. It is told by the mother of a dying young woman. She says:

"Her cancer had been discovered two and a half years before, but there had been surgery and chemotherapy, and, for the last half year, she had looked beautifully healthy and talked optimistically of the future. Taking our cue from her, we did not talk about the possibility of death.

"We are painfully unprepared for the shock of her abrupt, three-week final illness. For the first ten days, she and her doctor fought it together, just as they had from the beginning. Then on the eleventh day he discontinued all medications, with the exception of morphine.

"He asked us not to tell her that she was near death. 'It will devastate her,' he said, 'and she will stop fighting.' We were too numb to ask why he believed it was necessary for her to continue fighting. But we went along with it, not just because he was her doctor, but mainly because we couldn't say to her the words 'death---dying,' without breaking down. And this is important to emphasize:

WE DIDN'T KNOW ANY OTHER WORDS TO USE

"We have since come to understand that the doctor knew it was we who were the ones who would have been devastated by the telling.

"Most of us have seen family members standing outside hospital rooms crying, and then returning stoically to the patient, pretending that nothing was wrong. We were such a family.

"Since she was sleeping most of the time, we hoped that she would die peacefully while she slept.

"However, when the stage of her illness arrived that marked the beginning of her last hours, she was awakened by a choking cough. Her eyes opened widely, and then

closing them again, she began humming. She hummed until she was overcome by pain, and, finally, unconsciousness.

"Although we, her family, were present every moment during the last weeks of her ordeal, she was, in truth, alone. She made her own comfort in the end, with her own music."

Chapter Two

Clues to Recognizing the Stages of Dying

By Martin Hall, Louise Heckendorf,
Aqdas Kuraishi, M.D., and Claudia Hall, R.N.

It is critical that you approach the subject of dying from the perspective of the dying person. His perspective will be composed of many elements over which you will have little, if any, control. However, it is possible to glean valuable bits of understanding from clues he will give you. These clues should give you insight into what the person's underlying needs are.

No person experiences death exactly as another. Many, however, experience definable stages of dying. It is from the perspective of each of these stages that a set of needs, hopes, capacities and emotions is in evidence. Understanding these stages will help you be aware of them as they occur. You will know what to look for.

During all stages of the illness, one thing you should keep in mind is the effects of medication. They vary considerably from patient to patient and complicate the process of determining what's going on with the patient. You should ask the assisting medical personnel about the typical effects of the particular medication. Unusual, distant, exaggerated or difficult behaviors are frequently the result of medication. Determining how the patient's current status is affected by the drugs will assist you in focusing on his needs.

DENIAL

The hope underlying this stage is that the illness is nothing serious. Words he is likely to be saying to himself are: "No, it's not possible." Persons in this stage frequently will not share anything negative with those around them. Some never go beyond this stage, choosing to successfully deny the illness to the end. Most truly want to live. And some honestly don't believe that they're seriously ill and doubt the validity of the diagnosis. Denial can either help or delay facing the inevitable. Here's a scene typical of the denial stage:

"If I can just get out of the hospital and back home I'll be all right!"

The woman sat up in bed, slid to the edge of it, and then stood up. Her legs shook crazily. Her sister darted toward her and supported her sister's swaying body. "You're

not ready to go home," she said. "Let's sit down and talk about it." Together, they sat on the edge of the bed.

"Is there something at home you want taken care of?"

"I left my ring in the drawer under the bathroom basin."

"I'll get it tonight and keep it for you. Is there anything else? Somebody you want to talk to?"

"I want to talk to that man from the clinic in Tijuana about their treatment. Lots of people get cured there. Get me another doctor. I know I'm not really so sick. If I could just – "

She lay back down, closing her eyes wearily.

Another example of a person experiencing the denial stage:

"You know doctors always think different things and no two of them agree. I've had three specialists, and they all say different things would help me. Maybe I should go to Mexico. Maybe I should go see a chiropractor and see what he thinks of all of this. Even though I've been feeling well, lots of people feel this way, and maybe I'm just making a mountain out of a molehill."

It is common in the denial stage that the patient will express desires to go back to school, see old friends, remodel the house, or some other action which shifts his focus from his illness to another, more productive scene.

ANGER

The hope underlying this stage is that there is a treatment for the illness. Words he is likely to be saying to himself are: "Why me?"

Here's a scene typical of the anger stage:

"The doctor hasn't been in to see me today," he said to his wife as soon as she arrived at the hospital, "but then, what does he know anyway?"

"How did you sleep?" she asked.

"Terribly. Not at all."

"I'll ask if they can give you something stronger."

A nurse came in to check his bandage. "What are the results of the test they took yesterday?" he asked her.

"I don't see anything on the chart."

"Well, get it!" He turned to his wife. "Not that it matters. Those tests don't mean a thing."

He turned his attention back to the nurse. "You're hurting me!"

Then, exhausted, he closed his eyes and slept.

Another example of a person experiencing anger:

"I don't deserve this. Why did this happen to me? I never smoked, so why should I get cancer? If doctors know everything, why can't they solve this problem? Why does this happen to me when there are so many jerks walking around perfectly healthy? There's no justice in this!"

And, of course, sometimes anger is expressed with much more volatility.

BARGAINING

The hope underlying this stage is that somehow life can be prolonged. Words the patient is likely to be saying to himself are: "Yes, me, but..."

Here is a scene typical of the bargaining stage:

"Yes, I've decided to start going back to church again. Ever since those first bad tests came back I've been thinking about it. Now that the tests are looking better and the new treatment is starting to work, I thought the least I could do was attend church."

"So, you're feeling better now?"

"Well, the truth is that the treatments are painful, and I'm still not totally recovered from the surgery. But I'm just glad that the worst is over, and I can look forward to getting my life back on track. Going back to church, eating right, managing stress and exercising are all going to be priorities with me from now on. I took for granted

how important my health is to me, and I'm going to start doing more with the kids, too. I'm determined to see my kids grow up."

Another example of what a person experiencing the bargaining stage might say:

"I promise to go along with all the treatment. I don't care if it hurts or bothers me. I just want to live as long as I can. What if I stop smoking now? Would that help my cancer? What if I go to a better climate? What if I take special treatment? Would that help me?"

GRIEF AND DEPRESSION

The hope underlying this stage is that the patient's life will be viewed as having been meaningful. Words he is likely to be saying to himself are: "Yes, me." The patient is about to lose everyone he loves, and he frequently feels that he could have made more of his life than he has.

Here's a scene typical of grief and depression:

"How do you feel today, Mama?"

The expression on the face of the woman lying in bed did not change, nor did she move. Finally, she said, "I hurt all over." "Where especially?" "Everywhere." "Do you want the nurse to give you something?" She shook her head, almost imperceptibly. "I just want to be left alone."

"I saw the girls this morning. They sent their love. Amy had cleared the garden for you. She wants to know where you want the bulbs stored."

"Whatever, she wants. I won't be here to see them anyway."

"What did the doctor say when he was in this morning?"

"I don't know. He never tells me anything."

ACCEPTANCE

Most people don't accept the fact that they are approaching their death, but many do. Silence is typical of this stage. If the patient believes there is some sort of existence after death, it is at this stage that the focus on such a belief becomes the strongest.

Here's a scene typical of acceptance:

"Hello, Pete, how are you feeling today?"

Bill pulled a chair alongside the bed of the man who had been his friend since their school days. Pete opened his eyes, and then shook his head a couple of times from side to side. "Just the same."

"What do the doctors say?"

"They've given up on me. They don't say it, but I know."

Bill studied his friend's expressionless face.

"You've never been one to accept defeat easily. Why do you think you're defeated now?"

"They're not giving me anything anymore but painkiller." Pete moved his head so his eyes could meet Bill's. "You're my friend and I can say this to you – I've accepted the facts. I've done everything and taken everything that was supposed to help. Nothing has."

"There are always miracles."

"Well, it'll take one. All I'm looking forward to now is peace – no more hopeless fighting."

"Would you like to have a minister come see you?"

"I'm still not ready for that. Maybe I'll get scared at the end and call for help. Who knows? But thanks for asking."

Here's another example of what a person experiencing the acceptance stage might say:

"Do you think I've done everything I can? I want to make sure that my gold jewelry goes to my niece. She always admired it. I don't want to die. Why should I brush my teeth? I'm going to die anyway. I have done everything that I can, and I feel good about leaving everything behind."

Remember that not everyone experiences all these stages. Some never get past disbelieving or denying that they are dying. Some deal with death in ways which won't match what we've discussed here; some will not pass through these stages in

the order we've presented them; and some will bounce back and forth between stages.

Just as we operate, when we are well, from many psychological postures during a given period of time and a given set of circumstances, those dying frequently operate from more than just one clearly-defined stage at a time. It's the overall context you're looking for here, not the specific details of a statement made at one point in time. What you're looking for is information to assist you in meeting the patient's needs and assuming an appropriate role in decision-making, rather than passing to others the responsibility for making decisions you and your loved ones should be making together.

UNDERSTANDING THE DYING PERSON'S UNDERLYING HOPES AND NEEDS IS
THE FIRST STEP IN HELPING HIM.

Chapter Three

A Nurse's Approach to the Problem

By Claudia Hall, R.N.

Claudia Hall, a nurse who has ministered to many dying patients and has observed their interaction with their families in those times of crisis, has arrived at a philosophy about dying that helps her offer guidance to the family. She says:

"Because of my personal beliefs about what happens at death, my guidance to the dying and their families is positive in approach. While I do not express my ideas to them in words, the ideas are my tools for dealing with the situation.

"When I have been told that a patient is dying, I try to find out the beliefs of the patient and family, and then use those beliefs as a basis for imparting strength and acceptance.

"For the patient, this is done by caring and empathizing. Nurses can help by relaying daily goings-on to ostensibly nonresponsive patients; by giving them messages from friends and family; by telling them that flowers have been sent, what's for dinner, what you are going to be doing to them in the next minute or two, or how nice their hair looks.

"For the family, it's helping them accept the dying person's wishes. It is customary, believe it or not, for the medical profession to try to prolong death until the family can accept it. So, my goal is to move the family as quickly as possible toward the patient's point of view. The patient's desires should, at all times, be the foremost consideration.

"One of the most important things for patients is to be able to talk freely about dying. Many families deny them this right, and the dying person in turn feels as though he has to protect the family. Some families share the dying and become closer as a result. Sharing in this way, I believe, assists the grieving process and enhances greater acceptance, reducing the overpowering feeling of loss.

"Families can help by reinforcing the positive aspects of relationships, such things as, for example, assuring the patient that overtures will be welcomed and accepted, secrets will be kept, loose ends will be tied and accepted – whatever desires it is believed the patient may have.

“While many patients respond to conventional religious approaches, others are helped by thinking of death as the entrance into a new state of living. All patients are helped by thinking of death as an absence of pain; of shedding the encumbrance of an unhealthy body; of peace.”

Chapter Four

The Words: Saying Them

By Martin Hall

In order to achieve any kind of intimacy during this difficult time, it is usually necessary that the general facts relative to your dying loved one's condition be known. Yet we find ourselves confronted with a barrage of contrary thinking on this subject. We have been brought up in a society accepting and promoting the truth of such phrases as "No news is good news," or "What he doesn't know won't hurt him," or "Don't upset the applecart." In short, we are the product of a need-to-know-basis society. Since as a society we connote negativity with death, it easily follows that the message we get is to minimize, ignore and disguise the events leading up to the death of loved one.

As we have heard, even the medical profession will often prefer to deal by default with the issue of death. At the time, frankly, that's an easy rationalization for the family to accept: "We'd talk about Sue's imminent death, but Dr. Smith thinks it might be bad for her." It is easy to accept, that is, until the time has passed to achieve any kind of intimacy with your dying loved one. Then the weight of this realization becomes apparent and irreversible, and we begin to realize that we have, willingly or not, passed to another the accountability for being truthful with our dying loved one.

Probably the most difficult aspect of bringing up the subject of death is the words themselves. Even though the air is thick with nonverbal clues, such as soulful looks, teary eyes, clutching hands, and you're just sure that your dying loved one is reading your mind, the words, "die" or "dying" or "death" simply are the hardest words to speak. Yet without introducing the subject, it is impossible to break through this barrier and into productive ground.

So here are some ways to segue into an honest discussion of what's really going on. By discussing and attending to the obvious, you will be swiftly carried to a deeper state of awareness, honesty and intimacy. Usually all that is required is for someone to start the conversation.

Remember, it's okay to cry.

"Things aren't going so well, are they?" (Note: This is to be stated as a rhetorical question).

"What things can I do to help tie up loose ends?"

"Are there any messages I can deliver for you?"

"What are the things in your life that made you the proudest?" (Note: Be prepared to offer some suggestions, here, such as children, professional recognition, etc. Your task is to add this: "Also, I'm proud of the way you're handling this terrible time, and I want to help you through it.")

"Don't worry about your son...your daughter...your mother. We'll take care of him...her...you."

"Do you remember the time when...(Note: Insert an experience during which your dying loved one helped you or carried you through a tough time.) I never really expressed to you just how much I appreciated your concern for me. Now I want to assist you in completing the things you want completed. How can I do this for you?"

"What are you thinking and feeling right now?" (Note: Be prepared for responding to your dying loved one's truthful answer to your question. The best way to open the discussion further is to tell him just what you're feeling right now, being honest about the frustration as well as the potential for intimacy which you want to develop with him.)

Any statements made in this context may reflect religious, metaphysical or philosophical beliefs. It is certainly possible to open a discussion with questions such as: "What do you think happens after death?" or "What do you envision heaven to be like?"

As you are considering the actual words you want to use to discuss the obvious and bring up the subject of the death of your loved one, you may want to go to the mirror and say the words to yourself. You will find that these words are difficult to say, particularly at first. But with a little practice they will flow a bit more easily.

If there is another family member or friend with whom you are close enough to discuss this matter, you may want to try speaking the words to him or her. The impact of saying the words is very powerful, and you will most likely want to be particularly receptive to what transpires immediately after you have opened the door to discussion.

This is the moment of truth for you and your dying loved one. It is likely that exactly at this moment you possess the most direct link to his essence, complete with fears and frustrations, insights and intimacy.

Consider how you would envision this moment to be. What would you want to be SURE to tell your loved one, concisely, honestly? What things would you want to share that have never been appropriate to share before? What things do you want him to know? How have you grown and benefited by knowing him?

These are all weighty thoughts, and they deserve adequate preparation on your part before opening the door to this discussion.

That is important, perhaps the most important exchange you will ever have had with your loved one. You will most likely find an aura of acceptance and understanding which will be unlike any other you may have encountered, and along with it an intimacy you will never forget.

We do not wish the emphasis we have been making on the expression of feelings, and finding the words to make this possible, to imply that communication is through words only. After you have found and spoken the words, sit quietly beside your loved one and hold his hand, letting him know you're grateful just to be there and that he has enriched your life.

Chapter Five

I Wish I'd Said to You

By Louise Heckendorf

The following is what a mother wanted to but didn't say as her daughter lay dying. However well intended the avoidance of the subject of her daughter's impending death may have been at the time, there was much left unsaid. This is what she wishes she had been able to say:

"They tell me I am going to lose you. While I don't accept it and don't expect ever to accept it, the time to talk has to be now.

"I treasure the love that you and I have shared. You've brought me indescribable happiness from the day you were born, but, then, you've always known that. You and I have discussed it and marveled at it many times.

"Not a day passes that I fail to recall thoughtful and loving things you have done. You may well have forgotten them, not because they were so easy for you – they often required great exertion and sacrifice – but because there were so many of them. But I'll never forget them, nor will the others of us who have been loved by you.

"You and I talked very little about what you expect to happen to you when you have to leave us. I know that you believe that you live again, while I have always been inclined to believe that after this life there is nothing. My love for you, however, has changed my thinking, for now it has become essential for me to believe that we will have our lives after this one, and that you and I will be together again.

"This is something we should have talked about in greater depth before we reached this point. But both of us knew we were hoping that not talking about it would somehow keep pushing it ahead, and that event is now catching up with us. Nothing that we or others have tried has succeeded, so now we have to face the fact that your work in this life has been completed.

"You've dreamed, hoped, planned and, above all, you've worked and grown. Sometimes you've tried and failed, but most times you've succeeded. You've given and received. You've loved and been loved. You've fulfilled your purpose.

"Your gift to your children, your family, and your friends is the love you have had for all of us. Our gift to you will be to try to carry on in a way that would make you as proud of us as we are of you. Goodbye for now, my precious daughter."

Chapter Six

Words That Helped a Son Die Peacefully

By Ruth Loring

When young Tim Loring lay dying of a brain tumor, he was helped to face the end with unusual support and enlightenment. This is Ruth Loring's story, as told by her in *New Age Science*, of her son's last hours:

"When I reached the hospital that last day, he was gasping in heavy, tortured agony. I remembered that the Tibetans, believing that one's sense of hearing is the last of the senses to go, have special chants for sending souls on to the next plane of existence.

"I took his motionless hand, seeking the right words, speaking slowly. 'Tim, your body is relaxing. It feels wonderful to just let go. You are not your body. You are surrounded by light, beautiful light. You may hear music. Love is all around you.' As I repeated such words, his body untensed, his face grew tranquil.

"God's light is all around you, Tim. You can step out of your body whenever you want to. It's like crossing a little brook. You feel light, surrounded by love.'

"All at once his hand squeezed mine – long and hard – in a last farewell. Then he left."

As Ruth Loring drove home from the hospital and relived, again and again, her son's final moments, she envisioned a future that would bring help for the dying in the form of recorded chants, affirmations, music and quiet meditations to move them peacefully on to their next destination.

To make sure that this dream would become a reality, she is recording affirmations like the ones she believed – and, indeed, did – help her son relinquish his suffering and find his way to his next destination.

Chapter Seven

A Family Who Found the Words

By Claudia Hall, R.N.

The following is a true experience related by Claudia Hall, R.N., and shows how one family successfully dealt with death:

"Last week I shared a death with a family. The mother, 63 years old, was dying of renal failure.

"The son told me they had discussed their mother's death with her, and not only did she tell them that she was ready to die, they also gave her their permission, with a great deal of love, to leave whenever she was ready.

"I watched them together, sharing her hallucinations and laughing about them together in her lucid moments. They shared with her right up to the very moment she let go. It was good; it was beautiful.

"They felt none of the anger I've seen directed at dying people because they don't behave a certain expected way. The family understood and accepted what was happening. They were even able to laugh together about it.

"The father said, 'I know when you went to heaven you didn't even pass through a cloud.'

"They had loved; they had accepted."

Chapter Eight

Selected Views

By Martin Hall

As mentioned earlier, it is very important to understand the patient's beliefs about living, dying and what may follow death. While there are countless religious, philosophical and metaphysical beliefs about living, dying and what may follow death, it is fair to say that there are three general approaches.

The first approach presumes that there is no afterlife, that what is here and now is all there is. In this approach there is no expectation of living again. The emphasis is on the importance and value of our experience at this moment.

The second approach presumes that there is an afterlife, that this afterlife is a reward – sometimes a punishment – for events in this life. Usually there is absolution available for sins committed during this life, and there may be everlasting life for those who believe.

The third approach presumes that we live more than once, each life offering the opportunity to gain more love and spiritual knowledge. In this approach, life is generally viewed as one large soul organism, each of us connected, yet on a different path toward spiritual awareness and freedom.

What follows are glimpses at each of these three approaches. Note that the approaches are framed in positive ways and that they have many common threads.

Death As an End

By Aqdas S. Kuraishi, M.D.

Aqdas S. Kuraishi, M.D., Assistant Professor, Department of Family Practice, University of California, Irvine, wrote the following view of what death and life are to him:

"It is simpler, in a way, that there is neither a heaven nor a hell that awaits me. The good and evil in my actions and thoughts is not cryptic. And when I die, whether it would be sudden, or slow and well-anticipated, matters little. I will not worry about the long-term consequences of what I do. If I am happy today and don't hurt anyone, then I have succeeded in living today. And if I fail on those two counts, I have failed.

Also, in death will come no fear or anxiety of what might have been, no remorse. I don't see a physical going-on or a spiritual going-on after I stop breathing, but I see what I do and the things that I change with people that I know going on and continuing. In essence, they will be my immortality. For we don't die; we stop breathing. If we die and no one remembers us, then nothing bears the scratch of where we touched it. And in that way, I guess I, also, try to escape my inevitable non-existence.

I'm also happy to know that death will never happen to me. I will not have to live through it. I will not see the faces of the people that mourn my death or friends that miss me. I will not have to miss my friends. I will not have to miss seeing the sunrise or feeling the ocean spray against my face, for I will be naught.

Somehow in not believing in afterlife, it gives me freedom to bend. It gives me the ability to judge my actions by simple standards, and not have to judge those qualities of those actions, which are beyond my comprehension.

Yes, I, too, will die and not look forward to a heaven or a hell. But I will only die when I cease to exist as a memory on someone's mind or a whisper on someone's lips."

A Christian View of Life and Death

By Joe Wood, O.S.B.

Joe Wood, O.S.B., offers the following description of the traditional Christian view of life and death, tracing the evolution of that view to the earlier Jewish tradition:

"In the view of Christianity, what happens to persons after physical death is basically believed in and taught because of the testimony of Jesus. In the New Testament record, Jesus taught many things, but at the core of his teachings two great truths emerge: what human beings are to do in this life; and what happens after death, a belief that life goes on. These two insights relate love and immortality.

Jesus believed and taught that the most important things we have to do in this life are to love God, our Creator, and to model God's love to and through each other. For Jesus, love includes justice and mercy, or forgiveness. He didn't say we could pick and choose whom we love and whom we don't. He plainly taught that we are to universally work for justice and love in this life. He pressed this to the point of being just and loving even to one's enemies. Jesus left this commandment – to love one another as God has loved us. In Jesus' perspective, this love builds up the kingdom of God, beginning in this life.

We are to be just and loving because we are immortal. We prepare for the life to come by being just and loving in this life, bringing about an integration of justice and love in this everlasting life of pure justice and love, without the inconsistencies in these areas that we experience so often in the here-and-now.

Jesus' teaching on immortality was not a new teaching. Rather, it was an affirmation of the Jewish tradition. It is true that the farther you go back into the more ancient writings of the Old Testament, the less clear idea you find of immortality in the sense of a loving union with God after death. There are two strands in the ancient writings; no life and shadowy death, after death. In Jesus' time and just previous to it, the two parties, the Pharisees and the Sadducees, represented views of immortality and no immortality, respectively. The Pharisee party, mostly represented by the scribes and doctors of law, were the chief interpreters of the law some years before Jesus' coming, during his lifetime and afterwards. They had slowly been coming to a realization of resurrection and going to God after death. When Jesus came, according to the New Testament record, he taught the doctrine of resurrection and final immortality; his own great personal event after his death was his resurrection.

So Christians have always traditionally believed, in faith, in a kind of life after death that is eternal, beautiful and good in ways that are undreamed of as compared with this life. They are taught to witness to the justice and love that are positively related to immortality. Christians are taught that Jesus came to show us the way."

Letter to Miss Hubbard

By Benjamin Franklin

Benjamin Franklin wrote the following letter to a Miss Hubbard in 1756, condoling with her over the recent death of his brother, John Franklin:

"I condole with you. We have lost a most dear and valuable relation. But it is the will of God and nature that these mortal bodies be laid aside when the soul is to enter into real life. This is rather an embryo state, a preparation for living. A man is not completely born until he is dead. Why, then, should we grieve that a new child is born among the immortals, a new member added to their happy society?

We are spirits. That bodies should be lent us while they can afford us pleasure, assist us in acquiring knowledge, or in doing good to our fellow-creatures, is a kind and benevolent act of God. When they become unfit for these purposes and afford us pain instead of pleasure, instead of an aid become an encumbrance, and answer none of the intentions for which they were given, it is equally kind and benevolent that a way is provided by which we may get rid of them. Death is that way. We ourselves, in some cases, prudently choose a partial death. A mangled, painful limb which cannot be restored we willingly cut off. He who plucks out a tooth parts with it freely, since the pain goes with it; and he who quits the whole body parts at once with all pains and possibilities of pains and diseases which it was liable to or capable of making him suffer.

Our friend and we are invited abroad on a party of pleasure which is to last forever. His chair was ready first and he is gone before us. We could not all conveniently start together, and why should you and I be grieved at this, since we are soon to follow and know where to find him? Adieu."

A Parable of Immortality

By Henry Van Dyke

The following was written by Henry Van Dyke, a 19th Century clergyman, educator, poet, religious writer and United States Minister to the Netherlands:

"I am standing upon the seashore. A ship at my side spreads her white sails to the morning breeze and starts for the blue ocean. She is an object of beauty and strength, and I stand and watch until at last she hangs like a speck of white cloud just where the sea and sky come down to mingle with each other. Then someone at my side says, 'There she goes!'

Gone where? Gone from my sight...that is all. She is just as large in mast and hull and spar as she was when she left my side and just as able to bear her load of living freight to the place of destination. Her diminished size is in me, not in her.

And just at the moment when someone at my side says, 'There she goes!' there are other eyes watching her coming and other voices ready to take up the glad shout, 'Here she comes!'"