

*Sunsets: Reflections for Life's Final Journey* strikes a delicate balance in the treatment of an exceedingly sensitive subject. Most conspicuously, its intense emotional impact is complemented by commendable controls of fact coming from both medical science and the Scriptures.

The book is very well written. For example, Howard's primary case scenario is recounted in historical increments so as to provide an organizational framework for the book, not an arbitrary one but one that corresponds to the common stages of dying and death. This development serves as a natural vehicle for not only describing the signs of each of these progressive stages, but also for illustrating how the patient, the family, and caregiver often respond. At these junctures Howard, speaking from knowledge and experience, delicately, lovingly, and humbly suggests how they should respond based upon medical and scriptural realities.

This book will be of help to a wide-ranging readership, from physicians and nurses to families facing an imminent loss. I am particularly recommending it to pastors, counselors, and serving saints. Howard's use of the Scriptures is quite commendable. She is hermeneutically careful and theologically credible.

GEORGE J. ZEMEK, TH.D., professor and author

Deborah Howard has . . . shown in a discerning, lovely way that the grim realities of disease and death, the dreaded consequences of sin, can be faced with dignity, peace, and hope through faith in Jesus Christ because of the love of God. I know of no other book that so ably brings the reader intimately face to face with the helpless agony of families confronted by a loved one dying and by the ordeal of the one who senses that his own life is ebbing unalterably away. Here we find sobering sadness. But above all, we find the joy to be had in the One who said, "I am the way and the truth and the life." This is a book for everyone who loves anyone who may die, for everyone who someday will himself be confronting death.

BILL SIMMONS, Political Editor, *Arkansas Democrat-Gazette*

In *Sunsets: Reflections for Life's Final Journey*, Deborah Howard has written a book that I wish I had read early in my ministry, particularly before my family, friends, and church members began to die. Knowledge of how to handle terminal illness is not something we are born with. As a result, most of us have stumbled around trying to do and say the right things.

Yet Deborah knows what she is writing about. As a hospice nurse who daily attends to dying people and their families, she has the hands-on experience, coupled with a rich theological understanding, to give us an insightful and thoroughly readable manual of things to do and to avoid (and the proper way to think) when a person is dying. Her deep well of sound biblical convictions is amazing for someone who has had no formal theological training.

Actual case studies make this book come alive for the reader. You will grieve, laugh, and be thoroughly challenged to think through a whole range of matters relating to death. At some point all of us will be involved with death—of our loved ones, our friends, and our own. Get a copy of this book, live with it, and you will be better prepared to deal with death when it does come.

CURTIS C. THOMAS, author and pastor

[Here is] firsthand experience and insight with true spiritual discernment for the here and the hereafter. A comfort, a support, and a guide for the saint and the sinner alike as “the shadow of death” closes in. The glory of God and the truth of the gospel permeate these pages. The Lord will surely use them in many lives—and many deaths.

DAN SHANKS, missionary to Dominica

Deborah Howard brings us a work about caring for the dying from the perspective of a Christian hospice nurse. Her book is about sharing the mystery, the suffering, the spiritual growth, the beauty, the intimacy of the dying process with those at the end of their lives. With touching case histories powerfully written, she brings the stories of her dying patients to life, illustrating the points above, and acknowledging the privilege it is to attend one who is dying. This is a book about being a Christian, but it is more than that. And it is a book about being a hospice nurse, but it is more than that too. Ms. Howard uses her thorough knowledge of Scripture to discuss and defend her ministry to the dying. The book is so comprehensive that it very nearly becomes a Christian apology for hospice nursing. Her prose is clear, smooth, and engaging. Her thoughts are well organized. She has a gift for the written word that makes her book very readable, and a gift for nursing that makes her a healer even at the time of death.

A. REED THOMPSON, M.D., Director, Palliative Care Service  
University of Arkansas for Medical Sciences  
Medical Director, The Arkansas Hospice

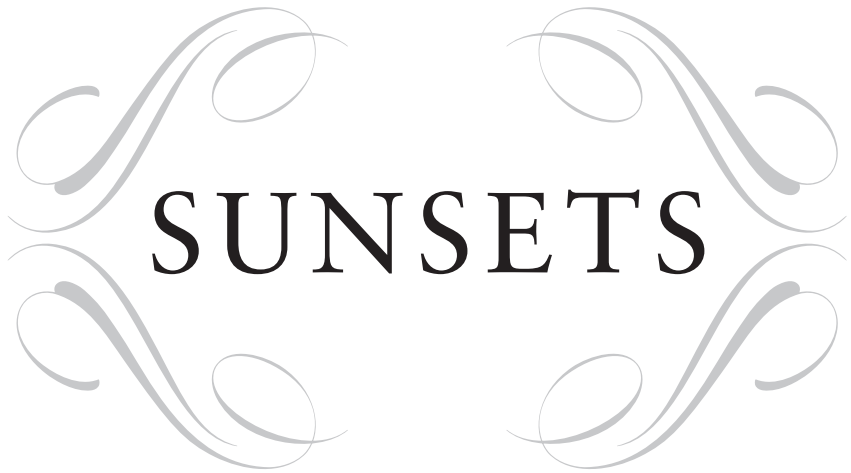
I found myself facing the reality that a man who is eighty-two years old, with a recent history of surgery for a malignancy and a long-standing history of metabolic disease, might soon face the “inevitable becoming actual.” I found comfort and reassurance for me and for my family when, in the benevolent sovereignty of a loving Father, we experienced the scenario described in this book.

CARL E. WENGER, M.D.

Deborah Howard, a long-time, faithful member of our church, has done the body of Christ a great service in writing this excellent book on death and dying. She writes, not from the perch of a distant and detached observer, but rather from years of uniquely hands-on and intimate service as a hospice nurse. Much more than that, she has ministered as a committed Christian whose heart of love is evident as you read these reflections. She cares enough about her patients (and their families) to both comfort them in their dying and to speak God’s Word to them when appropriate. May God grant a wide audience for this book’s timeless and transcendent message that our only dying hope is in Jesus Christ.

LANCE QUINN, pastor, Bible Church of Little Rock, AK

REFLECTIONS FOR LIFE'S FINAL JOURNEY



# SUNSETS

DEBORAH HOWARD, RN, CHPN

FOREWORD BY D. A. CARSON

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*Sunsets*

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# FOREWORD

*by Dr. D. A. Carson*

OF THE BOOKS ON SUFFERING and dying there is no end. So why should I endorse yet another one? Would I not be wiser to tell Deborah Howard that there are enough volumes in print on this subject?

That kind of facile response presupposes that the many books on this subject are all so much alike that there really isn't space for another. But books on this subject are extraordinarily diverse. Some belong to the genre of theodicy—the attempt, in Milton's words, to “justify the ways of God to man,” to make sense of suffering and death. Others take precisely the opposite tack: Suffering and death are so outrageous, they argue, that either the existence or the goodness of God must be called into question. Some of these books are subsets of the philosophy of religion; others come from the pens of theologians; still others present themselves as serious Bible studies. The books are written at different levels: Some are highly technical works; some are driven by clichés; still others evoke strong emotions but without rigorous thought—the polar opposite of cerebral books on this subject that can discuss, for example, the Holocaust in dispassionate terms. Some are designed to help Christians; some aim to destroy Christians; still others try to lead people to become Christians. Most of these books have their place, their own niche.

What does Deborah Howard bring us?

In some ways her book is more focused than many in this arena. Her subject is not suffering in general, but death—the death of your friends and loved ones (in which case you will be bereaved), and your death (in which case you may suffer, and you will probably bereave others). Nor has she written this book for unbelievers (though they are certainly welcome to listen in). This is a book to help Christians come

to grips with death—their own and that of others. And for four reasons, I am glad that Deborah wrote it.

First, unless the Lord Jesus comes back first, we are all going to die. Yet for various reasons we live in a culture that focuses on the present, on the unending “now,” not on the one thing that is more certain than taxation. Today death is not a popular subject for sermons: We expect to be healed, medically or miraculously. So when death arrives, as it inevitably does, it almost always seems too early. But considering how often the Bible looks at death squarely and demands that we reflect on the afterlife, such a stance is at best shortsighted, and at worst dangerous. So books that dare to bring up the subject of death and reintroduce it to the “naked public square” of Christian discussion are doing a valuable service, quite apart from the concrete help that they give to individual readers.

Second, Deborah Howard has managed to link narrative and exposition. Most of the narrative books in this area tell a story, or tell a lot of stories, and nothing more. Many other books provide doctrinal structures, but they are rather abstract. This book combines narrative and doctrinal exposition. Of course, that makes the book a little long; for many readers, however, the combination also makes the book more memorable. And apart from all the little stories, the ongoing narrative of Bachman is not one you are likely to forget.

Third, while some books are evocative and perhaps sentimental, and others aim at faithful exposition of Christian truth, this volume seeks to capture both your affections and your mind. For those who want nothing more than a stirring of their emotions, it may prove too abstract and doctrinal; for those who want orthodox exposition but who are afraid to love and laugh and cry, this book will be thought too sentimental. But for those who have witnessed loved ones walk through the valley of the shadow of death, or who are beginning that lonely journey themselves, this book will appeal to the whole person. If it does not address all the hardest problems in theodicy, it turns again and again to crucial biblical passages and to central Christian themes and works out their practical value: God’s sovereignty, the nature of Christian hope, the purposes of suffering in a fallen world, the glory of the salvation won by Christ.

Fourth, this book is written at a more popular level than many pastors and scholars can achieve. If that means that it is poised to reach a large number of people who may not read narrower or more technical literature, that can only be a good thing, for Deborah Howard is as surefooted as she is compassionate, as biblically faithful as she is tenderhearted. The combination is rare, and always to be cherished.

D. A. Carson,  
Trinity Evangelical Divinity School

# PREFACE

*Truly, I say to you, as you did it to one of the least of these my brothers, you did it to me.*

MATTHEW 25:40

IF EVER THERE WAS A motivator for service to others, the truth contained in this verse is the one for me. I can't always rely on my heart to be big enough, tender enough, to care deeply enough, to be reliable enough to show me when and how to care for those around me. But when I view my life and my service to others in the light of this wondrously sweet verse, my direction becomes clearer. This truth can overcome obstacles that would otherwise shipwreck my desire to serve. So I thank God for giving me this passage and the calling to which He has led me.

What motivates nurses to do what they do? Sometimes it is the “bigness,” the tenderness of their hearts. Other times it is their value system. For me, however, and for many other nurses, it may be a combination of reasons. For Christian nurses, the overriding motivation comes, in many instances, in the desire to live a life pleasing to Christ, who loves us and gives us eternal life with Him. We may not have enough personal, tender love for patients to seek their highest good and to care for them. But we do have that personal, tender love for our Lord. In light of the above passage of Scripture, if we view our service to each other as rendering service to Christ, that's all the motivation we need, isn't it?

Ephesians 1:3-8 says, “Blessed be the God and Father of our Lord Jesus Christ, who has *blessed us* in Christ with *every* spiritual blessing in the heavenly places, even as *he chose us* in him before the foundation of the world, that we should be holy and blameless before him. In love he predestined us for adoption through Jesus Christ, according to the purpose of his will, to the praise of his glorious grace, with

which he has *blessed* us in the Beloved. In him we have redemption through his blood, the forgiveness of our trespasses, according to the *riches* of his grace, which he *lavished* upon us, in all wisdom and insight.”

Service to the one who has done all that for us is a privilege. With hearts of gratitude, we should seek to please Him by honoring and obeying His Word. First John 5:3 says, “For this is the love of God, that we keep his commandments.”

One of the ways we obey his commands is found in 1 John 3:16-18: “By this we know love, that he laid down his life for us, and we ought to lay down our lives for the brothers. *But if anyone has the world’s goods and sees his brother in need, yet closes his heart against him, how does God’s love abide in him?* Little children, let us not love in word or talk but in deed and in truth.” Then in 1 John 4:11, John writes, “Beloved, if God so loved us, we also ought to love one another.”

That’s how we can serve others—how we can put their needs before our own. By our love and service to them, we are loving and serving Christ Himself.

*In his hand is the life of every living thing and the breath of all mankind.*

J O B 1 2 : 1 0

# INTRODUCTION

FOR ME, BECOMING A hospice nurse was surrendering to a “tugging” at my heart. A friend with whom I’d worked on the oncology floor left the hospital to become a hospice nurse. She loved it and urged me to come talk to her about the job. Finally I decided to give it a try. I didn’t expect to fall in love with this specialty or with the patients I would come to know. But that’s exactly what happened.

After I experienced the joy and sorrow of caring for and losing my first several patients, I began to sense another tugging—to put into writing those intense experiences. I wanted to try to help others deal with the pain of losing a loved one or make sense of their own impending death. Thus the idea of this book was born, and through circumstances given to me by the grace of God, I have now been given the opportunity to write it.

You will find several elements in this book. *There is my own personal experience as a hospice nurse.* Part of my job description is serving as a coach, of sorts, for this “death experience.”

Dealing with those who are dying is not an easy job. Though our hearts are broken many times, we are *willing* to have our hearts broken for such a good cause. And that cause is what hospice is all about: *We lovingly care for patients who have a terminal illness and give them the support they need to die at home with as much dignity as possible—without suffering and surrounded by those they love.*

Through hospice I have encountered many situations, have been inspired by wonderful people, and have been touched emotionally by their stories. Now I want to share some of those stories. All the ones under the heading “Case Study” are true. I have changed the names in most to protect patient confidentiality. I hope these stories give you a glimpse into what hospice is all about.

*Another element you’ll find is the Christian perspective that brings*

*comfort and acceptance through the very words of God to His people.* I believe the only way we can truly know God and know what He expects of us is to study His Word. I have been pleasantly surprised at the number of Bible texts on death and dying and offering comfort to those afflicted with the anguish of loss. I want to share some of those verses with you and spread the news that God is a God of comfort and restoration. He can heal broken hearts and put hope into lives touched by the sorrow of death.

Much has been written on death and dying over the years. Few subjects have undergone more transition in the eyes of society, and few are as controversial. Even a hundred years ago, death and dying might have been considered matter-of-factly as just another part of the life cycle—people lived and they died.

Before modern medicine moved the process of dying to hospitals, people died at home in their own beds. Inevitably they would find themselves surrounded by friends and relatives. Even as they lay dying, the comings and goings of the concerned and grieving (or even the avaricious) made their bedrooms resemble Grand Central Station.

Later death became a taboo subject. If you had the bad manners to speak of it at all, you certainly would not talk above a whisper. People thought that if you mentioned death, you would somehow be responsible when it happened. Believe it or not, I still see evidence of that superstition at work today. But more and more it seems that we are honestly and realistically trying to deal with some of the toughest issues facing us today. Death is one of those issues.

Not only should we learn about death, but we must also prepare for it. Since no one knows the day or hour of his death, it is best, in the words of the Boy Scout motto, to “be prepared.” I hope this book will help us learn more about death and give us the proper motivation to prepare ourselves financially, physically, emotionally, and spiritually for this inevitability.

I want to be absolutely clear when I say that I do not know all the answers to the tough problems that arise with death and dying. I in no way want to portray myself as an “expert” on the subject. I’m a sojourner myself. But the more I learn about this subject, the more I

want to share the information with others in hopes that it may be helpful.

One of the best books I've read on finding peace and acceptance in the face of adversity is *Trusting God Even When Life Hurts* by Jerry Bridges. His beautifully expressed thoughts and feelings on this subject are exceedingly helpful, convicting, and comforting to those who are hurting. I wish I could quote the whole book for you but will settle at this point for his statement of purpose:

I sincerely hope that none of the statements I make in the following chapters come across as glib and easy answers to the difficult problems of adversity and suffering. There are no easy answers. Adversity is difficult even when we know God is in control of our circumstances.<sup>1</sup>

I would like to adopt this statement as a disclaimer for my own work. I certainly don't have all the answers to the difficult questions I'll introduce. But it is my hope that I can help other people, using the biblical and practical answers that I do have.

I have had the privilege to love and comfort many who have gone through this difficult time. A lovely truth is that no matter how much I try to give, I always seem to get back more than I have given. It is my prayerful desire to comfort, enlighten, and encourage many others.

*This is not a book just for Christians. Rather, it is for anyone who is dying, anyone who knows someone who is dying, or anyone who wants to learn how to help and comfort those who are dying. May God, who is the God of comfort, comfort and bless those who read this book, giving them the eyes to see His truth and the mind to comprehend what He has to say about this important topic.*

*Blessed are those who keep his testimonies, who seek him with their whole heart.*

# DENIAL

*If we are in a battle with this enemy called Death, I believe we should learn about it, in order to know how to confront the dying experience. We need to know how to face that enemy on our own behalf and how to deal with the inevitable death of loved ones and friends.*

BILLY GRAHAM

## THIS CAN'T BE HAPPENING

Big Bachman McNair III sat in the doctor's office with his slender wife seated apprehensively on the edge of her chair beside him. He'd always been a big guy—a talented football star in high school and college. But football wasn't his only claim to fame. He was a big man in the business world as well and had provided a safe and comfortable life for his family.

For the thirtieth time, he shifted his six-foot-four, 234-pound frame in the chair. Seemed he just couldn't find a comfortable position anywhere anymore.

"This blasted chair is way too small," he grumbled to his wife. "Why doesn't he get some sturdy furniture in here? I'm sure he can afford it. For what we've shelled out, he could refurnish this whole place."

Penny smiled at him. "Patience, darling. He'll be in soon." She reached for his hand. They both turned as Dr. Tanner opened the door and sat down behind his desk. He put a folder on the desktop in front of him and looked at both of them for a moment before he spoke. Penny's breath caught.

"Mr. and Mrs. McNair, I have the results back from all the tests

now.” Peering squarely at Bachman, Dr. Tanner said, “You do not have a pulled muscle in your back. We discussed that last time, you recall. What we’ve found is that you have cancer. We believe the cancer started in your left lung but has now spread to your liver and spine. The cancer in your spine is likely the primary cause of your back pain.”

Getting no response from his patient but a slack-jawed stare, he continued, “Perhaps if you had come in when you first noticed the pain, we might have had a better chance of helping you.”

Bachman had put off going to the doctor until he couldn’t stand the pain. He had thought he just needed some kind of painkiller or muscle relaxant. After two months of pills with almost no improvement, he had gone in for something stronger. His doctor had referred him to Dr. Tanner.

Penny turned worried eyes to her husband, who was red-faced and looked ready to explode. She’d seen that expression too many times not to realize what was coming.

“You’re crazy,” he raved. “Cancer. Why, I don’t believe that for a second. I’m healthy as a horse. If it weren’t for this back pain, I’d be as fit as I was in high school. I’ve lost down to my college weight already. I just overdid the exercise and pulled my back. That’s all.” Looking over at Penny, he asked, “What’s your chiropractor’s name? Maybe I should go to him after all.”

Ignoring him, Penny asked Dr. Tanner, “Where do we go from here? Will he need chemo or something?”

Dr. Tanner looked down, sighed, and raised his troubled eyes back to Bachman. “We can go ahead and try chemo and possibly even consider radiation therapy, but I have to tell you that with the disease this advanced, the odds are against a full recovery.”

“What does that mean?” Bachman blustered. “‘Full recovery.’ Do you think I can lick this thing or not?”

“We’ll do everything we can. But you should also set your affairs in order if you haven’t already, just in case.”

“Just in case what, Doc?”

“In case you don’t make it, Mr. McNair. That is a definite possibility.”

Straining to stand, Bachman stormed out of the office, muttering, “This is absolutely ridiculous. I don’t believe this stuff for a second.”

Penny stood slowly and held her hand out to Dr. Tanner. “I’m sure he’ll be more reasonable later. Please just let us know what we need to do and when.”

“I wish I could be more optimistic, Mrs. McNair. I promise I’ll do everything I can to help your husband. We’ll be in touch with you regarding the schedule for his treatments.”

“Thank you, Doctor. This will take some getting used to. Can you tell me how long you think he may have?”

“One can never accurately predict that kind of thing. I would say anywhere from four months to a year, depending on how he responds to treatment.”

Placing her trembling fingers over her lips, she managed to breathe, “I see. Thank you.” Choking back the tears, she resolutely followed her husband.

She found Bachman standing at the elevator, muttering to himself, “I’m not used to being sick. I can’t be that ill. Sure, I’ve been losing weight. Appetite’s not as robust. But I look so much better in these loose-fitting clothes. And I know what pain is. I learned in my football days to ignore it, to move along with life in spite of it.” He set his jaw. “All right. I’m not about to let a doctor tell me I have cancer. I’ll just get a second opinion. This guy’s wrong. I should never have come to him in the first place.”

## WHAT IS DENIAL?

Bachman McNair is a fictional character but one I created as a composite of several patients I’ve known. The experiences he faces in this book reflect actual situations in the lives of those who have shared their stories, their lives, and their deaths with me.

Bachman’s thinking and behavior are predictable and understandable. He experienced one of the first reactions common to those confronted with shocking or heartbreaking news—denial.

At the crucial moment of revealed truth, the situation may be too horrible for us to face; so in our minds we change it into something

we *can* handle. “The doctor is wrong. We’ll just get a second opinion.” “He’s not dead; he’s just sleeping.” “That can’t be true. You look so healthy.” “If we can just get Daddy to eat, I know he’ll get better.”

Those who make these kinds of statements may not want to look at the fact that their loved one is fading before their eyes and that death is imminent. Some even deny the patient the comfort and benefit that hospice services can provide because they don’t yet believe their loved one is close to death.

### WHOM ARE WE REALLY PROTECTING?

*Denial protects us from the full impact of emotional pain.* Denial *doesn’t* protect our loved one. Denial allows us to pretend for a little while. The problem is that some people never progress beyond denial, and nothing constructive can come from this kind of thinking. These people believe that everything will be okay, that the medical experts are all wrong, that nothing in their life has really changed. In order to *help* the situation, they *must* face their circumstances. They *must* come to grips with what they’re dreading the most. *Denial* must be replaced with *reality*.

Philippians 4:8 says, “Finally, brothers, whatever is true [or real] . . . think about these things.” None of us can take steps to make positive changes until we start dealing with *fact* instead of *fantasy* or *feelings*. We are of no use to anyone otherwise. *We’re part of the problem, not the solution.*

In my hospice experience, I have often heard patients say in a quiet, accepting tone, “I don’t think I’m going to be around much longer, but I’m ready to go.” Suddenly a well-meaning family member in denial jumps up and says, almost hysterically, “Now don’t you talk like that, you hear? You’re going to get well yet. We all just have to be positive.” The patient usually remains silent, lacking the energy to argue, but when his eyes meet mine, we share an unspoken understanding that seems comforting to him. He knows that I know.

In situations like these, that family member has missed a precious opportunity to share with the loved one in a way that can only bring them closer. The person in denial closed the door to genuine partici-

pation in one of the most important events in the loved one's life—death. Denial can be a monstrous foe.

Patients have told me in quiet talks when we're alone, "I know I'm dying, but don't tell my daughter. She's not handling this very well right now." Then there's the other end of the spectrum, when the children want me to keep a secret from Grandma, saying, "We don't want her to know she's dying. We don't think she could handle that right now."

To be quite blunt, if I went in the room and asked Grandma, "What do you think is happening with you right now?" she would most likely say matter-of-factly, "I'm dying." She knows. The actual truth may be that the grandchildren can't or won't face that fact yet, or they don't know how to talk to her about it; so they're postponing the inevitable. I make note of these requests. They indicate a need that should be addressed later.

#### DENIAL: FRIEND OR FOE?

Early in a relationship with a dying patient and the family, I allow them to express denial without challenging them. I realize that even though denial is, at worst, destructive and, at best, a procrastination, these people may feel the *need* to believe such things at first. It wouldn't be the most effective time to address the issue. But as our relationship deepens through more and more contact, and trust builds between us, I try to, as they say in nursing lingo, "orient them to reality" in a most gentle and nonthreatening way.

In helping people move past denial, I am in no way trying to take away their hope. There is a huge difference between hope and denial.

*Denial hurts* the situation and is unhealthy. Denial eventually leads to regret.

*Hope always helps* a situation. It takes a good, long look at the facts and then gives people wings to soar above the difficulties. People don't have to bury their heads in the sand to have real hope.

#### A REALLY INCREDIBLE JOURNEY

One of the duties of a hospice nurse is to help people confront what's going on in their lives so they can eventually find peace and acceptance

of their circumstances. We assess not only the health of their thinking and the strength of their spiritual faith, but we try to pinpoint exactly where they are in the process leading to acceptance. The pace at which they move through that process is different in every situation. Some people embrace reality quickly. Some take a long time to journey from denial to acceptance. Regardless, they should all be treated with the utmost respect, understanding, and tenderness.

Denial is the most common reaction to a shocking experience or to shocking news. Simply defined, denial is a refusal to acknowledge a threat of some kind. It is a shock absorber, of sorts, that can *temporarily* insulate us from the full impact of a traumatic situation. But denial also leads us away from finding healthy solutions to the problems that confront us.

What are we denying when we are in denial? Whatever circumstances we find ourselves in, right? And who has brought those circumstances into our lives? God has, or at least He has allowed them. So what we are actually denying is the *providence of God*. And that is *never* a healthy response to trial.

None of us has attained perfection. So when we face something that brings us pain, we may have this natural tendency toward denial. Don't kick yourself if this has happened to you. Just recognize it as what it is—an obstacle that needs to be removed, and move past it as quickly as you can. Most people are able to do this after a *short* time and do a beautiful job of preparing for what lies ahead.

#### CASE STUDY

*A patient was referred to hospice from the hospital. She had been told nothing else could be done for her medically, and the family wanted to take her home. At sixty-one she was dying of a brain tumor. When I first met her, I immediately noted that she was in significant respiratory distress. Her color was pale to gray, with slight cyanosis (blueness) in her nail beds and around her mouth. Though the head of her bed was elevated, she was gasping for breath and unable to speak because she couldn't take in enough air. But her eyes held mine and told a story in their glance. She knew she was dying and accepted it.*

*If I had been working in my old capacity as an ICU nurse instead of a hospice nurse, I might have suggested she be placed on ventilator support. But I knew that would go against her wishes.*

*I walked with her husband to a Quiet Room and went through the admission paperwork after he assured me they wanted no heroics, that she just wanted to be at home when she died. I asked if the doctor had told him how long she expected his wife to live. He said, "She said it could be six weeks or six months. But Mama's pulled through this thing before. She just might surprise everybody." What I didn't say was that I thought a more realistic prognosis would be six hours. But I didn't believe that was the time for such news. It was important for him to hang together long enough to get her home and taken care of. So I allowed him his delusion, knowing he would realize soon enough how sick she was.*

*He was in denial.*

*When we walked back to her room, her daughter was packing for the trip home. I ordered all the medical equipment I thought would be appropriate and was assured by the equipment company that it would be delivered and set up before her arrival. I called the pharmacy to order the prescriptions. They would be ready that afternoon. Hospice tries to anticipate every need every step of the way.*

*That afternoon I drove to their house in the country to ensure that they had everything they needed. They had placed her hospital bed in a wonderful room with an entire wall of glass through which she could view the glories of nature—their pond, the red barn, the horses grazing lazily across their pastureland. The sun shone on trees lustrous with the brilliant reds and golds of autumn. The sky was clear and blue-white above the horizon. Gathered around her were family members ready to provide comfort and love.*

*Her husband was still talking about how she was going to get better, but the patient shook her head and said, "Not this time." Her breathing had improved enough to allow her to speak quietly.*

*He patted her hand and said, "You don't think you're going to make it?"*

*She looked into the same eyes she'd gazed into for forty-three years and said, "No, honey. I'm ready to go now. It won't be long."*

*To his credit, he didn't argue with her about it. He asked if she wanted him to call her minister, and she nodded. Her husband had finally moved past his denial and, looking realistically at her condition, was now truly able to help her. He supported her in her last wishes—to be at home with her family in her own familiar surroundings. He waited with her for the Lord to take her to her heavenly home.*

*Her husband rarely left her side from that time on. He told me once that he never really knew what to say to her. He just sat holding her hand and telling her how much he loved her. Though she was bloated with excess fluid and bald from radiation and chemotherapy, her soft brown eyes watched his face lovingly as he told her how beautiful she was to him. I thought, whether he realized it or not, he knew exactly what to say.*

*She didn't die that night or the next. But early in the morning of the third day, she quietly slipped away, with her husband sleeping on a cot beside her. She had been ready to meet her Lord.*

*Hospice was not there to save her life but to support her wishes by enabling her family to care for her at home. As part of that support, I taught them what to expect each step of the way so they would know what to do. They knew we were a phone call away. Knowing that, and armed with the right information, they calmly faced death without panic. Afterward, I got there as soon as I could and found the family sitting in the room with her, sipping coffee and telling lovely stories about what she had meant to them. They had indeed reached acceptance. They were glad she didn't have to struggle anymore. They knew where her soul was, and they rested in that assurance. It was an honor to be there for them and to have gotten to know this lovely family.*

## ARE THERE STAGES OF GRIEF?

Many of us have read or studied Elizabeth Kubler-Ross's Five Stages of Grief:

1. Denial
2. Anger
3. Bargaining

4. Depression

5. Acceptance

*All people do not experience each of these steps every time.* Some go through the steps but not in this particular order. Others skip steps entirely. However, many people do go through these steps in varying degrees, and in most cases they proceed in this general order.

According to *the* manual for living, the Bible, there are no universal steps for grieving. God's people are supplied with enough strength, faith, and power to get through any crisis, knowing that our Lord is with us—comforting us, loving us, and reminding us that all things are under His divine control and will eventually work for our good.

I've seen over the years that the more we understand the way God works in our lives and the stronger our faith in Christ, the better we are able to find the sweet acceptance that proves so elusive for others without that personal relationship with Him. I'm not saying there is no pain. It always hurts to lose someone you love. I'm saying there is never a reason for despair, bewilderment, or feelings of abandonment when we experience His lovingkindness and understand the truths of His Word.

## HOW CAN WE GET PAST DENIAL?

What is the first step in dealing with death? *The first and most crucial step is to get past your own denial.* How can you do that? The answer is simple though the task itself can be tough. First, you must ask yourself if you could be in denial. This recognition is more than half the battle. Ask God to help you see the situation clearly and to give you the strength and wisdom to handle it. After that, take a realistic look at your situation and learn all you can about it (physical, emotional, and spiritual aspects). Soon you'll be able to replace *pretending* with *fact*. In that way, you can move past the paralysis of denial to acceptance of the task at hand—whether that is addressing your own approaching death or that of a loved one. It is only then, when you are grounded in reality, that you can truly be an effective help and comfort for someone who needs you.

## DENIAL IN OTHER ASPECTS OF LIFE

I also see evidence of denial in the spiritual realm. One of the questions I ask my patients or their family is, “What do you believe about life after death?” Some don’t have a clue about what I mean. Some believe I’m talking about near-death experiences. But most know that I’m talking about a spiritual existence after physical death.

Their answers can be startling. Some believe that there is no literal heaven or hell. Some believe in reincarnation. Others believe that when you die, you cease to exist in any state. Then there are those who believe that faith in life after death is for the weak and unintelligent—those who need to create a Supreme Being in order to make themselves feel better. Even Christians have a lot of mixed thoughts on the subject. Many do not fully understand what the Bible teaches about life after death.

Some even differ on what it means to be a Christian. The simplest way to discern if you are truly a Christian is this: Unless Jesus Christ is your Lord and a very real part of your life, your thinking, and your attitudes, you are not a Christian. Or as the apostle John writes in 1 John 2:3-6, “And by this we know that we have come to know him, if we keep his commandments. Whoever says ‘I know him’ but does not keep his commandments is a liar, and the truth is not in him, but whoever keeps his word, in him truly the love of God is perfected. *By this we may be sure that we are in him: whoever says he abides in him ought to walk in the same way in which he walked.*”

One of the most common things people say to me is that they have no fear of going to hell. When I ask them why, they usually say something like, “Well, I’ve always tried to live a good life. I’ve never really hurt anybody, and I’ve tried to be a good person. Of course, I haven’t been as good as I could have been, but I’ve done all right.” Others give church membership as the basis for their confidence.

Their answers have something in common. There’s no mention of Jesus Christ. They focus on their *own performance* in life. How can they be sure about their eternal destiny and call themselves Christians if Christ doesn’t even enter into the picture?

The Bible makes it clear that there are genuine Christians, and

there are “professing” Christians. Professing Christians say they are Christians but do not have a genuine, saving faith in Christ. They may attend church, but that doesn’t make them Christians. Corrie ten Boom used to say, “A mouse in the cookie jar isn’t a cookie.”

The Bible says that there is nothing we can *do*—no *performance* is good enough—to merit the kingdom of heaven. It is only by the grace of God through Jesus Christ, His Son, that any of us can enter that kingdom. Therefore, our security is based, not on our own works (performance), but on the righteousness of Christ and His substitutionary death on the cross as a payment for the sins of His people. “For *by grace* you have been saved *through faith*. And this is *not your own doing*; it is the *gift* of God, *not a result of works*, so that no one may boast” (Ephesians 2:8-9). We cannot generate faith. Saving faith is *generated by God*. In other words, He actually *gives* us our faith.

*When we say we don’t need a Savior to go to heaven, we are in denial—denying the very Word of God.* Some would argue that this statement does not really reflect denial but ignorance. In some cases, I believe that is true. There are men and women across the globe who have yet to hear of Jesus Christ and His atoning work for sinners. I would agree that those people are in a state of *ignorance* rather than in *denial* of their need of a Savior.

In most cases, however, unbelievers are considered to be those who have been told the truth and refuse to believe it. If the doctor tells you that your mother is dying, and you refuse to believe it, you are considered to be in denial. If a Christian tells you that you *cannot* attain a righteousness on your own that will make you deserving of heaven, and you refuse to believe it, you are in a state of denial—denial of the truth of the living God.

When we think our own good works are adequate to merit heaven, we are in denial. When we say that there is no literal heaven or hell, we are most definitely in denial, and that is a very dangerous place to be.

Remember the words of the Lord as He reminds us of who He is and who we are: “See now that I, even I, am he, and there is no god beside me; I kill and I make alive; I wound and I heal; and there is none that can deliver out of my hand” (Deuteronomy 32:39).

And yet we are told repeatedly throughout the Bible how very much this all-powerful, all-knowing God loves and cares for His people. One beautiful example of the tender way He protects and shelters us is found in Psalm 91:4: “He will cover you with his pinions, and under his wings you will find refuge; his faithfulness is a shield and buckler.”

The only truly secure place any of us will ever find is in the embrace of God the Father, who sent His Son, Jesus Christ, to pay the price for the sins of His people. May we be found in Him.

*How we deal with death and tragedy says a lot about what kind of people we are.<sup>1</sup>*

BILLY GRAHAM

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