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A life-threatening disease such as cancer makes us confront realities and questions that cause us to step back from our lives and reflect on the meaning and implications of the illness. Our perspective on these realities and questions emerges in large measure from our religious, spiritual, or philosophical orientation, and it influences how we experience the illness—its meaning, how we feel about it, and how well we come to terms with it. A religious perspective can help us as we grapple with these issues and seek to keep our bearing through the mental and emotional turmoil that comes with having cancer.

Cancer and Questions of Meaning

In order to discuss how religion and spirituality can help in dealing with cancer, we must first review some of the religious and spiritual issues, questions, and problems that cancer presents. These are questions of meaning—the meaning of our life and what is important, the meaning behind our personal affliction with cancer, and finding meaning in our suffering.

Mortality

A cancer diagnosis confronts us with the fact that we are vulnerable to disease and suffering, that we are mortal, and that our time is limited. When we are in good health, these realities often reside at the back of our minds; but when a serious illness strikes, they surge forward and challenge us. They challenge us especially with the question of whether we are using our time wisely. This question is linked to what our time is for—to what our life is all about. For many, these questions take on a central and compelling importance, which is why cancer is commonly referred to as a wake-up call.

Usually, the most pressing priority when faced with the diagnosis of cancer is to regain good health; if this is successful, the implications of mortality might once again slip into the background. Sometimes, the illness is regarded as only a temporary bump in the road of life, as opposed to a stark reminder of life's fragility. But more often than not, cancer has a way of capturing our attention, deepening our reflection on what is important, and causing us to live with more awareness of our ultimate priorities.

Patients who are fighting for their lives can be strengthened and sustained by a clear vision of what they want to survive

for. Many talk of surviving for the sake of their families, to meet certain life goals, and to fulfill certain inner potentials or strivings. Whatever a person's answer, it reflects deeply held religious, spiritual, or philosophical beliefs about what is important and why.

As cancer patients reflect on their ultimate priorities, they often identify changes that they wish to make in themselves or their lives. This often is referred to as the "enlightenment" of cancer or the "gift" of cancer. Countless patients have commented that they regret that it took a cancer diagnosis to wake them up and capture their attention, but they feel that many positive and overdue changes in themselves and their lives have resulted from it. In making these changes, these patients have found some positive meaning in their illness.

Why Me?

Cancer confronts us with the question of why, as one person among many, we have been afflicted with this disease. Many patients have asked, in open protest or in private anguish, "Why did this have to happen to me?" Of course, the answer is that it did not have to happen, it just did. But there often is an emotional poignancy to this issue that cannot easily be dismissed.

One reason for this is religious: those who believe in the God of the Judeo-Christian Bible do not understand how a loving God could allow cancer to happen to a good person. There must be some reason for it. It is not uncommon for patients to wonder whether the illness is a punishment for certain wrongs or failings of character. The Bible teaches that disease and death are the result of sin. Of course, many religiously oriented patients do not feel that they are being punished, but they do feel that their illness is somehow part of God's plan for them, and they struggle and pray to discern the higher purpose for which it is intended.

Even those who are not particularly religious can feel a sense of self-blame about their can-

cer because of the influence of the Judeo-Christian tradition in our culture. (See Chapter 16, "Does Your Attitude Make a Difference?") Many patients feel that if they can fix whatever is wrong in themselves, or adopt the right attitudes and behaviors, then the malignancy will be stopped. It has been argued, for example, that if patients heal themselves, or heal their lives, then physical healing will follow.

Why Do We Suffer?

There are many dimensions to the suffering caused by cancer—physical, mental, emotional, and spiritual. The suffering can involve all aspects of the person, including one's relationships, roles, identity, hopes and plans, and the meaning of one's life.

A person with cancer is challenged to respond to suffering in some way. Most patients, of course, strive to gain as much relief from their suffering as possible. Beyond that, some patients feel that their only option is to endure it, either philosophically or stoically. Others seek to deny or downplay it, while some try to rise above it. Some regard it as an opportunity or challenge to demonstrate certain strengths of character or to bear witness to their faith. Some patients rail against it as an outrage, and others are able to find some personal meaning in their suffering, especially in bringing about changes in themselves that they feel are important (such as acceptance or humility).

The religions of the world all contain, in one way or another, a philosophy or perspective on the meaning of suffering. Perhaps the perspective most widely known in our culture is the Judeo-Christian one, according to which suffering serves the positive purpose of deepening one's spirituality. Religious faith can bring a perspective to suffering that offers consolation or strength to those living through cancer.

Religious and Spiritual Perspectives on Meaning

When we talk about the meaning of an experience, we are talking about its relationship or connection to something larger or beyond the experience itself. For example, the meaning of a serious illness can be found in how it is related to the person's life as a whole. The meaning of one's life as a whole can be found in its connection to some larger reality, cause, or purpose. Many people feel that their lives are meaningful because of the contribution they make to the lives of others.

To understand the roles of religion and spirituality in defining meaning for us, we must ask about the larger meaning of the lives of other people. We might argue that the success of a human life contributes to the success of the human experience as a whole. We then might ask, however, whether the success of human evolution (physical, mental, and moral) really matters, because humankind will not survive the eventual demise of our solar system. Suppose there is some realm or cause within or beyond evolution. Fine. But, in order to have any meaning, what is it connected to? Thus, an infinite series of questions is launched here, wherein we can always ask about the larger reality to which something is meaningfully connected. Is there some ultimate reality that finally provides meaning to everything else?

These are the kinds of questions that lie at the heart of religion, faith, and spirituality. All systems of belief acknowledge a transcendent source of meaning and value beyond human beings. At times of serious illness or crisis, it is to one of these systems that we may turn for solace, comfort, and meaning; for the inner strength to endure the physical and emotional challenges of illness; and for guidance in our personal response to it.

Religion describes both the formal area of study of these belief systems and, more specifically, the organized understanding of beliefs

shared by groups of people. The Western religious tradition includes—but is not limited to—Judaism, Christianity, and Islam. The Eastern religious tradition includes—but is not limited to—Buddhism, Taoism, and Hinduism. Each religious system is based on a core of beliefs, often articulated through a set of ancient texts that are considered authoritative and sacred. These bodies of literature incorporate that religion's values and teachings, providing the source of answers to many profound human questions.

Faith often refers to the beliefs held by an individual who is an adherent of one of the formal systems of religion. Each of us, whether we know it or not, holds some kind of faith. We may believe in a personal God or in a Divine Clockmaker (that is, a God who created the world, set it in motion, and then left it alone). This faith may be spelled out by a formal systematic theology or comprise pieces of many different religious teachings. This personal faith is frequently deep and forms a foundation of emotional and spiritual strength when we face crisis, cancer, and especially death.

Spirituality is the connection that many people feel to God or to something beyond us, but not in accordance to the formal teachings of traditional religion. Thus, many people speak about being spiritual but not necessarily religious. While some people seek their answers in religious literature and traditional teachings, others search beyond traditional models to find answers that will bring them emotional and existential meaning.

Religion: Coping and Healing

A person's faith or spirituality provides a means for coping with illness and reaching a deeper kind of inner healing. Coping means different things to different people: it can involve finding answers to the questions that illness raises, it can mean seeking comfort for the fears and pain that illness brings, and it can

mean learning how to find a sense of direction at a time of illness. Religious teachings can help a person cope in all of these dimensions.

Religious teachings can also point the way toward healing, which can be something very different from curing. Modern medicine has been able to recognize that a medical cure is not always possible; nor is it the only appropriate goal for treatment. Sometimes, when treatment is futile, the healing of soul or spirit can provide a deep and sustaining comfort. Religion has long focused upon this as its central purpose. Healing of the soul or spirit means recognizing the values in one's life and striving to bring these in line with the teachings of one's religion or the fundamentals of one's faith.

The Quest for Meaning

The meaning of life and death, humanity's purpose or direction, and the struggle with suffering and pain have long been central themes in religious literature.

Within the context of many traditional belief systems, the ultimate answer to meaning, suffering, and death resides with God alone. One conservative religious answer is that God's ways are beyond human understanding, but we must trust in God's goodness and purpose. Many people feel a great sense of confidence and assurance in the belief that an all-powerful, all-knowing deity controls the world. The idea that the reward for a life well lived is eternal life in heaven is usually associated with this conservative belief.

Liberal theologies offer other explanations about God's place in human experience. Some hold that God has created an imperfect world and that it is our task and responsibility as humans to work toward the world's repair or perfection. This means that we share an obligation to help one another face the struggles of human existence, including illness and death.

Some humanistic religious traditions assert that God has no direct influence on contem-

porary human events. They assert that when we suffer, all that God can do is to be present with us. The comfort in this belief system comes from the conviction that God feels our pain and knows what we are going through when we suffer.

Religion and "Why Me?"

For many patients, the "Why me?" issues are essentially religious in nature. Religious people are sometimes concerned that illness relates to sin that they have committed. Most religions today reject the idea that God punishes us through illness. Many people hold to an alternative view—that illnesses such as cancer demonstrate the presence of evil in the world. Religion gives us the opportunity to help others and thereby overcome evil or imperfection by creating good.

Most theologians and religious leaders today acknowledge that there are no simple answers to these questions. They also recognize that the question "Why me?" is really not so much a question requiring an answer as a cry of emotional and spiritual pain. Rather than try to address this question with theological formulas that bring little consolation, they strive instead to honor the emotional anguish behind these questions and to point to the comfort, reassurance, and broader perspective offered in religious teachings.

Emotional Comfort

In the face of a serious illness, we are often challenged by a range of emotional reactions that can be unfamiliar and more intense than anything we have ever encountered. We feel ourselves vulnerable and in need of a stable and solid support. Religion steps in with comfort and reassurance.

One of the great sources of emotional support in times of illness is the Book of Psalms. For those familiar with the Western religious canon, the Psalmist speaks compassionately and with great understanding of the emotional upheaval of crisis. The 23rd Psalm (King

James Version) reads: “Yea, though I walk through the valley of the shadow of death, I will fear no evil: for Thou art with me; Thy rod and Thy staff they comfort me.”

When we are confronted by cancer or other serious illness, our sensory experience is often heightened, both in regard to the beauty of life and its more frightening, ugly, and painful side. Our emotional connection to the world can become more intense. Religious tradition places this experience in an ancient perspective. We recall the stories of great sages and saints who also faced hardship and death. They instruct and show us about the intensity and how our path has been traveled before by so many others. Our feelings direct us to a new connection to the world and God's presence in it.

Religious Guidance

Another dilemma confronting cancer patients relates to what can be done. They wonder how to act and how to function at this time. It seems that the ordinary ways of living and functioning are inappropriate or trite. Religion again assists us with models of behavior to demonstrate the values we hold as important. Spiritual disciplines and teachings of various kinds can instruct us in structured exercises.

Asceticism—simplifying our life and living for others—is an example well known through religious history. Religion teaches us that we can find order and direction by doing things that foster our spiritual well-being and energy. These can include some of the following practices.

Religious Resources and Practices

Many conventional religious resources and practices help us cope with cancer by offering comfort, support, and direction.

Rituals and prayer are the central and best-known religious techniques. Prayer extends comfort in many ways. It offers us consolation, encouragement, connection, and solace.

We experience a sense of divine presence and divine love as we pray. Prayer and ritual touch deep feelings within us. They allow us to give voice to our pain, joy, grief, loss, isolation, alienation, and loneliness. Prayer evokes memories of our youth and of our family and long-standing relationships. It also brings a sense of power and awesome mystery. Prayer reveals a side of ourselves that may be needy, that we may not want to reveal, and that struggles with uncertainty.

Prayer techniques, such as centering, traditional prayer, meditation, guided meditation, and anointing, have long been recognized as effective tools in dealing with illness. Recent scientific studies reported in books such as Dr. Larry Dossey's *Healing Words* prove beyond doubt that prayer makes a difference. Four non-denominational prayers for healing, selected by the pastoral care staff at the UCSF/Mount Zion Medical Center, are found at the end of this chapter.

The religious community is a powerful ally in dealing with crises in our lives. People who know us and care about us from within a community of faith are important partners in the healing process. Apart from the effectiveness of their love and prayers, the religious communicants can often provide practical support for the necessary tasks of daily living.

We should not underestimate the value of clergy visits for helping us to cope with cancer. In many ways, the presence of clergy powerfully conveys the message of God's care to those who are ill. Clergy tangibly represent God's caring presence, both through their being there and through the words they speak.

Healing practices associated with religion and focused upon cancer and other illnesses have become much more common today than ever before. Some of these practices come from fringe groups and charlatans seeking to prey upon frightened people. Yet mainstream religion also has recognized the value of healing prayer services and rituals as an addition to more typical prayers and rituals. Some rit-

uals of this kind are ancient. Some are contemporary. Many people have sought and found spiritual healing and comfort through religious tradition and practice.

Nondenominational Prayers for Healing

These four nondenominational prayers for healing have been selected by the pastoral care staff at the UCSF/Mount Zion Medical Center.

My God and God of all generations, in my great need I pour out my heart to you. Long days and weeks of suffering are hard to endure. In my struggle, I reach out for the help that only you can give. Let me feel that you are near, and that your care enfolds me. Rouse me with the strength to overcome my weakness, and brighten my spirit with the assurance of your love. Help me to sustain the hopes of my loved ones as they strive to strengthen and encourage me. May the healing power you have placed within me give me the strength to recover so I may fulfill my journey in the Divine Plan.

In sickness I turn to you, O God, as a child turns to a parent for comfort and help. Strengthen within me the wondrous power of healing that you have implanted in your children. Guide my doctors and nurses, that they may speed my recovery. Let the knowledge of your love comfort my loved ones, lighten their burdens, and renew their faith. May my sickness not weaken my faith in you, nor diminish my love for

other human beings. From my illness may I gain a truer appreciation of life's gifts, a deeper awareness of life's blessings, and a fuller sympathy for all who are in pain.

Send me, O God, your healing, so that I may quickly recover from the illness that has come upon me. Sustain my spirit, relieve my pain, and restore me to perfect health, happiness, and strength. Grant unto my body your healing power so I may continue to be able to bear testimony to your everlasting mercy and love, for you, O Lord, art a faithful and merciful healer.

Be at Peace

Do not fear the changes of life—
Rather look to them with full hope as
they arise.

God, whose very own you are,
Will deliver you from out of them.
He has kept you hitherto,
And He will lead you safely through all
things;

And when you cannot stand it,
God will bury you in His arms.
Do not be afraid of what may happen
tomorrow;
The same everlasting Father who cares
for you today
Will take care of you then and every day.
He will either shield you from suffering,
Or He will give you unfailing strength to
bear it.

Be at Peace—

And put aside all anxious thoughts and
imaginations.

—St. Francis de Sales

The Role of the Clergy

Reverend Elmer Laursen, D.Min.
Reverend John D. Shanahan
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Men and women of the clergy occupy a unique position. Whether ministers, priests, or rabbis, they have authority and respect in the community. One of their many functions is to comfort the sick, at home or in the hospital. The patients they visit in a hospital are not necessarily limited to members of one congregation, or even one religion. Some patients may no longer have any religious affiliation. Yet the clergy still can be welcome figures, sympathetic listeners, and sources of emotional and spiritual sustenance.

Many people under the stress of illness or dying call upon God to help them. Severe stress and fear may also cause them to revert to previously held religious views. For these people, as well as for regular members of religious groups, the clergy represent faith, salvation, and the authority of God. They are expected to have special insight into the mysteries of life and death.

Ernest H. Rosenbaum interviewed representatives of three faiths—Chaplain Laursen, Father Shanahan, and Rabbi Asher—to ask them how they approached individual patients and how those patients reacted. What follows is not a comprehensive discussion of religion; it is an attempt to understand the role of the clergy with regard to the patient who has cancer. In spite of the many differences among the three faiths, in both concept and practice, it was found that in dealing with the cancer patient the three clergy differed only in style. Their objectives were similar: to help people to live, and also to die. In this respect,

their roles do not differ from those of doctors, nurses, social workers, or volunteers.

Interview

Father John Shanahan: There are, of course, certain expectations, somewhat vaguely conceived, of what a clergyman should do. He is expected to minister to the patient, to provide the opportunity for sacraments and prayer, to bring comfort and solace in some way, to deal with spiritual problems, to lift the patient's morale, and to spread comfort and cheer. In the popular dichotomy, the doctor cares for the body, and the chaplain cares for the soul. The clergyman has the opportunity to make a unique and valuable contribution to the spiritual, mental, and emotional well-being of the sick, the seriously ill, and the dying.

As a priest in a hospital setting, I am, among other things, acting as a representative of our religious community. The patients don't know me personally. They come from various parts of the San Francisco Bay Area. They are separated from their families. My being there says, "We care about you. We want you to get well. How can we help?" Maybe these people haven't seen a priest in a long time. But my presence might remind them of a time when they attended church and thereby give them strength for the present. On the other hand, some people with tenuous ties to our religious community don't care about seeing a priest, so my visit to them will not be supportive. Each patient reacts differently. Therefore, I don't have a planned approach.

Slowly and painfully I have learned one general approach. I think this approach helps me, as a priest caring for the seriously ill, to listen, and I hope it has helped the patients I visit. Unaware of the dynamics behind the emotional stresses or moral disorders in a man or woman about to die, with not the faintest idea of what to say, I listen. I have learned to hold my tongue, learned what not to say. I try to show sincere interest, to reflect understanding of the person's feelings. I try to accept the person as a fellow human being. As a listener, I have learned that I can create an atmosphere of solicitous permissiveness in which the troubled patient feels free to share the burden he or she is unable to carry alone. I try to be compassionate, to touch the emotional pulse of the patient by identifying in some personal way with his anguish, his bewilderment, his interior conflict. I try to understand. I need hardly say a word. Someone is interested; someone understands; someone is in no hurry to run, to belittle, to disparage, to explain away the worry, or to trot out pious clichés. I am, primarily, a listener whose contribution is a wholehearted acceptance of the patient. I try to create a climate in which the sick person feels he or she may speak without fear.

Rabbi Joseph Asher: I feel that my function is to try to be an empathic person who relates to people not as a rabbi but as a friend. The only rabbinic component of this kind of relationship is that perhaps the person has more respect and regard for me because he recognizes that I have seen other people in his same situation and may even have some direct communication with the divine. But I don't. I really don't think I have ever contributed to a person to the extent that I have evoked resources of strength he did not have before I came.

The best I have been able to do is maybe awaken resources that this person was planning to set aside or was unaware he possessed.

I may say to a patient, "Now look, every day that you live is one more opportunity for an improvement in your condition, because with medical science the way it is today, what is impossible today may be possible tomorrow." I also explain to him or her that much of survival—and this may be impression rather than fact—depends on a person's will and a person's desire to survive.

Recently, a member of my congregation had a stroke and simply did not want to live. He would not participate in such therapy as was available to him and after a period of months he just died. The physician who took care of him told me that this man could have lived longer and could have lived an active life. He simply did not want to live. So what I can do, as a rabbi, is constantly reassure a patient that a great deal of his recovery depends on that person's will to live. If I can help strengthen that will to live, I have made a contribution.

Nevertheless, I'm terribly aware of my impotence in these things. It's very difficult for an outside force to have any effect in a situation like this. People's lives cannot be influenced to such an extent that a person can say, "The rabbi was here and he told me I'm going to live. Therefore I'm going to live. I'm going to try harder than I did before he came in." The person may do this for five minutes, in my presence, but if his nature is inclined toward giving up, that's what he's going to do.

However, I think we often underestimate both the patients' abilities to cope and their need for comfort arising from an apprehension of the truth. We always think

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they need to be babied when they are in such situations. It is really more the function of the rabbi to relate to the family, to help them accept the inevitable with grace and with a certain amount of consolation. They, in turn, convey this composure to the sick person. The entire Jewish tradition teaches us to confront reality. If a person is about to die, then we have to recognize the fact that this is about to happen. We do not, under any circumstances, encourage a kind of covering up of what is about to occur, nor do we hold out a description of life beyond. That is why it's sometimes much more difficult for a rabbi to comfort a family, particularly when a death occurs that is out of the ordinary.

In such instances, the family's first response is often, "How could God let this happen to us? What justice is there from such a God?" I tell them that God is not doing something to hurt them. The untimely death of the person they love is simply one of the malfunctions of nature just as much as is an earthquake or a hurricane.

Reverend Elmer Laursen: Patients have fear of cancer as a disease, and they need to share their fear and anxiety with someone who will listen. Many physicians and nurses listen to patients, but a clergyman may do it in a different way. He comes to listen to their questions, which often include "Why did this happen? What did I do?"

Our objective is to support patients in the most appropriate way. We try to keep hope alive, but not to foster false hope. We share the bad times that depress patients. We try to help them accept illness as a part of their lives instead of just to fight it. We try to emphasize the positives in their lives, but when there are few or none of these it is harder to help them.

I attempt to console, share and be alongside people during their suffering. I listen to their questions in a supportive way, helping them tap and enlarge upon their religious resources. I listen, and sometimes in silence I give aid and comfort. Frequently my main function is just to be there. I try to hear patients' verbal and nonverbal cries and concerns and, if possible, to help them achieve a new perspective. It seems to me that by sharing I contribute the important element, which is to help them feel less alone and less deserted.

When there are family members, relatives, and friends who are a part of the supportive system for a patient, I can at times also help them with their feelings and enable them to be supportive rather than hindering to the patient.

I have become increasingly aware that in our work with people and their problems, we need not pretend to have any great answers for them. They sometimes find answers for themselves, or at the least they find someone with whom they can share their questions.

While as a chaplain my desire is to work closely with the physician, he is not always ready to involve me in patient care. Often, I am able to minister effectively in spite of his reluctance to include me. However, we both do a better job when we can work together.

The acceptance of the problem of illness and the incorporation of that acceptance into one's life and trying to deal with it is an upward process. People who learn to accept and reconcile themselves to dying often seem to live more effectively. Given the opportunity to vent their anger at God in the presence of an understanding clergyman, they may be relieved of their guilt feelings. It is normal to be

angry, curse, or swear at God and ask, "Why?" Eventually they learn that they can be as angry as they wish at God because He is big enough to handle it. Then they can begin a more dynamic process of living for their remaining time. Somehow, it is helpful to most of us to be able to accept that death is a part of life.

The process of learning how best to support a patient is long and arduous. It involves going into a patient's room, letting him say whatever he wishes, and then helping him to look at what is going on, to reflect on it. I feel it is unnecessary to confront a person too heavily or bluntly. I have better ways of being with a patient than saying, "You know, you have to take a look at this for your wife and family. You can't just give up." Rather, I try to help him take hold of the problem and deal openly with it.

Finally, the time arrives when all I can do is to help a patient to die graciously. In doing that, I believe I am helping people to live right up to the last moment.

Ernest Rosenbaum: The three of you have a similar concept of the role of the clergy in supporting a cancer patient. You help by supporting, encouraging, listening, empathizing, and giving both faith and hope to a patient, his family, and his friends. You absorb the anger of a patient. You can be trusted with confidences and yet you are accepting and not shocked.

Ritual is often followed in ministering to patients. Father Shanahan, do you still administer the last rites to a patient who is coming to the end of his life? If so, what effect does this have on him?

Father John Shanahan: There has been a change in the administration of the sacraments that makes them more meaningful. The Sacrament of Extreme Unction is now called the Sacrament of the Sick. It is ad-

ministered frequently and quite normally when a person is ill but not about to die. Last rites is a term reserved for the use of the funeral liturgy.

Ernest Rosenbaum: Rabbi Asher, how does the Jewish ritual help people to come to terms with grief?

Rabbi Joseph Asher: As with every aspect of life, Judaism's rituals seek to provide outlets for emotions rather than submerge them. Our tradition understands the immediate response to the crises we experience and seeks to vest them with meaning in the context of our relationship with the divine. Thus, when death comes the family's anger and their total withdrawal is acknowledged. Certain normal religious functions are suspended. In our anger, we can hardly be expected to praise God. After the funeral, the family remains at home for seven days, desisting from its regular habits and inviting friends to come to the house for communal prayer rather than going to the synagogue. After that week, and until thirty days after the death, normal activities are resumed, while some personal habits—for which one would have no inclination anyway—are still restricted. For the ten months following, one does not engage in any activities that might be interpreted as unduly entertaining or engaging in levity. Eleven months after the death, family and friends gather to consecrate a memorial at gravesite. This ritual demonstrates the "closing of the grave," a symbol that grief must now be set aside and we must come to terms again with life.

The most modern understanding of the grief syndrome acknowledges stages of emergence from it. Jewish ritual is designed to guide us from the most abject sorrow to renewed composure, allowing for time to bring its healing to the bereaved.

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Ernest Rosenbaum: Chaplain Laursen, what extra help can a person find in dealing with death and grief?

Elmer Laursen: Workshops, seminars, and retreats for clergy and laypersons are effective in helping them express their feelings and thoughts about death and grief. People of all ages have participated in these groups. Most of them have felt threatened at first, but after permitting themselves to become involved in the dialogue and in the process of reflection, they have found that some of their fears were lessened. These are subjects that we all prefer to avoid, but by bringing them into the open and confronting them we may be able to deal with death, and life, in a more realistic and wholesome manner. Members of communities in which such experiences take place have developed rich resources for ministering to one another when confronted by death and grief. They can be open with one another to a far greater degree than exists in the usual "denial" of real feelings.

I am convinced that this entire process of opening up to each other makes it pos-

sible for persons suffering all kinds of diseases of body, mind, and spirit to live more fully and to limit to some degree the destructive elements that threaten us.

Ernest Rosenbaum: Unlike most of the people who support the patient and his family, the clergy continues to serve the family after the patient's death by helping them through the process of grieving. The ritual of a funeral service and a post-funeral meal for family and friends is as much a supportive gesture toward the bereaved as an opportunity to say farewell to the deceased. Following these brief distractions, the survivors may experience a deeper state of shock than they did at the time of death. The period of mourning begins. There is no way to shorten or lessen the grieving process, although it can be shared and the pain, in part, alleviated through the compassion of others.

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