

2-2023

Spiritual Care The Needs of the Dying

Carmen Kampman
ckampman20@georgefox.edu

Follow this and additional works at: <https://digitalcommons.georgefox.edu/dmin>

 Part of the [Christianity Commons](#)

Recommended Citation

Kampman, Carmen, "Spiritual Care The Needs of the Dying" (2023). *Doctor of Ministry*. 577.
<https://digitalcommons.georgefox.edu/dmin/577>

This Project Portfolio is brought to you for free and open access by the Theses and Dissertations at Digital Commons @ George Fox University. It has been accepted for inclusion in Doctor of Ministry by an authorized administrator of Digital Commons @ George Fox University. For more information, please contact arolfe@georgefox.edu.

GEORGE FOX UNIVERSITY

PROJECT PORTFOLIO:

SPIRITUAL CARE

THE NEEDS OF THE DYING



IN PARTIAL FULFILLMENT FOR THE DEGREE OF

DOCTOR OF MINISTRY

PORTLAND SEMINARY

BY:

CARMEN KAMPMAN

PROJECT FACULTY:

DR. JACQUELINE BLAND

PORTLAND, OREGON

FEBRUARY 2023



CERTIFICATE OF APPROVAL

This certifies that the doctoral Project Portfolio of

Carmen Kampman

has been approved by
the Evaluation Committee on March 16, 2023
for the degree of Doctor of Ministry in Leadership and Spiritual Formation.

Evaluation Committee:

Primary Project Faculty: Jacqueline Bland, DMin

Second Project Faculty: Ekaterina Lomperis, PhD

Lead Mentor: MaryKate Morse, PhD

Evaluation Committee Referee: Clifford Berger, DMin

Copyright © 2023 by Carmen Kampman

All rights reserved

Dedication

Caregiving is a sacred and holy task rooted in the love God has for each one of us and the ways God's taken care of us. This work is dedicated to all those who've cared for me and allowed me to care for them. Most especially my husband of 32 years, Albert, and our six children, Ashley, Bobbie (Jordan), Courtney, Dyanna, AJ, and Elizabeth, our granddaughter, Gwendolyn, and my brother, Vince, and my sister Audra. We've grown up together and been there for each other through it all.

Vinnie, this paragraph is dedicated just to you. Thanks for being the best brother a girl could ask for. For encouraging at just the right time. For proofreading my work and adding in comments designed to make me laugh. You're the best!

Acknowledgments

The late Dr. David Hazzard encouraged me early on in this project, telling me that a DMin is “help for the church now.” Though now a part of the great cloud of witnesses we read about in Hebrews 12, his encouragement and early input have shaped this project.

My good friend Dr. Rob Lindemann is the one who initially guided me to Portland Seminary, and he’s remained a constant champion and supporter throughout this doctoral journey. On the days I was low, we’d Facetime, and he’d pray for me. On the days I felt triumphant, he encouraged me and prayed for me. He always promptly answered my emails or texts, and he remains a dependable and faithful friend.

Completing this work is a testament to the kind of guidance and care I received when I went back to school in 2009 after successfully raising six kids and being an at-home mom for over fifteen years. Early on, Dr. Jeromey Martini invited me to consider the kind of leader I wanted to become. He offered constructive feedback and regular encouragement, so I didn’t lose hope. He believed in me, and over time I came to believe in myself. I’m grateful for our ongoing friendship.

Special thanks to my dear friend Karin. She patiently waited in my busy seasons, listened when I needed a safe place and has been a faithful friend who gets me and makes me laugh. She was a gift from the Lord when I needed a friend, and God gives good gifts! Thanks also to my life-long friend, Yvonne (spaz), for modelling for me a love of God and a love of God’s Word and the importance of taking the time to learn it and live it – even in the most painful seasons of life.

With deep gratitude for the ministry of Horizon College & Seminary and to all those who shaped my experiences and love of academia. Many thanks also to the wonderful people of Samaritan Place, past and present. Thank you for allowing me to be a part of your journey and to serve you. You continue to teach me about caring well for others.

One of my greatest joys in this journey has been doing it in a cohort with journey partners. LSF 6, “The Awesomes,” will be forever etched upon my heart. As will my mentors, Dr. MaryKate Morse, Dr. Ken VanVliet, Dr. Kurtley Knight and my project faculty, Dr. Jacqueline Bland. Thank you also to the many others from Portland Seminary who’ve helped along the way, especially Cliff, Loren, Heather, and Jen.

Also, thanks to Debz Ferber for joining me in my final semester, being willing to proofread my work and offering constructive feedback. She made an overwhelming project doable, and I’m glad we work in the same vocational field.

Finally, God never ceases to amaze me! When I went back to school in 2009, the only thing I thought possible was auditing a few classes, but God had other plans. I’m deeply grateful for the ways God’s presenced himself in my life and in this doctoral journey. I hope that any good and truth you discover in this work will give glory to God.

Epigraph

*"These hours given to tending them are not lost
And rendered meaningless by death,
but instead are as well-invested
as time could ever be.
These acts are the tear-watered seeds
that will bloom into resurrected joys."*

- Douglas McKelvey, Those Who Tend a Loved One in Decline

Table of Contents

Dedication	iii
Acknowledgments.....	iv
Epigraph	v
Table of Contents	vi
Preface	ix
List of Abbreviations.....	x
Research Method.....	xi
Abstract.....	xii
Doctoral Project	13
Introduction	14
Course Introduction	17
Introduction Video Script and Video Link.....	17
Session One: Remember You Must Die	19
Objective	19
Introduction	20
Review Course Outline	21
Memento Mori	22
Suffering	24
Session Slides	27
Week One Handout: Traveller's Movements	33
Session Two Teaching Notes: Demystifying Spiritual Care	34
Objective	34
Introduction	34
What Is Spiritual Care?	36
Traveller's Movements	38

Session Slides.....	38
Week Two Handout: Spiritual Life Review & Book Reading Schedule	43
Session Three Teaching Notes: Spiritual Distress	44
Objective	44
Case Studies & Reflections.....	44
Teaching.....	45
What Is Spiritual Distress?	45
What Are Symptoms of Spiritual Distress?	46
Assessment Tool	47
Examples of Intervention Strategies	47
Session Slides	49
Week Three Handout	52
Session Four Teaching Notes: Family Systems Theory	53
Group Reflection	53
Introduction	55
Family Systems Theory	55
Feeling Wheel.....	56
Conclusion	58
Session Slides	59
Week Four Handout: Traveller's Movements	62
Sessions Five Through Eight	68
Session Five: The Art of Listening	68
Session Objective.....	68
Lecture Points	68
Book Resources.....	68
Session Six: Mourning & Grief.....	69
Session Objective.....	69
Lecture Points	69

Traveller's Movements.....	69
Session Seven: Ritual & Practices.....	69
Session Objective.....	69
Lecture Points	69
Book Resources.....	70
Traveller's Movements.....	70
Session Eight: What to Expect as Death Nears	70
Session Objective.....	70
Lecture Points	70
Book Resources.....	72
Traveller's Movements.....	72
<i>Course Review:</i>	72
Project Launch Plan	73
Doctoral Project Description.....	74
Audience.....	74
Development Plan	74
Appendix A– Milestone 1 The NPO Charter.....	76
Appendix B– Milestone 2 NPO Topic Expertise Essay	88
Appendix C–Milestone 3 Design Workshop Report	108
Appendix D–Milestone 4 Design Research Report	129
Appendix E–Project Appendix Documentation	155
Appendix F–Milestone 6 Project Launch Plan Documentation.....	176
Bibliography.....	178

Preface

As an ordained minister within the Pentecostal Assemblies of Canada (PAOC), I regularly provide spiritual care to dying persons and their families. While writing this preface, four residents in the long-term care home where I serve died. There was a ministry season when I felt unequipped to provide spiritual care to dying persons and their families. So, motivated by a gap in my pastoral training and the fear of death I witnessed in my first hospice patient- and several others since then- an opportunity to change that began to emerge. Even Jesus needed people to be with him in his most distressing of times. *"And He [Jesus] took with Him Peter, James, and John, and began to be very distressed and troubled. And He said to them, 'My soul is deeply grieved, to the point of death; remain here and keep watch.' And He went a little beyond them, and fell to the ground and began praying that if it were possible, the hour might pass Him by."* (Mark 14:33-35, NASB 2020)

Nuala Kenny in her book *Rediscovering the Art of Dying: How Jesus' Experience and Our Stories Reveal a New Vision of Compassionate Care* explores Mark 14:33-35. She writes, "while some see 'he threw himself on the ground' as Jesus prostrating himself in prayer, other scripture scholars understand the original words used to suggest that Jesus literally collapsed with fear and agitation. Use of the word 'grieved' to describe his soul suggests that he feels as if the sadness and uncertainty may overwhelm and kill him."¹ It's worth pausing here for a minute and imagining how Jesus feels sadness. What might it feel like in his body? He feels overwhelmed by what's coming, by what's ahead of him. So much so that he may have collapsed in fear. Jesus, fully human and fully God, experienced the death and dying journey and struggled with it.

This project is on providing spiritual care- something Jesus modelled needing and something we all need.

¹ Nuala Kenny, *Rediscovering the Art of Dying: How Jesus' Experience and Our Stories Reveal a New Vision of Compassionate Care* (Toronto: Novalis Publishing Inc., 2017), 28.

List of Abbreviations

CPE – Clinical Psychospiritual Education

MAiD – Medical Assistance in Dying

NPO – Need, Problem, or Opportunity

NASB – New American Standard Bible

PAOC – Pentecostal Assemblies of Canada

SCP – Spiritual Care Practitioner

Research Method

This Doctoral Project utilized a blended research and design methodology called ‘Collaborative Design for Ministry and Nonprofit Contexts’. In Collaborative Design, practitioners work with stakeholder representatives to address a Need, Problem, or Opportunity (NPO) in their context. Using a combination of bibliographic resources, local knowledge derived from stakeholder workshops, and an iterative process of continuous adjustment using ‘just enough’ feedback information at each juncture of development, practitioners produce an application-oriented project that seeks to effect Christ-centered change.

Abstract

My PAOC pastoral training had not equipped me to provide spiritual care to dying people. Nothing had adequately prepared me for the fear I would see in people's eyes or the anxiety accompanying many as they died, sometimes lingering between two realms. The Catholics, Anglicans, and Lutherans have a robust theology of care, often expecting their pastors to take at least one unit of Clinical Pastoral Education.² Resulting from feelings of incompetency, and in conversations with other, my NPO emerged: I have discerned an opportunity within the PAOC to develop the understanding of spiritual care to dying persons.

Upon discovery of this opportunity with the PAOC to develop an understanding of spiritual care to dying persons, my research showed that many of us in PAOC circles need to develop an awareness and basic skill set to attend to dying persons in our care. As a spiritual care practitioner working in long-term care, this is a regular part of my work. Still, many PAOC pastors or like-minded leaders feel this is a growth area for them as ministry demographics change.

To close the training gap, I discovered with others the opportunity to write a specialized course: *Spiritual Care & The Needs of the Dying*. This is an 8-week online course that is both scalable and customizable. It's an experience-based course in which participants actively engage in their own learning. Weekly teachings are designed to incrementally grow participants. The weekly class time is strategically thought through as I remain flexible to change, always looking for where God is moving so we can keep in step with the Spirit.

² Each CPE unit is 400 hours.

Doctoral Project

Introduction

As an ordained minister within the Pentecostal Assemblies of Canada (PAOC), I regularly provide spiritual care to dying persons and their families. While writing this preface, four residents in the long-term care home where I serve died. There was a ministry season when I felt unequipped to provide spiritual care to dying persons and their families. So, motivated by a gap in my pastoral training and the fear of death I witnessed in my first hospice patient and several others since then, an opportunity to change that training within PAOC began to emerge, with the feedback and research leading to an 8-week course as the most viable option. This final Doctoral Project is about spiritual care and how to provide it. Jesus modelled needing spiritual care, which we all need as well. This topic was not where I originally started when I began this doctorate. Join me as I reflect.

In early 2020 I began to query the ordination process within PAOC, and by Summer 2020 that topic appeared unyielding of an NPO. So, in 2021 after leaving the ordination topic behind, I started to look *Towards a Pentecostal Understanding of Spiritual Care at End of Life*. I quickly discovered that no PAOC teachings or writings existed in this area, and with an annual rising death rate in Canada, now was the time for Pentecostals to step into the conversation.¹ Increasing the urgency to enter the discussion is that within the PAOC context, we're seeing more and more pastors starting to work as chaplains and spiritual care providers. Further to that, death is a regular part of life and an unfixable reality meant to happen in and among the community of believers, not outside of it. Pentecostalism as a movement is communal, therefore my early thinking was fixated on how to create communities around those approaching death, so no one dies alone.

So, on October 26th, 2021, I held my first Design Workshop as part of the discovery phase. The workshop was carefully crafted and included a Brain Dump exercise, strategic group sharing and discussion, a PowerPoint to guide the conversation, a clearly identified gap that needed closing, and a Heart, Hand, Mind exercise. It was during this time that the project evolved from looking *Towards a Pentecostal Understanding of Spiritual Care at End of Life* to how do we close a gap in our PAOC pastoral training.

From this workshop I discovered that a gap did indeed exist, and there were three suggestions for a project focus: (1) Policy, (2) Academically, and (3) Pastorally. For Policy it was suggested to advocate for PAOC to make one unit of Clinical Psychospiritual Education formerly called Clinical Pastoral Education (CPE) mandatory for all pastors by preparing a data-driven argument of why this should be essential training. For Academically it was suggested to create a college or seminary level course and see if our PAOC colleges would pick it up. For Pastorally it was suggested to utilize pastoral gatherings and approach the topic educationally by offering 1-hour workshops. It was also suggested that perhaps we could add something into the ordination track that PAOC Licensed

¹ I am aware that there is robust training within the Catholic, Lutheran, and Anglican traditions, but at the time of my Doctoral Project, there was nothing for Pentecostals.

Ministers must go through if they want to become ordained. All these suggestions were good, though some would prove to have more systemic barriers than others, like policy change, for example.

From the one-on-one interviews in the design phase done via Zoom, several of which were with people that had one or more units of CPE and were working as chaplains or spiritual care providers, there came more ideas. Some interviewees are directly working with AIDS patients or within hospice or hospital. All felt that as a PAOC fellowship, we need to have more equipping. Out of these conversations also came resource recommendations which proved helpful in the research and later development of the course and the course outline.

After the interviews came a discernment process where the question I asked and tried to answer was: What is the best type of training that could happen that could fill the perceived gap? Though there were three plausible ways – policy change, a college or seminary level course, or a workshop or course – only one would be worth pursuing. As no one asked me to do it and because policy change is generally years in the making, policy change seemed an unlikely route for a gap closure. I could write a college or seminary course, which takes a considerable amount of time, but I had no offers before me to teach in that area. Believing that a pastoral approach was best because we as PAOC pastors are lacking in training, it was appearing that a workshop would be my only option.

A workshop was the best use of my energies, gifts, and abilities and the most requested by those already doing spiritual care at end of life. Parker J. Palmer says, “good teachers join self and subject and students in the fabric of life,” so it was time to bring it all together.² Thus, the next steps involved discovering what kind of workshop and content should be taught. As I’d already compiled a list of topics discussed in earlier conversations or emails, I used Google Forms and created a poll. The goal was to gauge interest levels in the various topics and gauge whether people would commit to this type of workshop. Initially I found it hard to get feedback. This, I would come to understand, was because I did a poor course content draft. So, I revised the topics and created a basic outline for the proposed course, including weekly themes for potential participants to review. Ultimately, I understood that future participants want to know *how* we care for people by being a non-anxious presence that incarnates Christ. They feel this is paramount to our mission of loving one another and helping each other prepare for death.

As the Design Phase continued, a workshop became an 8-week online course. The course is scalable and deliverable in various ways that only future iterations will see. Sessions 1-4 are entirely complete, with sessions 5-8 having content outlines only. This will allow any prospective reader to craft their own workshop or course from the suggested content. The book *The Needs of the Dying*,

² Parker J. Palmer, *The Courage to Teach: Exploring the Inner Landscape of a Teacher's Life* (San Francisco: Jossey-Bass, 2017), 11.

A Guide to Bringing Hope, Comfort, and Love to Life's Final Chapter by David Kessler has been chosen as the textbook.

Through October 2022 - November 2022, I interviewed another course creator to get ideas. After speaking with the course creator and processing my ideas with her, I then defined my course outcomes, designed a placeholder on my website created a course schedule, and began writing Session One: Remember You Must Die. I also created a sample course outline and sample slides for people to assess. I wanted to know if the look was professional, if the course description was clear, and if Session One clearly answered the question: *What is Spiritual Care?* Overall, the feedback was positive and there were constructive suggestions on flow and phrasing, especially when I'm moving into activities portions in the teaching. I made improvements and changes based on the feedback from the poll I created for this and the received email responses. By December 2022, it felt like momentum was picking up and I was moving in the right direction, though it would quickly become evident that I was overestimating how much I could accomplish in the allotted Design Phase timeline.

For a successful course, there is work to do post-graduation. Sessions 5-8 need to be fleshed out, slide decks need to be created, a pilot church needs to be secured, a marketing plan needs to be developed, and a course workbook needs to be made. A success goal for the first pilot of the course includes results from a pre-launch indicating that four or more PAOC or like-minded individuals signed up for the course, as evidenced by registration on my website or through Eventbrite. Another goal is to have participants demonstrate course engagement by sharing stories, roleplaying, and reflecting upon course material and its application to their spiritual care contexts. At the end of the course, I hope to see that ninety percent of students providing feedback in the voluntary Google feedback form are incorporating two or more spiritual care practices.

In this journey, there have been obstacles and I discovered that I'm my biggest one. Though I wanted to let the process do the heavy lifting, at times, I wanted to rush ahead and *start* designing something that I thought would work. At the end of this journey, I now see the benefits of going slowly, listening deeply, taking risks, putting out ideas and getting feedback, then doing that all over again! I started this journey by thinking there may be an opportunity to revamp the PAOC Ordination Track and discovered an educational and equipping opportunity.

At this point, it is also necessary to say that all innovation involves risk, and this project is not without them. This is new training yet to be piloted among a group of people. As a result, I have no direct course-related feedback to help me make course improvements. Perhaps the content or traveller's movements need to change, but that will be revealed once the course has been taught for the first time and there's constructive feedback to aid in the evolution of the course content.

Sometimes you're working with a small sample group, and getting feedback can be challenging, especially when tapping into areas where no work on the subject, at least in your fellowship, has preceded you. At times I had to revisit how I was asking for input, so things were more precise, while at other times, I had to recognize that I was likely pioneering a pathway that needed to exist,

but discovering the way is slow moving. It's not a race but a process worthy of following, for it can yield good fruit if carefully tended.

Further research and conversation in PAOC should happen around MAiD, Advance Care Planning, burial methods, long-term care, and hospice. These topics are gaps in my project. Perhaps at some point, PAOC might want to consider building long-term care homes where providing spiritual and end-of-life care are the norm. This course is just beginning a conversation; there is much yet to discover and discuss regarding end of life. I hope that as people get equipped and see the value in this course, there will be opportunities to take this course into our colleges, to each PAOC District, and maybe into global partner networks.

During my DMin Journey, I have undergone several life transitions; some have brought tremendous joy. For example, I became an Oma (Grandma) and now have two grandchildren. I left a volunteer pastoral position in a church and accepted a ministerial role in another church, only to leave it six months later. This disappointed me as I always thought I would be in a church context. Then I was offered a job in long-term care and the place where I had done my CPE hours the year before. I found myself and my calling along the way. I have found my sweet spot in ministry, but I am surprised at how many twists and turns the journey has taken.

This journey impacted my life mission. Whereas once I thought I was here to build faith, raise hope, and foster the soul formation of Christian seekers in the Church and Christian academy, I now see my life's mission as *fostering space for the mystery, exploration, and discovery of the Other*. That is spiritual care. Both are important missions, but the latter is the one I'm now focussed on.

My dream for the project is to launch in 2023 among participants eager to develop their understanding of spiritual care for dying persons. I hope PAOC colleges and districts recognize the gaps in our training and seek to rectify the gap by utilizing me and my course.

Course Introduction

Welcome to the course *Spiritual Care & The Needs of the Dying*. Here is some important information that you need to know.

Course Day and Dates: Mondays beginning September 16th, 2023 - November 6, 2023

Location: Online via Zoom

Course Costs: \$150 Canadian with a \$50 non-refundable deposit to hold your spot, plus *The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter* book cost.

Registration Opens: June 2023

Introduction Video Script and Video Link

https://youtu.be/EbDb2_HcT1w

Welcome to the introduction video for the course I'm writing, *Spiritual Care & The Needs of the Dying*. Did you know that in Canada, it is estimated that over 307 000 Canadians will die this year? It's okay if you didn't; I only know that number because I'm a Spiritual Care Practitioner who works in long-term care and has a passion for helping people at the end of their lives. While writing this course, I companioned many people who died, and I continue to support many grieving loved ones who continue on after their loved one passes.

I started my spiritual care practice in hospice. A hospice is a place someone goes when they've got 3 months or less to live. It's a specialized kind of care for medically uncomplicated deaths. And one of my first patients when I started at the hospice, was a woman named Anne. (Name changed for privacy reasons.) She was an older woman. She'd lived with her sister until her sister died and cared for her dad in his dying years until he, too, died. She loved her family. She identified as belonging to the Pentecostal Assemblies of Canada, or PAOC for short. She believed in God, AND she was terrified of dying.

In her fear, and because her illness was more forward-facing, she often lashed out at those around her, saying terrible things. As I began to work with her, I noticed how she could not talk about her nearing death, and she was often angry with God for not healing her because, according to her, "if we ask anything in God's name, God will heal us," right?

Anne was the catalyst for me realizing how non-existent training to help dying persons is in PAOC circles. Her fears and my necessary growth became an opportunity. An opportunity to help PAOC and other like-minded pastors or leaders learn how to provide spiritual care to dying persons. Death is something we will all experience. Absent God's return, no one gets out of this life alive, 10 out 10 people will die.

In Hebrews 2: 14-16, the author writes:

Because God's children are human beings—made of flesh and blood—the Son also became flesh and blood. For only as a human being could he die, and only by dying could he break the power of the devil, who had the power of death. Only in this way could he set free all who have lived their lives as slaves to the fear of dying. (Hebrews 2:14-15, NLT)

This tells us that many fear death and some of us were or are in slavery to that fear. However, the Son, Jesus, died for us, setting us free from living our lives, and the end of our lives, as slaves to the fear of dying.

That said. Death is a hard and sad reality. It is an ending. It's a time when we need the grace and the courage to mourn. It's a time when our soul is grieved and many of us walk with an internal limp. In his book *The Depression of Grief: Coping with your Sadness and Knowing When to Get Help*, author Alan D. Wolfelt notes that "after the death of someone loved, the shift means slowly and painfully moving from a relationship of presence to a relationship of memory." It's hard; there is no question about that.

Jesus himself walked through death, and we see in His death journey that he was angry and struggling, even desperate at times! We see where he spent time with friends, sharing a last meal. We see the anguish and the opportunity for compassion.

The dying process is a sacred journey, some of which remains a mystery. But just like we welcome people into the world, we should also see them out. When you choose to be a spiritual companion, you are entering a journey in which you can only travel so far, trusting that God journeys the rest of the way with the person you're caring for. And there are ways to spiritually care for people, which is what this course is all about.

This 8-week course allows you to learn about the theory and practice of spiritual care for dying persons. We're going to talk about death and dying and demystify spiritual care. You'll learn about Family Systems Theory and discover what spiritual distress is because spiritual distress is something we all experience. We'll talk about mourning and grief and learn rituals and practices that may bring hope, peace, love and joy. Lastly, we'll learn about the dying process and its signs and symptoms.

As someone who was also once terrified to die, who knew little about being present with those dying, but who continues to learn from those she serves and her ongoing research and work, I'd invite you to sign up for this course to develop an awareness of how to care for people who are dying. We can grow in this area. As David Kessler says, "death is a broad traveller in our society," so together, let's start talking and learning about it.

You can sign up for the *Spiritual Care & The Needs of the Dying* course on my website www.thespiritualcarepractitioner.com.

I look forward to being a guide on your learning journey.

Carmen

Session One: Remember You Must Die

Introductions: 20 Minutes

Reflection & Traveller Companion Time: 30 Minutes

Teaching: 30 Minutes

Questions: 10 Minutes

Objective

Drawing closer to death by remembering our own *Memento Mori*. Introducing the travelling metaphor, a few Canadian statistics on death and dying, and a basic theology on death and suffering.

Introduction

Hello everyone and welcome to the course Spiritual Care & The Needs of the Dying. It is good to have every one of you here.

My name is Carmen, and I will be your guide and a fellow traveller with you as we explore spirituality, spiritual care, death, and dying together. As a group, we will move closer to embracing the reality of our death. This will be accomplished through our weekly lessons, your readings, watching or listening, your reflections, your in-class participation, and your weekly embodied activities.

Let's take a few minutes and have everyone introduce themselves. Here's how I'd like us to do it. Give us your first name and then fill in this sentence stem: Something that makes me feel energized is _____. You don't have to explain why, but you can if you want to. (Leave 20 minutes for this.) Thank you all for your participation and contribution to our group.

So, why would I want to write a course on Spiritual Care & The Needs of the Dying? Well, simply put, since I was in high school, I have had a deep desire to care for people. Not just any people, although caring for all people is important, but caring for the elderly, the sick, and those near the end of their life. The seed for this kind of work was planted in my Career Exploration opportunity in high school, where I was a candy striper. A lot of life has happened between high school and now, such as getting married, raising six kids and now being an Oma, but the desire to care for others never died.

Since 2019 I have worked as a Spiritual Care Practitioner in both hospital and long-term care, having started my transition into the world of spiritual care as a profession by working at the Hospice at Glengarda in Saskatoon, SK. For those who do not know what hospice care is, it is caring for persons who generally have two months or less to live. In hospice, like in the hospital, I have seen people much younger and much older than me die. Some persons have died alone. Some persons have died with their families surrounding them. Some persons have died peacefully, while others have been riddled with anxiety.

Paul Kalanithi in his book *When Breath Becomes Air* suggests there are a variety of things that deaths have in common: the need for caring providers, connections to things, rituals and people that matter most, a protected space to forge new identities, opportunities for spiritual or life reflection, palliative care, and hope anchors.³ Callanan and Kelley write, "dying people need the company of those who will listen, those willing to understand their situations, those who continue to offer love and friendship in the face of death."⁴

³ Paraphrased from Paul Kalanithi's book. Paul Kalanithi, *When Breath Becomes Air* (New York: Random House, 2016), 166.

⁴ Maggie Callanan and Patricia Kelley, *Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying* (New York: Simon & Schuster, 1992), 64.

Most of my doctoral journey has seen me particularly interested in spiritual care, especially spiritual care at the end of life. The journey of death and dying is sacred and holy. Henri Nouwen believed that “if we could relate to death as a familiar guest instead of a threatening stranger, we would be able to shed many of our doubts, face our mortality, and live as free people.”⁵ Death, however, seems to be something we don’t learn much about or talk much about within our Pentecostal circles. It is a learning virtually absent from our pastoral training curriculum, though we are beginning to see more interest in this area. It is also something that we have yet to talk more about in our church contexts. For example, when was the last time you saw a course or training, or seminar being offered that’s focus was on helping people learn more about death and how to care for the dying?

One of a pastor's roles is to help people prepare for their death. It is an unavoidable reality and is something we are to consider. One of my former colleagues, Pastor Bob Williamson, used to say to our student body that it is every pastor's job to prepare people for what is to come. Now so often, we focus on the aspect of eternal life to the neglect of the traveller’s passage there, which is death. Traveller is a metaphor that we will use throughout this course because, as Callanan and Kelley write, “Contrary to popular belief, or perhaps from wishful thinking—because of our own discomfort with death—dying people know they are dying, even if no one else knows or has told them. They attempt to share this information by using symbolic language to indicate preparation for a journey or change soon to happen. Travel is a clear metaphor often used to describe this need to go forth—to die.”⁶ So for the next eight weeks, we’ll learn how to travel with the dying.

Review Course Outline

As evidenced by our 8-week outline, we’ll spend significant time discussing death and dying. As believers united with Christ, we understand, or at least we should understand, that Christ’s death is a pattern for our death. Now, we are not likely to die on a cross, but as we travel through life, we will face death, others and our own. Therefore, death is something we need to consider.

By a show of hands:

How many of you are comfortable talking about your death?

How many of you are comfortable being a companion to someone who’s dying?

How many of you are comfortable with the truth that death can be both hard work and a spiritual experience?

⁵ Michelle O’Rourke, *Befriending Death: Henri Nouwen and a Spirituality of Dying* (New York: Orbis Books, 2009), 43.

⁶ Callanan and Kelley, *Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying* (New York: Simon & Schuster Paperback, 1992), 76.

For those who raised your hands and those who did not, I want to introduce you to **memento mori** through art. This is a photo of a painting by Maria van Oosterwijk who was born in 1630 in a town in South Holland. Her father was a Dutch Reformed Church minister, and Maria herself was known to be a woman of faith. She never married, but she did raise her nephew, who had been orphaned.

Now we're going to take five minutes to look at this photo. I'd like you to have a pen or paper ready, or if you're good at keeping mental notes, you can opt to do that. Keep notes about what captures your eye. Are there things you're curious about? If so, what? How does the photo make you feel? After five minutes, we'll process together. (Leave ten minutes for class discussion.)

Memento Mori



The Latin phrase memento mori means, "Remember that you must die." According to the Jamie Lee foundation, "The phrase originates in ancient Rome, where it is believed that slaves accompanying generals on victory parades whispered the words as a reminder of their commander's mortality to prevent them from being consumed by hubris (excessive pride and self-confidence). The concept has become a familiar trope in the visual arts from the medieval period to the present."⁷

Let us prepare our minds as if we'd come to the very end of life. Let us postpone nothing. Let us balance life's books each day. ...The one who puts the finishing touches on their life each day is never short of time. - Seneca

⁷ Jamie Lee Foundation, "Memento Mori," accessed October 15, 2022, <https://jamieleefnd.org/memento-mori/>.

Although the time of death is unknown for each of us, what is clear is that we will all die. Let's review some scripture together.

"Moreover, no one knows when their hour will come: As fish are caught in a cruel net, or birds are taken in a snare, so people are trapped by evil times that fall unexpectedly upon them." (Ecclesiastes 9:12, NIV)

Job speaks about our life as but a shadow and the days as but flying swiftly. (Job 8:9; cf. 9:25)

"for we were born only yesterday and know nothing, and our days on earth are but a shadow." (Job 8:9, NIV)

"My days are swifter than a runner; they fly away without a glimpse of joy." (Job 9:25, NIV)

Scripture reminds us to consider our death, to remember our vulnerability, and to be ready for it to happen at any time.

"So you also must be ready, because the Son of Man will come at an hour when you do not expect him." (Matthew 24:44, NIV)

Scripture also teaches us that there are some houses more important than others. If I was to ask you whether you'd like to go to a house of feasting or a house of mourning, what would you say?

Let me share with you what the bible teaches us in Ecclesiastes 7:2.

"It is better to go to a house of mourning than to go to a house of feasting, for death is the destiny of everyone; the living should take this to heart." (Ecclesiastes 7:2, NIV)

Let's sit with that for minute. What do you think? I think it's important for us to realize that there is Biblical reasons for preferring the house of mourning. The reason it's better to think about death, or go to a house of mourning, is because we can learn from it and ponder eternal questions, and those questions can have eternal consequences.

As previously mentioned, we live in a culture that avoids thinking about mortality, and we can often avoid conversations about death and dying. We like to focus on the living and our eternal reward, but we will all experience human death. That is our reality. So instead of avoiding it, we need to start talking about it, normalizing conversations around it, and planning for it.

It is also important to regularly reflect on death in other ways besides our final chapter, especially as a Christian. It's important to remember that in your baptism, you died with Christ and were raised to a new life in him.

"I have been crucified with Christ and I no longer live, but Christ lives in me. The life I now live in the body, I live by faith in the Son of God, who loved me and gave himself for me." (Galatians 2:20, NIV)

How are you living that new life? Last year I watched a YouTube Video by a Catholic Priest, Fr. Mike Schmitz, that I found helpful in reflecting on this topic. I've included it as part of your Traveller's Movements this week.

There are a few ways the ancient philosophers and Christians sought to have a daily reminder of their death. Some would put skulls on their desks, some had artwork in their studies, and in some areas, it appeared in the architecture and with various motifs - the most common being a skull. Whichever way it was remembered, there appears this need for all of us to *memento mori*.

I've taken up the practice of carrying around a coin that has "*memento mori*" written on it. It's my way of daily reflecting that I have a life to live - in Christ- right now! It's also a reminder to pause regularly and consider death in various ways, including a day when I will no longer be here. It will be important for you to find your unique ways of remembering.

Suffering

I'd like to reflect for a short while on suffering. It has been rightly said by many that we can offer our prayers and petitions to the Lord and still suffer. And as someone who works in both an acute care hospital and a long-term care home, I have regularly seen people suffering. Suffering is another area that we tend to talk little about until we are faced with it or it has been pointed out to us. Still, it is an area we need a basic grasp of.

The *Dictionary of Bible Themes* says suffering is: "The experience of pain or distress, both physical and emotional. Scripture is thoroughly realistic about the place of suffering in the world and the lives of believers. To become a Christian is not to escape from suffering, but to be able to bear suffering with dignity and hope."⁸ This definition accurately captures the lived experience of all of us. Suffering can be emotional or physical. As someone who her biological father abandoned, was abused by others and lived a self-destructive lifestyle for many years, I can attest that suffering can be both physical and emotional. The evening before writing this lesson, I had done a spiritual care visit with a 49-year-old woman who had recently been diagnosed with cancer, though they were running tests to figure out which type. She told me of her six children, some of whom were addicted to drugs or alcohol. She described her family history of cancer and her concern over where her 15-year-old daughter would live if she died quickly. During our conversation, it became evident that she was physically and emotionally in pain.

The Bible does tell us that people will suffer. Let's look at a few passages.

"The poor you will always have with you, but you will not always have me." (Matthew 26:11, NIV)

⁸ Martin H. Manser, *Dictionary of Bible Themes: The Accessible and Comprehensive Tool for Topical Studies* (London: Martin Manser, 2009), 5560.

"Because the poor are plundered and the needy groan, I will now arise," says the LORD. "I will protect them from those who malign them." (Psalm 12:5, NIV)

"Look! The wages you failed to pay the workers who mowed your fields are crying out against you. The cries of the harvesters have reached the ears of the Lord Almighty." (James 5:4, NIV) This speaks of oppression in the workplace.

"You will be hated by everyone because of me, but the one who stands firm to the end will be saved." (Matthew 10:22, NIV) We will be hated because of Jesus. That can mean both emotional and physical suffering, especially if the people hating us are people we regularly must interact with.

"Rather, as servants of God we commend ourselves in every way: in great endurance; in troubles, hardships and distresses; in beatings, imprisonments and riots; in hard work, sleepless nights and hunger;" (2 Corinthians 6:4-5, NIV). Paul endured all kinds of hardship.

There are also assurances God gives us in our suffering. They are anchors we can hold onto. Promises that remain steadfast.

"Who shall separate us from the love of Christ? Shall trouble or hardship or persecution or famine or nakedness or danger or sword? As it is written: "For your sake we face death all day long; we are considered as sheep to be slaughtered." No, in all these things we are more than conquerors through him who loved us. For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord." (Romans 8:35-39, NIV)

The Apostle Paul tells us that *nothing* can separate us from God's love. We are also pre-warned that we will go through many hardships in this life; it was a message that the disciples taught wherever they went.

"They preached the gospel in that city and won a large number of disciples. Then they returned to Lystra, Iconium and Antioch, strengthening the disciples and encouraging them to remain true to the faith. 'We must go through many hardships to enter the kingdom of God,' they said." (Acts 14:21-22, NIV)

Let's have one of you look up and read for us 2 Corinthians 4:16-5:4.

"Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day. For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen, since what is seen is temporary, but what is unseen is eternal. For we know that if the earthly tent we live in is destroyed, we have a building from God, an eternal house in heaven, not built by human hands. Meanwhile we groan, longing to be clothed instead with our heavenly dwelling,

because when we are clothed, we will not be found naked. For while we are in this tent, we groan and are burdened, because we do not wish to be unclothed but to be clothed instead with our heavenly dwelling, so that what is mortal may be swallowed up by life." (2 Corinthians 4:16-5:4, NIV)

There is a small but mighty statement that Job makes. He says: "but no stranger had to spend the night in the street, for my door was always open to the traveler—" (Job 31:32, NIV)

There are no easy answers to suffering, and some suffering we will never fully understand. But let us always keep our door open to the traveller. Let us be hospitable. Statistics Canada reported that in 2020 there were 307,205 deaths in Canada. This was a +7.5% increase over the previous year's death rate.⁹ Canada has an ageing population and will see annual increases in death. As a result, now is the time for us to enter the conversation about spiritual care at the end of life. As Pentecostals, or other like-minded individuals, we've got a robust eschatology, but let's grow our skills and competencies in helping people through the dying journey.

As a fellow traveller, I'm inviting you to no longer keep death as a stranger, as something we don't understand. I'm asking you to grow in your understanding, just a little, so you can start providing spiritual care to those at the end of their life. Let the door of your heart and mind be open to other travellers.

Let's pause for a few minutes to reflect and review reading expectations and traveller's movements. Provide handouts for this week's Traveller's Movements.

⁹Statistics Canada, "Deaths 2020," accessed November 13, 2022, <https://www150.statcan.gc.ca/n1/daily-quotidien/220124/dq220124a-eng.htm>.

Session Slides

@THESPIRITUALCAREPRACTITIONER



AN 8-WEEK ONLINE COURSE

SPIRITUAL CARE

& THE NEEDS OF THE DYING

REVEREND CARMEN KAMPMAN, DMIN (STUDIES)

Hey! I'm Carmen

THE AUTHOR OF THIS COURSE

Wife

Mom of Six

Oma

DMin Student

DMin Project

Spiritual Care Practitioner



Pastors Help Prepare
People for What's to
Come



Maggie Callanan & Patricia Kelley

"Dying people need the company of those who will listen, those willing to understand their situations, those who continue to offer love and friendship in the face of death."

“

Contrary to popular belief, or perhaps from wishful thinking—because of our own discomfort with death—dying people know they are dying, even if no one else knows or has told them. They attempt to share this information by using symbolic language to indicate preparation for a journey or change soon to happen. Travel is a clear metaphor often used to describe this need to go forth—to die.

Michelle Callanan & Patricia Kelly

Course Outline

SPIRITUAL CARE & THE NEEDS OF THE DYING

01
Remember You Must Die
Drawing closer to death
by remembering our own.
Memento Mori.

02
Demystifying Spiritual Care
Formulate a broader
understanding of spiritual
care.

03
Spiritual Distress
Learn assessment and
intervention strategies to
compassionately care for
those in spiritual distress.

04
Family Systems Theory
A basic introduction to FST
and how it might equip you
to care for families.

05
The Art of Listening
Understanding the person
talking to you.

06
Mourning & Grief
Companioning with those
experiencing deep sadness
and loss.

Course Outline

SPIRITUAL CARE & THE NEEDS OF THE DYING

07
Rituals & Practices
Experience rituals and
practices that may bring
hope, peace, love, and joy
at end of life.

08
What to Expect as Death Nears
Dying is a process. When
someone is actively dying
there are signs and
symptoms, knowing them
will help you be more
comfortable.





“The experience of pain or distress, both physical and emotional. Scripture is thoroughly realistic about the place of suffering in the world and in the lives of believers. To become a Christian is not to escape from suffering, but to be able to bear suffering with dignity and hope.”

The Dictionary of Bible Themes

“But no stranger had to spend the night in the street, for my door was always open to the traveler”
(Job 31:32, NIV)

307,205 Deaths
According to Statistics Canada



Week One Handout: Traveller's Movements

1. Weekly Book Reading: The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter by David Kessler

Week One	Introduction - Chapter 2
Week Two	Chapters 3 and 4
Week Three	Chapters 5 and 6
Week Four	Chapters 7 and 8
Week Five	Chapters 9 and 10
Week Six	Chapter 11 and Epilogue

2. Watch this video by Fr. Mike Schmitz. <https://www.youtube.com/watch?v=b5Vekgt0YgE&t=23s>
3. Journal
 - a. What are my key takeaways from this week? How can they help me in my current season of life and ministry?
4. Create or Gather

- a. Create or gather something that you can keep before you to *remember you will die*.¹⁰ It can be a photo, a coin, a bracelet, or a poem. It will be unique to you.

Session Two Teaching Notes: Demystifying Spiritual Care

Introduction: 10 Minutes

Reflection & Traveller Companion Time: 30 minutes

Teaching: 30 Minutes

Group Processing: 20 minutes

Objective

Formulate a broader understanding of spiritual care.

Introduction

Welcome to week two of the course *Spiritual Care & the Needs of the Dying*. I'd like to start by taking a few minutes to center ourselves. Some of us have come from work. Perhaps some of us have just come out of a difficult conversation, or maybe we've come here in a peaceful space. Wherever we've come from, I'd like us to pause for centering prayer. This was a practice weekly done in my DMin class, and it's something I came to enjoy and continue to practice.

Here's how we'll get started. I'd invite you to

1. Remove distractions from in front of you. Put things off to the side where you can quickly grab them when we're done.
2. Get comfortable in your chair.
3. Close your eyes. You can bow your head and fold your hands if you like.
4. Take a deep breath in and then breathe out.
5. Settle into a calm stillness, becoming aware of your breath, the others in our class, and God's abiding presence.

Be still for a minute and pray to welcome us into this space.

Before we get into tonight's teaching, I'm going to break you into breakout rooms so you can connect as travelling companions within a smaller group. I'd like you to spend five minutes each sharing your top takeaways from last week and how your Traveller's Movements exercises grew your understanding of *memento mori* or how it impacted you this last week. Before returning to our

¹⁰ This idea came from Portland Seminary alumna Darcy Hansen's DMin project in which she told the students that she daily puts on a bracelet to remember her death.

main session, delegate someone in your group to be your spokesperson to share your top takeaways with the rest of the group.

Now we're going to take fifteen minutes in a Breakout Session. Put people into breakout groups and rooms.

Let's pause here for a few minutes to share our key thoughts from our breakout groups. Allow fifteen minutes for group sharing.

Thank you for your participation. It's proven that when we process our learning out loud, we're apt to remember more than if we simply hear something new but never talk about it. It's also proven that if we do activities to embed our learning, we are more likely to embody those learnings and carry them forward with us.

Let me transition to tonight's learnings, where we discuss spiritual care. But before I start sharing, I'd like you to consider a response to this question. *What is spirituality?* When you have a thought, you can either type it in the chat box or unmute your microphone and share it with the group.

Spend five to ten minutes discussing this.

There are several ways that spirituality is defined; let me offer you a few. First, the New Oxford Dictionary defines spirituality as *the quality of being concerned with the human spirit or soul as opposed to material or physical things*. And it's important to catch that spirituality is concerned with the human spirit or soul. It's not concerned with how many material possessions you own, though it may be concerned with what attachments you hold to them. It's not concerned with the material a photo is made of but what that photo represents. Spirituality means different things to different people, but everyone has spiritual needs. For example, we have the need for meaning and purpose. The need to feel loved and accepted. The need to feel a sense of belonging. The need to feel hope, peace and gratitude.¹¹ Spirituality is about connecting to the universe or something greater than oneself.

Steve Earle would say there is a difference between religion and spirituality, and I would agree. Religion and religious practices can be part of a person's spirituality. If we're only ministering to people who share our same faith, then we likely won't distinguish between the two, but Earle's does. He says, "to me, religion is an agreement between a group of people about what God is. Spirituality is a one-on-one relationship."¹² Because I work in environments where I serve different people with various beliefs, I must clearly understand the difference between spirituality and religion. But

¹¹ Notes on spirituality that I had taken during a lecture on January 21, 2021.

¹² David L. Ulin, "Myth, Reality, and Steve Earle," LA Times, March 6, 2011
<https://www.latimes.com/books/la-xpm-2011-mar-06-la-ca-steve-earle-20110306-story.html>.

because we're mainly learning about spiritual care in the same religious contexts as ourselves, I think two definitions can help us.

The first is by Christina Puchalski. She writes: "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to others, to nature and to the significant or sacred."¹³

The second is by Glen Scorgie. He writes, "Spirituality in the generic sense involves an encounter with the transcendent (or the numinous, the Real, or whatever is ultimately important), and then the positive, beneficial effects of that encounter on a person. It's about establishing a transforming connection to something more – a connection that will shape who we become and how we will live."¹⁴ I would suggest that those transforming connections help people get through what can be one of the most difficult times in their life - their dying. Spiritual wellbeing has as its foundation connections. Connections to:

- people they love and care about
- places that foster happiness and good memories
- practices which sustain
- beliefs that offer hope
- experiences that are meaningful
- transcendent anchor

What Is Spiritual Care?

If spirituality is just what we discussed, then what is spiritual care? Spiritual care, writes Jennifer Sutton Holder and Jann Aldredge-Clanton, *"is soul care, helping the human spirit in its search for peace. It is the attempt to help those near the end of life feel whole, fulfilled, and in harmony with their world and their higher power. Religious experience may or may not be spiritual, and spiritual experience may or may not be religious. Regardless of the dying person's religious persuasion or faith tradition, spiritual care near the end of life supplies a deep human need."*¹⁵ What is that need? To be supported, cared for, and anchored to the things that bring them peace.

¹³ Christina Puchalski and Betty Ferrell, *Making Health Care Whole: Integrating Spirituality into Patient Care*, 1st ed. (Templeton Press, 2011), 39.

¹⁴ Glen. G. Scorgie, *A Little Guide To Christian Spirituality* (Grand Rapids, MI: Zondervan, 2007), 25.

¹⁵ Jennifer Sutton Holder and Jann Aldredge-Clanton, *Parting: A Handbook for Spiritual Care Near the End of Life*, 1st ed. (The University of North Carolina Press, 2009), Kindle.

Spiritual care is about the individual. In the Fall of 2022, I was invited to attend a conference. It was a conference for hospice care workers and those working in contexts where end-of-life care is part of their practice. I was thrilled to go. Thrilled to go for two reasons: (1) I want to continue growing my competency in end-of-life care, and (2) Dr. Harvey Chochinov was the keynote speaker. Dr. Chochinov is the author of several books and leads the research team that pioneered the Dignity Model and Dignity Therapy. You can read more about him on his site, which I will link for you as part of the resources.¹⁶ We'll be learning more about Dignity Therapy in an upcoming session.

In his keynote address, he introduced us to something called the Platinum Rule. Do you know what I mean when I say the Platinum rule? The Gold Rule is most likely floating to the forefront of your mind. Would I be correct? What is the Golden Rule? *Do unto others as you would have them do unto you*. Various versions of this rule exist; it depends on your worldview.

Let's watch this short video, and then we'll discuss the Platinum Rule.

<https://youtu.be/SndxZoKbSAI>

Debrief

In the short video, there were three things that the Platinum Rule does.

1. It shifts the focus from me onto the other person.
2. It makes us curious about other people's wants or needs.
3. It opens up opportunities for how we might be for the other person.

Dr. Chochinov would say that using the Platinum Rule "may be a more appropriate standard for achieving optimal person-centered care. This means knowing who patients are as persons."¹⁷ And he's right; spirituality and spiritual care are about the person you care for. I have been with several dying persons; each was different. One of the most important questions we ask people when we're getting to know them this is this: *What do I need to know about you to take great care of you and be a supportive presence?* You will be surprised at what people tell you. They may tell you everything from their favourite color to who they don't want to see. When we use the Platinum Rule, we choose to put the individual at the center of their care, not our wants and desires. We become, as Carrie Doehring describes, a supportive spiritual presence that comes alongside people in

¹⁶ "Research Team," Dignity in Care, accessed November 14, 2022, <https://dignityincare.ca/en/research-team.html#Harvey-Max-Chochinov>.

¹⁷ Harvey Max Chochinov, "The Platinum Rule: A New Standard for Person-Centered Care," *Journal of Palliative Medicine* 25, no. 6 (June 2022): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9145569/>.

supporting ways.¹⁸ Spiritual care is about the wellbeing of the other, and spiritual wellbeing has, as its foundation, connections.

Spend 10-15 minutes processing thoughts and questions on the Platinum Rule.

Traveller's Movements

Your Traveller's Movement will involve doing a Spiritual Life Review and then sharing it with your travelling partner. I'll now break you into pairs on Zoom. Please discuss meeting together and set a time to meet later in the week. It will be a time for you to share some of your findings. You don't need to share all. It will be especially helpful to share what you discovered as your meaningful connections, looking to discover how your travelling partner differs from you, after setting a time to meet, pray for each other before signing off for today.

Session Slides



Spiritual Care & The Needs of the Dying

Rev. Carmen Kampman

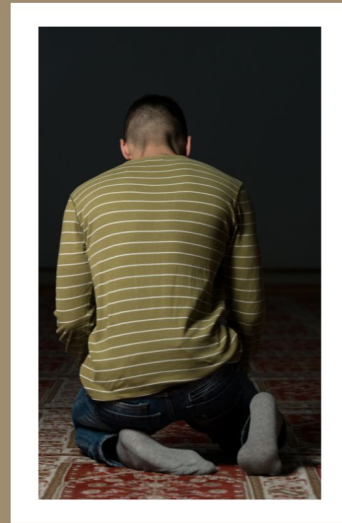
¹⁸ Carrie Doehring, *The Practice of Pastoral Care: A Postmodern Approach* (Louisville, KY: Westminster John Knox Press, 2015), xxiii.

Welcome to
the practice
of

Contemplative Prayer

This can make us feel centered.

WEBINAR NAME



“

the quality of being concerned with
the human spirit or soul as opposed
to material or physical things

New Oxford Dictionary

Traveller's Conversation

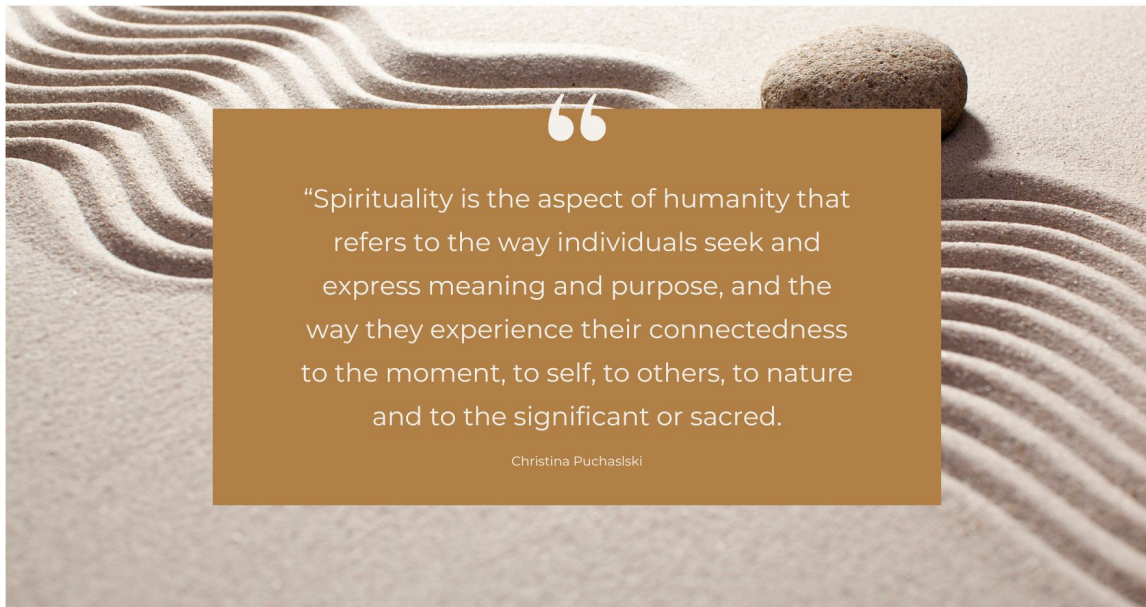
- ✓ My top takeaways were...
- ✓ In my Traveller's Movement's I...
- ✓ Our delegate is...



“

“to me, religion is an agreement between a group of people about what God is. Spirituality is a one-on-one relationship.”

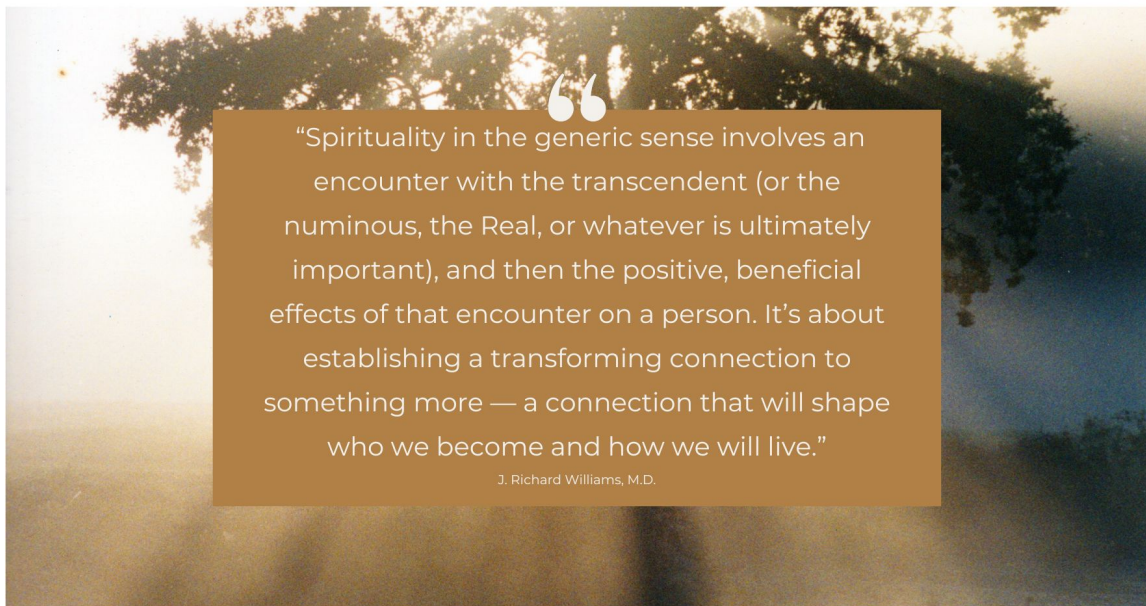
Steve Earle



“

“Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to others, to nature and to the significant or sacred.

Christina Puchalski



“

“Spirituality in the generic sense involves an encounter with the transcendent (or the numinous, the Real, or whatever is ultimately important), and then the positive, beneficial effects of that encounter on a person. It’s about establishing a transforming connection to something more — a connection that will shape who we become and how we will live.”

J. Richard Williams, M.D.

Do unto others as they would have you do unto them.



Week Two Handout: Spiritual Life Review & Book Reading Schedule

(My Story)

1. Write down your full name, age, gender, race, marital status, religious affiliation/spiritual practice, education, vocations, and other items of that you think are important to know about you.
2. Provide a summary biographical sketch of your life from the beginning to now. You can break your summary down decades or years. For example, childhood, teen, young adult years, etc.
3. Spend time identifying significant moments (happy or sad) that stand out in the various seasons of your life.
4. Describe significant Influences & Losses
 - a. What spiritual or religious persons have influenced you?
 - b. What rituals and activities impacted your sense of wellbeing?
 - c. List any significant events/rituals you recall. These can include a baptism, being confirmed, a trip, a marriage, times with friends, community service, etc.
 - d. What are/were your favourite highlights and why? What are the lows and how have they impacted you?
5. What do you turn to find hope? What gives life meaning?
6. What do you value in yourself and from others?
7. From whom or where do you draw your sense of self?
8. What practices or people do you turn to in happy or sad times?
9. What daily, weekly, or monthly rituals do you practice that give you a sense of purpose and wellbeing? ¹⁹

*Note, you may want to do this review on a computer or some other electronic device, or you may want to grab some loose-leaf paper or a journal. The point is to spend some time reflecting on your spirituality and life.

Book Reading: *The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter* by David Kessler

¹⁹ This idea came from conversations with care providers, notes taken at various times or in various conversations, and by doing a Gengogram and presenting it to a class.

Week One	Introduction - Chapter 2
Week Two	Chapters 3 and 4
Week Three	Chapters 5 and 6
Week Four	Chapters 7 and 8
Week Five	Chapters 9 and 10
Week Six	Chapter 11 and Epilogue

Session Three Teaching Notes: Spiritual Distress

Introduction: 10 Minutes

Reflection & Traveller Companion Time: 20 Minutes

Teaching: 30 Minutes

Group Processing: 20 minutes

Objective

Learn assessments and intervention strategies to compassionately care for those in spiritual distress.

Case Studies & Reflections

Welcome back, everyone. How did your week go? Let's do some sharing around the Life Review. What did you learn about yourself? Your partner? (Leave time for discussion.)

Let's also talk about the book we're reading by David Kessler. You're supposed to be finished up to the end of Chapter Four. I'd invite each of you to open your book and have a quick look again. What notes or questions did you make for yourself in the margins or in your digital reading platform? What have you learned so far that's been helpful?

I've got two case studies I'd like to share with you. We will start with Lillian and then move on to John, stopping between to discuss our thoughts and feelings and reactions.

Her name is Lillian. She's got stage four cancer and now lives in long-term care. Due to an illness last year that left her bedridden for months, she's now immobile, unable to do her daily tasks or activities without assistance. She has one living relative, a brother. He's unable to visit her because he has health struggles with greatly diminished mobility. Both of her parents are now deceased. She has a Power of Attorney, but they are often at odds.

Lillian is a believer, but some days, her actions might lead you to believe otherwise. She often lashes out at her caregivers. She is cheerful and welcoming on her best days, wanting you to stay and visit.

On her worst days, she may cuss you out of her room. The last few times I've visited her, it's been good. I've been intentional with some interventions, which I will share with you later, but first, let's discuss.

How would you react if someone cussed you out of the room? What would you think if someone lashed out at you? How would you feel about it, about them? What would you do? What would your internal dialogue be?

Let's pause here for a few minutes and discuss Lillian. Let's be honest about how we'd react. Spend ten minutes in discussion

Or what about John? John has stage 4 cancer. For the last 5 years, he's placed substantial hope in finding a cure. He's been a lifelong churchgoer, an avid volunteer in his community, and a faithful friend to many. In the last month, he's suffered at least one mini-stroke, forcing him to be hospitalized. In his most recent meeting with his Oncologist, John learned that the medical care team has exhausted all treatment options. They say there is nothing else they can do. The Oncologist suggests he get his affairs in order because he's got only weeks to live. John begins to spiral and lose hope, questioning whether or not God is punishing him.

How would you respond in this scenario? Has anyone found themselves caring for someone with a similar situation who can share? What did you do? What might John be feeling?

Teaching

In the cases of Lillian and John, I would suggest that our posture be one of loving curiosity. A question that might be rolling around in my head is this: Where does it hurt? Where are the pain points causing you to ask in a manner you don't want to? Marney Thompson and Wendy Wainwright, in their book *Transitions in Dying & Bereavement: A Psychosocial Guide for Hospice and Palliative Care*, note how "pain distorts personality."²⁰

Lillian knows that acting out is not appropriate behaviour. She knows that she hurts others through her words and body use. She knows she wants to do better, but multiple disruptions in her life are causing her distress. Lillian knows she needs something different but doesn't know what that is. On the other hand, John can no longer place his hopes in a cure; he now must come to terms with what this means.

What Is Spiritual Distress?

Spiritual distress is a response to a disruption in a person's life. Christina Puchalski and Betty Ferrell, in their book *Making Health Care Whole: Integrating Spirituality into Patient Care*, describe spiritual

²⁰ Marney Thompson and Wendy Wainwright, *Transitions in Dying & Bereavement: A Psychosocial Guide for Hospice and Palliative Care*, 2nd ed. (Virginia: Integrated Books International, 2017), 192.

distress this way. "Spiritual distress refers to the impaired ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, and/or a power greater than oneself."²¹

In other words, something is at dis-ease within the human spirit. Persons cannot find meaning, purpose, hope, strength, or connection. It feels chaotic and overwhelming. It can feel confusing and hopeless. It can lead to depression and, for some, a desire to end their life. You'd be surprised how many Christians in seasons of pain and suffering say something along these lines. "I now understand why people entertain the idea of MAID."

WHAT ARE SYMPTOMS OF SPIRITUAL DISTRESS?

Harvey Chochinov and his team report that their "research has demonstrated that those who express a wish for an earlier death are more likely to be depressed, experience significant discomfort due to uncontrolled pain, and report less social support."²² So, wishing for an earlier death is one sign of spiritual distress. However, depending on your work, it may not be something that you regularly come across. So what are some other signs of spiritual distress?

On their website, Crossroads Hospice and Palliative Care list the following symptoms as possible signs of spiritual distress:

- Feelings of anger or hopelessness
- Feelings of depression and anxiety
- Difficulty sleeping
- Feeling abandoned by God
- Questioning the meaning of life or suffering
- Questioning beliefs or sudden doubt in spiritual or religious beliefs
- Asking why this situation has occurred
- Seeking spiritual help or guidance²³

²¹ Christina Puchalski and Betty Ferrell, *Making Health Care Whole: Integrating Spirituality into Patient Care*, 1st ed. (Templeton Press, 2011), 204.

²² Harvey Max Chochinov, *Dignity Therapy: Final Words for Final Days* (New York: Oxford University Press, 2012), 4.

²³ "Sign and Symptoms of Spiritual Distress," Crossroads Hospice & Palliative Care, accessed December 5, 2022, <https://www.crossroadshospice.com/hospice-palliative-care-blog/2018/october/10/signs-and-symptoms-of-spiritual-distress/>.

ASSESSMENT TOOL

There are a few different assessment models out there, but for our purposes in this course, I'm going to introduce you to one that I think would be most helpful and memorable. It's called the H.O.P.E. model.

In the model, **H** stands for Hope. You're seeking to discern a person's sources of hope, meaning, comfort and peace. You might consider asking the person, what is giving you hope right now? You could interchange the word hope for peace, comfort or strength. **O** in the model stands for Organized Religion. You may already know if the person you are caring for is connected to a faith community if they are from your church or your relational networks. Still, you will want to consider the practices and gatherings that have been meaningful for them. Why do they choose to attend there? What kept them coming back week after week? Are there people they are missing that you might facilitate coming to see them? If there are specific rituals, ask yourself how you might seek to do those rituals or settings in their current context. **P** stands for personal spirituality. Ask the person if there are specific practices that are part of their spirituality that they regularly do. For example, I regularly do centering prayer, which we practiced last week. I also like to burn incense or use essential oils in a diffuser. **E** stands for Effects on Care and End of Life Issues. Sometimes people are concerned about how their beliefs might conflict with the care offered or suggested. MAiD, for example, is not something most Catholics would choose. They're adamantly opposed to it.²⁴

So, in summary. H is for Hope, O is for Organized Religion, P is for Personal Spirituality, and E is for Effects on Care and End of Life Issues. What are your thoughts in response to this type of model? There are others, but this is easy to remember to get you started. Are there questions you can think of that you might want to consider asking?

EXAMPLES OF INTERVENTION STRATEGIES

Ask questions and listen closely for clues in their answers. We'll learn about different ways of listening in Session Five, but listening for themes or statements people make is essential. How are you doing spiritually? What gives you hope? Comfort? When people say things like, "I know I've got to find a way to cope, but I just can't manage," or "I think God has abandoned me," or "My friends don't come and visit me, my family are busy with their own lives" or "I'm feeling weak," they are letting you know that they are in distress. Life is not making sense. There is pain somewhere. Asking questions is an integral part of assessing where people are at. Ask questions to bring forth feelings because what can be named can be processed.

²⁴ Explaining the HOPE acronym is taken from this article. There are other articles out there, but this is one that dives deeper into the model. Gowri Anandarajah, M.D., and Ellen Hight, M.D., M.P.H., "Spirituality and Medical Practice: Using the Hope Questions as a Practical Tool for Spiritual Assessment," *American Family Physician* 63, (January 2001): 81-89, <https://www.aafp.org/pubs/afp/issues/2001/0101/p81.html?ref=Guzels.TV#the-hope-questions>

Help people forgive themselves for things they wish they had done differently. If we had known better at the time, we would have done better, right?²⁵ I've had residents in their nineties who, in their final year, feel like they've messed up their whole life, so my role is to help them forgive themselves, receive the grace offered by God, or find a way to come to terms with their reality and regrets.

You might consider, with the person's permission, of course, doing a religious service in their home or at their hospital or hospice room. If you're a person gifted in music, you might consider asking them about their favourite music. Music that brings comfort or peace. You could create a CD or a playlist for them.

Hospitality is an often-overlooked intervention. Instead of quickly popping into someone's room, you might ask if bringing a meal is okay. Consider bringing their favourite meal and sharing a meal together. Hospitality can mean many things, but it is an intervention strategy that can be utilized. Ask about favourite life experiences or memories.

Don't be afraid to hold space for the grief or sadness that may accompany people as their death draws closer. We are human. Humans are deeply complex. Discuss concerns with them. You don't have to problem-solve; you can simply bear witness to their story. People usually know they're dying; we don't need to be afraid to talk about that reality.

Many churches do live streaming now. Consider spending time with your friend watching the service together. Alternatively, you could do a nature walk with your loved one. We'll discuss that as part of your Traveller's Movement for this week.

Another critical intervention is sacred readings. I utilize poetry, liturgy and sacred texts. For Christians, the Bible is our primary text, and often, people are open to you reading their favourite passages. Just ask, is there anything I can read to you? You may even want to consider asking them this question: As death nears, is there anything you'd like me to read to you when you can no longer tell me what you want? You may also consider reading one of their favourite authors to them and discussing the reading together. There are loads of options.

I often use The Chaplain's Taxonomy; let me show it to you.²⁶ It can be found here: <https://sdcoalition.org/wordpress/wp-content/uploads/2020/08/taxonomy-for-chaplains.pdf>.

²⁵ Elisabeth Kübler-Ross and David Kessler, *On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss* (New York: Scribner, 2005), 41.

²⁶ "The Chaplains Taxonomy: Standardizing Spiritual Care Terminology," San Diego County Coalition for Improving End of Life Care, accessed December 10, 2022, <https://sdcoalition.org/wordpress/resources/#GenRes>.

If we think back to Lillian and John, what have we learned today that we could try? How would you try it?

I'd like to discuss the Traveller's Movements for this upcoming week. Let's review together the Week Three Handout.

Session Slides

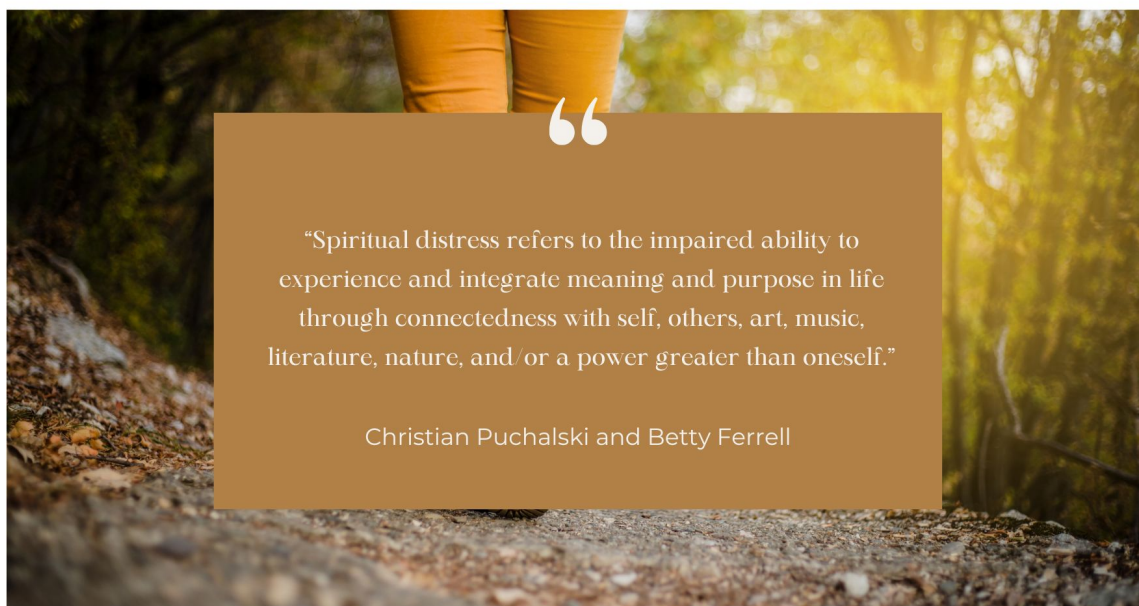
WEEK THREE

Spiritual Distress

WHAT YOU WILL LEARN

- ✓ A Definition of Spiritual Distress
- ✓ Symptoms of Spiritual Distress
- ✓ HOPE Assessment Tool
- ✓ Interventions





“Spiritual distress refers to the impaired ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, and/or a power greater than oneself.”

Christian Puchalski and Betty Ferrell

Symptoms of Spiritual Distress

01.

Feelings of anger or hopelessness.

02.

Feelings of depression or anxiety.

03.

Sleep disruption.

04.

Feeling abandoned.

05.

Question the meaning of life or suffering.

06.

Questioning beliefs or sudden doubts in spiritual or religious beliefs.

07.

Why questions.

08.

Seeking spiritual help or guidance.

HOPE Model



Types of Interventions





Week Three Handout

1. A Nature Walk: Notice what's moving in us and around us.
 - a. Set aside one hour this week. Mark it in your calendar and do everything you can to set that hour aside.
 - b. Wear weather-appropriate clothing and bring a notebook or phone for taking notes and/or photos. (For ease, you could also print this sheet.) If you're a person who is easily distracted by your phone, then leave it at home.
 - c. As you walk, focus on your senses.
 - i. What do you see? Hear? Smell? Feel?
 - ii. Ask the Holy Spirit to draw you into an embodied experience connecting with nature.
 1. What invitations do you sense?
 - iii. Creation is God's give to us and something we're to steward. What gifts, no matter how small, are appearing to you today?
 - iv. Ask and inquire what it means to be part of the fabric of life and connected to all living things because we share a common creator.
 - d. Spend a few minutes at the end of your walk by filling in these sentence stems.
 - i. I am noticing within myself...

- ii. I am noticing around me...²⁷
2. Read the Spiritual Assessment Article, located here:
<https://www.aafp.org/dam/brand/aafp/pubs/afp/issues/2012/0915/p546.pdf>
 3. **Book Reading:** *The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter* by David Kessler

Week One	Introduction - Chapter 2
Week Two	Chapters 3 and 4
Week Three	Chapters 5 and 6
Week Four	Chapters 7 and 8
Week Five	Chapters 9 and 10
Week Six	Chapter 11 and Epilogue

Session Four Teaching Notes: Family Systems Theory

Group Reflection Time: 20 Minutes

Introduction and Conclusion: 20 Minutes

Teaching: 30 Minutes

Traveller's Companion Reflection Time: 20 minutes

Group Reflection

Welcome back, everyone. Today's session marks our halfway point. So far in our times together, we've talked about *memento mori*, demystified spiritual care, and formed a broader understanding of what it means to provide spiritual care. Last week we learned about spiritual distress, the H.O.P.E. model, and a few spiritual care interventions. We also looked at the Chaplain's Taxonomy Model. In addition to that, your weekly Traveller's Movements have allowed you to learn and experience new things. This past week, you were to go on a nature walk. Let's process your thoughts and experiences around that. How did it go?

Your reading from David Kessler's book *The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter* included reading about the emotions of pain and

²⁷ The idea for a nature walk came from an activity a Healing Arts Therapist invited my CPE class to participate in.

spirituality. Let's start with the chapter on the emotions of pain. What were your top takeaways from that chapter?

Use these as conversation starters if needed.

- Uncontrolled pain causes people to react.
- Uncontrolled pain can damage relationships and drive loved ones away.
- People often are labelled. We see that in Beverly's case.
- Anger, depression, or quietness can be an indicator of unmanaged pain.
- There is normal fear of pain; no one likes to be in pain.
- Distractions can be a form of intervention.
- Reassurance is critical, and presence is vital.
- Handholding can be a gift.
- Caregivers feeling overwhelmed is normal.

One of Kessler's statements regarding spirituality is this: "The quest for spirituality is a search for a place of peace and safety."²⁸ How might you and I honour this quest? What were some of the suggestions Kessler offered or that you were able to glean from the stories?

Use these as conversation starters, if needed:

- Talk about things that need talking about.
- Offer and receive forgiveness.
- Do a life examination.
- The five stages of spiritual reconciliation are (1) expression, (2) responsibility, (3) forgiveness, (4) acceptance, and (5) gratitude.²⁹

²⁸ David Kessler, *The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter*, Tenth Anniversary Edition. (New York, NY: HarperCollins Publishers, 2007), 93.

²⁹ Kessler, *The Needs of the Dying*, 101-107.

Introduction

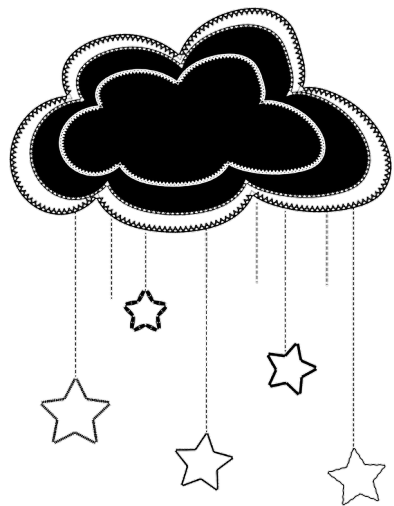
I'd like us to transition to the topic of this session: Family Systems Theory. Is there anyone in the room who is well-versed in this theory and could be our resident expert whom we can call upon? (If an expert on Family Systems Theory is in the room, acknowledge them.)

Family Systems Theory

Though I'm not a counsellor, Family Systems Theory has helped me tremendously in being compassionate towards families and family members who we might consider jerks or others whom we might think over-controlling. Several years ago, the matriarch of a large Greek family moved into the long-term care home where I work.³⁰ The patriarch was deceased, and there were seven or more children. Some children would describe their mother as unkind, harsh, and wounding. One of the children was the primary caregiver for their mother, having lived with her until she could no longer care for her on her own. With that story as a backdrop, I'd like us to watch this YouTube video. It's a video that briefly describes Family Systems Theory.

Watch this Video: <https://youtu.be/yBjOpDKHMindMatters:FamilySystemsWOM>

Let's discuss the basics of the theory. One of the visuals I like to use is a hanging mobile.³¹



The critical elements of this theory include the following:

1. Individuals have a communal identity. They cannot understand themselves apart from the others in the system.
2. We are social beings linked to one another.

³⁰ Names and ethnicities have been changed to protect identities.

³¹My CPE instructor used a crane origami model to introduce us to Family Systems Theory and it has always stuck with me.

3. The others in the system shape us. We are intensely connected.
4. Unconscious rules and routines develop, shaping our role and how we respond to one another.
5. When something happens to one person in the system, the system is disrupted.
6. People are forced into a systemic change. Still, change can be messy and may be resisted.³²

Family Systems Theory is supported by well-documented research, and some therapists and counsellors specialize in this area. I am proposing a basic understanding of this theory will help you connect the dots in some anxiety-riddled situations and as you listen to the Holy Spirit in different situations.

I'd invite you to look at the critical elements of the theory as listed on the slide. I'd ask you first to consider your own family and where you are in the system of the family you grew up in. Then think of a situation of illness or sudden life change and reflect on how your family felt or responded. Alternatively, you can reflect on a ministry situation where you care for a family member. Now, something in the health of the person changes and they are put in a position where they have to make a significant life change, such as moving to long-term care or hospice. What can you recall about the family's reactions or feelings?

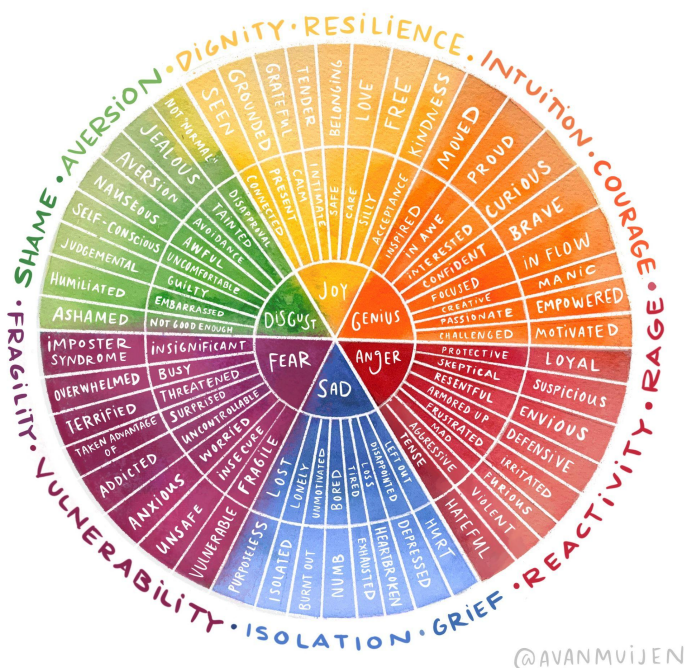
Ensure we spend at least 10 minutes talking about this.

Feeling Wheel

People are emotional beings. We think and feel certain things, though sometimes we have trouble naming those feelings; if we don't talk about them, they will show up in our behaviour and can be destructive. We will act it out! Therefore, I'd like to introduce you to the feeling wheel. This particular wheel is free and downloadable from Abby Muijenn's website.³³ You can print it off or save it as a photo to have handy on your phone or computer.

³² My paraphrased summary of Family Systems Theory from the video and other learnings.

³³ Abby VanMuijen, "Emotion Wheel," <https://www.avanmuijen.com/watercolor-emotion-wheel>.



We've spent some time talking about situations in our own family or in those we care for. Now I'd like us to take a few minutes to identify how some people might feel. Let's return to the large Greek family I talked about at the beginning of our session. What types of feelings do you think the primary caregiver, one of the daughters, might be experiencing, and why do you think that based on what we've just learned about family systems?

Use these as conversation starters if needed.

- She may fear the quality of care her mother might receive. After all, she's been doing it herself for so long.
- She may feel angry because the choices she is used to making are no longer hers to make.
- She may feel defensive if new methods of care are introduced.
- She may feel suspicious about who these new people are in her mother's life.
- Purposelessness. Questioning her own identity.

What might others in the family system be experiencing?

- Relief that their mother is in a place with nurses and care partners.
- Confusion about what their role is now.

Affirm the group's engagement.

Thank you for your engagement in this discussion. I'd like to break you into smaller groups and have you talk about what you notice in your family system and what types of behaviours may arise when that system is challenged with stress. Please pick a group member to be the spokesperson for your group.

I'll give you twenty minutes for this, and then we'll come back together and debrief. Then I'll share some final closing thoughts.

Break into Breakout Rooms or smaller groups.

Welcome back, everyone. What were the highlights now that you've had some more process time in your small groups? We'd welcome one person from your group to share with us.

Use all but 5 minutes of the remaining time to process learnings.

Conclusion

Family Systems Theory and the feelings wheel are tools in our toolkits as people caring for dying persons. They should help us to be more compassionate and less reactive to behaviours. When things go into chaos, and a family is forced to change through changing circumstances or news, we can be both observers and good listeners, inviting people to reflect on their experience of what they're going through. We're invited to hold space for their grief, anxiety, and feelings.

Your Traveller's Movements this week are the daily Examen. It's an opportunity to use the feeling wheel, practice reflection, and discern specific movements within your day. It's a self-explanatory resource I've created for you.

Who would like to pray for us?

Session Slides

Family Systems Theory

SESSION FOUR

www.thespiritualcarepractitioner.com



Reading Reflections



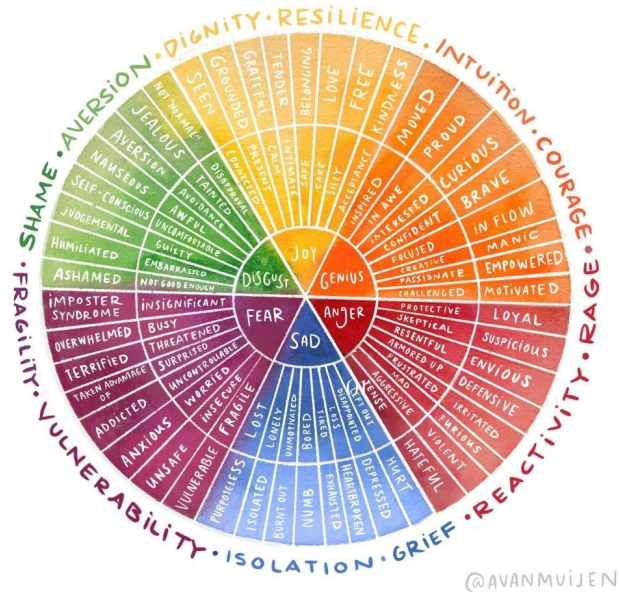
<https://youtu.be/yBjOpDKHWOM>

Critical FST Elements

01.	Communal Identity	02.	Linked Social Beings
03.	Intensely Connected	04.	Unconscious Rules
05.	System Disruption	06.	Forced Change

The Feeling Wheel

We are emotional and feeling beings. If we don't talk about our feelings, we may act them out in destructive ways.



Week Four Handout: Traveller's Movements

1. **Book Reading:** *The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter* by David Kessler

Week One	Introduction - Chapter 2
Week Two	Chapters 3 and 4
Week Three	Chapters 5 and 6
Week Four	Chapters 7 and 8
Week Five	Chapters 9 and 10
Week Six	Chapter 11 and Epilogue

2. For five out of the seven days, practice the daily examen. Note your thoughts and feelings.

A Daily Prayer

EXAMEN

This workbook will guide your learning about and doing the prayer of Examen. The Examen has been used for over 1500 years by people worldwide, and now it can be used by you.

Created by Rev. Carmen D. Kampman
[@thespiritualcarepractitioner](#)

what is? EXAMEN

Examen is an ancient prayer practice constructed and lived by St. Ignatius of Loyola. It's a simple yet strategic daily reflective prayer practice.

It's a practice where we're invited to notice and encounter the living God, to reflect upon the day in God's love, grace, and mercy.

It's a time to notice where God was working, where our shortcomings were, where gratitude can abound, and where mercy and grace flow towards us and through us.

Most of all, it's a time to quiet our minds and settle into the presence of God as together with God we observe our day.

A Daily Examen



Become aware of God's Presence

You're coming to God in this moment. Find a quiet place where you can spend some time in reflection, a place where you can settle into God's presence. Breathe. Quiet your mind and body. Imagine God's gaze upon you and his welcome of you in this moment of being present to one another.



Review the Day with Gratitude

Review the day with God. Ask God to give you his eyes. What were the gifts from today? Who did you interact with today? What did you receive from them? Give to them? What did you see today that that brought you joy? God is in the details. As you look back, where did you see God?



Notice Your Feelings

Were there moments today when you felt fully alive? Times when you felt at peace? Comforted? Connected? Challenged? Your best self? Were there moments you felt close to God? Choose the moment you felt most grateful and savour it. Take some time to give thanks. Choose a moment where you felt you blew it. Face your shortcomings in light of God's mercy and grace.



Response to God

In light of your review, what is your response to God? You may want to offer a song of praise or a prayer of gratitude. Perhaps you want to ask God to help you discern His voice or movements more clearly.



Look Ahead

As you look towards tomorrow, what comes to mind? With what spirit do you want to enter tomorrow? Conclude your time when you feel ready.

Sessions Five Through Eight

The remaining four sessions will follow a similar format. Each session will have a session objective, lecture notes, time for discussion, and an accompanying Traveller's Movements handout with movements completed during the week. I will write the lecture content more thoroughly post-graduation, but bullet point suggestions are listed under each session objection. The bibliography will be more extensive.

Session Five: The Art of Listening

SESSION OBJECTIVE: Understanding the Person Talking to You.

LECTURE POINTS

- Review recent book learning.
- Review Traveller's Movements
- Listening is at the heart of every meaningful connection and conversation.
- There are different types of listening.
 - We listen through our body language.
 - We listen through our eyes.
 - We listen through open-ended statements.
 - We listen by clarifying responses.
 - Paraphrasing is a way of listening.
 - Reflection of feelings is a way of listening.

BOOK RESOURCES footnoted.³⁴

In class, make sure to pair participants up so that they can practice listening to each other.

Traveller's Movements: TBD, but ideas include choosing one listening technique, practicing it for the week, and then journaling about it. Make sure to give in-class opportunities to discuss how the listening experience went. The required reading in David Kessler's book is chapters 9 and 10.

³⁴ Allen E. Ivey, Packard Gluckstern Packard, and Mary Bradford Ivey, *Basic Attending Skills: Foundations of Empathic Relationships and Problem Solving*, 6th ed. (Cognella Academic Publishing, 2019). Patrick King, *How to Listen with Intention: The Foundation of True Connection, Communication, and Relationships* (Big Mind LLC, 2020).

Session Six: Mourning & Grief

SESSION OBJECTIVE: Companioning with those experiencing deep sadness and loss.

LECTURE POINTS

- Use *Into My Grieving* on page 1050 of the Celtic Daily Prayer Book.³⁵
- The story belongs to the storyteller.
- Shock and numbness are normal.
- Grief is not linear.
- Gates of grief. Use those appropriate to this course.³⁶
- We heal in community.
- Discuss the difference between grief and mourning. Mourning is the outward expression of our internal sadness.
- When should you encourage a person to seek professional help, such as a counsellor?

TRAVELLER'S MOVEMENTS

How to write a lament using Psalm 13. In David Kessler's book, the required reading is chapters 11 through to the end.

Session Seven: Ritual & Practices

SESSION OBJECTIVE: Experience rituals and practices that may bring hope, peace, love, and joy at the end of life.

LECTURE POINTS

- Review the lament writing journey.
- Bring a Tibetan singing bowl.
- Various practices or rituals, such as
- Prayer
- Contemplation

³⁵ The Northumbria Community, *Celtic Daily Prayer: Book Two: Farther Up and Farther In* (William Collins, 2016).

³⁶ Francis Weller, *The Wild Edge of Sorrow: Rituals of Renewal and the Sacred Work of Grief* (Berkeley, CA: North Atlantic Books, 2015).

- Singing
- Music and types of music
- Writing
- Breathing
- Meditation
- Keeping Vigil
- Incense or Essential Oil
- Appropriate physical touch
- Lighting
- Blessings
- Symbols
- Provide an opportunity for the person to share their life story.

BOOK RESOURCES are footnoted below.³⁷

TRAVELLER'S MOVEMENTS: TBD.

Session Eight: What to Expect as Death Nears

SESSION OBJECTIVE: Dying is a process. When someone is actively dying there are signs and symptoms, knowing them will help you be more comfortable.

LECTURE POINTS

What do you do when you walk into a person's room who is actively dying?

- Acknowledge them first before speaking with others present.
- The hearing is the last sense to go
- Speak softly but clearly
- Be aware of the surroundings and the anxiety levels in the room

³⁷ Koshin Paley Ellison and Matt Weingast, eds., *Awake at the Bedside: Contemplative Teachings on Palliative and End-of-Life Care* (Somerville, MA: Wisdom Publications, 2016); Matt Sanders, ed., *Interfaith Ministry Handbook: Prayers, Readings, & Others Pastoral Resources for Pastoral Settings* (Berkeley, CA: Apocryphile Press, 2015); David L. Benner, *Candlelight & Blessings: Symbols and Rituals for the Dying and Grieving* (Berkeley, CA: Apocryphile Press, 2017).

What to expect as life is nearing its earthly end.

- Sleep longer and may sleep with eyes
- Eat and drink less
- Have difficulty swallowing
- Mottled skin
- Death rattle
- Confused
- Restless
- Unresponsive
- As the veil thins, some persons may see loved ones who've gone before them.
- Breathing patterns change
- Irregular pulse or heartbeat
- Loss of control of bladder or bowels
- Cool Limbs.
- At the time of death
- No pulse
- No breathing
- Eyes may be open or closed
- Loss of bladder or bowel
- Rigor Mortis starts to set in. A body may twitch for a long period of time following a death.
- Medications to help ease anxiety and manage pain should be regularly given. Some of these medications cause drowsiness.

What are our final acts of caring?

- Follow the person's wishes.
- Do not feed a person as they're actively dying unless instructed to do so, this can do more harm than good.
- Support grieving loved ones.
- Memorialize. What might we do to remember this person?

Discussion: How many people have experienced the death of someone close to them? What was it like? How old were you when it happened? What was the nature of the relationship?

BOOK RESOURCES are footnoted below.³⁸

TRAVELLER'S MOVEMENTS: None for this week.

COURSE REVIEW: Leave in-class opportunity to provide course feedback but follow up after the course with an email thanking them for their participation and inviting them to give feedback. Provide them with the link.

³⁸ Marney Thompson and Wendy Wainwright, *Transitions in Dying & Bereavement: A Psychosocial Guide for Hospice and Palliative Care*, 2nd ed. (Baltimore, MD: Health Professionals Press, Inc., 2017).

Project Launch Plan

Doctoral Project Description

I have discovered an opportunity within the Pentecostal Assemblies of Canada (PAOC) to develop the understanding and practice of spiritual care to dying persons. To address this opportunity, I am creating an 8-week online course that introduces participants to the theory and practice of spiritual care for dying persons. By exploring spirituality, spiritual care practices, and what to expect as a person nears death, participants will develop an awareness and basic skill set that will enable them to attend to dying persons in their care. This is an experience-based approach to learning practical skills and competency.

Audience

The intended audience for my project is PAOC pastors and other like-minded individuals. We have an ageing population here in Canada, and our awareness and skill must start developing now. I can engage with this audience through our private PAOC Facebook group nationally and locally, by reaching out to our District Superintendent, and by emailing the contacts I have or posting in the groups I am a part of.

Development Plan

There is much to be done post-graduation to prepare for launching the Spiritual Care & Needs of the Dying Course. Although I would like to pilot this course in a church context, as of this writing, nothing has been solidified. Therefore, I am proceeding with a launch plan that includes promoting this course to PAOC and like-minded people, our PAOC Saskatchewan District, and our Bible Colleges.

In May 2023, I will design or do the following:

- Contact a church in the US that has expressed interest in piloting this course for me to see if we might solidify something for Fall 2023.
- Create Instagram, Facebook, and LinkedIn posts about the course. Marketing will include where to register and the course cost and will link to my website, where I have created a placeholder for the course.
- Polish up the registration form that I have already drafted in Google Forms.
- Write scripts for and create two videos on Instagram and Facebook stories.
- Write a welcome letter for registrants that will include important information such as the required book, Zoom link for the course, and the course outline.
- Contact the PAOC Bible colleges to see if there is interest in running a course in Summer 2024 as a 1-credit class.

- Pray for the course and its participants.

In June 2023, I will design or do the following:

- Open registration for the course.
- Continue writing the last four sessions.
- Send my Project Portfolio to the stakeholders and people who journeyed with me in this process, offering me their feedback. As part of sending them this document, solicit suggestions on who may be interested in having me teach some or all the content outlined.

In July 2023, I will design or do the following

- Follow up on any potential leads from stakeholders.
- Create a proposal for a 2024 leadership session at our National Conference

In August 2023, I will design or do the following:

- Create a mid-course evaluation form to assess
- Develop any final communication to participants.
- Let participants know that this is the first launch of this course, so their feedback is essential.
- Continue developing the Traveller's Workbook to be given to students. Let students know that this is a first pilot and seek their feedback in the final course evaluation.
- Create a final course evaluation that allows space for participant testimony to be used when marketing the course in the future.

From September 2023 through November 2023, teach the course. As part of the final November session, allow in-class time to do the class evaluation. Post the last class, send out a thank you letter and a link to the survey, including the closing date for feedback. In late November 2023, review the course feedback, consult with other educators on how to best implement the feedback, and then make a revision plan for the second iteration of the course. During this time, I will also consider alternative ways of teaching the class, but only after the first iteration.

Appendix A— Milestone 1 The NPO Charter

Personal Research Manifesto

I will seek to deeply learn about calling and ordination theology and thoughts, practice responsible listening and processing, read thoughtfully from the PAOC archives and other chosen resources, examine other denomination ordination tracks for what might be gleaned, work with PAOC district leaders, be open to learning from errors, be slow to jump to conclusions or solutions, and to produce a resource that will help our PAOC fellowship.

NPO Statement

I have discovered an opportunity to provide our PAOC Fellowship with a meaningful and relational Licensed Minister to Ordained Minister training template manual so there is a go-to resource outlining essential teaching topics and guiding documents, which can also be contextualized.

NPO Scope and Constraints

By the end of my DMin journey, a meaningful and relational pre-ordination track training manual will exist as a benefit and resource to PAOC National Office and all eight districts. It will guide essential topics, outline our theology for ordination, and guiding documents. Because District Superintendents serve varying lengths of terms, as do other district officers, this manual can be held at the local district office and be regularly utilized by leaders, regardless of their tenure stage. Costs associated with this project are hard to project at this time and will become evident as the DMin journey progresses through its' various stages.

NPO Context

The context for this opportunity is within the PAOC. The PAOC has eight districts. They are as follows:

- British Columbia & Yukon
- Alberta & Northwest Territories
- Saskatchewan
- Manitoba & Northwestern Ontario
- Western Ontario
- Eastern Ontario & Nunavut
- Quebec
- Maritime

Each district has its credentialing training practices, with some being systematically developed and embedded into the district's DNA, while other districts are still trying to figure out essential elements. All districts have locally elected district leaders who are responsible for the training.

Though ordinates are nationally approved, each district is responsible to locally provide ordination training and support to their eligible credential holders. Presently, there is no standardization of the ordination training, which was keeping in line with the local fellowship's desires to retain autonomy. That, however, appears to be changing. There is an expressed desire for clarity of purpose and focus, especially from a new generation of Superintendents who are newly navigating the office's responsibilities.

Root Causes

The reasonings for the manual creation includes, but are not limited to:

- An expressed need for varying onramps to accommodate different cultures and practices,¹
- The need to collectively understand our theology for credentialing and ordaining and what it means to hold credentials, beyond the practical benefits of being able to marry people,²
- In some cases, our hindrances to obtaining credentials,³
- An incoming leader deficit as baby boomers retire,⁴
- Lack of standardization and well-defined process for pre-ordination training,⁵
- A desire for ongoing, quality leadership training, mentoring, and post-credentialing follow-up by credential holders,⁶

¹ Credential Holder interview. 2020. Interview by author.

² Discovery Day Workshop with PAOC District Leaders. 2020. Interview by author.

³ Discovery Day Workshop with PAOC District Leaders. 2020. Interview by author.

⁴ Discovery Day Workshop with PAOC District Leaders. 2020. Interview by author.

⁵ Discovery Day Workshop with PAOC District Leaders. 2020. Interview by author. Credential Holder interview. 2020. Interview by author.

⁶ Credential Holder interview. 2020. Interview by author. This credential holder indicated this their pre-ordination training was a two-day crash course with no follow-up. Their initial licensed minister interview was over an hour, their ordination interview was approximately seven minutes. Credential Holder interview, done by author, November 4, 2020.

- A desire for shared willingness to raise the cultural competency within our fellowship and address our ethnic gaps,⁷
- A concern that there is a lack of support and ongoing training for our young leaders, though one expressed ongoing support from their district, and⁸
- A desire to know how we can systematically be working alongside of and recruiting our bible college students.⁹

Discovery Workshop Stakeholders

Stakeholders in the Discovery Workshops were from every district and included District Superintendents (three participated), Assistants to the Superintendents (5 participated), District Coaches (two participated), Executive Directors of Missions or Operations (one participated), and an Academic Dean from a PAOC Bible College.

One-on-One Interviews

Interviewees were from Ontario (two), Saskatchewan (one), and Eastern Ontario (two) districts and were either ordained within the last four years or were in the ordination process.

3-5 Key Biblical Texts

I chose the Galatians text because there is evident a communal discernment, accountability, and release component to those entrusted to give leadership to the churches. It also speaks to periodic check-ins and responsibility for what is taught. Paul did not want to be running in vain. I wonder how many leaders run the race but, because they don't use the faith community or their leaders for check-ins, they are running in vain?

"Then after fourteen years I went up again to Jerusalem with Barnabas, taking Titus along also. I went up according to a revelation and presented to them the gospel I preach among the Gentiles, but privately to those recognized as leaders. I wanted to be sure I was not running, and had not been running, in vain." (Galatians 2:1-2, CSB)

I chose this passage because it speaks to the need for congruency between what is studied, lived and taught. This verse had been a verse that has been in the "life verse" category for me. It has

⁷ Credential Holder interview. 2020. Interview by author. Discovery Day Workshop with PAOC District Leaders. 2020. Interview by author.

⁸ Credential Holder interviews. 2020. Interview by author.

⁹ District Leader interview. 2020. Interview by author.

remained important to me to keep learning and living the Word of God before I endeavour to teach it to others.

"For Ezra had devoted himself to the study and observance of the Law of the LORD, and to teaching its decrees and laws in Israel." (Ezra 7:10, NIV)

I chose this passage because there seems to be an official document that Apollos carried, one that gave him credibility as a leader and which would encourage a welcome into the region he was travelling to. I wonder if that's how we view PAOC credentials. I also wonder what type of formal training Apollos went through, which qualified him to receive the recommendation.

"So Christ himself gave the apostles, the prophets, the evangelists, the pastors and teachers," (Ephesians 4:11, NIV)

I chose this passage because there seems to be an official document that Apollos carried, one that gave him credibility as a leader, and which would encourage a welcome into the region he was travelling to. I wonder if that's how we view PAOC credentials. I also wonder what type of formal training Apollos went through, which qualified him to receive the recommendation.

"Then Apollos, with the encouragement of the believers, went to the province of Achaia. He took a letter of recommendation from the brothers of Ephesus so his ministry would be welcomed in the region. He was a tremendous help to the believers and caused them to increase in grace. Apollos boldly and publicly confronted the Jews, vigorously debating them, proving undeniably from the Scriptures that Jesus was the Messiah." (Acts 18:27-28, TPT)

I chose this passage because, again, it speaks to the communal aspect of affirming leaders. Why is Paul encouraging Timothy to not be in a hurry to appoint church leaders? Is it because they want to ensure their character is there? Is it because they want to ensure that they have a proper understanding of the faith tenants? *"Never be in a hurry about appointing a church leader. Do Paul*

Academic Resources

Study of Religion

Theology of Calling & Ordination

PAOC Archives <https://paoc.org/family/archives/archival-resources>

PAOC Credential Brochure

PAOC Credential Application & Process

PAOC District Resources

PAOC National Bylaws & Constitution

PAOC SOFET (Statement of Fundamental and Essential Truths)

Pneuma: The Journal of the Society for Pentecostal Studies

https://alliance-primo.hosted.exlibrisgroup.com/permalink/f/fui76t/TN_cdi_askewsholts_vlebooks_9780814768259

<https://paoc.org/services/credential-resources/applications>

<https://onlinelibrary.wiley.com/doi/abs/10.1111/0021-8294.00014>

<https://www.9marks.org/bookstore/translations/>

Appendix: Discovery Workshop & One-on-One Interviews

Discovery Workshop Description

Due to Covid-19, district leader's schedules and varying time zones, and the necessity to get input from nine PAOC Districts, it was necessary to change the discovery format. And while I was able to do two Discovery Workshops, it became essential to have more one-on-one conversations as schedules would allow.

As follows is the timeline of preliminary PAOC conversations, discovery workshops and one-on-ones with district leaders.

- 2020.06.01 Zoom meeting with Rev. David Hazzard, our PAOC National General Secretary Treasurer. Preliminary doctoral studies focus conversation.
- 2020.06.11 Zoom meeting with Rev. Paul Israelson, our Saskatchewan District Superintendent. Preliminary doctoral studies focus conversation.
- 2020.07.07 Zoom meeting with Rev. Kevin Johnson (District Superintendent) and Rev. Jim Molloy (Executive Director of Ministries and Missions) of the PAOC Maritime District. A preliminary discussion on doctoral studies with a focus on credentialing and ordination.
- 2020.07.11 Zoom meeting with Rev. Rob Lindemann, Academic Dean at Vanguard College in Edmonton, AB. A preliminary discussion on doctoral studies with a focus on the ordination track.
- 2020.10.16 Discovery Day Workshop with four PAOC District Leaders. Rev. Paul Israelson (SK District Superintendent), Rev. Andrew Porterfield (MB/NWO District Superintendent), Rev. Rob Lindemann (served also as scribe), and Rev. Jim Molloy (Maritimes).
- 2020.10.30 Discovery Day Workshop with two PAOC District Leaders. Rev. Jason Luscombe (Eastern Ontario & Nunavut District) and Rev. Jeremiah Raible (Alberta & Northwest Territories District).
- 2020.11.04 Discovery conversation with Rev. Darwin Pichette (Assistant District Superintendent for Operations, BC & Yukon District).
- 2020.11.12 Discovery conversation with Rev. David Blakely (Assistant District Superintendent, Eastern Ontario District), N. Pederson (EOD).
- 2020.11.22 Zoom meeting with David Hazzard to report on progress and to refine NPO statement.

In the discovery workshops and conversations, the questions were relatively the same. Within the ordination track, what is a key issue you are trying to address and why is it important? Who is

impacted by this NPO? What social/cultural factors shape this NPO? What evidence do you have that this is worth the investment? If solved/resolved/addressed, what would this mean for our PAOC Fellowship?

In all cases, participants were provided with the questions ahead of time in order to pre-think. Given the varying schedules and the availability, this proved to be effective because many leaders came with key insights and questions to our conversations.

As conversations progressed, I would share with leaders the findings from my previous sessions and would ask, *does this ring true in your context? What would you add to these insights? What do you agree/disagree with and why?*

Have a scribe to capture thoughts and ideas proved to be invaluable as it allowed me to focus solely on facilitation while also allowing me to intently listen to the district leaders.

Discovery Statement

I have discovered an opportunity to provide our PAOC Fellowship with a meaningful and relational pre-ordination training template manual so there is a go-to resource outlining essential teaching topics and guiding documents, which can also be contextualized.

Critical Insights from Discovery Workshop

Critical insights from the workshops and conversations were as follows:

- A consensus that our credentialing and ordination tracks need attention.
- There is a lack of interest in ordination, and, for some, it's merely viewed as a necessity to be able to marry people.
- Some districts have a well-defined ordination track while others are unsure what to focus on.
- Credentials are nationally approved, but training for ordinates is local. Therefore, the question is: *Who is responsible for what, exactly?*
- Autonomy is highly valued in our fellowship, but some standardization on pre-ordination would be welcome in many districts. *If it's important nationally, it should be important in every district.*
- Ordination assumes a track record of being mentored and trained well, but that is not necessarily the case.
- The pre-ordination track is underutilized and could be used as a highly formational process.
- A curiosity to again understand our theology around ordination.

- Relationships with younger, future credential holders needs to happen earlier, we have a gap in the leadership pipeline.

One-on-One Interview Discoveries

Interviews with either an ordination candidate or a recently ordained credential holder took place on the following dates:

- 2020.10.28
- 2020.11.02 (Two interviews were held this day.)
- 2020.11.04

Most striking about these interviews was the desire for a well-defined process to be well communicated and executed. There was also an expressed desire to raise the cultural competency of our districts. One of the interviewees felt it wise to have a two to three window between obtaining licensed minister credentials to becoming ordained. In contrast, others expressed a longing for an intentional, regular mentorship journey. One said their journey felt "delinquent in leadership training."

It was evident from the cross-section of interviewees that different opportunities are available in each district. And what one interviewee is longing for does exist in some form; it just does not exist in their area.

Overall, these three requests were apparent and deemed valuable: a need for clarity of process, meaningful training content, and ongoing mentorship and follow-up.

Synthesis

In pondering and reviewing the data from the discovery workshops, discovery conversations, and interviews, it is evident that there are several areas within the PAOC Fellowship that could be of focus. However, a DMin is "helps for the church today" and my deep desire is threefold: fulfilling a need in the PAOC fellowship, leaving a legacy for the PAOC fellowship that can be built upon, and to deepen my understanding of calling and credentials within the PAOC.¹⁰ In light of that, narrowing the focus to the pre-ordination training affords all of those opportunities.

And while there are differing perspectives around credentials and the desire for different areas of focus, the common thread for all is that Ordination is granted nationally. As such, there should be some measure of clarity for pre-ordination training. Thus, having a pre-ordination training template

¹⁰ Zoom meeting conversation with David Hazzard, done by author, November 22, 2020.

manual will help bring some longed-for clarity about how to effectively and formationally utilize the two to three-year window between Licensed Minister and Ordination.

Other benefits of the project focus include understanding our theological position on ordination, our guiding documents, and pre-ordination gap training closure between national and local districts.

Next Steps

Next steps include identifying bylaws and practices for ordination within the PAOC, examining our PAOC theology around calling and ordination, gathering district level process for pre-ordination training, reviewing the various processes, researching the ordination practices and manuals of other mainstream denominations, to better understand *what* a pre-ordination template training manual should consist of.

Discovery Workshop Documentation

As outlined in my Discovery Workshop Description, there were nine occasions when I had conversations with PAOC District Leaders. On at least three of those occasions, more than one person was contributing to the discussion. Once the Discovery Workshops began to happen, all leaders were initially given the same set of questions. Towards the end of the Discovery Conversations, I reduced the number of questions to four. 1. What need, problem or opportunity are you trying to resolve in your district's credentialing process? How are you addressing it? 2. What does the credentialing process and being ordained mean to you and or your district? 3. What social/cultural factors shape the emerging leader's perceptions of or rationale for getting ordained? 4. I've got three years to invest in a doctoral study, is re-envisioning our credential process a worthy endeavour/undertaking for our fellowship?

Audiences most benefiting from possible solutions arising from my DMin Project include PAOC District Leaders responsible for pre-ordination training and the pre-ordination training candidates.

Symptoms experienced by not having some form of standardized training template manual include confusion around what's to be taught and what's expected and by whom. Inconsistent training. A disrupted focus when new leadership is elected and has no guiding templates manual. Lack of clarity for pre-ordinates on what they can expect. Unfamiliarity with our guiding documents. A diminished understanding of our theology around calling and ordination.

Hopes from several leaders include clarity of process, responsibility, content and standardized content that is contextualization friendly.

Other notable findings:

- Some districts pre-ordination training is a two-day retreat.

- Some districts provide resource binders to their ordinates.
- In some districts, Licensed Ministers are annually notified of their eligibility for Ordination.
- There are no PAOC National pre-ordination training standards.
- Opinions vary on the value of Ordination.
- We have assumptions about our candidates that may or may not be true. We have assumptions about theological alignment around tongues and Spirit baptism. Assumptions that candidates have been well mentored, are emotionally and spiritually healthy, understand well the ordination process, and are committed to the PAOC fellowship. For many leaders, they are finding that the above assumptions are incorrect.

It became apparent in the discovery phase that the area of Credentialing, of which Ordination is the highest credential level, is large, with complex needs. At the writing of this document, there are ongoing discussions at a national level on addressing them. And although I am now aware of them, it is beyond the focus scope of a DMin project.

1-Page Post-Workshop Message to Stakeholders

2020.11.27

Hi!

After several weeks of connecting with both District Leaders and Licensed or newly Ordained Ministers, it became clear that a return to the window of preparation between the Licensed Minister to Ordained Minister was an opportunity of focus for my DMin.

A DMin project, as Rev. David Hazzard rightly says, “helps the Church today.” It is with a heartfelt desire to help our districts (those present and those future) through my DMin journey/project that the following Opportunity Statement has formed:

I have discovered an opportunity to design a meaningful and relational Licensed Minister to Ordained Minister training template for our PAOC Districts as a go-to resource that outlines standardized essential teaching topics and guiding documents that can also be contextualized.

This realization came through careful listening to the repeated sentiments that were, in some form, as follows: credentialing is a national standard, yet lacking is a district standard template. Couple that with the feelings of credential holders who want meaningful learning opportunities in a well-defined, supported process, and we’re on to something important. Those two expressed needs make for a worthy DMin endeavour to serve our districts through the Opportunity Statement listed above. That is, of course, until someone else comes along and builds upon this foundation. :)

I want to thank you for your participation and your ongoing support as I enter into this journey. It has been a privilege and joy to meet you and to connect with you.

If there is something in my Opportunity Statement that you suggest I tweak, please feel free to email me. And I know in advance that some of you may wish I had chosen a different focus but know that I wrestled hard with this and ultimately, because of the combined feedback, landed here.

We're better together,

Carmen

One-on-One Interviews Documentation

One-on-one interviews were held via Zoom. I essentially used the same questions in all the interviews. *What district are you from, and where are you in the ordination track? How do you feel you are being developed as a leader/pastor through this process? What do you feel is going well? Why? What do you feel is missing? Why? Having reviewed my summary from the district level Discovery Workshops, what do you agree with? Why? What do you disagree with? Why? Is there anything you feel worth noting concerning our ordination track?* Although I used the same template of questions, I was unable to provide interviewees with a summary of the Discovery Workshops because those evolved and were spaced out. I did, however, verbally summarize for the interviewee, my most up-to-date findings.

There is no post-it notes type of documentation for these interviews, all notes were taken in an individual, Word document, sent to the participant for review, and then saved for future reference. I used active listening skills, asked for clarification of terms used, and repeated back to the interviewee what I understood them to be saying. Once our interview was over, I send each interviewee my notes and asked for them to review them to ensure I accurately captured their thoughts, wishes and perspectives.

Appendix B– Milestone 2 NPO Topic Expertise Essay

Introduction

Across the globe, the question of how one person can help another die is the subject of much discussion. For the Pentecostals Assemblies of Canada (PAOC), a Fellowship of more than 1,100 churches across English - and French - speaking Canada,¹ there is a pressing need to enter the discussion. One of the Pentecostal movement's strengths is its ability to help people know the gospel of Jesus Christ. One of the twenty-first-century opportunities for Pentecostals is learning to do spiritual care at end of life.

"Pentecostalism in Canada, from its inception, has been a revivalistic, holiness, and charismatic movement."² The way into the movement was through an individual, though most often experienced in community, transformative experience with God.³ Early on in Pentecostal thought and experience, "Salvation, Baptism in the Holy Spirit, Divine Healing, and the Second Coming [of Jesus] became the four cardinal doctrines of the fledgling Pentecostal Fellowship in Canada."⁴

Though a young movement, atonement theology emerged early. First-generation Pentecostals believed atonement was made both for sins and sickness, and "one reason that often hinders the sick from being healed is a lack of active faith. Many have a passive faith, which does not oppose healing, but does not act as though they expect the Lord to heal them."⁵ If any fall sick, they are to pray because "healing for the body as well as the soul is in the atonement."⁶ What activates healing? Faith.

These beliefs and practices continue to be written about, taught to Bible college students or experienced within the young PAOC fellowship. On the one hand, this continues to reinforce communal belief and practice, while on the other, Divine Healing as a privilege for believers⁷ has inadvertently left a gap in understanding how Pentecostals provide spiritual care to those near death.

¹ <https://www.paoc.org/family/who-we-are/about> accessed March 3, 2021.

² Thomas William Miller, *Canadian Pentecostals: A History of the Pentecostal Assemblies of Canada*, ed. William A. Griffin (Mississauga, ON: Full Gospel Publishing House, 1994), 17.

³ Van Johnson, 2016, Winnipeg District Conference notes.

⁴ Miller, *Canadian Pentecostals: A History of the Pentecostal Assemblies of Canada*, 17.

⁵ Martin W. Mittelstadt and Caleb Howard Courtney, *Canadian Pentecostal Reader: The First Generation of Pentecostal Voices in Canada* (Cleveland, TN: CPT Press, 2021), Loc. 4753 of 11342.

⁶ *Ibid.*, Loc. 3960 of 11341.

⁷ "What We Believe," Paoc.Org, accessed April 10, 2021, <https://paoc.org/family/what-we-believe>.

Stats Canada reported 284 082 deaths in 2019, the highest annual total since 1921. According to the 2020-11-26 Stats Canada report, cancer and heart disease are the two leading causes of death, accounting for 46.7% of all death: "The eight other leading causes of death in 2019 were accidents (unintentional injuries), cerebrovascular disease, chronic lower respiratory diseases, diabetes, influenza and pneumonia, Alzheimer's disease, suicide, and kidney disease (nephritis, nephritic and nephrotic syndrome, and nephrosis)."⁸ In summary, with an ageing Canadian population and rising annual death average, over 280 000 Canadians will die in 2021.

With non-existent Pentecostal teachings or writings on end-of-life spiritual care, an ageing Canadian population and a rising annual death average, now is the time for Pentecostals to enter the end-of-life spiritual care conversation. There is a need for Pentecostals to understand what they got right in their eschatology and where growth is required.

Section 1: BIBLICAL AND THEOLOGICAL FOUNDATIONS

Death and Dying in the Biblical World

Early in the Genesis creation story, death becomes an unelectable reality, a natural consequence of humanity's mortality. Motifs in Scripture include death as a natural biological ending experienced in the community (Gen. 21:16, 25.8)⁹, a result of mankind's rebellion against *Yahweh* (Gen. 3:3), mythologically as a ruling power or agent which Jesus Christ defeats (Jb. 18:13; Je. 9:21; Heb. 2:14), or as a place of "biological cessation" (Is. 28:15).¹⁰ Mortality is a human biological experience, but Christ's life, death, and resurrection reveal that physical death is not a final end.

As stated in *What We Believe*, 5.2, Jesus Christ is:

the eternal and only begotten Son of the Father, is true God and true man. He was conceived of the Holy Spirit, born of the Virgin Mary, and by His sinless life, miracles, and teaching, gave full revelation of the Father. He died upon a cross, the Just for the unjust, as a substitution sacrifice. He rose from the dead. He is now at the right hand of the Majesty on high as our great High Priest. He will come again to establish His kingdom in righteousness and peace.¹¹

⁸ <https://www150.statcan.gc.ca/n1/daily-quotidien/201126/dq201126b-eng.htm>, accessed March 3, 2021

⁹ All scriptures quoted are from the New International Version unless otherwise stated.

¹⁰ Desmond Alexander, "The Old Testament View of Life after Death," *Themelios* 11, no. 2 (1986): 41.

¹¹ "What We Believe."

As Jesus is the complete revelation of the Father and reveals a kingdom to come and be established here on earth, how do Pentecostals understand the death and dying process in light of Jesus' not so imminent return? For Pentecostals, they are 'no place told in Scripture to watch for death, but for the coming again of our Lord we are told to watch. This hope is given to us as an incentive to holy living: "We know that when He shall appear we shall be like Him for we shall see Him as He is, and every man that hath this hope in Him purifieth himself even as He is pure," (1 Jn 3.2-3).'¹²

Textual Discussions

The graphic details of Jesus' crucifixion, death, and resurrection are recorded in the New Testament (NT).¹³ Though the NT does not provide it a detailed account on death and dying, it does provide details on how Jesus experienced his forthcoming death and several of his actions in preparation thereof. For example, in the Gospel of Mathew, Jesus is described as "overwhelmed with sorrow," and Matthew accounts Jesus' invitation to his friends to "keep watch" with him (Mt 26:33).

Matthew also narrates Jesus' desperate prayer and a plea to his father in which Jesus asks for his father to remove the cup of suffering (Mt 26:39). Observable also from Mathew's account is the following: (1) Jesus understands he will die; (2) Jesus is aware he will suffer, (3) Jesus' soul is affected; and (3) Jesus does not want to be alone.

In moving through the death story of Jesus, there are other events of interest. There are several people near Jesus who watch the death process and offer assistance. Roman soldiers, for example, offer Jesus a drink while he is actively dying. The drink is a mixture of wine vinegar believed to ease the pain. Following Jesus' death, Joseph of Arimathea wraps Jesus' body in linen. Joseph then places Jesus' body in a tomb. Several women, described as long-time friends of Jesus and eyewitnesses at his crucifixion, go home to prepare spices and perfume to anoint Jesus' dead body (Lk. 23:50-55).

DEATH OF THE YOUNG

The Old Testament (OT) records a story of Hagar, Sarah's Egyptian handmaid and mother of Abraham's firstborn son, Ishmael. When Hagar, Sarah's handmaiden, is given to Abraham by Sarah, Hagar's status changes to that of a wife. Sarah quickly comes to regret this decision. To appease her jealousy and ensure her son, Isaac's, future, Hagar is "sent off" into the wilderness, out of Sarah's household (Gen. 21:8-21).¹⁴

¹² Mittelstadt and Courtney, Canadian Pentecostal Reader: The First Generation of Pentecostal Voices in Canada, 3814 of 11341.

¹³ Mt 27:33-44; Mk 15:22-32; Jn 19:17-24.

¹⁴ To be "sent off" meant that Abraham divorced Hagar and, as a result, dissolved any inheritance claims.

With nothing more than a flask of water and food to last only a few days, Hagar and Ishmael begin to experience physical and spiritual distress. Ishmael becomes dehydrated and upset, his cries a visible sign of distress. Unable to watch her son die, Hagar places her son under a bush and walks a short distance away. She says, "I cannot watch the boy die" (Gen. 21:15-16).

Though Hagar's story is over two thousand years old, her experience holds relevancy for today. The anticipated death of a child causes overwhelm. Unable to see a child in decline, a loved one may momentarily excuse themselves from the situation. They may move into denial. For a dying child, the truth of the situation may be different. In his decades of work in palliative and hospice care, Stephen Jenkinson writes, "typically dying children know three things, from what I've seen. They know somehow that they are dying, that they are not allowed to know they are dying, and that their parents likely cannot endure knowing they are dying."¹⁵

WATCHING FOR DEATH & KEEPING VIGIL

With Death Awareness, "a special knowledge about - and sometimes a control over - the process of dying,"¹⁶ Jesus spends time with people he loves. He initiates end-of-life conversations, and he experiences both joy and sorrow. Reclining around a dinner table, Jesus expresses his eagerness to eat a meal with friends. During this meal, Jesus describes what will unfold in the days ahead, and right into his final dying hours, Jesus is making preparations (Luke 22:15).

As Jesus hangs on the cross, his mother, her sister, Mary the wife of Clopas, and Mary Magdalene keep vigil (Mk 19:25-27). To keep vigil means to "stay in a place and quietly wait, pray, etc., for a period of time."¹⁷ In addition to these four women, the "disciple whom Jesus loved" is also nearby. No mention of Jesus' father, Joseph, is found. Joseph is likely dead and, therefore, Jesus assumes the traditional role of the oldest son in a Jewish family.

"The traditional role of the oldest son in a Jewish family was to provide for the care of the mother when the husband or father of the house was no longer around to care for the mother. It seems clear that Jesus here fulfilled his family responsibility as a dutiful son."¹⁸ However, in a somewhat

¹⁵ Stephen Jenkinson, *Die Wise: A Manifesto for Sanity and Soul* (Berkeley, CA: North Atlantic Books, 2015), 222.

¹⁶ Maggie Callanan and Patricia Kelley, *Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying*, (New York: Simon & Schuster, 1992), 21.

¹⁷ <https://www.merriam-webster.com/dictionary/keep%20vigil>

¹⁸ Gerald L. Borchert, *John 12-21*, vol. 25B, *The New American Commentary* (Nashville: Broadman & Holman Publishers, 2002), 269.

surprising turn of events, Jesus entrusts his mother to John, his disciple, treating him as a family member.¹⁹ To anticipate death is to prepare for death, models Jesus.

THE PRESENT & THE FUTURE

Hebrews 12:2 states it “was for the joy set before Him” that Jesus endured the cross. Jesus does not let the loss of human dignity deter him, though he experiences it. He suffers the cross because he understands it is not the end: there is life after death. “And this is the testimony: God has given us eternal life, and this life is in his Son. Whoever has the Son has life; whoever does not have the Son of God does not have life. I write these things to you who believe in the name of the Son of God so that you may know that you have eternal life (1 Jn 5:11-13).”

Jesus makes clear to his disciples that he will suffer, die, and rise again (Mk 8:31-32). As Jesus is fully human while simultaneously fully God, he will experience a human death. His understanding of purpose and life beyond his death is a source of focus and hope for him.

SYNTHESIS OF THEMES, VALUES, AND COMMITMENTS

Death is a regular part of life and an unfixable reality meant to happen in and among the community, not outside of it. Pentecostals are a communal movement and must discover how to create communities around those approaching death, so none die alone and are ready to meet Jesus.

For many, death will visit at an old age, but “our reluctance to honestly examine the experience of aging and dying has increased the harm we inflict on people and denied them basic comforts they most need. Lacking a coherent view of how people might live successfully all the way to their very end, we have allowed our fates to be controlled by the imperatives of medicine, technology, and strangers.”²⁰

For others, death appears abruptly, untimely, inverted order (child dies) and tragic. This doctoral research focuses on providing spiritual care in the final months or weeks of life when biological death is anticipated. This research seeks to answer questions such as *How do Pentecostals help each other prepare to meet Jesus? What is spiritual care at the end of life? What do we believe to be important in end-of-life care? How do Pentecostals create communities for those approaching death?*

For Christ-followers, death is part of the cycle of human life. In Jesus’ journey, we find various experiences in the dying process: sorrow, pleading, questions, information giving, decision making, last suppers, suffering, pain management, community, and final preparations. Then, for loved ones or caretakers, there are the immediate after-death practices: care of the body, funeral,

¹⁹ Craig S. Kenner, NIV Cultural Backgrounds Study Bible: Bringing to Life the Ancient World of Scripture, ed. John H. Walton (Grand Rapids: Zondervan, 2016), 1853.

²⁰ Atul Gawande, *Being Mortal: Medicine and What Matters in the End* (New York, 2015), 9.

memorial or celebration of life planning, information sharing, cancelling of subscriptions, obtaining a death certificate, grief and mourning.

As Pentecostals who have a robust afterlife theology but an underdeveloped understanding of end-of-life pastoral care, there is an opportunity for growth and development within the fellowship. This research will ultimately seek to grow Pentecostal understanding and skillsets by providing resources and answers to praxis questions for persons doing end-of-life care.

Section 2: END-OF-LIFE CARE

Topic History

Since the beginning of time, cultures have been looking for methods to heal and care for those among them who are sick or dying. "Public infirmaries (*nosocomeia*) were established in Greek-speaking Christian areas during the fourth century. These facilities cared for people dying of epidemics and those who were likely to recover."²¹

Philosophers also sought to understand death. Seneca, a Roman Stoic philosopher, believed death to be "one of the essential functions of living, and the only one that could not be learned or refined through repetition."²² Unlike Pentecostals who believe that God appoints the time of a person's death, Seneca believed fate dictated the breadth of one's life. He also believed in dying well, and dying well, meant "dying willingly." For Seneca, it meant thinking about death and living each day with an awareness of it.²³

By the fifth century, a new type of hospice was established. It was a house. The house served two purposes. "Care of the homeless but was one function; it also served those undertaking the arduous pilgrimage to the Holy Land."²⁴

During the medieval period, it is said the "hospice functioned as one of the purest expressions of Christian piety: here the hungry were fed, the thirsty were given water, the naked clothed, the homeless sheltered, and the sick provided with care and comfort. Medical treatment was minimal

²¹ Robert Kastenbaum and Christopher M. Moreman, *Death, Society, and Human Experience*, Twelfth. (New York: Routledge, 2018), 151.

²² James S. Romm, ed., *How to Die: An Ancient Guide to the End of Life* (Princeton, NJ: Princeton University Press, 2018), xix.

²³ *Ibid.*, 38.

²⁴ *Ibid.*, 152.

- which was probably just as well, considering how ineffective or even dangerous most 'remedies' were at the time."²⁵

Leaders in the early hospice movement were mainly women. All of these women, "embedded in religious belief systems and church practices," were morally driven to provide "compassionate and effective care for people at the end of their lives."²⁶ Most notably were Jeanne Garnier (France), Mary Aikenhead (London), and Dr. Cicely Saunders.²⁷

In 1879 in Dublin, Ireland, the Irish Religious Sisters of Charity opened Our Lady's Hospice.²⁸ It was the first of its kind in the world. The Sisters of Charity would go on to develop hospices in other countries, "and it was their St. Joseph's Hospice in London where the woman attributed with developing the modern hospice concept first honed her craft."²⁹

Cicely Saunders, a 20th-century British nurse and social worker was that woman. "Starting out as a student of philosophy, politics, and economics, Saunders enrolled in a nurse training program during World War II. A back injury made it difficult for her to continue as a nurse, so she became a social worker, and then a physician. This triple perspective liberated Saunders from seeing the dying person from the limitations of any one health-provider standpoint."³⁰

It is said of Dr. Saunders that she was the pioneering voice in the formation of hospice praxis. She "introduced effective pain management and insisted that dying people needed dignity, compassion, and respect, as well as rigorous scientific methodology in the testing of treatments. She abolished the prevailing ethic that patients should be cured, that those who could not be cured were a sign of failure..."³¹

Another critical influencer was David Tasma, a dying man. In an interview with author Robert Kastenbaum, Saunders describes Tasma this way, he:

Needed not only symptom relief, but also the time, space, and atmosphere in which to come to his own terms with his life. At this point, David was feeling that his life

²⁵ Ibid.

²⁶ James S. Romm, ed., *How to Die: An Ancient Guide to the End of Life* (Princeton, NJ: Princeton University Press, 2018), 153.

²⁷ Ibid.

²⁸ S Lutz, "The History of Hospice and Palliative Care.," *Current Problems in Cancer* 35, no. 6 (December 2011): 304-309.

²⁹ Ibid.

³⁰ Kastenbaum and Moreman, *Death, Society, and Human Experience*, 154.

³¹ Caroline Richmond, Dame Cicely Saunders, Founder of the Modern Hospice Movement, *Dies.*, July 18, 2005, <https://www.bmj.com/content/suppl/2005/07/18/331.7509.DC1>.

had been unfulfilled and perhaps meaningless. Something emerged during our long conversations that not only sparked the inspiration for hospice but also made possible his own quiet peace... David had made a personal peace with the God of his forefathers before he died, and he left me with the assurance that he had found his answers – and with the belief that all our caring must give total freedom to others to make their own way into meaning.³²

Believing in the work of Saunders, Tasma would leave her a legacy gift. The financial gift provided the resources for what would become the hospice project. It also opened doors to show others what care for dying patients entailed. Saunders credits “the patients and Sisters of St. Joseph’s who, together with David Tasman and the patients of St. Luke’s,” as the “true founders” of the hospice.³³

As the years progressed, Saunders influence continued, eventually forming the worldwide hospice movement. The fundamental tenets of the hospice movement included:

(1) the concept of “total pain,” including physical, spiritual, and psychological discomfort; (2) the proper use of opioids for patients with physical pain; and (3) attention to the needs of family members and friends who provide care for the dying.³⁴

The above tenets continue to form the foundation of hospice care.

Balfour Mount, considered the father of palliative care in Canada, was profoundly influenced by Saunders. He believes “the suffering of people at the end of life has been enough to legalize euthanasia and physician-assisted suicide, but interesting, not enough to mandate excellence in palliative care for all Canadians. This is an ongoing need and, in my view, a tragedy.”³⁵ Palliative care continues to have many advocates, and ongoing studies continue to inform palliative care for all Canadians.

The term palliative and hospice are often used interchangeably and are often thought to mean the same thing, but they are different. Hospice is end-of-life care, where the focus is on comfort. Palliative care is defined in the following way:

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient’s other doctors to provide an extra layer

³² Kastenbaum and Moreman, *Death, Society, and Human Experience*, 154.

³³ *Ibid.*

³⁴ Lutz, “The History of Hospice and Palliative Care.”

³⁵ “Balfour Mount,” *Palliative Care McGill*, accessed April 1, 2021, <https://www.mcgill.ca/palliativecare/portraits-0/balfour-mount>.

of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.³⁶

A palliative approach is an integrative approach available to any persons with any life-threatening or life-limiting disease. The approach also includes family members as families are participants in the disease or dying process, which affects all involved.³⁷ Both palliative care and hospice care can happen at home.

Key Voices on Death & Dying

ELISABETH KÜBLER-ROSS

Dr. Elisabeth Kübler-Ross, a Swiss-American psychiatrist, is most certainly one of the premier and foundational voices in near-death care. Profoundly impacted by a 1946 tour to the Maidanek concentration camp in Poland, her volunteer work in World War II, and the lack of observable medical knowledge on how to care for dying persons, she set out to learn from dying patients. She writes, "one of the most important facts is that dying nowadays is more gruesome in many ways, namely, more lonely, mechanical, and dehumanized; at times it is even difficult to determine technically when the time of death has occurred."³⁸

In an attempt to humanize dying and make it patient-centric, she began to conduct case studies. The focus of the studies was critically ill patients and their families. "We would observe the critically ill patients, study their responses and needs, evaluate the reactions of the people around them, and get as close to the dying as they would allow us."³⁹ Many of the patients that Kübler-Ross interviewed lived 12 hours to several months following the interview; others ended up in remission, returning home.⁴⁰

After conducting numerous case studies using the medium of conversation, conversations that were often held in auditoriums with several observers, Kübler-Ross eventually developed the now-famous Kübler-Ross Model. Her model is also popularly called the DABDA model, an acronym for

³⁶ "What Is Palliative Care? | Definition of Palliative Care | Get Palliative Care," n.d., accessed April 1, 2021, <https://getpalliativecare.org/whatis/>.

³⁷ John D. Morgan, ed., *Readings in Thanatology: Death, Value and Meaning Series* (Amityville, NY: Baywood Publishing Company, Inc., 1997), 183.

³⁸ Elisabeth Kübler-Ross, *On Death & Dying: What the Dying Have to Teach Doctors, Nurses, Clergy & Their Own Families*, 50th Anniversary. (New York: Scribner, 2019), 7.

³⁹ *Ibid.*, 21.

⁴⁰ *Ibid.*, 25.

the five stages of grief noticeable in the case studies she conducted. The five stages of grief are Denial, Anger, Bargaining, Depression, and Acceptance.

Kübler-Ross summarized the stages as follows:

All of our patients reacted to the bad news [fatal illness] in almost identical ways, which is typical not only of the news of fatal illness but seems to be a human reaction to great and unexpected stress: namely, with shock and disbelief. Denial was used by most of our patients and lasted from a few seconds to many months... This denial is never total denial. After the denial, anger and rage predominated. It expressed itself in a multitude of ways as an envy of those who were able to live and function. This anger was partly justified and enforced by the reactions of staff and family, at times almost irrational and a repetition of earlier experiences...When the environment was able to tolerate this anger without taking it personally, the patient was greatly helped in reaching a stage of temporary bargaining followed by depression, which is a stepping-stone towards final acceptance...The final acceptance has been reached by many patients without any external help, others needed assistance in working through these different stages in order to die in peace and dignity.⁴¹

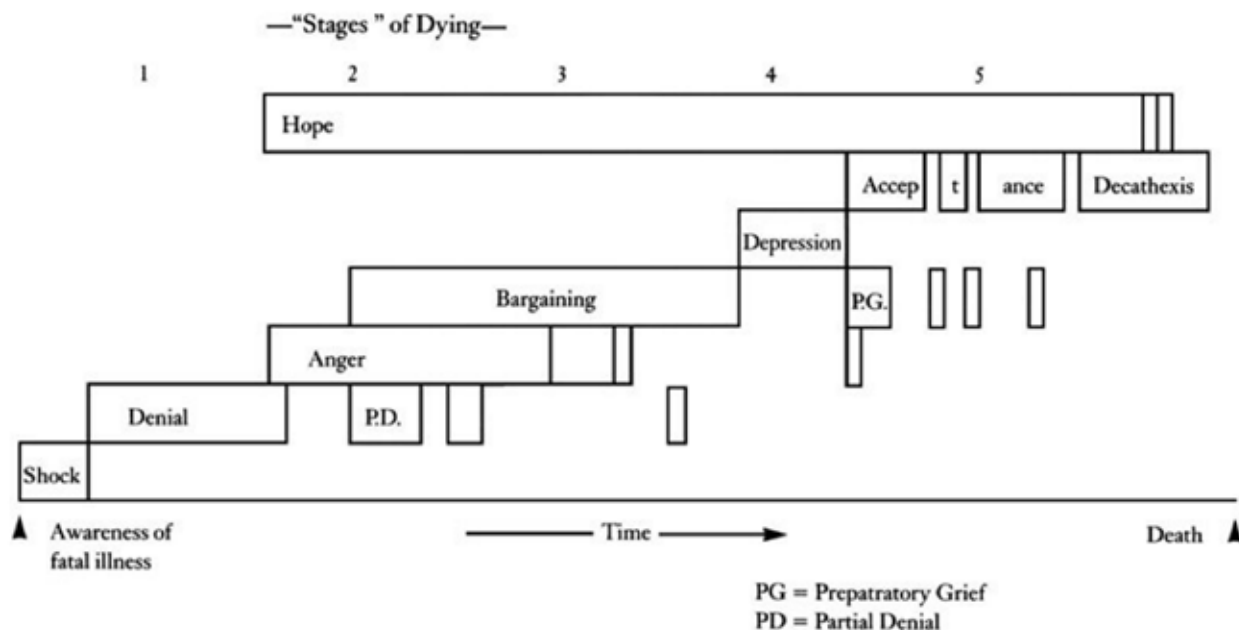
It is important to note that the stages outlined by Kübler-Ross in her famous book *On Death & Dying: What the Dying Have to Teach Doctors, Nurses, Clergy & Their Own Families* are not linear, they may happen simultaneously. It is equally important to note from her study that "religious patients seemed to differ little from those without a religion."⁴² She rightly suggests that clearly defining what "religious" means is necessary. However, the studies showed that "the majority of patients were in between, with some religious belief but not enough to relieve them of conflict and fear."⁴³

Below is the model produced by Kübler-Ross and her team; it remains in use to this day, and most books on death and dying reference her work.

⁴¹ Elisabeth Kübler-Ross, *On Death & Dying: What the Dying Have to Teach Doctors, Nurses, Clergy & Their Own Families*, 50th Anniversary. (New York: Scribner, 2019), 250.

⁴² *Ibid.*, 252.

⁴³ *Ibid.*



There are voices, such as Stephen Jenkinson and Colin Murray Parkes, who question the seminal work of Kübler-Ross. Parkes, a practicing psychiatrist and contemporary of Kübler-Ross⁴⁴, criticizes her for self-promotion and failing to cite the work of James Robertson and John Bowlby (1952) as the originators of the grief stages and his work in the field of grief studies.⁴⁵ He further suggests she isolated herself from the others' work, especially those in the medical field, refusing to take a collaborative approach with other pioneering voices.⁴⁶

Jenkinson suggests that Kübler-Ross derived her ideas on death and dying from those who had witnessed and escaped a nightclub fire. Citing unpublished research by Dr. Michele Chaban, Jenkinson suggests that Kübler-Ross's early work is about people who were traumatized by witnessing death and "then [she] seems to have generated a strategy for purposeful coping - the five stages - to manage trauma."⁴⁷

⁴⁴ Parkes met Kübler-Ross and they were aware of each other's work.

⁴⁵ In referencing the 1960 version of the book, Parkes points to the bibliography as a telling sign that Kübler-Ross failed to mention the work of others.

⁴⁶ Colin Murray Parkes, "Elisabeth Kübler-Ross, On Death and Dying: A Reappraisal," *Mortality* 18, no. 1 (February 2013): 94-97.

⁴⁷ Stephen Jenkinson, *Die Wise: A Manifesto for Sanity and Soul* (Berkeley, CA: North Atlantic Books, 2015), 222. Jenkinson, *Die Wise: A Manifesto for Sanity and Soul*, 135.

STEPHEN JENKINSON

Stephen Jenkinson is another key influencer in the death and dying conversation. Jenkinson has a master's degree in theology from Harvard University and a master's degree in social work from the University of Toronto. He worked in what he calls the "death trade" and has "sat with hundreds of dying people and their families and had the burdensome privilege of trying to help them die."⁴⁸ In his book *Die Wise: A Manifesto for Sanity and Soul*, Jenkinson is pleading for a redemption of how we die and how we view death.⁴⁹

Jenkinson reasons that *Dying Wise* is: (1) is the right of everyone; (2) is a moral obligation; (3) a political act; (4) an act of love; (5) spiritual activism; (6) immensely hard labour; and (7) a subversive, Trojan Horse kind of deed.⁵⁰ Jenkinson's call is to live and die fully, wisely choosing the paths taken along the way.

With deftness and clarity, Jenkinson's shows how *buying more time* is really about buying more time to die. In his decades of experience, he has witnessed people fail to consider the cost emotionally, cognitively, physically and otherwise, before pursuing the next treatment. A treatment they hope will cure them. It takes courage to stop taking treatments and Jenkinson states "that when the time of dying is upon us we have to find a way to stop trying not to die."⁵¹ *Buying more time* is robbing people of quality of life and quality of time with family and friends.

Throughout his book, Jenkinson repeats his belief that North America is a death-phobic culture. He attributes this phobia to inherited trauma. He writes: "Our fear of dying is an inherited trauma. It comes from not knowing how to be at home in the world. It comes from having no root in the world and no indebtedness to what has gone before us,"⁵² and of this being a "competence-addicted culture" that is obsessed with information, which it mistakes for wisdom.

Jenkinson further suggests the culture is one that prides itself on maximizing its potential and avoiding uncomfortable conversations around death and dying. His solution to a death phobic culture is healing and understanding. Healing from its trauma and understanding death as a natural and important part of life.

⁴⁸ Ibid., 9.

⁴⁹ Ibid., 13.

⁵⁰ Ibid., 13-15.

⁵¹ Stephen Jenkinson, *Die Wise: A Manifesto for Sanity and Soul* (Berkeley, CA: North Atlantic Books, 2015), 292.

⁵² Ibid., 281.

IRA BYOCK

For Ira Byock, there is a vast difference between a *good death* and *dying well*. Having not found the term *good death* helpful in describing a person's end-of-life experience, he has consciously embraced the term *dying well*. "The phrase *dying well* seems better suited to describing the end-of-life experience that people desire. It expresses the sense of living, and a sense of process."⁵³

In his book *Dying Well: Peace and Possibilities at the End of Life*, Byock's focus enriches the end-of-life discussion as he elevates the process of living, the last works of living, while a person is near death. He maintains that people continue to grow, even as they are dying. "Someone who is dying, like the developing child, goes through stages of discovery, insight, and adjustments to constantly changing circumstances in his person and in the ways people react to him."⁵⁴

Through self-reflection, a dying person can live more fully their dying well. Byock suggests there are developmental landmarks for a dying person. "Landmarks such as experienced love of self and other, the completion of relationship, the acceptance of the finality of one's life, and the achievement of a new sense of self despite one's impending demise, one's life and the lives of others are enriched."⁵⁵

To start this journey of living more fully, Byock suggests reflecting upon and answering these two questions: What would be left undone if I died today? How can I live most fully in whatever time is left?⁵⁶

One of the ways in which to live most fully is to realize our most prized possessions. "The specter of death reveals our relationships to be our most precious possessions,"⁵⁷ affirms Byock. Relationships are built or broken on words spoken or not spoken, actions taken or not taken. The healthiest of relationships are those where short accounts are kept and where what needs to be said is said. "We are complete in our relationships when we feel reconciled, whole, and at peace."⁵⁸

⁵³ Ira Byock, M.D., *Dying Well: Peace and Possibilities at the End of Life* (New York, NY: Berkley Publishing Group, 1997), 32.

⁵⁴ Ira Byock, M.D., *Dying Well: Peace and Possibilities at the End of Life* (New York, NY: Berkley Publishing Group, 1997), 33.

⁵⁵ *Ibid.*

⁵⁶ *Ibid.*, 34.

⁵⁷ Ira Byock, M.D., *The Four Things That Matter Most: A Book About Living*, 10th Anniversary. (New York: Simon & Schuster, 2014), 4.

⁵⁸ Ira Byock, M.D., *The Four Things That Matter Most: A Book About Living*, 10th Anniversary. (New York: Simon & Schuster, 2014), 18.

To achieve reconciliation, wholeness, and a sense of peace, four things that must be said: (1) Please forgive me; (2) I forgive you; (3) Thank you; and (4) I love you.⁵⁹ Although these four actions seem straightforward and easy, they are not. Forgiveness is often the most misunderstood practice, though it is considered a necessary spiritual practice in all major world religions. To assist readers, Byock identifies forgiveness as a strategy for freedom. He writes:

Many people confuse forgiveness with exoneration. Forgiveness does not excuse someone from doing something wrong. It does not alleviate their guilt or lessen their transgression. Instead, forgiveness accepts the past as it was, embraces the present, and faces the future. Forgiveness is a strategy for you to become free from emotional baggage. Hate, fury, recrimination, and blame weigh us down. The ball and chain of old wounds tethers us to the past and limits our ability to move forward with vitality.⁶⁰

Vitality while actively dying may appear contradictory, however, Byock's contribution to the death and dying conversation is this: dying persons can live well while nearing the end of their life. How a person lives or dies are, to a large degree, dependent upon their choices. "The greatest dignity to be found in death is the dignity of the life that preceded it. This is a form of hope we can all achieve, and it is the most abiding of all. Sherwin B Nuland suggests "hope resides in the meaning of what our lives have been."⁶¹

DAVID KESSLER

Described by many as the world's foremost expert on grief, David Kessler is intimately acquainted with tragedy and death. As a child, he witnessed a mass shooting as his mother lay dying in a hospital bed. As an adult, his twenty-one-year-old son's sudden death inspired even deeper learning in the area of grief. His journey of grief inspired his most recent book *Finding Meaning: The Sixth Stage of Grief*. This most recent book outright challenges the charges that Kübler-Ross was a soloist in her work.

Kessler started as a student of Kübler-Ross, later becoming colleagues and friends. So close did their friendship develop, they would eventually co-author two books.

Kessler would build upon the work of Kübler-Ross, heavily shaping the evolution and understanding of the Five Stages of Grief experienced by dying patients and first diagrammed by Kübler-Ross. Kübler-Ross felt the stages themselves had both evolved and been misunderstood

⁵⁹ Ibid., 3.

⁶⁰ Ibid., 37.

⁶¹ Sherwin B. Nuland, *How We Die: Reflections on Life's Final Chapter* (New York: Vintage Books, 1993), 242.

over the years. "They were never meant to help tuck messy emotions into neat packages,"⁶² she states.

In partnering with Kessler, she hoped "that with these stages comes the knowledge of grief's terrain, making us better equipped to cope with life and loss."⁶³

The authors explain how grief works in an easy-to-understand way. They write:

We are not accustomed to the emotional upheaval that accompanies a loss. People experience a wide array of emotions after a loss, from not caring to being on the edge to feeling angry or sad about everything. We can go from feeling okay to feeling devastated in a minute without warning. We can have mood swings that are hard for anyone around us to comprehend, because even we don't understand them. One minute we're okay, the next we're in tears. This is how grief works.⁶⁴

Kessler and Kübler-Ross also explain mourning as the external or outer part of loss. "It is the actions we take, the rituals and customs."⁶⁵ Mourning is the "outer world" of grief. The outer world of grief can include anniversaries, birthdays, clothes and possessions, holidays, with holidays being some of the most challenging to navigate following the loss of a loved one.⁶⁶ How individuals who are grieving navigate the outer world of grief will be unique to them. Some might celebrate anniversaries with public gatherings, while others might choose to be alone.

Grief is a complex emotion with varied responses and actions and rituals that must be externalized. It is an ongoing journey with no endpoint. Grief is not a project with a start and projected end date. Grief is something that must be journeyed through, and loss is something that profoundly shapes all who experience it.

While Kessler is a grief expert, he is also an advocate for the dying. In his book *The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter*, he articulates why dying persons need from others to complete their lives. He also clarifies the dying persons rights. According to Kessler, the dying person has the right to:

1. Be treated as a living human being until death.
2. Maintain a sense of hopefulness, however changing its focus may be.

⁶² Elisabeth Kübler-Ross and David Kessler, *On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss* (New York: Scribner, 2005), 7.

⁶³ Ibid.

⁶⁴ Elisabeth Kübler-Ross and David Kessler, *On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss* (New York: Scribner, 2005), 34.

⁶⁵ Ibid., 115.

⁶⁶ Elisabeth Kübler-Ross and David Kessler, *On Grief and Grieving*, 142.

3. Be cared for by those who can maintain a sense of hopefulness, however changing this might be.
4. Express feelings and emotions about death in one's own way.
5. Participate in decisions concerning one's care.
6. Be cared for by compassionate, sensitive, knowledgeable people.
7. Expect continuing medical and nursing attention even though "cure goals" must be changed to "comfort goals."
8. To seek spirituality.
9. Be free from pain.
10. Express feelings and emotions about pain in one's own way.
11. To understand the process of death.
12. Die in peace and dignity.
13. To not die alone.
14. Expect that the sanctity of the human body will be respected after death.⁶⁷

In addition to the above key voices, numerous others write from differing perspectives, often highlighting different types of spiritual practices. Joan Halifax, for example, a practicing Buddhist, Zen Priest, and anthropologist, offers her experiences in being with dying people. She offers readers "techniques and technologies we can use to be more skillful and effective in our living and our dying through training our heart and mind."⁶⁸ It would be advisable for Pentecostals to read and learn from differing traditions.

Other authors and books worth noting include *With the End in Mind: Dying, Death, and Wisdom in an Age of Denial* by Dr. Kathryn Mannix, a physician specializing in palliative care and a cognitive behavioral therapist (CBT),⁶⁹ Katy Butler, particularly her book *The Art of Dying Well: A Practical*

⁶⁷ David Kessler, *The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter*, Tenth Anniversary Edition. (New York, NY: HarperCollins Publishers, 2007), 218.

⁶⁸ Joan Halifax, *Being with the Dying: Cultivating Compassion and Fearlessness in the Presence of Death* (Boston: Shambhala, 2008), xviii.

⁶⁹ Kathryn Mannix, *With the End in Mind: Dying, Death, and Wisdom in an Age of Denial* (New York: Little, Brown and Company, 2018).

Guide to a Good End of Life;⁷⁰ and L.S. Dugdale's book *The Lost Art of Dying: Reviving Forgotten Wisdom*.⁷¹

Section 3: SYNTHESSES AND CONCLUSION

On March 17, 2021, Bill C-7 passed into law. Bill C-7 is Canada's law on medical assistance in dying (MAID). The most significant change is that the "law no longer requires a person's natural death to be reasonably foreseeable to access medical assistance in dying (MAID)."⁷² The Dying with Dignity Canada supporters are feeling victorious about these changes while others are lamenting. The Evangelical Fellowship of Canada, for example, writes that "we lament the devaluing of human life" and "that Canada is offering hastened death to people who are far too often not able to access the help and support they need to live."⁷³

It is evident from the diversity of supporters and non-supporters of Bill C-7 that there are differing worldviews. The motto for the Dying with Dignity Camp is: It's Your Life. It's Your Choice.⁷⁴ In contrast, several Canadian doctors say "we need to articulate a better and different way of life," and there is a need to reject the worldview that suggests that you can benefit people by killing them.⁷⁵ These are the polarizing views Canadian Pentecostals live in.

Surrounding all decisions on end-of-life care is a particular worldview. A worldview is a lens through which we see the world and "the most powerful influences emerge from culture."⁷⁶ James Sire, quoted by Steve Wilkens and Mark L. Sanford in their book *Hidden Worldviews: Eight Cultural Stories That Shape Our Lives*, defines worldview this way: "A worldview is a commitment, a

⁷⁰ Katy Butler, *The Art of Dying Well: A Practical Guide to a Good End of Life* (New York: Scribner, 2019).

⁷¹ L.S. Dugdale, *The Lost Art of Dying: Reviving Forgotten Wisdom* (New York: HarperOne, 2020).

⁷² "Get the Facts: Canada's Medical Assistance in Dying Law," Dying With Dignity Canada, accessed April 9, 2021, https://www.dyingwithdignity.ca/get_the_facts_assisted_dying_law_in_canada.

⁷³ "EFC - The EFC Laments the Passing of Bill C-7," accessed April 9, 2021, <https://www.evangelicalfellowship.ca/Communications/Official-statements/March-2021/The-EFC-laments-passing-of-Bill-C-7>

⁷⁴ It is essential to note the kind of language Dying with Dignity has adopted. They have taken what has historically been used in palliative or hospice care and applied it to medical assistance in dying. There is an underlying assumption in this worldview that there are people who are better off dead.

⁷⁵ The Evangelical Fellowship of Canada, *Conscience Protection - How the Church Can Help Medical Professionals*, 2021, accessed April 9, 2021, <https://youtu.be/Nd0tsGiz3Ec>.

⁷⁶ Steve Wilkens and Mark L. Sanford, *Hidden Worldviews: Eight Cultural Stories That Shape Our Lives* (Downers Grove, IL: IVP Academic, 2009), location 46 of 2573.

fundamental orientation of the heart, that can be expressed as a story or in a set of presuppositions (assumptions which may be true, partially true or entirely false) which we hold (consciously or subconsciously, consistently or inconsistently) about the basic constitution of reality, and that provides the foundation on which we live and move and have our being."⁷⁷ Living and moving and having our being is an area of agreement for all persons, tensions arise around praxis..

There is also agreement among persons that all will die, but no consensus exists on *how* persons should experience death. Ongoing tensions and discussion exist around care and the types of care people should receive. Defining how every human's dignity and worth is to be upheld varies, as do hope sources. For Nuland, referenced earlier, hope is anchored to how we have lived our lives, and while it is important to live a good and fruitful life, that in and of itself may not be the end.

For Pentecostals, hope is anchored not in their own achievements but in Christ. That is not to say a dying person cannot reflect and be at peace and happy with the way they have lived their life, it is only to say that Pentecostal hope resides in Christ and his completed work.

MAID is an example of ongoing tension and a clashing of worldviews, and some would say that "today biomedicine has taken up the mantle of providing hope in death." "We deliver hope through pills and infusions, working tirelessly to reverse the effects of aging, disease, and death. And we often succeed," writes L.S. Dugdale.⁷⁸ Succeeding, even when it does, is only for a time. Jenkinson would support Dugdale's belief that "to die well requires that we live well, and we live best in the company of communities that help us make sense of our finitude and find beauty in decay."⁷⁹

The literature on death and dying reports that most persons go through times of denial, anger, bargaining, depression, and acceptance. Dying is both a universal and individual experience that no one wants to do alone. Grief is a complex emotion experienced by all.

Pentecostals have an opportunity to learn how to help dying persons work through these many emotions. They have the opportunity to hear confessions in meaningful ways and to help dying persons know Christ's forgiveness. They also have the opportunity to affirm and discover the ways in which life, suffering, and death have meaning.

In a Canadian cultural context where MAID is legal, where 280 000 people will die in 2021, where death is often feared, and where an ageing population exists, Pentecostals need to train people on how to provide end-of-life care. There are skills required to effectively care for people, Pentecostals need to grow their understanding of what those skills are.

⁷⁷ Steve Wilkens and Mark L. Sandford, *Hidden Worldviews*, location 79 of 2573, Kindle.

⁷⁸ Dugdale, *The Lost Art of Dying: Reviving Forgotten Wisdom*, 149.

⁷⁹ Dugdale, *The Lost Art of Dying: Reviving Forgotten Wisdom*, 236.

Dying is more than body mechanics. Scientifically we understand how the body dies, but science is also limited in its understanding. As Paul Kalanithi writes, "Science may provide the most useful way to organize empirical, reproducible data, but its power to do so is predicated on its inability to grasp the most central aspects of human life: hope, fear, love, hate, beauty, envy, honor, weakness, striving, suffering, virtue."⁸⁰

Pentecostals have an opportunity to articulate their worldview in a way that leads to incarnational living, which supports and understands the needs of those near death. Pentecostals must wrestle with their views of suffering, eschatology, and their shared commitments and practices to persons at the end of life. This project will assist in that endeavour.

⁸⁰ Paul Kalanithi, *When Breath Becomes Air* (New York: Random House, 2016), 169-170.

Appendix C—Milestone 3 Design Workshop Report

NPO STATEMENT

I've discovered an opportunity within the Pentecostal Assemblies of Canada (PAOC) to develop the understanding and practice of spiritual care to dying persons.

NPO SCOPE AND CONSTRAINTS

The most significant restraint for my NPO is to remain focused on helping PAOC pastors, leaders, and students to become more learned and skilled in providing spiritual care to dying persons and to stay within the time-allotted boundaries for our Design Workshop Phase.

Non-negotiables include (1) interviewing persons or having workshop participants who are active spiritual care providers or educators in the field of spiritual care to dying persons or who have experienced giving end of life care, (2) ensuring all participants are of a PAOC faith or similar kind, and (3) making sure to take good notes that accurately reflect the ideas or questions generated from workshops or interviews.

NPO CONTEXT

The denominational setting for my design project opportunity is the Pentecostal Assemblies (PAOC) of Canada. The opportunity's demographic focus includes pastors, chaplains, spiritual care practitioners, or lay leaders interested in providing spiritual care at the end of life.

Each province within Canada has its own unique PAOC District. Each district has elected representatives to lead the section and a local District Superintendent provides overall leadership to the community. All PAOC districts are responsible to the national office in Ontario, Canada. Our national leader is Superintendent Reverend David Wells.

The national constitution regulates the credentialing and ordination standards for licensed or ordained ministers within each district, providing training for leaders within their local contexts. There are bi-annual national conferences where training and workshops are held, though variety can vary from year to year.

The one constant across Canada is that we have an ageing demographic that will require end-of-life care; we must get ready.

ROOT CAUSES

Foundationally, PAOC is a young denomination whose early years are marked by the expectant watching for Jesus' return. The first-generation Pentecostals could not have imagined that watching would still happen some hundred years later. And though there were seasons in the PAOC colleges and seminaries where leaders and speakers spoke about end of life care or students were trained in hospital visitation or conducting a funeral, nothing currently exists that is preparing PAOC

ministers for the "grave tsunami" heading our way, said one hospice CEO. She further suggested that PAOC leaders are not trained to come alongside dying persons in a non-judgmental way. They need to learn the ministry of presence.

In June 2019, Tyndale Seminary announced a new Thanatology degree program to be offered in Fall 2019.¹ It's the first of its kind in an Evangelical Seminary and its department head laments the lack of training for pastors in many evangelical denominations.

THREE BIG IDEAS

The three big ideas that emerged from my Design Workshops and One-on-One interviews are:

1. Create a policy proposal.
2. Design a college, seminary, or min CPE course.
3. Craft a workshop for an educational training day.

DEFINITION OF 'DONE'

This project's goal would be to provide face-to-face educational content that grows the spiritual care competency and skill set of PAOC pastors and leaders providing spiritual care to persons at end of life.

3 CONCEPT PITCHES

- *Big Idea #1:* Create a policy proposal that makes one unit of Clinical Pastoral Education (CPE) mandatory for all PAOC ministers.
 - *Audience:* Persons pursuing credentials or ordination within the PAOC.
 - *Opportunity:* PAOC credential holders would be expected to engage in one unit of CPE, which amounts to 400 hours of training.
 - *Benefit:* The user would benefit from 200 in-class and 200 clinical hours, with clinical hours happening in hospice, acute or palliative care wards. There would be little benefit to me as I have no interest in writing policy and desire to be face-to-face with those interested in learning.
 - *Approach:* This is something that other denominations, such as Lutherans and Anglicans, make mandatory for all their potential pastors, but it has never been proposed before within PAOC.
 - *Risk:* This might fail because the national office has not asked me to do this research and may find no reason to mandate training. It also has a high failure likelihood because policy writing is not an area of strength or interest.
 - *Assumptions/hypotheses to test:* I'm assuming policy change is hard work and the national office may not see this as the best option.

¹ <https://www.tyndale.ca/news/tyndales-new-pastoral-thanatology-program>

- *Benchmarks of success* are (1) After speaking with Dave Well, PAOC's General Superintendent, I receive confirmation that the national office is interested in policy change, (2) a PAOC committee is struck to discover the best type of policy, and (3) national office publicly and widely endorses this work.
 - *Other work*: Currently, no other PAOC projects address spiritual care at the end of life, nor is there any mandated training for credential holders. As a result, policy change can affect how PAOC trains its leaders, but it could take years to implement.
- *Other Approaches*: To date, no PAOC committee has been struck to look at this topic, nor are there any pending policy drafts being reviewed by credential holders. What sets this approach apart is that it remains an area unexamined within PAOC.

- *Big Idea #2: Design a college or seminary level course or a mini–Clinical Pastoral Education Course (CPE) on death and dying.*
 - *Audience*: PAOC or other like-minded students attending bible colleges or seminaries.
 - *NPO*: This would train PAOC pastors and leaders in death and dying theories and practices.
 - *Benefit*: Students benefit because they will not be caught unaware when entering church vocational ministry. I will benefit because I'm a teacher and have growing skills in course creation.
 - *Risks*: It might fail because no PAOC colleges have invited me to write a course on spiritual care at end of life.
 - *Assumptions/hypotheses*: I'm assuming that a course like this could only be relevant in a college or seminary setting.
 - *Benchmarks of success*: (1) Ask PAOC leaders and pastors who are interested in this topic if they would welcome the opportunity to learn spiritual care skills only in a college or seminary setting, (2) ask PAOC leaders if there are other contexts they would prefer to take a course.
- *Other Approaches*: To date, no other leaders or pastors are addressing this opportunity, though many show interest in the field. This approach is set apart because no PAOC specific course currently exists on this topic.

- *Big Idea #3: Craft a workshop.*
 - *Audience*: PAOC pastors, leaders, or PAOC persons interested in growing their awareness and skill set in providing spiritual care to dying persons.
 - *NPO*: An education day would address the opportunity to grow awareness and the opportunity to develop essential spiritual care competencies.
 - *Benefit*: The attendee benefits because they become aware of what spiritual care can provide at the end of life and how it is done. I would benefit because I could take my learnings and share it in a teaching format, which is my strength.
 - *Assumptions/hypotheses*: I would need to conduct a poll to see if this format would interest PAOC pastors and leaders and those interested in spiritual care to dying persons.

- *Benchmarks of success:* (1) Conduct a poll to PAOC persons to gauge interest levels, (2) seek feedback from PAOC persons working in this field and those tracking with my research.
- *Other Approaches:* No PAOC persons are pursuing this opportunity to date, though some show interest in the field. What sets this approach apart is the intentional use of pastoral development days and the intentional topic choice. This approach combines awareness with praxis.

DESIGN WORKSHOP STAKEHOLDERS

The Design Workshop stakeholders included pastors and spiritual or health care providers.

ONE-ON-ONE INTERVIEWS

Those who participated in my one-on-one interviews included:

- A Spiritual Care Practitioner.
- Pastors, one of whom had a father who was a funeral director.
- The Chair of a Pastoral Thanatology degree program.
- The CEO of a hospice.
- A young leader whose father died of cancer.

ANNOTATED BIBLIOGRAPHY

Cook, Bernard. *Sacraments & Sacramentality*. Mystic: Twenty-Third Publications, 1983.

Cook was one of North America's foremost sacramental theologians. His book is valuable to this research because it clearly explains the rituals and sacraments within the Catholic framework. The Catholics have long been known to be proficient in spiritual care at the end of life. As a result, they offer Pentecostals beliefs and practices to consider. His intended audience is those who perform sacred rituals.

Doehring, Carrie. *The Practice of Pastoral Care: A Postmodern Approach*, Revised and Expanded Edition. Louisville: Westminster John Knox Press, 2015.

As a professor of Pastoral Care and Counselling, a licensed psychologist, and an ordained leader, Doehring advocates for an intercultural approach to spirituality and is a proponent of the narrative approach to spiritual care. The narrative approach contains three elements: (1) Relational trust, (2) co-creating meaning, and (3) assessment. Hospitality as stepping into another's narrative is deemed critical by Doehring, as is self-awareness for any spiritual care provider. The strength of this resource is that it is well-researched, provides models for understanding spiritual care, and clearly describes the qualities and practices a spiritual care provider must cultivate or offer.

Thompson, Marney, and Wendy Wainwright. *Transitions in Dying & Bereavement: A Psychosocial Guide for Hospice and Palliative Care*, Edition 2. Baltimore: Health Professionals Press, 2017.

Thompson and Wainwright have decades of experience at Victoria Hospice in Victoria, British Columbia. Both authors have participated in several research projects relative to spiritual care and both have participated in developing the Canadian Competencies in Palliative Care Social Work. Including over two dozen other voices in the book, this book identifies the stages of the death and dying experience. It describes interventions to be used by those providing care, including spiritual care. Given its Canadian context, this book aids in identifying teachable elements, common themes in hospice care, and offers practical advice for people looking to grow their competence and confidence in spiritual care at the end of life.

Weller, Francis. *The Wild Edge of Sorrow: Rituals of Renewal and the Sacred Work of Grief*. Berkley: North Atlantic Books, 2015.

Sorrow and suffering are a communal cup from which we all must drink. Weller's book helps persons navigate the difficult geography of sorrow. He speaks as a psychotherapist with over 25 years of experience in his field. He covers topics such as the Five Gates of Grief, the rituals of renewal, the loving-kindness of meditation and the gift of self-compassion. His book aids this research project as it helps name practices and offers experiential insights for those doing the sacred work of grief, something pastors and spiritual care providers would benefit from understanding.

APPENDICES

DESIGN WORKSHOP DESCRIPTION

The Design Workshop took place on October 26th, 2021, from 9 am - 12 pm CST. Our modality was Zoom. I used a PowerPoint to guide the morning.

Given the limited number of participants in my Design Workshop, I would still rate it a 4 out of 5. And the only reason I placed it a 4 is that it did not have the desired number of participants. I had five confirmed participants but several cancelled in the days directly preceding the event.

Since the workshop was scheduled upon my return from Portland, OR, I did not feel there was time to reschedule. In the end, it was productive. I was also introduced to others who could participate in one-on-one interviews following the workshop.

I did a Brain Dump exercise where I asked participants to get a blank sheet of paper or open a blank word document. Then I asked them to define, in their own words or with the use of images, what pops into their mind when they hear the term *spiritual care at end of life*. This exercise was followed by 10-20 minutes of group sharing.

As the group agreed that a significant opportunity existed in this area within PAOC and acknowledged that training was virtually non-existent, we together dreamed of what types of possibilities could be developed to close the gap. Their big three included drafting a PAOC policy, a college or seminary level course, or training that could be delivered on professional development days.

Our last activity included a Heart, Hand, Mind exercise. Together, we answered these three questions: *What makes it emotionally engaging? What makes it tangible and practical? What makes it logical and sensible?*

DESIGN WORKSHOP DOCUMENTATION

The now converted PowerPoint below contains the agenda and outlines the different gamestorming activities we used.



Welcome

The purpose of our gathering is to help me discover 3 prototype ways I could assist in bringing a learned awareness within PAOC about Spiritual Care at End of Life.

The artifact/product I hope to come away with is 2-3 design ideas that could assist in closing the gap in PAOC understanding of spiritual care at end of life.

The people here all have something in common: they care about this topic.



AGENDA

TOGETHER WE'LL

Introduce Ourselves

Carmen Kampman (Facilitator)

Heather Broomer

Lydia Collins

Process

Gamestorming (See email)

Possible Pitfalls

We're from the same fellowship and it would be easy to talk family business.

We will enjoy one another's company so much that it'll be easy to veer down all kinds of bunny trails.:)

5 Minute Brain Dump & 10 Minute Discussion



Use a blank sheet of your own for your brain dump.

When I say the phrase "spiritual care at end of life," what pops into your mind?

What images does it evoke? What contexts?

What does spiritual care mean to you?

Group Discussion: Individual Sharing & Documenting

PROTOTYPES
DMIN PROJECT



**What could we do to close the gap?
What type of project could assist us?**

Heart, Hand, Mind



What makes it emotionally
engaging?



What makes it tangible
and practical?

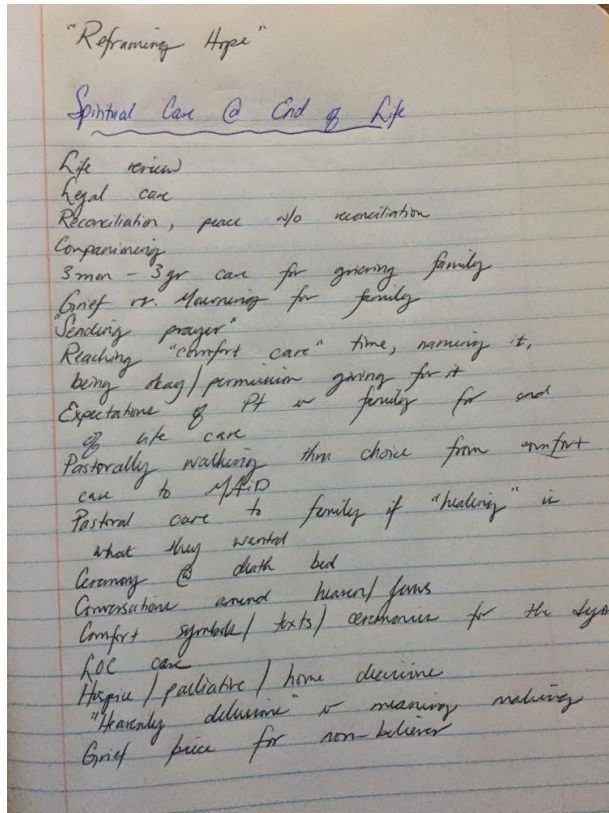


What makes it logical and
sensible?



**Thank You
For Helping!**

Artifacts from Brain Dump Session:



Email notes sent:

Spiritual Care at the end of life

Bringing healing and resolution to dying person and their family.

Walking through closure, leaving legacy, documenting life.

Bringing peace to all involved.

Shepherding to green pastures

Peacemaking

Reminding of hope and assurance while acknowledging loss

Planning for remaining family for grief support

Providing for worship opportunities

Reframing Hope

Pardon from sin and assurance of salvation

Funeral planning

ONE-PAGE POST-WORKSHOP MESSAGE TO STAKEHOLDERS

Post-Workshop Follow Up

Dear Participants,

Thank you for taking the time on October 26, 2021, to engage in a Design Workshop to help me get clarity on an opportunity within the PAOC fellowship to develop the understanding and practice of spiritual care to dying persons.

Here are my documented key points from our conversation:

- In our fellowship, we often only talk about healing and not how to die well
- There is a deficit in our teaching and theological understanding of suffering and death and dying
- We embrace a warrior mentality and overcoming mentality and as a result, we fail to consider the reality of dying. Winning and losing mentality.
- We need a holistic approach to end of life
- We need permission to lament.
- We prolong the reality of death, and even when it happens, we don't allow ourselves to mourn
- We think we are bad Christians if we don't fight for healing and if we don't talk about heaven after they die
- The prosperity gospel has seeped in
- It would be helpful to reimagine our expectations around healing
- There is value and beauty in suffering. Crucifix, Jesus is still on the cross, providing a focal point that Jesus suffers with us. Jesus is prophesied as a man of sorrow
- We've made death clinical, and we don't like to talk about it.
- In our contexts, it seems that women are more comfortable around this topic, and we see many of them in healthcare

Possible Project Focus Ideas

1. **Policy:** Could strongly advocate that PAOC make a unit of CPE mandatory for all pastors. Could do a review of current college syllabi to see how many are teaching this subject. Data-driven project to affect policy change.
2. **Academically:** Create a college or seminary level course. Create a mini CPE on death & dying specifically to PAOC
3. **Pastorally:** Utilize pastoral clustering's/gatherings and approach it educationally. Consider offering 1-hour introductory teaching. Use pastoral/lay leader educational days and work with local districts to raise awareness. Find out if you can do something in the ordination track in each district.

Actionable tasks to consider:

- Review the Catholics doctrine on death and dying
- Review death and dying in Judaism

ONE-ON-ONE INTERVIEWS DOCUMENTATION

INTERVIEW DATE: 2021.12.08 | INTERVIEW VIA ZOOM

- grief as an adult is different for children - children are non-linear
- Retrieving this same loss as an adult - life circumstances or moments you wish he was there
- Was a child.
- Lead pastor and had recently planted a church. Church was only four years old at the time.
- Packed church for two services.
- Diagnosed at 37 years of age. Long-distance runner. Kidney cancer. Already in his lungs and liver.

Nobody saw this coming. A cancer that was supposed to easy, but it wasn't.

The church did not understand narrative disruption and restructuring.

He died before Facebook was a thing. But he had a blog. That's how he connected with everyone.

She was a lot of prayer meetings, and all were praying for healing. She got a feel from the Church that this was not the end of the story.

Felt supported in the sense that a whole church was part of it.

Two months from diagnosis to death. Initially his cancer was misdiagnosed.

Granted space for her at camp to grieve.

The Church didn't know what to do with the two weeks before him dying and when he died. They didn't know what to do.

Whole community to grieve with her. A whole community of people asking the *why* question.

Covid experience is universal, but a death is very personal in the context of community.

A sort of mercy to be in a group of people asking *why* at the same time. A holy lament of frustration.

Shout to the Lord - it doesn't say to only do that when you're happy.

Not everyone can travel the long road of grief with you.

She's comfortable asking the big questions and she's comfortable when others do it to.

Reconciling the fact that Jesus healed all who came to him and her Dad coming and not getting healed, was extremely hard for her.

He died in 2005 but the church never really got back on its feet. They went through 3 pastors, but none were a good fit.

In 2014 it officially closed its doors, but it had been dead for a long time. It was MB church plant.

Interim pastor was open to questions. The pastor was preaching with a listening ear. What were the church's concerns and questions, he listened and then sought to answer them.

There was a possibility that false teaching could have been corrected. Do encourage the whole-hearted belief in a miracle? Or how do you pray with?

How do you pray for a miracle and temper expectations?

What is the narrative we are believing? Is there another possibility?

What hurts about grief is that the relationship is strained? Even though nobody made any mistakes or did anything wrong, it's just that we've not been able to talk.

Church was a group of people who knew me.

Rituals:

- Go back to the camp
- Has his bible
- Watching his sermons.

INTERVIEW DATE: 2021.12.07 | INTERVIEW VIA ZOOM

Design Interview Questions

Prayer for Peace

PAOC: BCYD

End of Life:

Father was a funeral director, he's the only one that didn't go into the family business.

NE BC his family owns a funeral home.

Been around death his whole life. Summer job was at the funeral home. Dad was a funeral director. Generations of exposure.

Seen every form of funeral. Once at a graveside, buried a man when no one came to the grave.

Cremation has now become popular.

Dysfunctional in PAOC in doing funerals. **Missed opportunities in compassion.** (70s)

His church is about 3000, 70 staff.

End of life ritual. How to bring comfort? Every context is unique. You need to be flexible, yet you have to have something to say.

Memorization of end of life rituals is important. But you have to contextualize it.

"There's no moment for insecurity." - DH

They want someone to lead this. They are not familiar with death.

He told a story of the mayor. Mayor called him, his wife.

You have to be ready.

- you have to have something to say
- Psalm 23 is the most famous piece of poetry in the world
- John 15 is huge too - disciples are confused, already grieving something they don't understand. Jesus is like the doctor who's just come in and said, it's over. Don't let your heart be troubled. Trust in God. I don't believe Jesus a liar, he's gone to prepare a place. His words are, he'll come again.
 - I just need to tell you an hour ago. Someone walked into this room, took him by the hand and said: "it's time."
- Corinthian's resurrection text is important. Mortal to be made immortal. Weak to be made eternal.
- Revelation
- File in your mind

Model

1. Walk into the room. Someone invited you. Greet the living. Embrace them. Comfort them.
2. You'll go to the person. You're going to whisper hope. Read scripture.
3. Make up last rights. Last rights are a committal. You're making a committal. Though they shall die, yet they shall live. You're walking them to the doorway of eternity. You're saying, "it's okay to go."
4. Present yourself to the family as an ongoing avenue of assistance.

This is a moment in time when someone needs you. It's not a time to turtle.

There is fear and uncertainty and that paralyzes ministers from being effective.

This is something that must be caught and apprenticed.

How do pastors become catalytic in a disaster moment? Disaster relief.

He always starts a funeral with three things: I think some of you may wonder why you're here today? Some of you may even be wondering why you're here?

1. We are to remember someone. Eulogy - formal, pictorial, spontaneous
2. We gather for the people. Look at the family. They're right here in front of us. Your presence here today is speaking comfort to them. Your responsibility is to be in their lives.
3. The unexamined life is not worth living. All of us have milestones. What kind of life are we living? If we should die tomorrow, is there anything we have not said? Any relationship we have not reconciled?

At the end, so I think we've done really well in those three things. Now we're going to go and give someone a hug. All of us are going to walk out of this room...(goals met)

James KA Smith advocated for the education of experience.

How could space be created for experiential learning in this area?

INTERVIEW DATE: NOVEMBER 6TH, 2021 | INTERVIEW VIA ZOOM

Chaplain: Alberta Health Services (Spiritual Health Practitioners) Also involved with Covenant Health. St. Albert for four days a week.

Pastoral Ministries Course: They did on-call hospital visits. (Vanguard)

Good instructions in listening.

Death is a defeat, in a lot of cases; healing requires faith. We don't want to accept that God could provide a good death. Death is seen as a defeat.

We have to believe and fight for life to carry on to the bitter end.

Hospital setting.

It seems like more of the ministry of Jesus is being in chaplaincy. The local church is moving more toward administration and like a big organization.

CPE training, was it valuable? 100%. He's done 4 units already.

We have a hard time with mystery and certainty, especially with the end of life.

Ideas: Get people into a group to talk about the reflection process and how to listen. How to be with somebody when they're dying. Having conversations.

He suggested a couple that used to teach in Alberta,

Connect with David Wells - re chaplaincy.

INTERVIEW DATE: NOVEMBER 2ND, 2021 | INTERVIEW VIA ZOOM

Psychotherapist trained. Theology degrees. Certified thanatologist.

Grief and loss and bereavement. Applies to many different areas of life. It's more than just to loss of life.

Death of marriage.

Loss of job reputation

Abstract losses - Carmen, look up what these are.

Loss of face - Losses such as loss of face.

Grief and Bereavement or any form of loss is a gap. We need this in our toolbox of care.

How do you provide spiritual care for the dying and the grieving? Understand the grieving process. Lots of it has to do with **emotional bonding**.

Cathexis - bonding world. I have to separate and let go of some of the bonds that were there. We live with them through memory and recollection.

How connected were they?

How healthy are they? (Support System)

How are they being able to process in their life and what did this loss actually mean to them?

Understanding dynamics of loss.

REACTIVE Depression - I am relating to the loss that I have experienced. There is a way of going of through the loss.

Sometimes you need to have medication to have balance what you've lost in your brain.

What are spiritual resources that will help people go through the grieving process?

Teach them how to pray a lament! Psalms are about 50% laments. Psalm 13. Only six verses. (Take this structure of how you write your own lament.) This is a Christian tool.

- -bring your lament to God
- -ask God for what you want
- -a statement of trust

We can deal with the present moment - the ultimate statement of trust.

Gender & Culture: How do men express their grief as opposed to women. His story of men wailing and the women as totally stoic. Jewish culture has certain rituals. (Ask Gillian about this.)

How do family systems cope with grief? How do we help children deal with their grief?

The grieving process is messy and there is no timetable.

Disenfranchised grief. How do you deal with suicide? What about aids? What about an airplane crash and they never recovered the body? *Carmen, look up what disenfranchised grief is.*

Basic Skills:

1. How do you communicate with people in a way that opens up?

****Allen Wolfeldt** - how to companion people? Work is very readable and quite easy to understand. Companioning the Bereaved: A soulful guide for caregivers. Companioning the Grieving Child. Grief Complicated. The Depression of Grief.

Accompanying people is how David would describe it.

His denomination has a statement on MAID. Some students have been asked to be present with someone in MAID.

What are the extraordinary measures we take? Eccl - a time to be

When is it time to say, "I commit myself into the care of God."

Ethics

Donation of Body Parts - Trillium.

Cremation and Full burial.

Look at obituary columns - we have to fight it. Will it be quality of life and quantity of life? What does it mean to say that I'm living a good life?

INTERVIEW DATE: NOVEMBER 10TH, 2021 | INTERVIEW VIA ZOOM

Ordained with PAOC

Worked primary with AIDS patients

No preparation, no training. Social workers by training. Funerals for men who died of aids.

The greatest support from outside PAOC.

Bible College:

- Grief Courses came after
- No preparation for death and dying
- We're not trained to come alongside people who are suffering. Non-judgement. Where do we just learn how to listen?

How are we the gospel through listening? We're not taught.

We're on the verge of a grave tsunami, how are we preparing for it?

It takes work.

We lack a clinical type of training. We also need to know how to refer.

We are a death-defying culture.

How do I be the gospel in silence?

How did I pick up the towel and basin and serve?

Get comfortable with being uncomfortable

Thanatology course at Tyndale is the first of its kind. Master's level.

Ordination Track - training new leaders because they're dealing with an ageing demographic

**Find Dave Wells' letter on MAID

Has to come higher up in our PAOC leadership.

Looking after the dying.

What are we offering caregivers who are suffering burnout?

We run caregiver groups. CAREGIVER Piece.

PAOC - becoming a champion of Hospice.

A regular piece was written in our leadership journal.

The Ministry of Presence of something we don't really practice isn't the evangelical church. —

There is urgency. There are a lot of pastors who are going to deal with the ageing demographic.

SUMMARY NOTES

- In early bible college days, many pastors had a pastoral ministries course in which they did on-call hospital visit

- Death is defeat, in lots of cases; faith is required for healing. We don't want to accept that God could provide a good death.
- Chaplaincy, for those that do it, feels more like the ministry of Jesus. Some view the local church as moving more towards administration and a big organization.
- CPE training was a vital component in the spiritual care practices
- Agreement: use annual or regular pastoral/leadership gatherings or academic settings
- To understand spiritual care, you need to understand the death and dying process
- There are various forms of losses a person experience
- *We have come here to help you die and to enter into the fuller presence of God*
- Symbolism can be important for us to learn. When anointing, make the sign of the cross. When the anointing was present, it was a reminder that we belong to the anointed one.

Actionable tasks to consider:

- **Teach people how to lament;** provide a lament workshop based on Psalm 13
- **Death Café** - a place to go and talk about what you're going through
- **Death Doula**
- **Grieving Workshop**
- **Grief Workshop for Kids**
- **Course: Pastor Care of the Dying and Grieving** *Could I offer this as an elective?*
- **Workshops in churches.**
- Review gender & culture. How do men express their grief as opposed to women? Jewish culture has some practices around this
- How does family systems play into the death and dying journey?
- Basic Skills to teach
 - How do you communicate with people in a way that opens them up?
 - How do you companion with people?
 - When is it time to commit myself into the care of the Lord?

- What does it mean to say I'm living a good life?
- Ethics
- I wonder what's it's like to step into the full presence of God. As we learn to experience God with us in our day-to-day living, the fear of death diminishes.
- What spiritual practices to we need to teach people so they can experientially know God?
- How to keep vigil
- Is there a way to equip our Sunday School teachers and leaders
- Resource suggestions: Allen Wolfeldt; Dr. David Sherbino
- How does MAID influence this discussion and how should it be discussed?
- Review obituary columns and notice the "fight" mentality
- Discipline of Silence & Solitude and how it prepares us for our death and dying journey
- Understand the depression of grief

Appendix D—Milestone 4 Design Research Report

Beyond Words of Comfort: Spiritual Care at End of Life

What is Spirituality

Spirituality is defined in several different ways. For some, spirituality is the application of the everyday sacred in our ordinary lives. For others, spirituality signals that there is more to life than what meets the eye. We are interconnected in ways beyond our understanding. Christina M. Puchalski and several of her colleagues define spirituality this way: [Spirituality is] the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.¹

When we reflect on persons at the end of life, it is critical, as Hippocrates says, “to know what sort of person has a disease than to know what sort of disease a person has.” Each person is uniquely made. Each person has unique relationships, treasured memories, and beliefs about themselves and the things that matter. Spirituality is unique to everyone, and upholding the dignity and worth of every person is one of the roles of a pastor. According to a group of physicians, 57% of patients want to hasten the end of life because they feel a loss of dignity.²

What Is Spiritual Care

Spiritual care is soul care, and it can run the risk of being overlooked and undervalued if not talked about and not taught. In clinical settings, it is easy to have the physical domain dominate over the non-physical part of the person. And to have dignity in dying, it is imperative that people can have someone bear witness to their stories, grief, joy, confusion, and fear. When persons are dying, there can often, if not well prepared, be chaos and uncertainty instead of hope and order. “Every life is different from any that has gone before it, and so is every death. The uniqueness of each of us extends even to the way we die.”³⁴

¹ Jeff Clyde G. Corpuz, “Reflection: Spirituality during COVID-19,” *Journal of Pastoral Care & Counseling* 75, no. 2 (June 1, 2021): 133-134.

² Harvey Max Chochinov, *Dignity Therapy: Final Words for Final Days* (New York: Oxford University Press, 2012), 5.

³ Sherwin B. Nuland, *How We Die: Reflections on Life’s Final Chapter* (New York: Vintage Books, 1993), 3.

⁴ See Appendix E for a Spiritual Formation Model and its explanation. Though not yet officially adopted, it provides a great explanation for what spiritual care is in a clinical setting.

Some authors describe spiritual care as journeying with someone in a “transforming field.”⁵ A transforming field where dying persons flicker back and forth “between realms of existence or states of consciousness, almost like a diver practicing the approach to a dive: he or she jumps into the air, then returns to the familiarity of the board, jumps and returns, jumps and returns, jumps and returns until he or she makes the final ascent to the dive.”⁶ Spiritual care, then, becomes the holding space for the mystery of God and the individual journey of persons as they flicker between realms. It seeks to hold sacred the texture of the diving board, the values of the diving board, and the transcendent anchors that allow one to dive deeply into death. People want to be seen.⁷

The authors of the Spiritual Care Model found in Appendix E describe spiritual care as a journey. A journey in which people have peace and certainty until there is some form of narrative disruption. Once a narrative disruption, such as illness or loss of any sort, happens, people’s certainty is disrupted. Once disrupted, they face the unknown and try to find a place of peace and certainty amidst what feels like chaos. Spiritual care is accompanying people on this journey.⁸

One beautiful discovery that came through the conversation process was the name of the course. A professional colleague suggested calling the course *Beyond Words of Comfort: Providing Spiritual Care at End of Life*. As soon as she spoke these words, it was evident that the conversation was inspired by the Lord. I will be adopting this as the course title.

Getting Comfortable with Death

In her book, *The Art of Dying Well: A Practical Guide to a Good End of Life*, Katy Butler says, “When death comes, you need to be comfortable with simply being, because there is nothing left to do but let go.”⁹ But as Henri Nouwen rightly points out, if you only think about death when you’re gravely ill, you can spend a considerable amount of energy struggling to survive. In reflecting on Nouwen’s belief about death, Michelle O’Rourke writes, “Nouwen believed that if we could relate

⁵ Kathleen Dowling Singh, *The Grace in Dying: A Message of Hope, Comfort, and Spiritual Transformation* (San Francisco: HarperSanFrancisco, 1998), 11.

⁶ *Ibid.*, 9.

⁷ Kalli Stilos et al., “The Role of Spiritual Care with the Introduction of an End of Life Order Set,” *Journal of Pastoral Care & Counseling: Advancing theory and professional practice through scholarly and reflective publications* 73, no. 1 (March 2019): 41–48.

⁸ See Appendix 5.

⁹ Katy Butler, *The Art of Dying Well: A Practical Guide to a Good End of Life* (New York: Scribner, 2019), 31.

to death as a familiar guest instead of a threatening stranger, we would be able to shed many of our doubts and insecurities, face our mortality, and live as free people.”¹⁰

A quarter of the respondents from the survey I conducted indicated they are very uncomfortable providing spiritual care to persons at the end of life. The vast majority of respondents fall in the middle between uncomfortable and comfortable. When asked if they had received any post-secondary training on how to provide spiritual care, 72.7% indicated they had received no training.¹¹

NPO

I’ve discovered an opportunity within the Pentecostal Assemblies of Canada (PAOC) to develop the understanding and practice of spiritual care to dying persons.

Prototype Considered

Concept Pitch: Create a *Spiritual Care at End of Life Workshop*.¹²

Rationale: Best use of my energy, gifts, abilities, and the most requested by those doing spiritual care at end of life.

NPO: I’ve discovered an opportunity within the Pentecostal Assemblies of Canada (PAOC) to develop the understanding and practice of spiritual care to dying persons.

Materials Needed: I will need a journal (to do some preliminary outline thinking), a computer, access to Microsoft Word, Google Polls, and to email addresses, a phone, and a Zoom account.

Tentative Prototyping Timeframe: February 2022 – April 2022.

Participant Demographic: PAOC Pastors, leaders, or PAOC persons (or like-minded individuals) interested in growing their awareness and skill set in providing spiritual care to dying persons.

As discussed in my DMin 851 paper submitted in January 2022, I considered three prototypes. The first was a PAOC policy change, the second was creating a course, and the third was a workshop. When I began to look at policy change, I quickly realized something of that scope was beyond what I could accomplish in my DMin, and unless initiated by the PAOC head office, it was unlikely to take off the ground. When considering the workshop, my research questions were as follows: (1) What

¹⁰ Michelle O’Rourke, *Befriending Death: Henri Nouwen and a Spirituality of Dying* (New York: Orbis Books, 2009), 43.

¹¹ See Appendix 2 for the graph summary.

¹² As discussed in my January paper, I sought one prototype to work through so instead of spending 500 words on each type, I am spending the words on what worked and what did not and lessoned learned to a greater degree on the workshop prototype.

type of content would be suitable for a 90-minute and a-half-day workshop outline? and (2) Is a workshop the best approach?

Assessment Benchmarks for the prototypes (workshop content) included (1) conducting a poll of PAOC pastors or like-minded persons to gauge interest levels and (2) seeking feedback from PAOC or like-minded persons working in this field and those tracking with my research. I completed all these things, and my findings will be discussed in this paper. The results are also listed in the appendices. But one early finding was this: a 90-minute or half-day workshop was insufficient to equip pastors for the days that lie ahead. Workshops or half-day training are sufficient when you want to home in on one skill but inadequate when developing a theology of spiritual care and focusing on several components.

Initially, I found it challenging to get feedback. I think that was because I went with a basic content workshop outline. Those educators found it challenging to engage with, while those who worked in spiritual care found it a good launching pad for our discussions. One educator wanted to exclude certain aspects, such as funeral planning, because they felt it was well covered in a pastoral care course. And while that might be true in their context, it is not valid in all contexts. Many persons I talked to felt they had inadequate training for walking persons through end-of-life, funeral planning, and grief.

When I use prototyping again for a workshop or course, I could improve it by not going too light on the draft and further professionalizing the draft course outline. As an educator who is growing her skill, this is an area that I can accommodate in future prototyping. It may even prove helpful to decide upon the course length ahead of time if I was working on a course outline. That way, I could include themes for each week and invite discovery participants to review and offer insights into what should be included.

Across the board, what appeared from most was the need for spirituality and spiritual care to be defined and understood. In conjunction with that is a deep need to understand the types of skills needed to provide exceptional spiritual care to persons at the end of life. Training, in their opinions, is woefully inadequate. Participants feel that understanding *how* we care for people by being a non-anxious presence that incarnates Christ is paramount to our mission of loving one another and helping each other prepare for death. This is vital to a good death.

In their co-authored book *A Creative Minority*, Jon Tyson and Heather Grizzle say, "there is nothing wrong with personal faith, but the love that Jesus speaks of is fundamentally other-oriented and generally communal. If the goal of the church is self, we will not fulfill Jesus' command that we are known as people of love."¹³ Therefore, for pastors to further develop their skillset and understanding of spiritual care can rightly be understood as an act of love for the other.

¹³ Jon Tyson and Heather Grizzle, *A Creative Minority: Influencing Culture Through Redemptive Participation* (Jon Tyson & Heather Grizzle, 2016), 17.

My most important discovery was a better understanding of the necessity for a post-secondary course. It was highly desired, and unless a person chooses to do a Clinical Pastoral Education (CPE) unit as taught by the Canadian Association for Spiritual Care, spiritual care training is absent in many post-secondary institutions preparing pastors. CPE is not generally talked about in bible colleges. I came to find out it existed because someone phoned me for a reference for an applicant to the program. In hindsight, I believe that was part of God's threading together in my life a field of study and practice that matters to him because people matter to him.

Most Viable Prototype

Parker J. Palmer says, "good teachers join self and subject and students in the fabric of life."¹⁴ One of the ways of joining in the fabric of life for me is through providing spiritual care and teaching. Wisdom is something to be passed on. Learnings about life and death and spiritual care at the end of life should be taught. When they are known and familiar to the teacher, teachers can teach "with a full mind and clear understanding."¹⁵ Throughout my conversations, it became increasingly apparent that the best way to help pastors grow in understanding and skills was to provide them with a 3-credit or content-equivalent course.

A staggering 81.8% of survey participants indicated they were likely or very likely to take a course where teaching is focussed on spiritual care at end of life. When pastors were asked if they had received any training in bible college or seminary, 72.7% indicated none, and 18.2% indicated very little, for a combined total of 90.9% of pastors having minimal to no training in providing spiritual care at end of life.

With its ageing population, Canada is ripe to see an increased need for those equipped to provide spiritual care. Many people will experience prolonged periods of disability or poor health. They need to have people who can journey with them as they make sense of their world and what life means in their current state. People also need permission to die and be comforted, not shamed, when they want to discontinue treatments and spend their remaining time with loved ones. Moreover, they need care providers who advocate for them and their needs in a clinical setting.

With growing expertise as an educator and Spiritual Care Practitioner, I am uniquely positioned to provide a quality course in this area. It will require hard work and a variety of resources, but it is a doable endeavour. Having first-hand experience in creating a syllabus for both graduate and undergraduate courses, combined with my retreat leading and post-secondary experiences, I have a growing understanding of how to facilitate a learning journey. Teaching is not simply the impartation of information; teaching is about creating a learning experience for students. Courses

¹⁴ Parker J. Palmer, *The Courage to Teach: Exploring the Inner Landscape of a Teacher's Life* (San Francisco: Jossey-Bass, 2017), 11.

¹⁵ Bruce Wilkinson, *Almost Every Answer for Practically Any Teacher: The Seven Laws of the Learner Series* (Multnomah, 2010), 48.

and learning environments can be transformational, providing learners with the opportunity to be more and be qualified to do more.

Key Insights from Workshop Participants, Surveys & Conversations

I have significant voices weighing in on this research. Some work in spiritual and pastoral care and others are educators in the spiritual care field. Several participants have walked loved ones through the death and dying experience. Many have been part of clinical settings where acute care was necessary and spiritual care is seen as part of the care team. The mix has been diverse. Throughout all the conversations and from the survey, there arose the following threads/themes for teaching content:

- The need to identify a target audience context. I've chosen pastors and a post-secondary context.
- Define spiritual care and the pastor's domain.
- Understand espoused beliefs and lived beliefs.
- A need to cover terminology for end-of-life care.
- Understanding the death and dying process and its values.
- The need for a theology of spiritual care at end of life.
- Family Systems Theory
- Spiritual care essentials.
- Legacy
- The Sacred Art of Listening
- End of Life Experiences
- MAID¹⁶

As I continue to work in the hospital, I have become an eyewitness to many varied experiences. Recently I was paged to provide spiritual care to a patient and their spouse. The patient was hooked up to a breathing machine as Covid ravaged their frail body and condition. The patient was articulating their wishes to their spouse: no extraordinary measures, no ventilation, and to please let them die in peace. When I returned a few days later, I discovered the spouse had overridden the patient's wishes and put the patient on ventilation, among other things. This situation reinforced the reality that we need to honour people and educate pastors. In addition to pastoral training, a

¹⁶ There are several more themes to include in a course, but for the sake of word count, I will not include them here. More themes and ideas can be found in Appendix B, C, and D.

10-year longitudinal study showed the necessity for medical workers (doctors and nurses) to also receive spiritual care training.¹⁷

Other needs were identified as I continued to talk with people about this NPO. As I assessed the long-form answers to the questions, many people wanted to know what grieving well looks like and how to handle people who are insensitive to grief. Overwhelmingly people wanted to know how to talk to dying persons and help family and friends in the process. Some survey participants expressed a desire to (a) understand how to balance grace with telling the truth in love and advocating for the patient, (b) how to walk through the last stages of life, and (c) how to put end of life care, advance caring, palliating the patient, and crisis intervention together. A post-secondary course can cover all these topics and more.

Of the resources viewed, none dispute the need for spiritual care at end of life. Conflicts arise around topics such as how spiritual care is provided and by whom, and whether or not Spiritual Care Providers should be included in end-of-life decision-making.¹⁸ Other concerns surround what qualifications a Spiritual Care Practitioner should possess and how Spiritual Care Practitioners are integrated into the health care system. Presently there is a Canada-wide movement to create a professional college for Spiritual Care Practitioners, but nothing has materialized yet.

In conclusion, a course is the most viable option, fits my skills and talents, and is highly requested by local pastors and leaders.

¹⁷ Gowri Anandarajah et al., "A 10-Year Longitudinal Study of Effects of a Multifaceted Residency Spiritual Care Curriculum: Clinical Ability, Professional Formation, End of Life, and Culture," *Journal of Pain and Symptom Management* 52, no. 6 (December 2016): 859-872.e1.

¹⁸ Henry S. Perkins, *A Guide to Psychosocial and Spiritual Care at the End of Life* (New York, NY: Springer New York, 2016), 135-149, accessed April 15, 2022, <http://link.springer.com/10.1007/978-1-4939-6804-6>.

Appendix 1: Email with Soft Workshop Template

March 11, 2022, Email

Hi.

As someone who has been an essential part of my DMin design research project, I am reaching out to seek your feedback on a prototype I am working on.

I am looking at writing a 3-credit (maybe less depending on feedback) course on *Spiritual Care at End of Life: A Component of Spiritual Formation in the Church*. As such, I want to float an outline of possible course content topics to obtain your feedback. If this is a viable option, I will spend the summer and next fall developing the course.

It should be noted that because this is a prototype, not all subject headings are fully fleshed out with bullet points. We've been instructed to not dive too deep until we've floated our early ideas out there.

If you have the capacity, could you kindly review the attached document and have a look through it and respond to the following questions:

1. What should remain on this outline? Is there anything you think is vitally important that's there?
2. What's missing from this outline?
3. Other ideas or thoughts you believe worthy of consideration.

I fully recognize that such an important topic designed to reach pastors, lay leaders, and leaders in training is much bigger than one 3-credit course. Still, I feel that it's essential to start here for my location.

I'm happy to discuss your findings by Zoom if that will make it easier to offer your contribution. Please offer me some dates and times that work for you.

I welcome your feedback.

Carmen Kampman/Portland Seminary

Outline Sent

Spiritual Care at End of Life

A Component of Spiritual Formation in the Church

Idea: 3 Credit Hours

Purpose: To introduce spiritual care and basic spiritual care practices at end of life into the local church and Christian Academy so there is greater awareness of spiritual care at end of life and education on necessary competencies.

What is Spiritual Care?

What is Spiritual Formation and how does it connect to end-of-life care?

Who should do spiritual care to dying persons?

- Self-differentiated
- Self-aware
- Persons who can hold a confidence
- Persons comfortable in crisis or family stress

Ethical Responsibilities of the Spiritual Care Provider

The Practice of Presence

- What is presence?
- What is the practice of presence?

What is Spiritual Distress and what are its signs?

- Values
- Identity
- Transcendent
- Meaning-making

The Illness Journey and Supports

- Palliative Care
- Hospice Care
- CPAS (https://www.saskatoonhealthregion.ca/locations_services/services/Client-Patient)

Hospital, Hospice, or In-Home Visits & Follow-ups

- Best Practices
- Things to Bring or Not Bring
- What you should be aware of
 - Smells
 - Preferences
 - Family Dynamics
 - Grief & Bereavement

Ways of Listening & Holding Space

- Themes
- Narrative Disruption
- Family Systems Theory (This may not fit here.)

Legacy

- Conversations
- Types
 - Musical
 - Written
 - Recorded
 - Other

The Most Important Tasks

- The founder of the Hospice movement, Dame Cicely Saunders, identified four important human tasks that people want to complete during the process of dying. They are:
 - To say 'goodbye' - to people, animals and things that have been important to them
 - To say 'thank you' - for a life together, for help and care provided, perhaps particularly in this last period when extra care has very often been needed.
 - To say 'sorry' - perhaps for failings or slights or demands, or especially for being difficult to live with, in the last illness.
 - To say, 'I love you'.
 - How can we help people to carry out these tasks?

Stages in the Death and Dying Journey

- <https://omnicarehospice.com/stages-death-7-signs-dying-imminent/>

MAID

- What is MAID?
- Where can I learn more?
- What if my care seeker chooses MAID?

What resources should you be familiar with?

- https://www.saskatoonhealthregion.ca/locations_services/services/Client-Patient
- <https://www.philipazizcentre.ca/>
- Some hospitals have trained spiritual care practitioners, and some also have ethical-decision-making guidelines and others supports. It's a good ideal to be aware of what is available in the care seekers facility.

Prayers & Meditations & Poetry

- Ancient
- Catholic
- Traditional
- Non-traditional

Other Items to Possibly Include

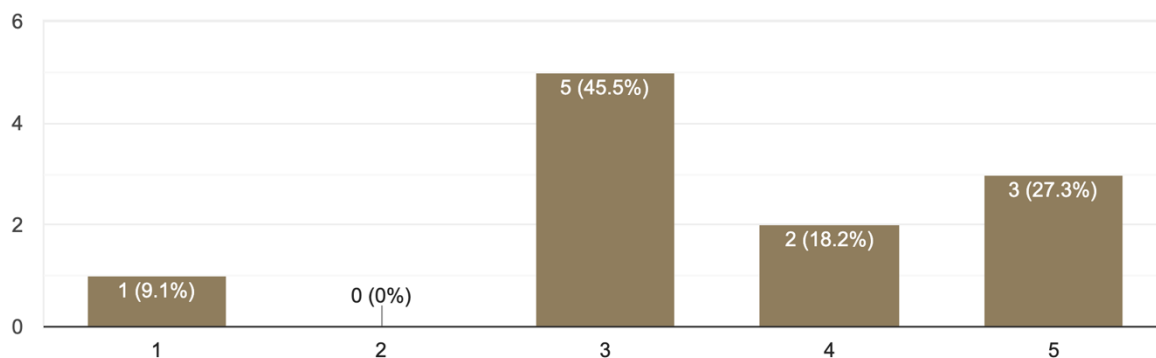
- Basic Outline for a Funeral Service
- Basic Outline for a Memorial Service
- Prayers & Meditations from other faith traditions
- Other things recommended from the feedback.

Appendix 2: Survey Results

Legend: 1 = Not Very, 3 = Neutral, 5 = Very Much

How comfortable are you providing spiritual care to persons at end of life?

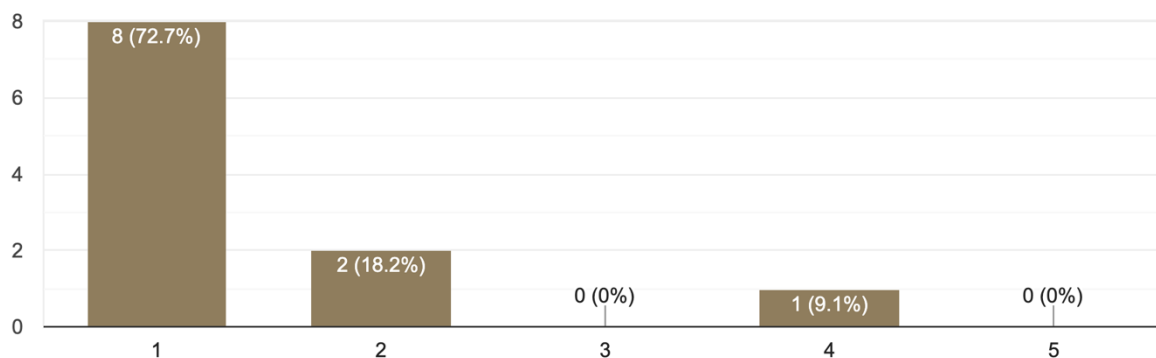
11 responses



Legend: 1 = Not Very, 3 = Neutral, 5 = Very Much

As a pastor/spiritual leader, in your post secondary education, did you receive any formal training showing you how to spiritually care for dying persons and their families?

11 responses



If so, what was the most helpful thing you were taught? 4 responses

Was not taught but have had the opportunity to provide this care - the ministry of listening is probably the best thing I could offer

learned by watching my spiritual mentors and walking alongside loved ones during end of life times

Listen. Just listen.

Putting it all together: end of life care, advance care planning, the palliating patient, final gifts, silence, crisis intervention.

If not, what do you wish you had been taught more about? 7 responses

I would love to learn more

What to do in those moments and how to comfort stages of grief in the minutes after

How to do it.

How to talk to those who are dying.

how to balance grace with telling the truth in love and advocating for the patient

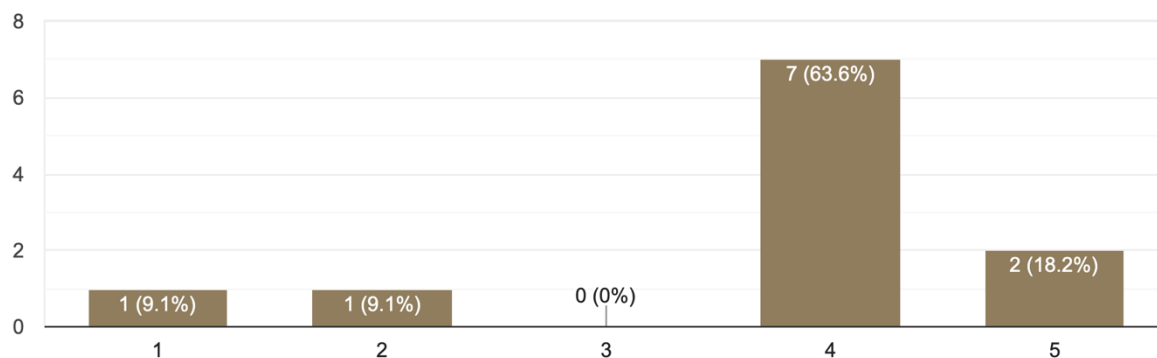
Family systems

how to bring comfort to the family, how to walk through the last stages of life, how to help navigate grief with the family

Legend: 1 = Not Very, 3 = Neutral, 5 = Very Much

How willing are you to invest time in a course that could further prepare you to provide care to dying persons and their families?

11 responses



Do you have any suggestions for content material or resources that you think should be part of a course on providing spiritual care at end of life? 3 responses

How other members of the family can prepare

patient advocacy; how to extend grace but also how to call to account in a way that is beneficial and helpful/healing

How a family deals with grief; grieving well; how to handle those who are insensitive to grief.

Appendix 3: Compiling Interview and Conversation Notes

2022.03.30 Design Workshop Conversations & Email Interview Summary

Reviewing Prototype Outline

Need: Define Targe Group Audience

Context: Keep it as a seminary as the author can pair it down to suit a variety of contexts.

12 weeks.

Week 1-2: Cover Terminology/Lexicon

- Advanced Care Planning

Weeks 3-12: Spiritual Care In Depth

Definitions of Spiritual Care

- Spiritual care attends to a person's spiritual or religious needs as he or she copes with illness, loss, grief or pain and can help him or her heal emotionally as well as physically, rebuild relationships and regain a sense of spiritual wellbeing. - Baycrest

Spiritual Needs

What do we mean by "spiritual needs"?

- Spiritual needs and concerns usually relate to what we call the "big" questions of life. These questions can include:
 - Why is this happening? Why is it happening to me?
 - What does it all mean?
 - How do I make sense of everything?
 - How do I feel about changes in my life?
 - What gives me comfort and hope?
 - What do I call "good" in my life? What do I call "bad"?
 - What am I grateful for?

- What do I trust? Who do I trust?
- Who is my "beloved community" -- who loves me and is loved by me, no matter what?
- What or who -- beyond myself -- do I believe is important in my life?
- Espoused beliefs versus lived beliefs.
- What matters most to this person? How have they lived that out?
- Story - my nephew and his skateboarding.

Theology of Spiritual Care at End of Life

- ***How do we minister to hurting souls? How do we help speak life?***

Companioning With Persons and Their Families at End of Life

- What is the pastor's domain?
 - "A spiritual presence coming alongside people in an ongoing way (such as visitation) or at strategic moments (such as baptismal or premarital counseling).
- Why do we need to have training on end-of-life care?

What are the pastoral, spiritual care essentials?

- Ability to listen.
- Pastoring when prayers seem to go unanswered.
- Ability to personalize care.
- Comfortable with silence.
- Comfortable with questions
- Comfortable with conflict.
- Comfortable with talking about death and dying.

Transitions

- We're not offending God when we choose to surrender to the death and dying process.
- Transitions are a normal part of life.

Aging Well | Recovering the Beauty of Getting Older

- Death comes to everyone, and getting older is a gift.
 - Joan Chittister, "The Gift of Years" - PG# 5216
- How might we provide spiritual care to our elders?

Legacy

- Conversations
- What is/was the meaning of their life?
- Types of legacy leaving.
 - Musical
 - Written
 - Video
 - Recorded
 - Other

Sacred Art of Listening

- Narrative Disruption
- Themes
- Stories as Sacred

Theology of Suffering

- What does it look
- Jesus learned obedience through his suffering.
- We are refined through our suffering.
- We can expect beautiful fruit to grow through hard times.

Companioning Families in Theological Angst

- What can cause theological angst?
- How can we provide spiritual care to those struggling?
- Burial versus Cremation

- Drug Choices
- MAID

The Value of Going Through This Process

- Reconciliation
- Theology of Reconciliation
- Forgiveness
 - How can we, as spiritual care providers, facilitate a forgiveness conversation?
 - The most important tasks and how can we help people carry out these tasks?
- Goodbye
- Thank You
- Sorry
- I love You

Stages in the Death & Dying Journey

- <https://omnicarehospice.com/stages-death-7-signs-dying-imminent/>
- The territory of the Sacred

Spiritual Distress

- What are signs of spiritual stress?
 - Values
 - Identity
 - Transcendent
 - Meaning-making
- What types of interventions are helpful?
- Introduce the chaplain's taxonomy.
- https://www.researchgate.net/figure/The-chaplaincy-taxonomy_tbl3_275052927

End of Life Experiences

- Dreams and visions.
- Seeing loved ones who've died before.

- The thinning of the veil.
- Warring of Soul | Story of Deliverance at Hospice

Grief & Bereavement | The Parting of Ways

- Anticipatory Grief. What is it?
- Stages of Grief
- The work of Grief
- What is bereavement?
 - A separation of soul
 - Separation from a loved one.
- Children & grief.

What are the polarities that need managing?

- Living Well & Dying Well
- Cure & Comfort
- Dying person's wishes & family wishes

Practices

- What specific practices are used with the dying?
- Meditations
- Prayers
- Family Traditions

Spiritual Resources

- Objects
- Music
- Sacred Readings
- Family or Friends
- Pictures
- Places
- Sacramental Practices (Communion, Sabbath, Community)

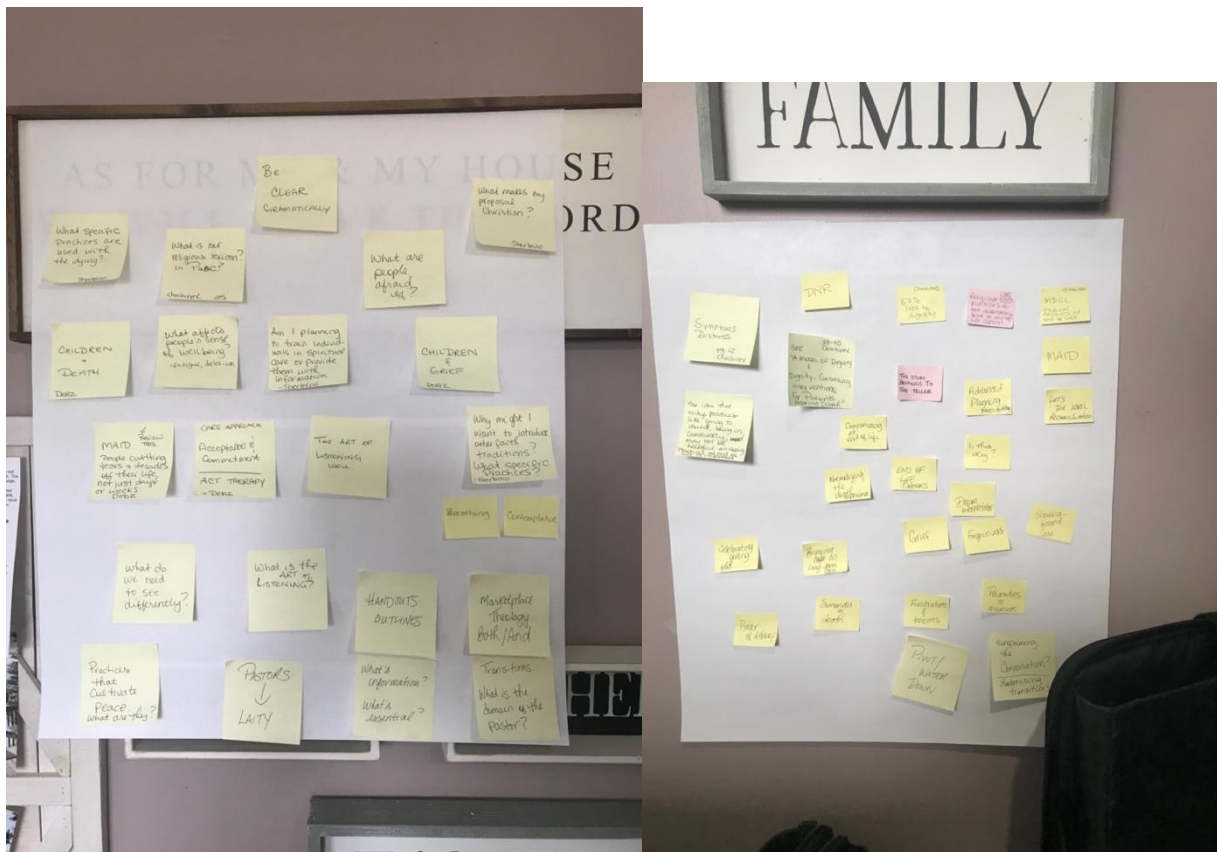
What Resources Do We Need to Be Familiar With & Why

- <https://www.advancecareplanning.ca/>
- Local Grief Groups such as Griefshare

Other

- Handouts
- Outlines for possible church/team teaching. Pastor to lay leader. Praying for the sick.
- Whose voices can I amplify?
 - Palliative care doctor
 - Indigenous spiritual care provider
 - Advanced care specialist?

Appendix 4: Sticky Note Ideas from Conversations



Appendix 5: Spiritual Care Model and Explanation



Explanation of Swirl Model of Patient's Journey with a Spiritual Care Practitioner

In the attached graphic, we sought to present a symbolic outline of a patient's journey with a Spiritual Care Practitioner, through a healthcare crisis. Our model of a *Patient's Journey with Spiritual Care* begins with a disruption of relative order and proceeds into uncertainty. One way that Spiritual Care Practitioners are distinct from other healthcare professionals is our degree of ability to deeply connect with patients as they sit at the edge of the unknown. We do not usually aim to solve the patient's problems, instead we typically facilitate through presence the transformation of *one's relationship to a problem including the crisis of illness*. At times this can provide sufficient strength to cope and possibly return to one's original orientation with altered or transformed perspective.

Having experienced the unknown and integrated a new part of their unconscious awareness, the hope is that the patient will transform their crisis into a new hope. Practitioners do not always get to follow patients all the way through this journey, and not all patients are fortunate enough to return to **Conscious Awareness** with Hope and Order again. Nevertheless, this is our hope and to varying degrees it is a frequent outcome. Such a journey represents a triumph of the human spirit even when there may be no medical triumph. Accordingly, this graphic functions both as a map and as a symbol that points beyond itself to a greater truth.

At a Glance: The Movement

At a glance, the model presents the movement and dynamic of the patient experience. This movement begins with **Hope and Order**. Spiritually speaking, the word "hope" may be thought of in this context as confidence amidst the uncertain. We all live with uncertainty at various levels, and before a crisis, the unknown is always present but not in our immediate focus. The word **Order** represents some relative capacity for predictability and the known. The Blue represents calm and relative peace as life is together and stable. The movement is from the top following the circle and arrows heading left, then down, and moving right and upward. Practitioners do not always follow patients through this full circle journey. The Model as such represents a rather full and complete journey with a SCP.

The Descent and Ascent: Arrows

Due to life's unpredictability and humanity's mortal fragility, a person falls into a crisis – descending from their current regular and daily order into a sense of un-confidence amidst the unknown.

Confidence consists of two parts *con* meaning "with" and *fide* meaning "faith" or "trust". Together they mean "with trust." After a crisis, a new unknown emerges disconnecting the patient from their current resources of meaning and purpose. **Chaos and Uncertainty** reign at this stage as patients find themselves confronted and flooded by the Unconscious. The Role of the Spiritual Care Practitioner is written in black type here, outside the event supporting the patient in the midst of the crisis through **containment achieved by building rapport** and providing **empathetic presence**. Through presence, patients may experience acceptance, leading to a transformation of their predicament and new trust (Faith) in their Transpersonal Self and their journey with their crisis. This can lead to **reconnection** and possibly new resources of **meaning and purpose**. The Practitioner first contains the patient's crisis, and then when appropriate, **explores**, and offers **interpretation** – a new perspective on their current *relationship with their illness or predicament*.

The Inner Parts of the Model

Within the arrows are Four Spheres. At the first level, all patients experience **Thoughts, Feelings, and Sensations** as they face new **Facts**. In this model, the repetition represents a range of subjective and deeply personal phenomena which the patient is often stuck cycling within, if there is no SCP to help them sort their experience.

The second sphere, the **Numinous**, comes from the Latin "numen," meaning "arousing spiritual or religious emotion; mysterious or awe-inspiring" or as Immanuel Kant's noumenon, a Greek term referring to "an unknowable reality underlying all things." While patients experience *phenomenological* realities through their senses, the numinous represents experiences outside of one's physical senses, something beyond the usual experience. Here the SCP provides help with processing the meaning.

This leads us to the third sphere, the "**Transpersonal Self**," which can have many meanings. For some, it's their core Self: calm, clear, connected, courageous, centered, curious, compassionate, and creative. It could represent a core identity that expresses who we are as human beings at our deepest level. For others, it may represent Purusha (Consciousness/spirit) Atman (non-dual Self) or even Anatta (no-self). The Transpersonal Self is where people have out-of-body experiences, hauntings, dreams, inspiration, self-awareness, witness, and mystical experiences. Here, the SCP functions as a grounding touchstone.

The Final sphere remains at the center of the model, and that is the place of the **Transcendent**. For some, the transcendent simply refers to having an experience that exceeds usual limits, and that goes beyond the boundaries of the ordinary. We can also refer to Transcendence as a Process, or a Principle; and it can also represent G-d as sentient or Personal. As a Process, transcendence encapsulates a "climbing" over one's intra-psychic and interpersonal boundaries. Any emotional, physical, social, or mental process that exceeds one's ability to reflect meaningfully may fall into this category of requiring Transcendence as a means of processing or coping. These patients may speak of transcending their circumstances. They may or may not desire assistance from a SCP to rise to the occasion. Alternatively when one considers The Transcendent as a Principle it has more to do with what happens when someone believes that there are fixed laws or facts about life that are unchangeable. At times of crisis we often experience Existential distress because what we thought was unchangeable appears to have changed. At such moments, Existence presents itself to us as "life out of control," and we cannot cope as we once did. Finally, for some, the transcendent may be a personable force, "the Universe, Fate, G-d," or some other Higher Power. Some Patients with this spiritual orientation may experience their predicament as an overwhelming event caused by a divine person. If this is their world view they may need assistance from a SCP to integrate their recent experience into their new normal or they might instead see the divine personal as assisting or healing them from a temporary aberration. In all the above a SCP may be helpful in exploring new perspectives as to what is or is not unchangeable.

Ways to Use this Model: Assessing by Mapping Patient's Spiritual Health

Students and Supervisors may use the Model/Map for basic assessment by asking:

- Where is this patient right now in their journey with their healthcare crisis?
- What type of intervention or support should I primarily focus upon at this point in the journey: Rapport, Empathetic Presence, Containment, Exploration, or Interpretation?

- What are the thoughts, feelings, sensations, and facts the patient needs to sort and process?
- What is the Transcendent for them? (Process, Principle, and/or Personal)
- What signs of the numinous if any are they experiencing (dreams, out-of-body, inspiration, self-awareness, mystical, experiences like synchronicity)?
- What is the state of their Transpersonal Self and how connected are they to it according to their spiritual orientation (Atman, Buddha Nature, Anatta, Imago Dei, etc.)

(Vancouver Coastal Health Authority – Spiritual Care and Multi-faith Services Department)

Appendix E—Project Appendix Documentation



Spiritual Care & The Needs of the Dying

TRAVELLER'S MOVEMENTS WORKBOOK

This workbook contains the course outline, the weekly exercises designed to engage and allow you to experience spiritual care practices, and room to journal your course and learning experiences.

REV. CARMEN KAMPMAN

QUOTE



“

THESE HOURS GIVEN TO TENDING THEM ARE
NOT LOST
AND RENDERED MEANINGLESS BY DEATH,
BUT INSTEAD ARE AS WELL-INVESTED
AS TIME COULD EVER BE.
THESE ACTS ARE THE TEAR-WATERED SEEDS
THAT WILL BLOOM INTO RESURRECTED
JOYS.

-
Douglas McKelvey

- 2 -

INSTRUCTOR

REV. CARMEN KAMPMAN
Course Instructor



WELCOME TO MY COURSE

This course came to be after a three-year Design Thinking process where I discerned an opportunity to introduce PAOC (Pentecostal Assemblies of Canada) pastors and other like-minded individuals to the theory and practice of spiritual care to dying persons.

Part of my spiritual care practitioner and pastoral practice is providing spiritual care to persons in their final years, months, weeks, or days of dying. It's a privilege to participate in this sacred journey.

OVERVIEW

COURSE OVERVIEW

01

Remember You Must Die

Drawing closer to death
by remembering our own.
Memento Mori.

02

Demystifying Spiritual Care

Formulate a broader
understanding of spiritual
care.

03

Spiritual Distress

Learn assessment and
intervention strategies
to compassionately
care for those in
spiritual distress.

04

Family Systems Theory

A basic introduction to
FST and how it might
equip you to care for
families.

OVERVIEW

05

The Art of Listening

Understanding the person talking to you.

06

Mourning & Grief

Companioning with those experiencing deep sadness and loss.

07

Rituals & Practices

Experience rituals and practices that may bring hope, peace, love, and joy at end of life.

08

What to Expect as Death Nears

Dying is a process. When someone is actively dying there are signs and symptoms, knowing them will help you be more comfortable.

Please Note: You will need to purchase the below book by David Kessler

The Needs of the Dying: A Guide for Brining Hope, Comfort, and Love to Life's Final Chapter

01

TRAVELLER'S MOVEMENTS

W E E K O N E

1. Weekly Book Reading: "The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter" by David Kessler.
 - a. Week One: Introduction - Chapter
2. Watch this video by Fr. Mike Schmitz.
 - a. <https://www.youtube.com/watch?v=b5Vekgt0YgE&t=23s3>
3. Journal
 - a. What are my key takeaways from this week? How can they help me in my current season of life and ministry?
4. Create or Gather
 - a. Create or gather something you can keep before you to remember you will die. It can be a photo, a coin, a bracelet, or a poem. It will be unique to you.



02

TRAVELLER'S MOVEMENTS

W E E K T W O

Spiritual Life Review & Book Reading Schedule

1. Write down your full name, age, gender, race, marital status, religious affiliation/spiritual practice, education, vocations, and other items of particular interest.
 2. Provide a summary biographical sketch of your life from the beginning to now. You can break your summary down decades or years. For example, childhood, teen, young adult years, etc.
 3. Spend time identifying significant moments (joyful or sad) that stand out in the various seasons of your life.
 4. Describe significant Influences & Losses
 - a. What spiritual or religious persons influenced you?
 - b. What rituals and activities impacted your sense of wellbeing?
 - c. List any significant events/rituals you recall. These can include a baptism, a trip, a bar mitzvah, times with friends, community service, etc.
 - d. What are/were your favourite celebrations and why? What are the losses and how have they impacted you?
 5. What offers you hope?
 6. What values do you hold?
 7. From where do you draw your sense of identity?
 8. What practices or people do you turn to in times of joy and loss?
 9. What daily, weekly or monthly rituals do you practice that give you a sense of purpose and wellbeing?
- *Note, you may want to do this review on a computer or some other electronic device, or you may want to grab some loose-leaf paper or a journal. The point is to spend some time reflecting on your spirituality and life.

Book Reading: *The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter* by David Kessler: Chapters 3 and 4.

NOTES SPACE

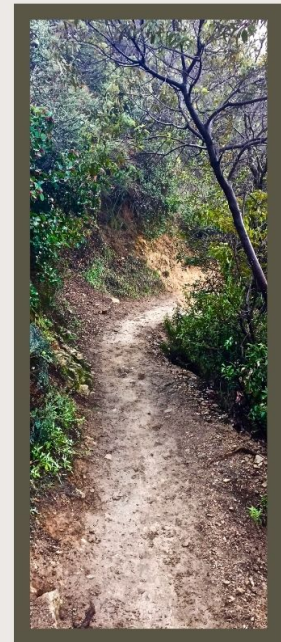
[illegible]

03

TRAVELLER'S MOVEMENTS

W E E K T H R E E

1. A Nature Walk: Notice what's moving in us and around us.
 - a. Set aside one hour this week. Mark it in your calendar and do everything you can to set that hour aside.
 - b. Wear weather-appropriate clothing and bring a notebook or phone for taking notes and/or photos. (For ease, you could also print this sheet.) If you're a person who is easily distracted by your phone, then leave it at home.
 - c. As you walk, focus on your senses.
 - i. What do you see? Hear? Smell? Feel?
 - ii. Ask the Holy Spirit to draw you into an embodied experience connecting with nature.
 1. What invitations do you sense?
 - iii. Creation is God's give to us and something we're to steward. What gifts, no matter how small, are appearing to you today?
 - iv. Ask and inquire what it means to be part of the fabric of life and connected to all living things because we share a common creator.
 - d. Spend a few minutes at the end of your walk by filling in these sentence stems.
 - i. I am noticing within myself...
 - ii. I am noticing around me...
2. Read the Spiritual Assessment Article, located here:
<https://www.aafp.org/dam/brand/aafp/pubs/afp/issues/2012/0915/p546.pdf>
3. Book Reading: "The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter" by David Kessler: Chapters 5 and 6.



NOTES SPACE

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

A Daily Prayer

04

TRAVELLER'S MOVEMENTS

W E E K F O U R

EXAMEN

This workbook will guide your learning about and doing the prayer of Examen. The Examen has been used for over 1500 years by people worldwide, and now it can be used by you.

what is?

EXAMEN

Examen is an ancient prayer practice constructed and lived by St. Ignatius of Loyola. It's a simple yet strategic daily reflective prayer practice.

It's a practice where we're invited to notice and encounter the living God, to reflect upon the day in God's love, grace, and mercy.

It's a time to notice where God was working, where our shortcomings were, where gratitude can abound, and where mercy and grace flow towards us and through us.

Most of all, it's a time to quiet our minds and settle into the presence of God as together with God we observe our day.

A Daily Examen

- 16 -



Become aware of God's Presence

You're coming to God in this moment. Find a quiet place where you can spend some time in reflection, a place where you can settle into God's presence. Breathe. Quiet your mind and body. Imagine God's gaze upon you and his welcome of you in this moment of being present to one another.



Review the Day with Gratitude

Review the day with God. Ask God to give you his eyes. What were the gifts from today? Who did you interact with today? What did you receive from them? Give to them? What did you see today that that brought you joy? God is in the details. As you look back, where did you see God?



Notice Your Feelings

Were there moments today when you felt fully alive? Times when you felt at peace? Comforted? Connected? Challenged? Your best self? Were there moments you felt close to God? Choose the moment you felt most grateful and savour it. Take some time to give thanks. Choose a moment where you felt you blew it. Face your shortcomings in light of God's mercy and grace.



Response to God

In light of your review, what is your response to God? You may want to offer a song of praise or a prayer of gratitude. Perhaps you want to ask God to help you discern His voice or movements more clearly.



Look Ahead

As you look towards tomorrow, what comes to mind? With what spirit do you want to enter tomorrow? Conclude your time when you feel ready.

A Daily Examen Journey

[illegible][illegible]

THANK YOU

THANK YOU!

It has been a joy to serve and be your travelling companion as you've grown your awareness and skill set. I pray that you will take what you've learned and apply it in your unique contexts in ways that honour dying persons.

Please make sure you subscribe to my semi-regular The Spiritual Care Practitioner e-letter, you can do so by clicking on the link below.



Appendix F—Milestone 6 Project Launch Plan Documentation

Any appended material for your project launch plan should be included in this appendix. This is an optional appendix. If it is not used, select from the header on the previous page through the section break after this paragraph (Turn on paragraph marks [the backward P under "Paragraph"] to see the section break) to remove it from the document.

Bibliography

Advance Care Planning Canada. Accessed December 26, 2022.
<https://www.advancecareplanning.ca/>.

Adventures through the Mind. "What Dying Means | Interview with Stephen Jenkinson ~ ATTMind Ep 59." YouTube video, 1:10:30. November 10, 2017.
<https://www.youtube.com/watch?v=1gOGVUiGPtM>.

A Good Goodbye. "Book Review: On Grief and Grieving." A Good Goodbye. June 14, 2015.
<https://agoodgoodbye.com/book-and-music-reviews/book-review-on-grief-and-grieving/>.

Anandarajah, Gowri, Janet Roseman, Danny Lee, and Nupur Dhandhanai. "A 10-Year Longitudinal Study of Effects of a Multifaceted Residency Spiritual Care Curriculum: Clinical Ability, Professional Formation, End of Life, and Culture." *Journal of Pain and Symptom Management* 52, no. 6 (December 2016): 859-872.e1.

Anderson, Nancy K., Willard W. C. Ashley Sr, Nancy Berlinger, W. L. Bross, Robin C. Brown-Haithco, Zahara Davidowitz-Farkas, Paula DeAngelo, et al. *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain's Handbook*. Edited by Rabbi Stephen B. Roberts. 1st edition. Woodstock: SkyLight Paths, 2012.

Artress, Lauren. *The Sacred Path Companion: A Guide to Walking the Labyrinth to Heal and Transform*. New York: The Berkley Publishing Group, 2006.

Baker, Alan T. *Foundations of Chaplaincy: A Practical Guide*. Grand Rapids, MI: Eerdmans, 2021.

Balboni, Michael J., Adam Sullivan, Adaugo Amobi, Andrea C. Phelps, Daniel P. Gorman, Angelika Zollfrank, John R. Peteet, Holly G. Prigerson, Tyler J. Vanderweele, and Tracy A. Balboni. "Why Is Spiritual Care Infrequent at the End of Life? Spiritual Care Perceptions among Patients, Nurses, and Physicians and the Role of Training." *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology* 31, no. 4 (February 1, 2013): 461-467.

Baycrest Centre. "Baycrest Centre - What Is Spiritual Care?" Baycrest Centre. Accessed December 26, 2022. <http://www.baycrest.org/Baycrest/Healthcare-Programs-Services/Culture-Arts-Spiritual-Care/Spiritual-Care/What-Is-Spiritual-Care>.

Benjamin, Gordon-Taylor. "Mystery and Revelation in Ordination Rites: Towards a Liturgical Theology of Ordination." *Sudia Liturgica* (2003): 117-127.

Berry, Wendell. *The Peace of Wild Things*. Great Britain: Penguin Random House UK, 2018.

Bieniek, David L. *Candlelight & Blessings: Symbols and Rituals for the Dying and Grieving*. Berkeley, CA: Apocryphile Press, 2017.

Billings, J. Todd. *The End of the Christian Life: How Embracing Our Mortality Frees Us to Truly Live*. Grand Rapids, MI: Brazos Press, 2020.

Biography. "Elisabeth Kubler-Ross." *Biography*. April 2, 2014.
<https://www.biography.com/scientist/elisabeth-kubler-ross>.

Bogia, B. Preston. "Responding to Questions in Pastoral Care." *Journal of Pastoral Care* 39, no. 4 (December 1985): 357-369.

- Borysenko, Joan. "What Is Interspirituality?" Accessed February 27, 2021. <https://www.joanborysenko.com/spirituality/what-is-interspirituality/>.
- Bowler, Kate. *Everything Happens for a Reason and Other Lies I've Loved*. New York: Random House, 2018.
- Bowman III, George W. *Dying, Grieving, Faith and Family: A Pastoral Approach*. Binghamton, NY: The Haworth Pastoral Press, 1998.
- Bradshaw, Paul F. *Rites of Ordination: Their History and Theology*. Collegeville, MN: Liturgical Press, 2013.
- Brown, Brené. *Atlas of the Heart: Mapping Meaningful Connection and the Language of Human Experience*. New York: Random House, 2021.
- Brownstein, Ted, ed. *The Interfaith Prayer Book*. New Expanded. Lake Worth, FL: Lake Worth Interfaith Network, 2014.
- Burgess, Stanley M., and Eduard M. Van Der Maas. *The New International Dictionary of Pentecostal and Charismatic Movement*. Grand Rapids, MI: Zondervan, 2003.
- Buscaglia, Leo. *The Fall of Freddie the Leafe: A Story of Life for All Ages*. 20th Anniversary. Thorofare, NJ: SLACK Incorporated, 1982.
- Butler, Katy. *The Art of Dying Well: A Practical Guide to a Good End of Life*. New York: Scribner, 2019.
- Byock, Ira. *Dying Well: Peace and Possibilities at the End of Life*. New York: Riverhead Books, 1997.
- . *The Four Things That Matter Most: A Book About Living*. 10th Anniversary. New York: Simon & Schuster, 2014.
- Cabaniss, Stefanie. *Dying to Be Healed: An Ordinary Woman's Journey of Extraordinary Faith*. Bloomington, IN: WestBow Press, 2021.
- Cadge, Wendy, and Shelly Rambo, eds. *Chaplaincy and Spiritual Care in the Twenty-First Century*. Chapel Hill: The University of North Carolina Press, 2022.
- Callanan, Maggie, and Patricia Kelley. *Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying*. New York: Simon & Schuster, 1992.
- Canadian Conference of Catholic Bishops. "Horizons of Hope: A Toolkit for Catholic Parishes on Palliative Care." Canadian Conference of Catholic Bishops. Accessed December 26, 2022. <https://www.cccb.ca/faith-moral-issues/suffering-and-end-of-life/horizons-of-hope-a-toolkit-for-catholic-parishes-on-palliative-care/>.
- Canadian Virtual Hospice. Accessed December 26, 2022. https://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home.aspx.
- Cavanaugh, Beth. "Travel Metaphors at the End-of-Life." Beth Cavanaugh. Accessed December 26, 2022. <https://www.bethcavanaugh.com/blog/travel-metaphors-at-the-end-of-life>.

- Chandler Lichtefeld. "Grief: Ritual Finger Amputation | Anthropological Perspectives on Death." Accessed March 2, 2021. <https://scholarblogs.emory.edu/gravematters/2017/02/24/grief-ritual-finger-amputaion/>.
- Chaplaincy Innovation Lab. "Lab Advisor Publishes on Spirituality and Serious Illness." Chaplaincy Innovation Lab. July 19, 2022. <https://chaplaincyinnovation.org/2022/07/fitchett-jama-article>.
- Chittister, Joan. *Gateway to Resurrection: Way of the Cross*. N.p.: Benetvision, 2019.
- Chochinov, Harvey Max. *Dignity Therapy: Final Words for Final Days*. New York: Oxford University Press, 2012.
- Coggins, Jason. "Caring for the Dying--Lessons Learnt in New Zealand: An English Nurse Discovers a New Perspective on Life--and Death--after Becoming Immersed in Some Aspects of Maori Culture." *Kai Tiaki: Nursing New Zealand* 18, no. 4 (May 1, 2012): 30-32.
- Community, The Northumbria. *Celtic Daily Prayer: Book Two: Farther Up and Farther In*. William Collins, 2016.
- Connolly, Jess. *You are the Girl for the Job*. Grand Rapids, MI: Zondervan, 2019.
- Cooper-White, Pamela. *Braided Selves: Collected Essays on Multiplicity, God and Persons*. Eugene, OR: Cascade Books, 2011.
- Corpuz, Jeff Clyde G. "Reflection: Spirituality during COVID-19." *Journal of Pastoral Care & Counseling: Advancing Theory and Professional Practice Through Scholarly and Reflective Publications* 75, no. 2 (June 2021): 133-134.
- Crossroads Hospice & Palliative Care. "Signs and Symptoms of Spiritual Distress." Crossroads Hospice & Palliative Care. Last modified October 10, 2018. <https://www.crossroadshospice.com/hospice-palliative-care-blog/2018/october/10/signs-and-symptoms-of-spiritual-distress/>.
- Daily Stoic. "'Memento Mori': The Reminder We All Desperately Need." Daily Stoic. Accessed December 26, 2022. <https://dailystoic.com/memento-mori/>.
- DeSpelder, Lynne Ann, and Albert Lee Strickland. *The Last Dance: Encountering Death and Dying*. Eleventh edition. New York: McGraw-Hill Education, 2020.
- Doehring, Carrie. *The Practice of Pastoral Care: A Postmodern Approach*. Louisville, KY: Westminster John Knox Press, 2015.
- Dugdale, L.S. *The Lost Art of Dying: Reviving Forgotten Wisdom*. New York: HarperOne, 2020.
- Dugdale, Lydia S. *The Lost Art of Dying: Reviving Forgotten Wisdom*. First edition. New York: HarperOne, 2020.
- Dunn, Hank. *Hard Choices for Loving People: CPR, Feeding Tubes, Palliative Care, Comfort Measures, and the Patient with a Serious Illness*. Sixth ed. Naples: Quality of Life Publishing Co., 2017.

- Dying With Dignity Canada. "Get the Facts: Canada's Medical Assistance in Dying Law." *Dying With Dignity Canada*. Accessed April 9, 2021. https://www.dyingwithdignity.ca/get_the_facts_assisted_dying_law_in_canada.
- Ellison, Koshin Paley, and Matt Weingast, eds. *Awake at the Bedside: Contemplative Teachings on Palliative and End-of-Life Care*. Somerville, MA: Wisdom Publications, 2016.
- Ericsson, Stephanie. *Companion Through the Darkness: Inner Dialogues on Grief*. N.p.: William Morrow Paperbacks, 2012.
- Fosarelli, Patricia. Prayers and Rituals at a Time of Illness and Dying: The Practices of Five World Religions. First edition. West Conshohocken, PA: Templeton Press, 2008.
- Froula, Katie. "Dying With Christ." *Homiletic & Pastoral Review*. Last modified March 26, 2022. <https://www.hprweb.com/2022/03/dying-with-christ/>.
- Ganzel, Barbara L. "Trauma-Informed Hospice and Palliative Care." *The Gerontologist* 58, no. 3 (May 8, 2018): 409-419.
- Gawande, Atul. *Being Mortal: Medicine and What Matters in the End*. New York: Picador, 2015.
- Gerrish, Holly. *Dying To Be Healed: A Nurse's Story of Love, Hope and Faith*. Holly Gerrish, 2019.
- Get Palliative Care. "What Is Palliative Care? | Definition of Palliative Care." Get Palliative Care. Accessed April 1, 2021. <https://getpalliativecare.org/whatis/>.
- Goodheart, Steven. "A Poem about the 'Severe Gift' of Grief." *Metta Refuge*, May 31, 2010. <https://mettarefuge.wordpress.com/2010/05/31/a-poem-about-the-severe-gift-of-grief/>.
- Government of Canada, Statistics Canada. "The Daily – Deaths, 2019." Last modified November 26, 2020. <https://www150.statcan.gc.ca/n1/daily-quotidien/201126/dq201126b-eng.htm>.
- Guite, Malcolm. *Love, Remember: 40 Poems of Loss, Lament, and Hope*. London, UK: Canterbury Press Norwich, 2017.
- Halifax, Joan. *Being with the Dying: Cultivating Compassion and Fearlessness in the Presence of Death*. Boston: Shambhala, 2008.
- Hahnenburg, Edward P. *Awakening Vocation: A Theology of Christian Call*. Collegeville, MN: Liturgical Press, 2010.
- Holder, Jennifer Sutton, and Jann Aldredge-Clanton. *Parting: A Handbook for Spiritual Care Near the End of Life*. 1st edition. Chapel Hill: The University of North Carolina Press, 2004.
- Hospice of the Western Reserve. "Talking to Patients about Spiritual Care." YouTube video, 4:37. February 20, 2015. <https://www.youtube.com/watch?v=xnbeeBG9tq0>.
- Ivey, Allen E., Packard Gluckstern Packard, and Mary Bradford Ivey. *Basic Attending Skills: Foundations of Empathic Relationships and Problem Solving*. 6th edition. Cognella Academic Publishing, 2019.
- Jenkinson, Stephen. *Die Wise: A Manifesto for Sanity and Soul*. Berkeley, CA: North Atlantic Books, 2015.

- Jones, Laurie Beth. *The Path: Creating your Mission Statement for Work and for Life*. New York: Hachette Books, 1996.
- Kalanithi, Paul. *When Breath Becomes Air*. New York: Random House, 2016.
- Kastenbaum, Robert, and Christopher M. Moreman. *Death, Society, and Human Experience*. 12th edition. New York: Routledge, 2018.
- Keller, Timothy. *On Death*. London, UK: Penguin Books, 2020.
- Kelly, Thomas R. *A Testament of Devotion*. New York: HarperCollins Publishers, 1992.
- Kenner, Craig S. NIV Cultural Backgrounds Study Bible: Bringing to Life the Ancient World of Scripture. Edited by John H. Walton. Grand Rapids, MI: Zondervan, 2016.
- Kenny, Nuala. *Rediscovering the Art of Dying: How Jesus' Experience and Our Stories Reveal a New Vision of Compassionate Care*. Toronto, ON: Novalis, 2017.
- Kessler, David. *The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter*. Tenth Anniversary Edition. New York: HarperCollins Publishers, 2007.
- King, Patrick. *How to Listen with Intention: The Foundation of True Connection, Communication, and Relationships*. N.p.: Big Mind LLC, 2020.
- King, Philip J., and Lawrence E. Stager. *Life in Biblical Israel*. Louisville, KY: Westminster John Knox Press, 2001.
- Klink, Aaron. "Holiness and Ministry: A Biblical Theology of Ordination." *Religious Studies Review* (2009): 36.
- Knoll, Benjamin R., and Cammie Jo Bolin. *She Preached the Word: Women's Ordination in Modern America*. New York: Oxford University Press, 2018.
- Kübler-Ross. *Death: The Final Stage of Growth*. New York: Simon & Schuster, 1975.
- Kübler-Ross, Elisabeth. *Death: The Final Stage of Growth*. New York: Simon & Schuster, Inc., 1975.
- . *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy & Their Own Families*. 50th Anniversary. New York: Scribner, 2014.
- Kübler-Ross, Elisabeth, and David Kessler. *On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss*. New York: Scribner, 2005.
- Kuepfer, Jane, Angela Schmidt, Thomas St. James O'Connor, and Melanie James. "Spiritual Care in Ontario Long-Term Care: Current Staffing Realities and Recommendations." *Journal of Pastoral Care & Counseling* 76, no. 1 (March 2022): 29-36.
- Lewis, Alan E. *Between Cross & Resurrection: A Theology of Holy Saturday*. Grand Rapids, MI: Wm. B. Eerdmans Publishing Company, 2001.
- Livne, Roi. *Values at the End of Life: The Logic of Palliative Care*. Cambridge, MA: Harvard University Press, 2019.

- Lorg, Jeff. *Is God Calling Me? Answering the Question Every Leader Believer Asks*. Nashville: B & H Publishing, 2008.
- Lutz, S. "The History of Hospice and Palliative Care." *Current Problems in Cancer* 35, no. 6 (December 2011): 304-309.
- Mannix, Kathryn. *With the End in Mind: Dying, Death, and Wisdom in an Age of Denial*. New York: Little, Brown and Company, 2018.
- Marie Curie. "Providing Spiritual Care | Information for Healthcare Professionals." Marie Curie. Accessed December 26, 2022. <https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/individual-needs/spiritual-care>.
- Miller, Thomas William. *Canadian Pentecostals: A History of the Pentecostal Assemblies of Canada*. Edited by William A. Griffin. Mississauga, ON: Full Gospel Publishing House, 1994.
- Mittelstadt, Martin W., and Caleb Howard Courtney. *Canadian Pentecostal Reader: The First Generation of Pentecostal Voices in Canada*. Cleveland, TN: CPT Press, 2021.
- Morgan, John D., ed. *Readings in Thanatology: Death, Value and Meanings Series*. New York: Baywood Publishing Company, Inc., 1997.
- Morse, MaryKate. "The Art of Grieving: A Spiritual Practice for Our Time." Missio Alliance. January 24, 2020. <https://www.missioalliance.org/the-art-of-grieving-a-spiritual-practice-for-our-time/>.
- Murray, Katherine. *Integrating a Palliative Approach: Essentials for Personal Support Workers*. Victoria, BC: Life and Death Matters, 2015.
- Nolan, Steve. *Spiritual Care at the End of Life: The Chaplain as a "Hopeful Presence"*. Illustrated edition. Philadelphia: Jessica Kingsley Publishers, 2011.
- Norris, Gunilla. *Care and Prayer: Reflections on the Sacred Task of Caregiving*. New London: Twenty-Third Publications, 2022.
- . *Simple Ways: Towards the Sacred*. Katonah, New York: Bluebridge, 2008.
- . *The Light of Evening: Meditations on Growing in Old Age*. New London, CT: Twenty-Third Publications, 2022.
- Nouwen, Henri J. *In the Name of Jesus: Reflections on Christian Leadership*. New York: The Crossroad Publishing Company, 1989.
- Nuland, Sherwin B. *How We Die: Reflections on Life's Final Chapter*. New York: Vintage Books, 1995.
- OFM, Fr Richard Rohr. "Daily Meditation: The Gift of Deep Listening." *Center for Action and Contemplation*. Last modified July 27, 2022. <https://cac.org/daily-meditations/the-gift-of-deep-listening-2022-07-27/>.
- Oliver, Mary. *Devotions: The Selected Poems of Mary Oliver*. New York: Penguin Press, 2017.

- Omnicare Hospice. "Stages of Death: 7 Signs That Dying Is Imminent." Omnicare Hospice. September 5, 2017. <https://omnicarehospice.com/stages-death-7-signs-dying-imminent/>.
- O'Rourke, Michelle. *Befriending Death: Henri Nouwen and a Spirituality of Dying*. New York: Orbis Books, 2009.
- Palliative Care McGill. "Balfour Mount." McGill. Accessed April 1, 2021. <https://www.mcgill.ca/palliativecare/portraits-0/balfour-mount>.
- Palmer, Parker J. *The Courage to Teach: Exploring the Inner Landscape of a Teacher's Life*. San Francisco: Jossey-Bass, 2017.
- Parkes, Colin Murray. "Elisabeth Kübler-Ross, On Death and Dying: A Reappraisal." *Mortality* 18, no. 1 (February 2013): 94-97.
- Paul II, John. *The Theology of the Body: Human Love in The Divine Plan*. Boston: Pauline Books & Media, 1997.
- Payne, Malcom. "The Four Human Tasks of Dying - Communication." Self-growth. Accessed December 26, 2022. <https://www.selfgrowth.com/articles/the-four-human-tasks-of-dying-communication>.
- Pentecostal Assemblies of Canada. "What We Believe." Pentecostal Assemblies of Canada. Accessed April 10, 2021. <https://paoc.org/family/what-we-believe>.
- Perkins, Henry S. *A Guide to Psychosocial and Spiritual Care at the End of Life*. New York, NY: Springer New York, 2016. <http://link.springer.com/10.1007/978-1-4939-6804-6>.
- Perkins, William. *The Calling of Ministry*. Edited by Therese B. McMahon. Crossville, TN: Puritan Publications, 2017.
- Peterson, Christiana N. *Awakened by Death: Life-Giving Lessons from the Mystics*. Minneapolis: Broadleaf Books, 2020.
- Pitt, Richard N. *Divine Callings: Understanding the Call to Ministry to Black Pentecostalism*. New York: NYU Press, 2012.
- Placher, William C., ed. *Callings: Twenty Centuries of Christian Wisdom on Vocation*. Grand Rapids, MI: William B. Eerdmans Publishing Company, 2005.
- Prechtel, Martin. *The Smell of Rain on Dust: Grief and Praise*. Berkeley, CA: North Atlantic Books, 2015.
- Puchalski, Christina, and Betty Ferrell. *Making Health Care Whole: Integrating Spirituality into Patient Care*. First edition. West Conshohocken, PA: Templeton Press, 2010.
- Puchalski, Christina Maria. "Tradition, Heritage and Spirituality" (n.d.): 8.
- Rajagopal, M. R. *Walk with the Weary: Lessons in Humanity in Health Care*. Chennai, India: Notion Press, 2022.
- Richardson, Ann. *Life in Hospice: Reflection on Caring for the Dying*. Second. London, UK: Glenmore Press, 2017.

- Richmond, Caroline. *Dame Cicely Saunders, Founder of the Modern Hospice Movement, Dies*. BMJ. July 18, 2005. <https://www.bmj.com/content/suppl/2005/07/18/331.7509.DC1>.
- Romm, James S. *How to Die: An Ancient Guide to the End of Life*. Princeton, NJ: Princeton University Press, 2018.
- Roswell Park Comprehensive Cancer Center. "Roswell Park Spiritual Care | Michaela's Story." Roswell Park Comprehensive Cancer Center, YouTube video, 2:42. June 18, 2019. https://www.youtube.com/watch?v=jmVK_kdD74Y.
- Ryan, Ellen B., Lori Schindel Martin, and Amanda Beaman. "Communication Strategies to Promote Spiritual Well-Being among People with Dementia." *Journal of Pastoral Care & Counseling* 59, no. 1-2 (March 2005): 43-55.
- Saguil, Aaron, and Karen Phelps. "The Spiritual Assessment" *American Family Physician* 86, no. 6 (2012): 5.
- Sanders, Matt, ed. *Interfaith Ministry Handbook: Prayers, Readings, & Others Pastoral Resources for Pastoral Settings*. Berkeley, CA: Apocryphile Press, 2015.
- San Diego County Coalition for Improving End of Life Care. "Resources." San Diego County Coalition for Improving End of Life Care. Accessed December 10, 2022. <https://sdcoalition.org/wordpresssite/resources/>.
- Saskatoon Health Region. "Spiritual and Cultural Care - About Us." Saskatchewan Health Authority. Last modified September 19, 2017. https://www.saskatoonhealthregion.ca/locations_services/Services/Spiritual-Cultural/Pages/AboutUs.aspx.
- Sherbino, David. *Living, Dying, Living Forever*. Pickering, ON: Castle Quay Books, 2014.
- Singh, Kathleen Dowling. *The Grace in Dying: A Message of Hope, Comfort, and Spiritual Transformation*. San Francisco: HarperSanFrancisco, 1998.
- Sitar, Dana. "Metaphors on Death." *SevenPonds Blog*, February 21, 2013. <https://blog.sevenponds.com/cultural-perspectives/metaphors-on-death>.
- Stahlke, Les, and Jennifer Loughlin. *Governance Matters: Relationship Model of Governance, Leadership and Management*. Edmonton, AB: Governancematters.Com Inc., 2003.
- Stilos, Kalli, Bill Ford, Tammy Lilien, and Jennifer Moore. "The Role of Spiritual Care with the Introduction of an End of Life Order Set." *Journal of Pastoral Care & Counseling* 73, no. 1 (March 2019): 41-48.
- Sullivan, Douglas G. *The World of Hospice Spiritual Care: A Practical Guide for Palliative Care*. Meadville, PA: Christian Faith Publishing, Inc., 2017.
- Swinton, John. *Dementia: Living in the Memories of God*. Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 2012.
- The Evangelical Fellowship of Canada. "Conscience Protection - How the Church Can Help Medical Professionals." The Evangelical Fellowship of Canada, YouTube video, 1:02:49. March 18, 2021. <https://youtu.be/Nd0tsGiz3Ec>.

- The Evangelical Fellowship of Canada. "The EFC Laments the Passing of Bill C-7." The Evangelical Fellowship of Canada. March 23, 2021. <https://www.evangelicalfellowship.ca/Communications/Official-statements/March-2021/The-EFC-laments-passing-of-Bill-C-7>.
- The Spirit of Butterflies. "Butterflies and the Holocaust." *The Spirit of Butterflies*, June 10, 2011. <http://spiritofbutterflies.com/butterflies-and-the-holocaust/>.
- Thomas Tracy, Sarah. *Prayers for Caregivers*. Waterford, CT: Twenty-Third Publications, 2022.
- Thompson, Marney, and Wendy Wainwright. *Transitions in Dying & Bereavement: A Psychosocial Guide for Hospice and Palliative Care*. 2nd ed. Virginia: Integrated Books International, 2017.
- Tolstoy, Leo. *The Death of Ivan Ilyich*. Great Britain: Penguin Random House UK, 2008.
- Tornøe, Kirsten Anne, Lars Johan Danbolt, Kari Kvigne, and Venke Sørli. "The Challenge of Consolation: Nurses' Experiences with Spiritual and Existential Care for the Dying-a Phenomenological Hermeneutical Study." *BMC Nursing* 14 (2015): 62.
- Tornøe, Kirsten A, Lars Johan Danbolt, Kari Kvigne, and Venke Sørli. "The Power of Consoling Presence—Hospice Nurses' Lived Experience with Spiritual and Existential Care for the Dying". *BMC Nursing* 13, no. 1 (2014): 25.
- Tyson, Jon, and Heather Grizzle. *A Creative Minority: Influencing Culture Through Redemptive Participation*. Jon Tyson & Heather Grizzle, 2016.
- Underwood, Norman Russell. "The Professionalization of the Clergy in Late Antiquity." eScholarship, University of California, 2018.
- University of Maryland Medical System. "What Is Spiritual Care?" University of Maryland. Accessed December 26, 2022. <https://www.umms.org/ummc/patients-visitors/for-patients/pastoral-care/what-is-spiritual-care>.
- Van, Khang. "Carrie Doebling Shows Spiritual Care Is an Important Part of Your Healthcare | Iliff School of Theology." Last modified June 9, 2014. <https://www.iliff.edu/carrie-doebling-shows-spiritual-care-important-part-healthcare/>.
- Vanmuisen, Abby. "The Emotion Wheel." Accessed December 12, 2022. <https://www.avanmuisen.com/watercolor-emotion-wheel>.
- Visualisation. "Benchmarking Basics [Infographic]." Visualistan. January 31, 2014. <https://www.visualistan.com/2014/01/benchmarking-basics-infographic.html?m=0>.
- Waring, Edward John. *The Hospital Prayer Book*. Miami, FL: HardPress, 2017.
- Way, Brian David. "Toward A Christian Spirituality of Dying." Saskatoon, SK: College of Emmanuel and St. Chad, 1982.
- Weller, Francis. *The Wild Edge of Sorrow: Rituals of Renewal and the Sacred Work of Grief*. Berkeley, CA: North Atlantic Books, 2015.

- Wilkins, Steve, and Mark L. Sandford. *Hidden Worldviews: Eight Cultural Stories That Shape Our Lives*. Downers Grove, IL: IVP Academic, 2009.
- Wilkinson, Bruce. *Almost Every Answer for Practically Any Teacher: The Seven Laws of the Learner Series*. Portland, OR: Multnomah, 2010.
- Wilkinson, Michael, ed. *Canadian Pentecostalism: Transition and Transformation*. Montreal: McGill-Queen's University Press, 2010.
- Willimon, William H. *Pastor: The Theology and Practice of Ordained Ministry*. Nashville: Abingdon Press, 2002.
- Wolfelt, Alan D. *Counseling Skills for Companioning the Mourner: The Fundamentals of Effective Grief Counseling*. Fort Collins, CO: Companion Press, 2016.
- . *Grief One Day at a Time: 365 Meditation to Help You Heal After Loss*. Fort Collins, CO: Companion Press, 2016.
- . *Healing a Child's Grieving Heart: 100 Practical Ideas for Families and Friends and Caregivers*. Fort Collins, CO: Companion Press, 2001.
- . *The Depression of Grief: Coping with Your Sadness and Knowing When to Get Help*. Fort Collins, CO: Companion Press, 2014.
- . *The Handbook for Companioning the Mourner: Eleven Essential Principles*. Fort Collins, CO: Companion Press, 2009.
- Wright, N.T. *Evil and the Justice of God*. Downers Grove, IL: InterVarsity Press, 2006.