

# Near Life's End

*What Family  
and Friends Can Do*



Ron DelBene  
WITH  
Mary & Herb Montgomery

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Cover Transparency: Barbara J. Gasparik

Cover and Book Design: Jim Bateman

First Printing: 1988

Originally published by  
The Upper Room  
Nashville, Tennessee

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*Rejoice in your hope,  
be patient in tribulation,  
be constant in prayer.*

Romans 12:12



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## The Breath Prayer

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*More things are wrought by prayer  
than this world dreams of.*

—Alfred, Lord Tennyson

The seriously ill feel a great need for the comfort of prayer. Yet often they find that traditional prayers aren't as satisfying as they once were. Thoughts wander. Medication dulls the mind. Pain makes it hard to focus. They feel that God is distant and unconcerned about them. Perhaps they have prayed for a healing and gotten nothing but bad news from nurses and doctors.

Will anything help in this time of distress and discouragement? Many patients find their answer in the breath prayer. This simple way to pray helps them focus their thoughts and stay in closer touch with God. This prayer is nothing that is taught. Rather it is the prayer within—the prayer that we each discover for ourselves. The discovery is made by going through a few simple steps wherein we visualize God asking: "*{Your name}*, what do you want?" Our answer might be a single word, a phrase, or a short sentence. Whatever the response, it becomes the heart of our prayer. Some typical breath prayers would be "Let me know your peace, O God"; "My Shepherd, let me rest in thee"; "Jesus, let me feel your love."

This ancient way of praying takes its name from the Hebrew word *ruach*, which can be translated as "wind," "breath," or "spirit." The *ruach* of God is breathed into all living things. Because this way of praying reminds us that we share God's breath, and because the prayer can be said



so effortlessly and naturally, it is known as the breath prayer.

### Sharing the Breath Prayer

If you have been given this book by a spiritual caregiver, the ill person you are worried about has probably been helped to discover a breath prayer. Although that prayer is very personal, many patients choose to share their prayer with friends and family. Much is gained by doing this. It is a way to pray not just *for* but *with* that person—a way to be united in spirit by being united in prayer. If you are sharing the patient's breath prayer, write it here for easy recall. Soon it will be so much a part of you that you won't need to refer to it.

\_\_\_\_\_ 's breath prayer is:

\_\_\_\_\_

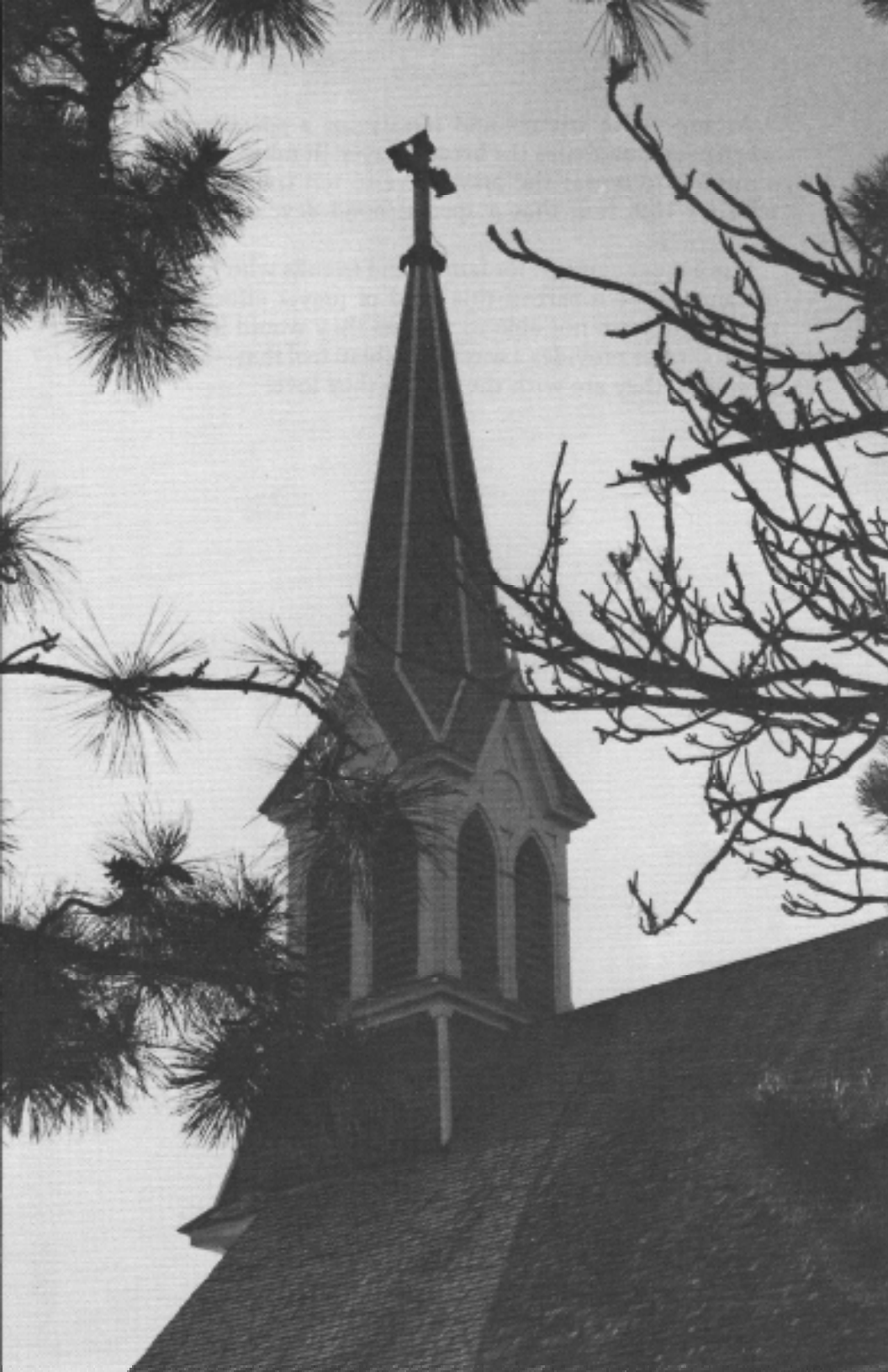
The breath prayer puts on your lips what is in the other person's heart. Consider the following possibilities for ways to share the prayer:

**Set up times when you can pray with the patient as you go about your daily routine.** To pray with a patient, all you need do is repeat the prayer several times. Perhaps this will be at breakfast, during a coffee break, or at lunchtime. When you are both saying the breath prayer, you will be in touch in a very special way.

**Share the breath prayer during times that have particular significance for the patient.** If, for example, there is a treatment at ten each morning, that would be a good time to be in prayer together. Other times might be at the hours meals are served, at the beginning and end of visiting hours, or when a favorite TV show comes on.

**Arrange with friends and family for a specific time when everyone shares the breath prayer.** (It takes less than a minute to repeat the prayer five to ten times.) People who try this find that a special bond develops among them.

It is a great comfort for family and friends who live at a distance to be a part of this kind of prayer effort. Even though they are not able to visit as they would like, the breath prayer provides a way to let them feel that—at least in spirit—they are with the person they love.



## *The Power of Prayer*

*I am with you always.*

—Matthew 28:20

Scripture tells us “the prayer of faith will save the sick” (James 5:15). Yet all of us can doubtless recall times—many times—when we prayed for a healing and it did not occur. Perhaps that’s the situation you and someone you care deeply about are in now. Does that mean that God is not listening? that your faith is too weak? or that your prayers have not been fervent enough? I think not, but I also think it is fruitless to try to find an answer to why some people are healed and some are not.

Much of what happens on our earthly journey will remain a mystery until we get to risen life. As the apostle Paul tells us, “For now we see through a glass, darkly, but then face to face: now I know in part, but then shall I know even as also I am known” (1 Cor. 13:12, *KJV*).

When we don’t get the answer to prayer that we hoped for—when a healing doesn’t occur despite our earnest pleas—can we honestly say that our prayers were wasted? that we might as well not have prayed?

I do not think we can ever say prayer is wasted. Although prayer may not change a situation and give us the miracle we want, *prayer changes us*. Through prayer, we become more aware of God’s presence. Through prayer, we find inner resources and strength we didn’t know we had. Through prayer, we are no longer facing our fears and pain alone: God is beside us, renewing our spirit, restoring our soul, and helping us carry the burden when it becomes too heavy for us to bear alone.

## *The Stages of Dying*

*Thy will be done*  
—Luke 11:2, KJV

What is it like to face the end of life? We never truly know until it is our turn to move from this life to the next. We do, however, have some guidelines that help us understand the feelings and reactions of those who are dying.

In her work with the terminally ill, Dr. Elisabeth Kübler-Ross discovered that patients tend to go through five psychological stages. Briefly stated, they are:

1. Denial and shock—"Not me!"
2. Anger and irritability—"Why me?"
3. Bargaining—"Perhaps me, but just let me live till spring."
4. Depression along with beginning acceptance—"It is me."
5. True acceptance and conscious separation from loved ones—"I'm ready."

Not everyone goes through all the stages. For example, few children go through denial. Generally they get angry, then accept. Bargaining occurs as children get older. People don't usually go through the stages in a neat, sequential order. Anger and depression are likely to occur over and over throughout the dying process.

Some people have great trouble reaching acceptance and a few never do. Others who have had a long, painful illness may not only accept death but desperately wish for it. Being aware of the stages is a great help in understanding patients and their journey into death.

### Caregivers Go Through Stages, Too

When someone we love faces death, we, too, are likely to pass through the psychological stages of dying. We experience denial and shock. We feel angry. We bargain. Often our bargaining is with God: "If only you heal him, I will never again be uncharitable. If you let her live through Christmas, I won't ask any more favors." Slowly, and with much emotional pain, we come to the acceptance stage—to the point of saying, "Thy will be done."

Knowing the stages helps us understand some of our own feelings and see that we and the patient may be at different places. If, for instance, we are denying while the patient is accepting, meaningful communication is all but impossible. Sensitivity to what is said and what is left unspoken helps us know what stage the patient is at and how best to sustain and comfort.

— *Communicating with Honesty* —

*You will know the truth,  
and the truth will make you free.*

—John 8:32

My experience tells me, and physicians confirm, that most patients know when they are dying. Indeed, how could they not? A consultant is called in. There are whispered conversations. A treatment is discontinued, and no new one takes its place. If there is a problem about facing death, it is usually with family and friends, not with the patient. Either we are trying to protect the patient from the truth, or we have not yet accepted the facts ourselves. As a result, we are artificially cheerful and hold out unrealistic hopes.

Patients who have the most difficult time are aware of how seriously ill they are but realize their families don't want them to know. Often the truth is withheld from children because of the myth that children are unaware of the seriousness of their illnesses, a myth that protects the parents more than the children. Families that deny the seriousness of an illness—whether it be of a child or an adult—make it impossible for the patient to bring anxieties and fantasies about dying into the open. This deprives the person of whatever reassurance and comfort a loving family can give.

The following poem by an unknown author reveals what it is like for someone to want to express thoughts and feelings about death only to have others make it impossible.

I huddle warm inside my corner bed,  
Watching the other patients sipping tea.  
I wonder why I'm so long getting well,  
And why it is no one will talk to me.

The nurses are so kind. They brush my hair.  
On days I feel too ill to read or sew,  
I smile and chat, try not to show my fear.  
They cannot tell me what I want to know.

The visitors come in. I see their eyes  
Become embarrassed as they pass my bed.  
"What lovely flowers!" they say, then hurry on,  
In case their faces show what can't be said.

The chaplain passes on his weekly round  
With friendly smile and calm, untroubled brow.  
He speaks with deep sincerity of life,  
I'd like to speak of death, but don't know how.

The surgeon comes, with student retinue  
Mutters to nurse, deaf to my silent pleas.  
I want to tell this dread I feel inside  
But they are all too kind to talk to me.

—Anonymous

It is not possible to say exactly how or when someone should be told about impending death. Each patient is different and so, too, is each situation. The important thing is to create a climate of love and trust in which communication takes place.

Those who are close to the dying person also need to be told the truth. When a parent or sibling is dying, surviving children deserve an explanation of what is happening. They need to be reassured that they will be taken care of and—this is very important—that the death is not their fault. Many children irrationally feel responsible for a family member's death. Through honest communication, needless anxiety and unfounded guilt can be avoided.





## *The Importance of Touch*

*The way from God to a human heart  
is through a human heart.*

—S. D. Gordon

Touch is a gift, a gift we can give to one another. Never is this gift more important than when someone is terminally ill. This is particularly true for patients who are suffering from a disease they think others perceive as loathsome. Holding the patient's hand while talking or putting an arm around a shoulder conveys a warm, caring message. It says, "To me, you are still loved and lovable. No matter what happens, I will stand by you."

When touching, do it gently. Out of grief and fear of losing someone we love, we tend to "grab hold." Such touch is more threatening than comforting and may even be painful.

Fear of harming the patient sometimes keeps even family members from touching. "I remember the first time I saw Larry in the hospital," said his wife. "He had tubes all over, and I just stood there, not knowing how to touch or even if I was permitted to. A nurse assured me that it was okay to touch as long as I didn't disturb the tubing." Having his wife slip her hand into his was probably one of the most effective treatments Larry could have had.

Encourage visitors to touch the patient. Suggest, "Why don't you take Grandpa's hand when you go in?" or "If you touch Margaret's arm, she will know you are there." Even if the person is in a coma, touch and encourage others to do so, too. Research indicates that coma victims experience more sensations than was once believed.

Often the desire to touch intensifies as death comes closer. We are aware that the person we love is leaving us, and we may want to "hold on" for our own sake rather than "be in touch" as a support for the patient. To be in touch expresses some of the love we want to convey.

## —Guidelines for Visiting—

*I was sick and you visited me.*  
—Matthew 25:36

In times of illness and crisis, many people want to help but often don't know what to do. Although they would like to visit, they fear it will be awkward so they stay away. Others come but leave the patient feeling worse. If you are the family member most closely involved with the patient, you may have to set some visiting guidelines for friends and relatives.

**Ask that people call before they visit,** especially if the patient is at home.

**Invite visitors to sit down.** This puts them at eye level and in a position where they are more inclined to touch and establish real contact.

**Remind people that if they can't visit in person, they might regularly telephone.** Or send a note, a card, an article from a newspaper, or a cartoon.

**Encourage visitors to take any small gift the patient wants to give.** It may be the patient's way of saying good-bye.

**Urge people to talk about their activities, friends, and mutual interests they share with the patient.**

**Suggest that visitors end their stay if the patient shows signs of fatigue or pain.**

Remember the following during your own time with the patient:

**Avoid false cheerfulness and empty words.** If you say, "You look great" to a patient who clearly knows she does not, you ignore her pain. A hug or pat on the arm says all you need to say.

**Refrain from criticizing the care the person is receiving.** This is upsetting to the patient and serves no good purpose.

**Be fully present, listening both to what is being said and not said.** Sometimes just being quiet together is all the patient really wants.

**Treat the patient as a person and not an illness.** Even though the body is deteriorating, the mind may be very much alive and in need of stimulation. Perhaps a friend can be invited to play cards or a fellow employee asked to come and talk about what's going on at work. As a dying middle-aged man said, "I'm sad about my condition, but at least when people share their lives with me, I feel I'm not forgotten."

**Make each visit complete by saying what's in your heart.** If it turns out to be your final visit, you won't say, "Had I known, I would have . . ." If you live at a distance and are certain it will be your last visit, say good-bye. Recall a pleasant experience you shared. Seek forgiveness if there is a need to do so. Let it be a holy time, a time to put a seal on what bound you to each other.

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## *Gifts to Give*

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*It is when you give of yourself that you truly give.*  
—Kahlil Gibran

Our time, our love, our listening ear, and our continuing concern are the greatest gifts we can give to the ill. But patients also have practical, everyday needs. Some of these can be met by family and friends who want to express their affection with a gift. Others can be suggested to those who ask, "Can you give me an idea for a gift?" Depending upon the person's age and condition, some of the following suggestions may be appropriate or spur other ideas:

- an assortment of greeting cards for the patient to send
- stamps and stationery
- hand lotion, perfume, hair spray
- small radio and earphones
- a favorite food
- tapes of books
- picnic lunch to be shared at bedside (First check for diet restrictions.)
- playing cards and enough friends to play the patient's favorite game
- call daily at a specific time (If long distance, the calls might be less frequent, but a day and time should be specified so the conversations are something to anticipate.)
- give a manicure
- arrange for a haircut, styling, or permanent

- arrange for yardwork, snow shoveling, house cleaning
- arrange to show a movie on a VCR (These can be rented.)
- arrange a surprise visit by someone you know the patient would like to meet
- tape record letters, messages for family members, or a brief family history
- make phone calls, do banking, or attend to other business
- make regular trips to the library to check out and return books and tapes

## *—Giving and Receiving Forgiveness—*

*Be kind to one another, tenderhearted, forgiving one another, as God in Christ forgave you.*

—Ephesians 4:32

The possibility of death heightens emotions and stirs the memory. Past wrongs, disappointments, and hurts are likely to reappear. As these troubling memories surface, we may try to push them back into their hiding places. Instead we should be dealing with them while there is still time. These hurt-filled memories speak of the need both to forgive and to be forgiven. In my years of working with the dying, I've discovered that much guilt is the result of never having said, "I'm sorry."

When someone you love is dying, time is precious. Today may be your only opportunity to right wrongs. If there is anything for which you want to be forgiven, tell the person you are sorry and ask forgiveness. If you feel you have been wronged by the one who is dying, tell the person. Then say, "I forgive you."

Perhaps the person we wish to share forgiveness with is not alert enough to respond. That makes no difference. Just expressing our desire to be reconciled can free us of resentments. Contrary to what many people think, old hurts that go unresolved do not disappear when the person who wronged us dies. Instead they often stay buried within and trouble us for years to come.

I find that the dying almost always have matters relating to forgiveness weighing on their hearts: they want both to forgive and to be forgiven. Frequently, though, the seriously ill need the encouragement of a loving caregiver.





In bringing up the matter of forgiveness, the direct approach is best. We can simply say, "Is there anyone you want to ask for forgiveness? or anyone you want to forgive?" Perhaps it will mean making a phone call for the ill person, helping write a letter, or asking someone to visit so that old scores can be settled. Many patients ask to see a pastor when they want to deal with matters of forgiveness. Pastors can give assurances of God's forgiveness and this is immensely comforting.

In times of crisis, it is not uncommon for entire families to want a ritual of forgiveness. I recall one such instance in a hospital's intensive care unit. Tom, a husband and father, was so weak he could scarcely speak. Before the family went in for their short visit, I asked them to think of anything they wished to forgive Tom for. (Sometimes nothing comes to mind.) Then I asked them to think of something for which they sought forgiveness. (Almost always people think of something.) If there is nothing, I suggest they say, "I ask your forgiveness for any hurt I caused you."

I asked those who had gathered if they wanted to do it individually or as a family. Immediately the young son said, "Together. I'd never get through it alone." All agreed.

Because of Tom's extreme weakness, I suggested he listen to each one and then just say, "Thank you. I forgive you." I also suggested that as family members spoke, Tom could think of things he wanted to ask their forgiveness for but was unable to share aloud. All five family members later said that seeking and receiving forgiveness had given them a sense of freedom and peace.

Ideally, we should be forgiving and seeking forgiveness all the days of our lives. It can be likened to keeping up with our housecleaning. Bit by bit it's not so difficult. But if we wait until the end of our days, the task can seem overwhelming. By continually "cleaning out," we live our days enjoying peace of mind and heart.

## \_\_\_\_\_ *It's Okay to Ask for Help* \_\_\_\_\_

*Give, and it will be given to you.*

—Luke 6:38

Remember that it's okay to reach out for help when your burdens become too heavy to carry alone. Following are some resources:

- your friends
- your neighbors
- your pastor and other members of your faith community
- your doctor
- the Visiting Nurses Association (check the phone book)
- pastoral counselors (available through most hospitals)
- nursing home staff
- funeral director
- legal aid society (check the phone book)
- crisis center (someone to talk to anonymously and a source for referrals)

It's okay to ask someone to

- stay with the patient so you can have a little time off
- clean the house
- run errands
- mow the grass/rake the leaves/shovel the snow

- pick up the children at school
- drop by for coffee
- massage your neck and shoulders
- drive you to appointments
- listen
- give advice
- call daily to check on you
- grocery shop
- go along to the doctor or to other meetings where  
you want to make sure you understand what is said
- remind you to be kind to yourself
- give you a hug

## — Making Arrangements —

*To every thing there is a season,  
and a time to every purpose under the heaven*

—Ecclesiastes 3:1, KJV

The following practical matters should be taken care of. Broach the subjects gently and offer help if the person has not yet attended to them.

- Making a will. To die without one complicates matters for survivors.
- Gathering insurance policies in one place.
- Listing bank accounts and where bank books are kept.
- Recording any holdings of stocks, bonds, mutual funds, real estate, or other forms of property. Indicate where securities and deeds are; when they were bought and what they cost.
- Noting the location of a safety deposit box, the number, and where the key is kept.
- Giving details of any debts, such as a car loan or a home mortgage.
- Indicating when and where payments must be made on a homeowners' insurance policy and property taxes.
- Letting it be known if there is a Living Will, which states that life-sustaining procedures be withheld if there is no expectation of recovery or regaining a meaningful life.

- Determining whether or not organs are to be donated. Information and donor cards can be obtained by writing to Living Bank, P.O. Box 6725, Houston, Texas 77265.
- Writing down wishes for funeral arrangements. Include names of pallbearers, relatives to be notified, location and ownership documents for a cemetery plot.

Attending to legal and practical matters is an act of love that eases the burden of the survivors. Often when people feel that there is no more unfinished business for them, they experience a great sense of relief and feel free to pass on to risen life.



*[God] will wipe away every tear from their eyes, and death shall be no more, neither shall there be mourning nor crying nor pain any more, for the former things have passed away.*

—Revelation 21:4



## ABOUT THE AUTHORS



Ron DelBene has been doing spiritual direction and leading programs in the areas of prayer, spirituality and personal development since 1963. Ron holds a Master's degree in Theology and a Doctor of Ministry in Spirituality and Organizational Systems. He has done additional postgraduate work in education, psychology, and counseling. He is an author, poet, artist and Episcopal priest. He was an assistant professor of theology, director of a campus ministry center, and national consultant in religion for an education division of CBS.

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If you found encouragement for your journey from this booklet, please consider a donation to The Hermitage, a nonprofit 501(c)(3) corporation devoted to providing opportunities in personal and professional growth and direction.

This booklet is part of a program created to help people share more deeply with those who are sick or dying.

**Into the Light**

*A Simple Way to Pray with the Sick and the Dying*

**When I'm Alone**

*Thoughts and Prayers That Comfort*

**Near Life's End**

*What Family and Friends Can Do*

**A Time to Mourn**

*Recovering from the Death of a Loved One*