

## REFLECTIONS ON RELIGIOUS DOGMATISM IN THE CARE OF DYING AND BEREAVED PEOPLE

**Tom Gordon**

*Abstract: Faith and religious beliefs provide comfort and support for dying people and for those who are bereaved. In facing death and loss people find solace in a framework of familiar beliefs and religious practices. However, when religious thinking is restrictive, or when dogmatism is imposed, religion can cause fear and distress, thus making the process of dying and the journey of bereavement more difficult rather than easier. The author argues that religious and non-religious people should be freed from concepts and ideas which cause such distress and fear in order that true feelings are accepted and worked through. Rather than struggling with this only when the stresses of dying and bereavement are apparent, such a process should begin in religious thinking and in religious communities, when people are well, and when religious beliefs and practices can be shaped to help people face the reality of their own mortality.*

*Key words: Bereavement, chaplain, Christian, dogmatism, dying, fear, freedom, fundamentalism, hospice, mortality, religion.*

Some years ago we had a patient in our hospice who was what could be described as “a typical old man of his generation”. An old soldier and miner, he had seen a bit of life, he’d had his moments of joy and some regrets, he’d had a good marriage and had a lovely daughter. In short, he’d done the best with what he’d been given in life, and he was dying with dignity. His wife was a member of, if not a particularly regular attender at, a local Church of Scotland, and the family were well known to the minister, a caring and sensitive man. I’d met the patient several times and liked him a lot. I’d spoken to his wife, each time finding her distressed and tearful and giving her what comfort and support I could. I’d briefly met their daughter when she was in one day from work during her lunch hour.

One afternoon I was passing by the old man’s Ward and saw his wife and daughter sitting on opposite sides of his bed, holding hands across the prostrate and, apparently, sleeping figure of the old man. They were both crying. I moved quietly into the Ward to give some support, to discover that the daughter was talking, and from her language it was obvious she was praying. And the words I heard were these: “Please God, make Daddy give his life to Jesus before he dies, because if he doesn’t, he and

Mummy won’t be reunited in heaven when it comes her time to go.”

I thought of the many things I could have done at that moment. I could have challenged a perceived insensitivity. But what right had I do to that? After all, these people could express their faith as they chose, even though its language and imagery would not have been of my choosing. And anyway, wouldn’t the chaplain be expected to agree with their approach and not perceive it to be damaging? I could have joined in, seeking to offer some Scriptural wisdom, perhaps, some insight which might have assisted a thought process develop or help it be looked at in a different way. But I had no memory verse to offer, no quotable text, other than my own personal canon of scripture about compassion and sensitivity. I could have told them I was angry and caused a scene - for anger was my predominant emotion. But the anger was mine and surely could not have been helpfully directed at people who were deeply sincere in the expression of their beliefs. It is not always correct to challenge and offer one’s own perspectives. Sometimes one simply has to bear with one’s own discomfort and hold on to one’s own emotions for the greater good. And this, it seemed to me, was one of those times. And so....I decided that the best thing for all concerned was for me to go to

our staff-room for a coffee! Later in the afternoon, I had the opportunity to speak with the daughter, and gently - O so gently - suggested that this prayer might not have been the most sensitive way to approach the situation of a dying father. I got nowhere.

This continued for the rest of the week - Holy Week, as it turned out - up to Good Friday, which was the last time I saw the family together. When I met them again on Easter Monday, I had already learned that the old man had died late on the Sunday evening, and I was greeted with a daughter wreathed in smiles and a mother grey and distraught. "It's wonderful," the daughter exclaimed, "Daddy gave his life to Jesus on Easter Sunday afternoon." We talked together about that and other things, and, when they left, I checked with the Nursing Team as to what had happened on the Sunday. They told me that the patient had been deeply unconscious since the Saturday morning, and whatever response he'd given to any stimulus, human or divine, it would have been no more than an involuntary grunt.

Now, I am not doubting the sincerity of the people involved in this scenario. But I am quite sure that whatever was going on it was about misunderstood and misapplied religion, narrow dogmatism, held and applied with the utmost sincerity such that the *chaplain* was viewed as the one who hadn't grasped the secret yet but who would one day see the light and be drawn to the true path. For me it was about tyranny - not for the old man, for he happened to be cool about the whole thing and had seen through it from a very early stage; nor indeed for the daughter, who felt no sense of being obedient in a subservient way to a higher authority, under no tyranny herself, simply doing it right as she saw it. But there was tyranny for the wife, who was being forced into a belief in concepts she neither understood nor accepted; and tyranny for our staff who felt that whatever this was it was not holistic care; and, if I'm honest, tyranny for me too.

I attended a minister's Induction in the West of Scotland a few months ago. During the cup of tea afterwards I fell into conversation with another minister, who, when he learned I was a hospice chaplain, pointed out that he and his wife had been leading a Sunday service in a ward in a big, general hospital for some 16 years. "There are some Muslim patients there now, more than there ever used to be," he confided. "Pray that it might be fertile ground,

and that God might touch them with an awareness of the truth that they might see the light and give their lives to Christ."

In an interview recently for a post as a Chaplain in a hospice in England with a clearly defined Christian basis to its founding principles, a candidate was told by the hospice director that he considered that there was only one possible way for a person to die at peace, and that was to fully embrace Christianity. The candidate didn't get the job, because he had withdrawn from the interview process before that possibility even arose, such was his horror at what he had heard.

These are all manifestations of the narrow thinking of religious dogmatism which should have no place in work with dying and bereaved people. I do not believe the old man's daughter to be right. I do not believe that minister to be right. I do not believe that Hospice Director to be right. I do not believe we as Christians have the right to impose any thinking of that style in our places of employment and on the people with whom we work. I hope we as chaplains know that. But there are many deeply religious people who do not, and will not, because of the tyranny which their dogmatism creates.

This tyranny is not only manifested in the role families, friends and visitors play in the imposition of their concepts on sick and dying people. It is also seen in patients themselves, honed and nurtured over many, many years, wrapping them in such a tyrannical blanket that far from death being approached with dignity and peace, it is instead faced with fear and anguish.

Time does not permit the sharing in detail of further case studies - like that of the Christian Brethren man who was very frightened of death, and equated fear with a lack of faith, and so tortured himself that he was unworthy of his Lord. It is surely about such a man that Averil Stedeford (1994) writes: "Some religious people in particular are ashamed of their fear, and feel they are letting God and the Church down if they show it. Having been told that 'perfect love casts out fear', they think their anxiety means they have not accepted God's love or trusted Him enough, and they feel guilty. To them I sometimes say 'God gave you a fear of death as part of your equipment for living. It is the other side of your life instinct. It ensures that you look after yourself prop-

erly and do not take unnecessary risks. He will help you when you are afraid, and He does not want you to be ashamed.’” Sadly, a deeply Christian man never got anywhere near that!

Or the Church Elder, one of the most deeply Christian women I’ve ever met, who died a very disturbed death because, as she saw it, God had done the dirty on her - she’d kept her side of the deal and had lived an exemplary Christian life, and God had welched on his side of the bargain and had not kept her from pain and suffering. And because the chaplain could not free her from this oppression, he was aligned with the unfair God and was subsequently criticised too.

Or Maureen, of whom I wrote recently a previous issue of this journal (Gordon 1999), who was fearful of death in case God zapped her for some unrepented sin. Only when she was free from this tyranny of misunderstood and misapplied fundamentalist dogma was she able to deal with other things that mattered, such as her relationship with her daughter.

So why is religious dogmatism a problem, and why do I consider it a tyranny in issues of dying and bereavement? Two reasons: firstly, because of what is communicated to patients and families about the nature and cause of disease, and the spiritual pain which is therefore caused by a flawed theological understanding of the nature of suffering and the grace of God; and, secondly, because of the pressure it places on some health care professionals, who have in their religious life subscribed to a fundamentalist approach to their faith and who assume, therefore, that they are failing Jesus if they do not seek to convince dying people that, in the words of the Hospice Director I quoted earlier, the only way to die at peace is to embrace Christianity.

In the section of his paper, “The ideology and organisation of spiritual care”, given over to “the religious community”, Tony Walter (1997) affirms that the central concerns of Christianity have been love of the neighbour and concern for the post-mortem destination of the human soul. It is interesting in passing to note that in his book, “Why do Christians find it hard to grieve”, Geoff Walters (1997) explores the misuse of the Greek philosophical concept of the immortality of the soul in Christian exposition and teaching, used, as it is, as a comfort to dying

people and to those who are bereaved of their loved ones, that the soul lives on in the nearer presence of God. This, he says, denies the human need to grieve, and creates greater turmoil in the Christian who feels the loss but then feels that they shouldn’t because, after all, ‘isn’t Willie with God and isn’t that a better place’. Instead, Walters argues, reality should be based on the Gospel concept of death and resurrection - embraced, for example, by the words of the Apostles Creed, describing Jesus as “..... crucified, dead and buried; he descended into Hell; the third day he rose.....” - that the Christian, because he is human, needs to feel the devastation of the loss in order to understand the joy of the resurrection however that is understood. (I shall return to this a little later.)

That notwithstanding, concern for love of neighbour and for the eternal rest of the soul have been the driving forces for Christianity, and, in Europe historically, these twin concerns have motivated the Christian care of sick and dying people. “For much of the Christian era”, Walter tells us, “it has been assumed that post-mortem destination - heaven or hell - is of ultimate significance, and that spiritual care of the dying entails affirming or eliciting faith in the dying person.”

Indeed, he tells of a medieval hospice in Beaune in Burgundy in which the main ward is dominated by a vast painting of the Last Judgement, reminding patients to sort out their spiritual affairs before they die - or else! - and in a specifically religious, indeed Christian, context at that.

In my experience here in Scotland, in more than 20 years of parish ministry and more acutely and with much more clarity in my six years as a hospice chaplain, no such vast painting is required. For there is already, deep in the psyche, of religious and non religious people alike, the fear of this judgement, of condemnation to outer darkness, of roasting in Hell - however it is expressed - which is at the root of much of the fear of death which the Christian or the convicted atheist naturally feels.

It is not surprising that in a concern for a holistic approach to patients in health care, and in the Church’s understanding of healing, religion still figures highly in the healing field. The danger, however, is that while the roots of our commitment to Christian healing are in Christian compassion, we

can show ourselves to be unable - or unwilling - to disentangle the passion for the safe rest of the soul from the parallel concept of the judgement of God.

It is not religion *per se* which is dangerous or a Christian framework which causes problems, but a corruption of religion and a misinterpretation and misuse of Christianity which is the tyranny - where compassion is replaced by conditions, where freedom is pushed aside by fear, and where damnation is enhanced by dogma. Misapplied religion causes more problems than it solves in dealing with dying patients and their loved ones, *and* creates stresses and pressures among deeply committed religious staff who feel if they do not offer their framework, they have failed their Lord.

But there is one other area I wish to touch on. If there is tyranny in facing death by the misuse of a fundamentalist approach, then there is tyranny also in the journey of bereavement. How often have we seen good Christian people struggle with loss, and have that struggle compounded rather than eased by their understanding of religion. "If I was a good enough Christian I would not feel the way I feel." "Why do I feel sad when I should be feeling happy that John has gone to a better place?" - the tyranny of the "should" of belief!

This is about the subjugation of feelings, or, at least, the inability to see that negative feelings - of anger, sorrow, doubt, fear, anxiety, and the like - are part of life and so part of the journey of faith and not the antithesis of it. It is seeing only one side of faith - walking with the Psalmist, holding your head high as you stroll nonchalantly through the valley of the shadow of death... so that when you sit cowering with the same Psalmist, when you are depressed with the Psalmist, when you weep with the Psalmist, when you are passionately angry with the Psalmist - "My God, my God, why have you forsaken me?" - and you have never been taught to equate *that* with the Psalmist far less with real Christian living, then bereavement can cause much greater grief than it should.

In their book "Handbook for mortals - guidance for people facing serious illness" (1999) Joanne Lynn and Joan Harrold offer this advice to dying people - advice equally applicable to those who are bereaved: "You are likely to experience many emotions as you recollect aspects of your life, think about accom-

plishments or disappointments, contemplate what lies ahead, and consider how illness affects what you are. Among the most powerful of these feelings are grief and anger. People with life-threatening illness have to confront their illness, their approaching death, and all the loss they must face. Grief is a normal, human reaction to devastating news.... You are likely sometimes to feel angry at the universe, at God or fate, at your own body or its illness, at your family and others whom you love. For people who have been taught to worship and revere God, or trust in His will, feelings of anger can be very upsetting. However, as Rabbi Earl Grollman has described it, 'Don't worry, God can take it!'. "

I am not arguing for a non-religious approach to death and loss. Far from it. For I know the comfort, strength and peace of mind which is evident in those who approach death and deal with loss within a framework of faith. Indeed, I would say that religious dogmatism itself is not a tyranny, for whatever faith structure a person has can give them what they need to face death and bereavement. But I am arguing that badly taught, misunderstood, ill-applied fundamentalism is detrimental when it traps people in too rigid a way of thinking and exacerbates rather than alleviates the fears and anxieties they naturally feel.

Reflecting on the role of chaplains in hospices, Ted Harvey (1996) writes: "Some people feel reluctant to talk to chaplains for fear that the chaplain will preach at them or try to convert them. This situation should not occur. People have a right to 'work with someone who respects and values you as you are'." Lynn and Harrold affirm: "One Catholic Monk has said that all religion is about the same thing: death and trying to make sense of it. Indeed, the connection between spirituality and end-of-life may seem obvious to people who have strong roots in organised religion. Religion gives believers a pathway with clear road signs and expected activities. If you have faith, you may take comfort in the milestones that mark the way, no matter how troubling the going. If you have been actively addressing spiritual issues throughout life with or without religion, life's last journey may feel like the natural conclusion to a life-long journey, not requiring particular attention. But most of us are caught up in the challenges of daily life, and arrive near the end of our life's journey, with more questions unanswered than we would like."

Facing the reality of death has to be wrestled with when we are well if religion is to be truly helpful in the dying and bereavement processes. And perhaps - no, more than perhaps, I would say certainly - if issues of faith and issues of death were wrestled with together within our religious communities more than they appear to be, we might help people shake themselves free of a tyranny which threatens to overwhelm them when it is much too late.

*Tom Gordon is full time chaplain to the Marie Curie Centre, Fairmile, Edinburgh*

### References

GORDON T (1999) Finishing the business: reflections on a facet of spiritual care in a hospice context. *Scottish Journal of Healthcare Chaplaincy*. Vol 2. No 1. p 32

HARVEY T (1996) Who is the chaplain anyway? Philosophy and integration of hospice chaplaincy. *The American Journal of Hospice & Palliative Care*. Sept/Oct 1996. Vol 13. No 15. pp 41-43

LYNN J and HARROLD J (1999) *Handbook for Mortals: Guidance for people facing serious illness*. Oxford University Press, New York.

STEDFORD A (1994) *Facing Death*. Sobell Publications, Oxford.

WALTER T (1997) The ideology and organisation of spiritual care: three approaches. *Palliative Medicine* Jan 1997. Vol 11. No 1. pp 21-30

WALTERS G (1997) *Why do Christians find it hard to grieve?* Paternoster Press, Carlisle.