

Dying and Grieving

What Loved Ones Can Expect

By

Steve Durkac

ISBN: 978-1-312-20202-3

Copyright © 2023 Steve Durkac

All Rights Reserved

www.durkac.com

Scripture quotations from the Holy Bible, New International Version®, NIV® Copyright ©1973, 1978, 1984, 2011 by Biblica, Inc.® Used by permission. All rights reserved worldwide.

Contents

- 1) When Someone is Dying p. 3
- 2) CPR, DNR, and Letting Go p. 5
- 3) Styles of Grief p. 7
- 4) Types of Grief p. 9
- 5) Stages of Grief p. 12
- 6) Objectives & Strategies for Grievors p. 14
- 7) After Your World Shatters p. 16
- 8) Hope Beyond Their Death p. 18

When Someone is Dying

There are signs of dying when a loved-one is struggling with a terminal disease or for whatever reason is at the end of their life. People don't die in real life as they do in the movies. Hollywood often portrays death as a split second closing of the eyes while the person is speaking in mid-sentence.

Dying isn't so clean or quick or as contained as it is on television. In real life dying happens over a period of time, unless it's caused by a major cardiac arrest or severe trauma like a horrible car accident. Most deaths occur gradually and offer some signs that the family can recognize, and that is what I want to share with you here.

Not every characteristic that I am mentioning here will be evident for everyone. Dying is as unique as the individual, and of course the circumstances that bring someone to their death impacts these signs, too.

Withdrawal — It is believed that people who realize they are dying or accept that they are actually entered into the dying process, begin to withdraw. A dying person may begin to withdraw and separate themselves from the world around them. Part of this is likely caused by introspective thinking over their own life and part of this is likely caused by a realization that things and plans are suddenly no longer important to them.

The family can find this difficult because the dying loved one disengages from conversations and may no longer care to receive visitors. Words and speaking may be too much of an effort or it could be that the dying loved-one may feel like they have exhausted all they sense that needs to be said.

Sleeping — It may be related to the process of withdrawal but dying people will increase their time sleeping and napping more than usual. They tend to keep their eyes closed more and that may contribute to sleep. One thing to keep in mind is that physicians believe that hearing is the last of the senses to go. So don't stop talking to your loved-one because they likely can still hear.

Eating — You will likely notice a decrease in your loved one's desire to eat. Food sustains the body and perhaps as the body shuts down our hunger decreases. This can upset the family but know that your loved one has no hunger pain as they would under healthy conditions. They may be able or willing to eat foods that require less chewing energy, like soft or more liquid foods. Given enough time, they will likely reject even soft foods and water.

Confusion — It is likely that your loved-one may show some confusion as to where they are or to whom they are talking to. They may appear to be talking to family or friends who have long since died. I've been with families who find comfort in this, believing their loved-one is talking to those in heaven. While it is true that the dying may have one foot on earth and the other in the afterlife, it is more likely that they are drawing from memories stored in their brain as their physical body shuts down.

Disorientation — It is likely that your loved one may experience some disorientation that will show itself as aimless physical movements. Sometimes the dying may lift their arms in motions that appear to be grasping for something or reaching toward something. Sometimes the dying may become restless, agitated, and express a need to go somewhere, even trying to get out of the bed.

Physical Changes — Some physical changes that may be noticeable to the family are skin color, blood pressure, body temperature, and glassy eye gazes. As your loved-one's oxygen levels decrease you may notice the color of their skin taking on a grayish hue. Gray skin is also a common sign of liver failure. Under extreme conditions the body will concentrate blood and oxygen circulation to the heart and lungs which leaves the extremities to appear blue.

As the body shuts down, a dying person's blood pressure drops as does their body temperature. At some point, it becomes difficult for the medical staff to maintain blood pressure at normal levels using medicines and a continually lowering blood pressure is evidence of the heart shutting down. At the same time, families may notice their loved one feeling colder and their body temperature dropping, too.

Breathing — One of the most notable signs of approaching death is a change in breathing that includes longer pauses between breaths and an increasing congestion. Labored breathing can be alarming to family, but it doesn't necessarily mean greater pain to the patient. The sound from an increasing congestion can sound horrible and discomfoting. The breathing changes can seem more like gasping and this can be upsetting to the family.

Surge of Energy — This is not as frequent or as common as the other signs I've listed here but it does happen. I had a church parishioner once who was in hospice for terminal cancer. After several days of near unresponsiveness he raised up in the bed and insisted that the family take him for a drive. He talked the entire hour during the drive then asked to get back in his bed, and within a few hours, he had died. This surge of energy can look different with each patient, if it happens, but when it does happen it seems to be immediately before death.

So there, you have eight signs or characteristics to be aware of and to recognize as a loved one comes to the end of their life.

2

CPR, DNR, and Letting Go

It is a very emotionally difficult position to be in when a physician asks the family if they want them to do all they can to keep your loved one alive or if you want them to pass away naturally.

That conversation, if unprepared for, is very hard to navigate because no one wants to feel like they are choosing to end a loved one's life. At least that is how the choice can seem.

So here I want to give you some considerations about this end-of-life decision that may be presented to you by a physician.

Let me first deal with what a physician means by "doing all they can to keep them alive." Keeping them alive means giving CPR or medication to adjust blood pressure or putting in a breathing tube or making use of drugs to induce what is sometimes called a medical coma.

If a patient's heart stops and there is no Do Not Resuscitate order then the medical team will automatically proceed with those measures. A Do Not Resuscitate, commonly called a DNR, is a signed statement by family that they or the patient does not want heroic measures or machines to keep them alive.

What a DNR means is that there should be no CPR administered if the patient's heart stops. This is a difficult decision for the family to make but know that it does not mean anyone is giving up on the patient. No patient dies because of a DNR, they die because they have heart disease or cancer or trauma injury or whatever condition it was that brought them to this point.

CPR cannot restore one to health or wellness. It merely resuscitates the heart. The best practice for CPR's use is on a healthy person who had an accident or heart attack with no other underlying life threatening conditions.

There are some downsides to administering CPR because a patient can be left in a worse condition afterwards. CPR, when done correctly, can leave ribs broken, lungs punctured, spleen busted, and brain damaged to the point of a permanent vegetative state.

At some point, a patient's medical care focus may shift from cure to comfort. Only the physician and nursing staff can determine if the path to cure has been exhausted. When that point comes, the medical focus shifts to comfort care.

It is important and necessary for the family of the patient to shift in their focus as well. This is a stage of letting go and letting God.

I have seen too many families push for full attempts of CPR, but not for the patient's benefit, but for their own. Telling the physician and staff to do all they can sometimes is an attempt to hide the regrets this struggle is reminding them.

As painful as it is to watch a loved one go, please know that you are not giving up. You are letting go because you are trusting in God's will. Sometimes we have to consider that their ultimate healing is in eternity and we will be with them again there.

Letting go is letting God lead as the medical team shifts to comfort care. Comfort care gives attention to the dignity of the patient, caring for their pain management, and allows for family to say their goodbyes.

When the family is willing to let go, they are willing to trust God for the outcome of their loved one and their own future without them.

Death is a sad reminder that we live in a sinful fallen world, broken by the devil's effort to malign the character of God.

Letting go is relying on the promises of God that says, ***“Do not fear, for I am with you”*** (Isaiah 41:10) and ***“I will fear no evil, for you are with me”*** (Psalm 23:4) and ***“surely I am with you always”*** (Matthew 28:20).

There is a verse in Psalms 116:15 that says, ***“Precious in the sight of the Lord is the death of his faithful servants”*** (NIV). What this verse is telling us is not that God takes pleasure in death, but that He takes pleasure in our transitioning from our mortal life into our immortal life with Him in Heaven.

3

Styles of Grief

Sitting with families who are hearing the bad news of a loved one's death is a near daily occurrence for me, as a hospital chaplain at a trauma center.

The way people respond to a physician's death notification varies so greatly that I began to wonder why and if there is something to be learned about such a great variance in reaction.

Here are some of those variances that I have witnessed:

A middle eastern family, when they were informed that their 12 year old who was hit by a car while riding his bicycle had died, began wailing uncontrollably and repetitively hitting themselves on their chest.

A 28 year old wife of three weeks who just learned that her 29 year old husband died of an aortic aneurysm, immediately threw herself to the floor, yelling loudly, and eventually curling up in a fetal position while crying and yelling. It was at least 20-minutes before anyone could encourage her to calm down and to get up off the floor.

One night in the Emergency Department, two men, a 54 year old and a 52 year old, died from cardiac arrest within minutes of each other. Each family was waiting in two different private waiting rooms that were about 20' apart. I found myself alternating between both families. What struck me was the stark contrast of grieving between these two families when all things between them seemed equal. One family was extremely exaggerated wailing while the other was more subdued in their expression but heavy in sadness.

A 62 year old wife died of cardiac arrest, the husband was in the ED room when her heart stopped. He immediately began pacing outside the room while the physician and team did CPR. After 30 minutes or so the physician informed the husband that his wife had died. The husband who was still pacing suddenly began hitting his forehead with the open palm of his hand while yelling "Oh this is f'd up" repeatedly. This went on for another 20 minutes.

A 66 year old husband came into the Emergency Department with cardiac arrest, when the physician informed his wife of her husband's death she calmly said, "Well, that's part of life." The physician glanced over at me with a surprised look on his face that said "What kind of reaction is that?" I sat with the wife for another 20 minutes and saw no emotion or tears, just statements of her plans going forward.

A 4 month old baby died. In the family room the dad was crying uncontrollably while periodically yelling and pounding his fist on an empty chair. Mom, on the other hand, was sitting calmly and simply glancing over at me from time to time with a fear in her eyes, but no tears.

A niece was met in the hallway on the way to a patient's room when she was met by family who informed her that her uncle had just died. She immediately threw her book bag across the hall floor and ran out of the hospital into the parking lot. We know she ran out to the parking lot because security was called to break up a fight in the parking lot that turned out to be the niece who apparently ran into another family member who was holding her trying to calm her down.

Becoming an eye witness to the grief experience has led me to research this human emotion and to learn what I can about it, why it's expressed differently, and what I can apply from my study into the practice of spiritual care support.

When I first started this research journey, I was expecting to find something like this: If a person grieves in this way, it means they are like this. However, what I learned is that there are many variables and reasons why people grieve the way they do.

Here, I am going to bullet seven points that contribute to why people grieve the way they do.

Family — Most of us have learned to grieve from our family experience. As children we may have observed a parent grieve the death of a grandparent. That first experience shapes our unconscious response to a death notification in adulthood.

Taboo — Sometimes if we are raised in a family or under circumstances where it was taboo to grieve we can carry that over into adulthood. Every now and then I hear a family member tell another to "stop crying, be strong" which is very unhealthy and wrong.

Personality — Some people are simply more charismatic in their personality than are others. They are usually more expressive and less reserved in communication so that follows suit for them when it comes to the experience of grief. Extroverts and introverts will express their grief differently.

Temperament — The four temperaments known as sanguine (optimistic, social), melancholic (analytical, quiet), choleric (short-tempered, irritable), and phlegmatic (relaxed, peaceful) impact how someone reacts to death notification and processes their grief.

Gender — Men tend to experience grief more at an intellectual level that expresses itself with information, analysis, and as an event. Women tend to experience grief more at an emotional level that expresses itself through feelings, seeking social support, and as an experiential journey.

Religion — Our response to grieving can be affected by religious beliefs. In my experience, Muslim families tend to immediately begin reciting a prayer in a chant style. Christian families tend to temper their grieving with the expression of their hope in the afterlife.

Condition — The condition of the death affects grieving. If the death was unexpected, like a trauma, the expression of grief is usually louder, more severe, and extended. If death was expected, like a long-term illness, the expression of grief is usually tempered because of anticipatory grief.

These seven points are not exhaustive, I'm sure, but these cited variables in grieving styles are the most common that I came across in my research.

The biggest take-away for me is that grief is as individual as the individual themselves. The way people grieve is as different as we are.

There is no right or wrong in the style we each may experience grief. This is true for the "how to" question of grief and the "how long" question of grief. There is no specific length of grieving assigned to coping with death.

Whatever style of grieving you find yourself experiencing, don't forget the Lord is not unaware of your grief because He has promised in Matthew 5:4, ***"Blessed are those who mourn: for they shall be comforted."***

4

Types of Grief

I want to share with you 16 types of grief to help you understand that everyone grieves differently and for different reasons.

While the descriptions of these types are in my own words and interpretation, the actual terms of these 16 types are taken from Liz Kelly,* a licensed social worker in Washington D.C. who specializes in grief.

Here are the 16 types of grief for your consideration...

1. **Normal Grief** — While grief itself is a normal response to loss, this is the simple feeling of grief. It may be a range of reactions that could be emotional or physical or behavior or social. (**Emotional** reactions would include anger, shock, denial, numbness, loneliness, relief, apathy, irritability. **Physical** reactions would include tightness in chest, feeling weak, lack of energy, nausea, heart palpitations, restlessness, tearfulness. **Behavior** reactions would include forgetfulness, confusion, dreaming of the deceased, absent-mindedness. **Social** reactions would include being dependent on others, withdrawing from friends, substance abuse, neglecting self-care.
2. **Anticipatory Grief** — This is common when a loved-one is dealing with a terminal illness like cancer. Family can anticipate life without them and begin preparing for the impending loss. The positive side of this type of grief is that family is typically able to say goodbye and have the conversations that a sudden loss normally forbids.
3. **Complicated Grief** — The complication here is often other issues interrupting or forbidding grief to naturally process out over time. The grieving family member may be stuck in a feeling of anger toward the deceased or maybe a mental illness on part of the griever.
4. **Chronic Grief** — This is a very long drawn out grief. It is typically a constant drip of distress over the loss that doesn't have a way out through normal conversations with others and instead of decreasing sorrow over time it only intensifies.
5. **Delayed Grief** — This is common if a griever's mind blocks out the sorrow or for whatever reason refocus away from loss until months or years later. Grief can surface long after the loss when emotions and feelings are ready to be dealt with.
6. **Distorted Grief** — This is a distortion to the grieving that is very intense, over the top, and generally self-destructive behavior. It can include lashing out at someone, becoming violently angry, and harmful to oneself.
7. **Cumulative Grief** — This when a loss impacts a current ongoing grieving process like two family deaths unrelated but close together in time. We sometimes call this compounding grief because the sorrow will layer itself and cause the griever to feel overwhelmed and unable to bear the burden.
8. **Exaggerated Grief** — This is when the intensity of the grief is more noticeable to your friends and disruptive to your normal activities of day by day life. Coping with this type of grieving can leave one to act out in self-destructive behavior, have nightmares, and even lead to the development of psychiatric disorders.
9. **Secondary Grief** — This is the experience of another type of loss while dealing with an unrelated loss. An example would be experiencing the death of a family member and then while grieving through that you find yourself facing a divorce.

10. **Masked Grief** — This is when an illness or health issue is really a physical symptom or behavior caused by the grieving of a loss.
11. **Disenfranchised Grief** — This occurs when a griever doesn't feel like their grief is validated or heard so it becomes a silent grieving. This happens when a griever feels they can't mention the grief because of the stigma surrounding the death, like a suicide, a former spouse, or even a same sex partner.
12. **Traumatic Grief** — This is when a traumatic event complicates the otherwise normal grief because the death was so unexpected or was horrifically violent or a slow onslaught because of brain injury or it caused other unplanned concerns like legal repercussions.
13. **Collective Grief** — This is collective in the sense of a community grief or a grief that a group may go through. An example may be a mass casualty event, a natural disaster that caused multiple deaths, or a national tragedy observed by its citizens.
14. **Inhibited Grief** — This is when a griever is withholding the process of grieving and is not showing any obvious or outward expressions of grief. This is typically a long-term issue and not just a get through the funeral before allowing myself to fall apart. This leads to physical problems from pushing the sorrow down without allowing it to surface and have relief.
15. **Abbreviated Grief** — This is grief that is given a short period of time because the survivor replaces the loss or does not recognize their connection to the deceased as being very strong or valued.
16. **Absent Grief** — This is an extended issue when a family member doesn't show signs of grief and acts as if the death didn't occur or didn't affect them. While absent grief can be dealt with by a griever it generally needs to be addressed by a friend in a way that gives them permission to grieve.

I wanted to share these 16 types of grief, not because I think knowing each one is necessary for navigating your own journey of grief, but because you should be aware that grief may take you on some twists and turns.

*Liz Kelly, LCSW, "16 Types of Grief People Experience,"
www.talkspace.com/blog/types-of-grief/, September 23, 2021

5

Stages of Grief

In her 1969 book, "On Death and Dying," Elisabeth Kübler-Ross,* a Swiss American psychiatrist, introduced us to what we now know as five stages of grief. When she originally penned these stages they were called the five stages of death.

At the time, Elisabeth Kübler-Ross was working with terminally ill patients and she cited these five emotions as what were common stages for the terminally ill as they contemplated their own mortality.

It was years later that she realized these same five stages were common to all loss encounters, including the process in which we grieve the death of a loved-one. The five stages of grief, as set forth by Elisabeth Kübler-Ross have become the standard of understanding the process of grieving.

These five stages of grief are:

1. **Denial**
2. **Anger**
3. **Bargaining**
4. **Depression**
5. **Acceptance**

These five stages of grief remain as popular and incomparable to any other tool or guide put forth in the study of human grieving. It is simply the standard that has never been improved upon in its educational purpose.

The order of these stages is a typical flow in the progression of grieving. It doesn't mean that a person going through grief is going to recognize their transition from one stage to another. It is possible and even likely that a person who is grieving may not find themselves involved much with a few of these stages.

For instance, a griever may not be prone to anger and may not really find themselves being angry. A griever may not find themselves bargaining with God to bring back their loved-one either. In my own witness to others in the grieving stages, I can say that the two primary stages I have seen are denial and acceptance.

First, the shock of a death or the stark realization of its permanence often causes the desire to deny that it happened. This is why we sometimes hear people say, It seems like a dream that I keep hoping I'll wake up from.

Second, the emotion of anger may overcome us in grieving, and that may look like, *Why did they have to drive that route?* say, if the death was in an auto accident. If one is accustomed to blaming others, this stage of anger may be directed toward the physician or the hospital who tried to save their loved-one, as in *I knew they should have taken him to the other hospital.*

Third, the bargaining emotion is a spiritual one that has the grieving person asking God to bring them back or take their life instead. Some type of bargaining that if God reverses this they will do such and such in return.

Fourth, depression usually comes when one realizes there is nothing that can be done to bring their loved-one back and the grief has become a blue numbness. This is a normal sense of sadness, but if it drags on for weeks or months the griever may need therapeutic intervention.

Five, finally accepting the loss or the death is when the grieving can begin to move forward with their life in a healthy way. It doesn't mean that the deceased is forgotten or that the grieving is over, it means that the grieving and the memory of the deceased can now become part of one's life going forward.

Grief becomes part of our lives as a new normal. There really is no getting over it or leaving it behind. As time goes on we learn to incorporate it into our day to day lives and eventually the tears lessen or at least become more controllable.

We cannot put a time frame on how long grief should last, nor should we criticize someone for grieving in intensities that we may think are too much or too far from the time of death. Grief is a feeling, and like any other feeling, it's personal and individual. Most people going through the stages of grief will sense if they're stuck in a long-lasting debilitating pattern and in need of counseling help or a support group.

One final note, I've been writing from the perspective of grieving the death of a loved-one and specifically from the vantage point of a hospital chaplain. However, grief is also a reaction to other losses in our life, too. Grief may come to us as the result of a marriage loss through divorce, a loss of employment, or any number of losses like a move to a new state and an adult child leaving the home front.

I share these stages for your awareness so as you journey through your own grief these experiences won't surprise you or leave you wondering if it's normal.

*Elisabeth Kubler-Ross, "On Death and Dying." Simon and Shuster, 1969

6

Objectives & Strategies for Grievors

In the process of grieving, there is no time frame assigned or one-size fits all approach to assure a healthy grieving process. There are elements to healthy grieving that one can intentionally incorporate into their grieving experience, and that is what I want to share here.

I want to share some objectives to aim for as you move forward in your grief and I want to share some coping strategies to utilize in order to process the grief in a healthy and healing manner.

Four Objectives

- 1) One should come to an acknowledgement of the reality of the death. You'll go through stages of grief where it feels like it isn't real and you'll have moments that you'll forget they are gone, but generally speaking you know the reality is they have died.
- 2) You will feel the pain of the loss for a long time. You'll experience degrees of intensity of pain and sorrow, but your objective is to learn to live with it, to incorporate it into your life, and to realize you are experiencing a new normal.
- 3) You want to continue to remember the person who died. Don't think you have to forget or act like they are no longer part of your life, because that's not the best way to manage your tears. With time, you will learn to remember and manage your hurt. Your relationship with them has moved to a new form, primarily a relationship with their memory.
- 4) Develop a new identity without the deceased by your side. They can always be with you in memory but not in person and time will help you work this new normal out in your day to day life. If you are a spiritually minded person you will find that faith, belief in the afterlife, and a relationship with God will provide you with support in this new phase of life.

Ten Strategies

- 1) You want to grieve both instrumentally and intuitively. That means both cognitively and emotionally. You want the tears to flow when you feel sad about their absence or when something suddenly reminds you about them. Tear-up, cry, but over time you'll gain more control over your emotions. The point of this strategy is to not avoid the emotions and not avoid thinking about your deceased loved-one.

2) You want to allow yourself to vent your feelings. Don't keep things bottled up. Find someone that you think is safe and able to listen to let it all out. Vent to God if you want or feel the need to. Go out for coffee with a friend on some regular basis, like once a week, and if you want to vent you can.

3) Have a time and place where you give yourself permission to grieve about the loss. Maybe before you turn on a favorite TV show, just think, reflect, and allow yourself to cry about your loss if you need to. When you find yourself having an unwanted emotional outbreak when you are out in public you can tell yourself to save it for your designated grief time later that day.

4) Educate yourself on grief and bereavement by reading or joining a workshop. Google the topic of grief and read an online article on the subject or buy a book on the subject from Amazon. Attend a grief recovery meeting if one is offered near you. Sometimes funeral homes or churches offer these types of programs.

5) Join a grief support group. Sometimes they are advertised as widow or widower groups. It helps to hear others tell their story of loss and to work through the sorrow with those who do know what you are going through. Check with hospitals, hospice organizations, and even churches for advertised grief support groups.

6) Stay involved in physical activity. Go out walking or go to the gym or work in the yard or attend the senior center or eat lunch inside a restaurant instead of taking it back home. Remaining active is important to long-term well-being. Don't fear having an emotional breakdown in public because the more you get out the easier you'll find it is to control that.

7) Get involved in something bigger than you. Look at where your interests are or what bigger things you are passionate about and get involved in that, like an advocacy cause or a community association or even a church. When we give our efforts to a bigger endeavor it helps us get out of ourselves and focus on being part of some greater contribution for humanity.

8) Develop the practice of prayer according to your spiritual affiliation. This is a good exercise that will strengthen your spiritual self and help you cope better with your on-going grief. Obviously I am an advocate for faith and if we happen to have similar beliefs, I would also suggest giving 20-30 minutes of your day to prayerful Bible meditation and devotional reading.

9) Have keepsakes or items visible and present that mean something to you because of your deceased loved-one. These things will help continue the bond that you have with your memory relationship with your loved-one. This strategy is not setting up a shrine or

a memorial, but simply placing things on a shelf or a picture on the wall that has meaning to you because it reminds you of them. Their story didn't die with them and doing this will help it remain part of yours.

10) Nurture your support system. This means you must identify the people whose presence supports your well-being, like a close friend, a neighbor, an adult child, or a family member. It's easy to withdraw from others when on a grief journey, but be intentional about keeping close to them so they will keep close to you. Communication doesn't always need to be about your loss, reach out to them about the weather, the family, and whatever comes to mind, too.

Well there it is, four objectives and ten coping strategies for healthy and healing grieving. Probably not exhaustive, but I do hope something in these lists will help you and encourage you along your grieving process.

Again, grief is as individual as individuals are. So these objectives and coping strategies are meant to merely guide you through your unique grief journey.

7

After Your World Shatters

As a chaplain at a trauma hospital just miles from the beaches of the upper Gulf Coast, I frequently deal with patients and families who have had diving accidents. In my experience, diving accidents best sum up what it means to have your world shattered.

Diving accidents means a family has come to our coast waters and beaches for relaxation and vacation but in a moment of time that fun turns into shock and fear. Diving accidents typically occur when a swimmer dives into water that is shallow, hitting their head, and oftentimes leaves their body without sensation or movement. Sometimes the victim is left a quadriplegic or sometimes they are left with partial paralysis of their limbs.

To go from actively moving in the sun on a beautiful day at the beach to suddenly being restricted by no mobility or minimal movement, dependent on others, is what it means to have your world shattered. Of course, an automobile accident, a fatal disease diagnosis, an illness, a death of a loved-one, or any number of unexpected turns for the worse can leave our lives shattered.

So how should we respond to these life shattering events? There are three insights from the Bible that I want to share with you in hopes that it may encourage you if you find your world shattered.

First, I want to share the lesson from the story of Jesus healing a blind man. It's found in John 9 and in verse 2 we see the disciples asking Jesus about the blind man, **"who sinned, this man or his parents, that he was born blind?"** (John 9:2 NIV). I often hear the same response to tragedy today when families share something like this: "God's judging him, that's why this happened" or I hear "Why did this happen he is such a good person."

Spiritually speaking, traumatic and tragic events do not happen because God is against us, nor are they obligated to not happen to us because of the quality of our character. In fact, in response to the disciples' question Jesus said, **"this happened so that the works of God might be displayed in him"** (John 9:3 NIV).

Allow me to break down what Jesus is saying here: Things happen. We live in a sinful fallen world. At any given time throughout the day we are exposed to the possibility of an unexpected accident, illness, or tragedy. However, whatever may happen to us is an opportunity for us to show others **"the works of God"** despite the accident, illness, or tragedy.

The works of God is His grace through us, His provisions for us, and His indwelling Holy Spirit to be a witness to those around us that we can have **"love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control"** (Galatians 5:22-23 NIV) in the midst of horrible situations.

Second, I want to share with you something about facing trials. 1 Corinthians 10:13 states, **"No temptation has overtaken you except what is common to mankind. And God is faithful; he will not let you be tempted beyond what you can bear. But when you are tempted, he will also provide a way out so that you can endure it"** (NIV).

The Greek word for temptation is the same as the Greek word for trial. So if it helps you could read "trial" in place of the word "temptation" so you can know that in your shattered circumstances God is faithful, He will help you bear it, and He has provided for you to endure it. God is near you and He will go with you through this.

Finally, I want to share two insights from Hebrews 9:27-28 which states, **"it is appointed unto men once to die, but after this the judgment: So Christ was once offered to bear the sins of many; and unto them that look for him shall he appear the second time without sin unto salvation."**

The verse states that there is an appointed time of death and events in our life. God is not caught unaware of what happens in our life. He doesn't look down from His throne and says, "Yikes, how did that happen? Poor guy." Job 14:5 says that our **"days are determined,"** Psalm 139:16 says that our days are ordained for us, so the insight is that nothing befalls us without God's fatherly eye and available care.

The other insight from Hebrews 9:27-28 that I wish to point out is the promise of salvation for those who **"look for him"** to **"appear the second time."** Whatever pieces of your life are left shattered, find hope that the Lord Jesus is going to appear a second time and He will be making all things new. What hope we can have as we cope with trials here, knowing that one day the lame will leap, the sick will be whole, and the dead will be alive again.

After our world shatters we can begin to pick up the pieces, restore what remains, and move forward by remembering that **"God is our refuge and strength, an ever-present help in trouble"** (Psalm 46:1 NIV).

8

Hope Beyond Their Death

The immediate shock and despair of a loved one's passing can leave us feeling hopeless about the future. No matter how much we may think we are prepared, death is devastating. It is the perfect earthly definition of finality, and it's why we sometimes doubt that we'll ever feel hopeful again.

However, this is an issue dealt with in the Bible and it shares the solution to navigating our future journey of grief with hope as we get beyond our loved one's death.

The passage is in 1 Thessalonians 4:13-18 and the context is the Apostle Paul writing to the Christians at Thessalonica who were saddened that their deceased loved-ones would be left behind when Jesus returns.

What we have here in Scripture is the Apostle's correction of that misunderstanding. In 1 Thessalonians 4:13 Paul states **"we do not want you to be uniformed about those who sleep in death, so that you do not grieve like the rest of mankind, who have no hope"** (NIV).

What Paul is saying is that those who grieve without hope are those who have no expectation of seeing their deceased loved-ones again. For them, because they are not believers in the Lord Jesus, they grieve without the hope of being reunited with their family who have passed.

However, despite our grieving, we can have the very real hope of seeing our deceased loved-ones again. Initially we may feel hopeless, but when we realize we will see them again, hopefulness can strengthen us.

The truth is, a believer is going to grieve as an unbeliever when it comes to the pain of losing a loved one from their everyday lives. It hurts both believers and unbelievers that they cannot touch, talk to, or be with their deceased loved one. However, for the believer, there is a certain comfort in knowing that we will be united with our loved ones again.

Though grief is hard and sometimes seems unquenchable, there is an ever present hope in knowing that their death is not their end. The grief that we bear is only temporary until that day of reunion at the resurrection.

In 1 Thessalonians 4:16-17 Paul continues in his explanation that ***"the Lord himself will come down from heaven, with a loud command, with the voice of the archangel and with the trumpet call of God, and the dead in Christ will rise first. After that, we who are still alive and are left will be caught up together with them in the clouds to meet the Lord in the air. And so we will be with the Lord forever"*** (NIV).

The day of deliverance will also be a day of reunion in the air between those who are alive and those who have slept in the graves.

1 Corinthians 15:52-53 describes it this way, ***"in a flash, in the twinkling of an eye, at the last trumpet. For the trumpet will sound, the dead will be raised imperishable, and we will be changed. For the perishable must clothe itself with the imperishable, and the mortal with immortality"*** (NIV).

So it will be that ***"those who sleep in death"*** will arise to immortal life at the resurrection just as Lazarus did in John 11:43-44 and similar to when we arise from a night of sleep to be greeted by a new day.

At death ***"the spirit returns to God"*** (Ecclesiastes 12:7 NIV) but at the resurrection God's spirit returns to the dead in Christ to arise in the newness of eternal life.

This is why we often encourage one another at the bedside of a deceased loved one that they are in a better place and to be **"absent from the body, and to be present with the Lord"** (2 Corinthians 5:8 NIV).

There is a verse in Psalms that says, **"Precious in the sight of the Lord is the death of his faithful servants"** (Psalms 116:15 NIV). God does not delight in death, it is the enemy of life, but God delights in the ending of our mortal journey so we can begin our new immortal one with Him.

There is a hope that lightens the sorrow of grief and it is the hope of being with our loved ones again. It is a hope in eternity and an eternal home where **"He will wipe every tear from their eyes. There will be no more death' or mourning or crying or pain, for the old order of things has passed away"** (Revelation 21:4 NIV).

That is a hope of being together again and it will pull us through the untravelled paths of grief that lie ahead.

"So do not fear, for I am with you;
do not be dismayed, for I am your God.
I will strengthen you and help you;
I will uphold you with my righteous right hand."

Isaiah 41:10 NIV
