

Congregational Care and Cancer



Rituals and Resources for Healing through the Seasons

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Yale Divinity School, 2011

****Facilitator's Handbook****

Greeting

Thank you for your interest in helping faith communities be there for people and families facing cancer. We appreciate your taking the time to prayerfully and compassionately open a space to reflect and learn together. As you know, cancer is a significant issue nationally and in the lives of many faith communities. And so, there are many ways that congregations are supporting people as they deal with a cancer diagnosis and its accompanying life changes.

We recognize that cancer is just one of many challenging health issues affecting members in a congregation. Our purpose in focusing on cancer has been based on our understanding that a cancer diagnosis presents a unique spectrum of needs, feelings, pastoral concerns, and phases, impacting individuals, families and indeed, the whole community of care. Our primary understanding is grounded in an ethic of care and healing for all of God's people regardless of illness, need or circumstance.

This presentation is geared for use with a faith community health ministry team or with Councils of Elders, Deacons, Stephen's Ministers / Called to Care Ministers, or any group within your congregation that practices spiritual and/or physical care. This presentation may be helpful for clergy and ministry teams and/or it can be used in other types of settings.

The purpose of this handbook is to orient you as the facilitator to some of the central questions and considerations that may emerge as you journey with those in your faith community affected by cancer. We envision this handbook as a companion guide to the powerpoint presentation. You may want to familiarize yourself with both the presentation and this handbook before leading group discussions.

Sections that you may want to read aloud to the participants are placed in regular formatting.

- We will indent additional facts, resources, and observations that may be helpful or interesting but not necessary to convey the basic material of the presentation. You may want to review these bullets ahead of time to decide which ones you'll discuss during the presentation.
- (Notes for you as the presenter will be underlined and parenthesized).
- *We italicize passages from the Bible.* We generally use the New Revised Standard Version.

Depending on the time and circumstances, you may wish to go through the presentation all in one sitting, but more likely, you may choose to divide it into modules. If you choose to do this, we recommend three sections: God's Healing Touch (slides 1 through 13); Care Throughout the Seasons (slides 14 through 25);

and Y(our) Congregation: What Can We Do? (slides 25-29). Further suggestions for the different modules are available in the Modules page. If you do decide to break it up into segments, we would encourage you to begin each session with a summary of what was discussed in the previous session for the sake of continuity.

Another decision that will depend on your context and participants will be the extent to which you would like to include prayer and devotionals in the course of the presentation. We would invite you to open in prayer and scripture reading, and we also include a guided meditation two thirds of the way through and a closing worship in case you would like to use them.

This presentation comes as the result of several collaborations. In its initial form, it was the product of an independent study at Yale Divinity School in which the authors (James and Laura) explored ways in which clergy and congregations are responding to the needs of people affected by cancer, with the guidance of Drs. Elaine Ramshaw and Janet Ruffing, OSM. The project also benefitted greatly from the wisdom and guidance of Rev. Shelly Stackhouse (Church of the Redeemer), Dean of Students Dale Peterson, and Rev. Adele Crawford, interim Dean of Chapel. Barbara Baylor, U.C.C. Minister for Health Care Justice, subsequently provided very helpful feedback and also brought in the Faith Community Nurse Leadership Team to provide additional help, among whom we would especially like to thank Wendy Merriman and Peggy Matteson. We envision this as an on-going project and intend to have online opportunities for more people to get involved by providing feedback and sharing related resources and suggestions of their own. We are grateful to everyone who has helped so far and we look forward to what we'll be able to accomplish together.

We hope you enjoy!

Introduction (Slides 1-4)

“Now on that same day two of them were going to a village called Emmaus, about seven miles from Jerusalem, and talking with each other about all these things that had happened. While they were talking and discussing, Jesus himself came near and went with them, but their eyes were kept from recognizing him. And he said to them, “What are you discussing with each other while you walk along?” They stood still, looking sad. Then one of them, whose name was Cleopas, answered him, “Are you the only stranger in Jerusalem who does not know the things that have taken place there in these days?” He asked them, “What things?” They replied, “The things about Jesus of Nazareth, who was a prophet mighty in deed and word before God and all the people, and how our chief priests and leaders handed him over to be condemned to death and crucified him. But we had hoped that he was the one to redeem Israel.” ... As they came near the village to which they were going, he walked ahead as if he were going on. But they urged him strongly, saying, “Stay with us, because it is almost evening and the day is now nearly over.” So he went in to stay with them. When he was at the table with them, he took bread, blessed and broke it, and gave it to them. Then their eyes were opened, and they recognized him; and he vanished from their sight.” (NRSV, Luke 24:13-21, 28-31)

The Road to Emmaus evokes the deep pain of disciples who feel abandoned, at a loss and unsure what to do. Yet as it turns out, Jesus is with them all along, walking alongside them as someone who comforts them, and he breaks bread together with them. Healing happens in the unexpected places of the heart.

In many respects, cancer is a journey not unlike the road to Emmaus. We set out from places of certainty where we thought we understood ourselves and our world. Suddenly, with a cancer diagnosis, uncertainty, isolation and fear can be thrust upon a person. Along the way, one can face uncharted roads without a map, many losses from the physical to the emotional, a foreign language of medical jargon and many unexpected turns. We find ourselves in new and alien landscapes of self-understandings. Likewise, there are encounters with people we otherwise might not have met, surprising gifts of kindness and hospitality, and an opportunity for new, more intimate experiences of faith.

Cancer is always a challenging diagnosis. People facing cancer often need many different kinds of help and support. The goal of this presentation is to offer a vision and roadmap for congregations in their efforts to be present to individuals and families affected by cancer; through worship, outreach, and creative rituals of support and care –always offered with a particular sensitivity to the person’s wishes and needs along the journey. In so doing, may we all meet Christ anew and embody his love for the healing of all.¹

¹ See Jann Aldredge-Clanton, Counseling People with Cancer. In the series, “Counseling and Pastoral Theology”, Andrew D. Lester, series editor. (Louisville: Westminster John Knox Press, 1998).

The Impact of Cancer (Slide 6)

Initial diagnosis and then the subsequent stages of cancer and its treatment often usher in periods of extended shock for people and their families. There is the shock that parts of our bodies seem to be working against us, the shock that we'll have to re-arrange and postpone plans we have made, and the shock to how we understand ourselves.

- Often, people facing cancer concentrate their energy on physical healing and therefore are sometimes not even able to attend to the emotional devastation and emptiness until after they've completed their course of treatment.

On top of this, immediately after diagnosis the medical world takes over one's life with appointments, tests and a new vocabulary of medical jargon along with it. The language of cancer ("tumor", "malignancy", "scans", "oncologist" etc, etc) IS scary and overwhelming and it can feel like a whirlwind. Suddenly, an independent person becomes a "patient" and can experience a loss of identity and voice.

A diagnosis of cancer affects everyone in the family and changes the balance within a family in unique and universal ways. Roles change. A person used to being the caregiver may need to receive care; members of a family who generally have been less involved may be called to step up. People used to being in charge will become vulnerable.²

Pastoral conversations, moments of prayer and a listening presence are the gifts one can bring to the person/family.

- See Susan Halpern's book, *The Etiquette of Illness*, 2004. It contains an intimate view of her own recovery from cancer and wisdom for family, friends, and visitors on all aspects of communication and relationship during times of illness and healing.
- It is so important to pay attention to the words we use when speaking about cancer. "Patient", "survivor", "victim", "witness", "battle", "struggle", "fight", etc. all have different connotations for different people. To the extent possible, listen for the words that a person uses to describe herself or himself before assigning words of your own. Pastorally, it might also be helpful to listen for what metaphors the person is using to describe their experience

² James L. Brooks, *The Unbroken Circle: A Toolkit for Congregations Around Illness, End of Life, and Grief* (Durham: Duke Institute on Care at the End of Life, 2009), pp. 36-8.

and respectfully offer alternative images if the ones that they are using seem to constrict their wholeness and healing.³

For Reference: Cancer Glossary

- CT Scans (also called CAT Scans) use x-ray imaging to obtain very detailed data about a particular region of the body. They require a contrast solution to be in the patient's bloodstream, which can be ingested and there is often also a fluid injected into a vein. CT Scans often deliver a more detailed image than regular X-Rays.
- Malignancy refers to a tumor that is having or can have negative health consequences.
- Metastases (mets) are clusters of cancer that appear outside the cancer's original area. This can also be used as a verb – e.g., “the cancer did not metastasize.”
- MRI's (Magnetic Resonance Images) provide images similar to CT Scans but use magnets in place of x-rays.
- Oncology is the field of medicine related to cancer treatment. There are several courses of treatment that oncologists might recommend:
 - Radiation, which often happens over a course of a period of time;
 - Chemotherapy, which is the injection of chemicals also over a course of a period of time;
 - Diagnostic surgery, in which the goal is to determine the extent of the cancer;
 - and Therapeutic surgery, in which the goal is to prevent or remove a malignant tumor.
- Outpatient surgery refers to surgery that is not expected to require the person to stay overnight at the hospital, whereas inpatient surgery requires a stay of at least one night for post-surgery recuperation and/or follow-up.
- Palliative Care is a style of care that focuses on alleviating the person's pain more than on fighting their cancer. This is closely related to hospice care, which is specifically designed to afford those who with fatal medical situations a time for emotional and spiritual healing and peace-making.
- PET Scans are similar to CT Scans but are more specific and provide information about the molecular level.
- A tumor is an abnormal growth in the body. It can be caused by any number of circumstances and may or may not be a health threat.

*Note: Insurance-related terminology is intentionally omitted from this list. We know that insurance is an extremely important issue related to cancer, for prevention, treatment, and follow up. While we feel it would be too enormous a task to include this aspect of the cancer journey in this presentation, please do not let that stop you from paying attention to insurance-related questions throughout the scope of your faith community's cancer-healing ministry.

³ Aldredge-Clanton, Counseling People with Cancer. p.4.

The Church as Healing Space (Slide 7)

Since the time of Jesus, churches have understood healing as an essential part of ministry. The Bible is filled with the language of comfort, healing and the search for hope in the midst of struggle and uncertainty. Throughout history, people of faith have proclaimed that regardless of the challenges we face *“even there [God’s] hand shall lead me, and [God’s] right hand hold me fast.”* (Ps 139:10) So, too, Jesus often cures the sick and heals the wounded in surprising ways. We can be encouraged by Jesus’ invitation to *“Come to me all who are carrying heavy burdens, and I will give you rest.”* (Matt 11:28-30)

In the sacred scriptures, healing often happens in relationship and within community. The work of healing is the work of the church.

- In many ways, we can understand healing as liberation. Jesus lived and died to free us from the sway of the powers of death. We can understand his healing miracles as part of his work of liberation, in as much as his healing touch freed people from the tyranny of sickness of the body and spirit. We may also view his teachings, crucifixion, and resurrection through this liberation/healing lens.⁴

- The church has a long history of healing. In the period of the early church, the Epistle of James included the instruction: *“Are any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord.”* (James 5:14). Hospitals in the Middle Ages, the Deaconess Movement, and the reinterpretation of the Sacrament of Healing as a ritual for healing rather than exclusively as preparation for death, have continued to carry forward this healing tradition.⁵

- The Christian understanding of the church as the body of Christ has implications for how we understand sickness:

⁴Elaine Ramshaw, “Liturgy for Healing”, pp. 9-17 in *Liturgy* vol. 9, no. 4 (fall 1991): Ritual and Reconciliation.

⁵Abigail Rian Evans. [The Healing Church: Practical Programs for Health Ministries](#) (Cleveland: The Pilgrim Press, 2000). For one instance of the historical legacy of healing ministry within the U.C.C., see Ruth W. Rasche, “The Deaconess Movement in 19th-century America: pioneer professional women”, in Barbara Brown Zikmund, ed., [Hidden Histories in the United Church of Christ: Vol. 1](#), (Cleveland: The Pilgrim Press, 2007). Available online at: www.ucc.org/about-us/hidden-histories/the-deaconess-movement-in.html

For just as the body is one and has many members, and all the members of the body, though many, are one body, so it is with Christ. For in the one Spirit we were all baptized into one body—Jews or Greeks, slaves or free—and we were all made to drink of one Spirit. (1 Corinthians 12:12-13)

Just as the sickness of any part of the body is a sickness of the whole body, a sickness of any member of a community reverberates throughout the community and has real implications for the health and functioning of everyone. Understanding someone else's sickness as on some level our own might help motivate us to do everything we can to provide them with our healing touch.⁶

⁶ Thomas Droege, *The Faith Factor in Healing*, (Philadelphia: Trinity Press International, 1991).

Definitions of Healing, the Ministry of Presence, and Being a Listening Witness (Slides 8 through 13)

There are many definitions of healing. Curing the illness is one particular definition but it's not the only one—and not the one we are using in our presentation. Healing can be physical, either in terms of the cancer actually going away, or in terms of the person feeling relieved from their symptoms. Healing can also be emotional when a person is able to move through emotions that have constricted their horizons, or when relationships are restored or deepened in a cancer situation. Healing can be spiritual when we include faith dimensions, prayer, and relationship with God.

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Reflection 1 (Slide 9)

Let's take a few minutes now to pause the slide presentation and think about our own experiences with healing. I want us to take a minute and think about, and then write down, what passages or hymns or images speak to you about Jesus' healing presence? When we're done writing, those of us who are comfortable doing so will have an opportunity to share.

(After a sufficient window has elapsed...)

Okay, coming back together now – did anyone come up with ideas that they would like to share about this? (wait and see if anyone comes forward. Allow conversation to unfold. When the group is ready to move on...) Ok, now let's go to a different question. How does your/our faith community understand healing? How can you tell? Feel free to write whole sentences or just particular phrases or images that come to mind. We will hold off on sharing what we write until a little later on.

(Again, after a sufficient window has elapsed...)

And finally, I'd like you to write down, What is my definition of healing?

(And finally, after a sufficient window has elapsed...)

Thank you for doing this. As we continue, please feel free to add to your definitions as more ideas come to mind.

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Healing Is... (Slide 10)

Illness is defined as the medical condition that a person has. Disease, meanwhile, is the condition of an individual who has that illness in the eyes of their community. Mark 5 (v. 34) can help illustrate this: the woman with the Hemorrhage is healed when she touches his cloak; but Jesus says, "*Daughter, your faith has made you well; go in peace, and be healed of your disease*" referring to healing from the ostracism that had resulted from her illness. Faith communities can play an integral role in healing **disease** by countering the exclusion and displacement that often results from **illness**.

One important facet of healing is listening to the person facing cancer so as to better prepare ourselves for entering into their space. What are the words that they are using? If we can understand how they see things, we can better avoid imposing upon them, and we can help them recognize that they have a voice and that they are not alone. Pay attention to things like:

- How are they calling themselves? A "patient", a "warrior", or a "witness", "survivor", "thrivor" or something different?
- How do they describe their cancer? A case, a battle, a journey, an opportunity, a sign of death/rebirth, or maybe no particular metaphor at all?

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Ministry of Presence and Approaches to Care (Slide 11)

The ministry of presence is the commitment to being there for other people. Just standing or sitting next to someone can be so vital to his/her feeling loved. We begin with the simple action of deciding to be there for people affected by cancer. A ministry of presence is accompaniment along the journey: the role of the caregiver is to be present for and with the person facing cancer. We are on the journey together, in solidarity.

We, as members of the congregation, must center our decisions about *how to help* on the patient and their family. We should be careful not to impose our own ideas or opinions or provide help in a way that could make them uncomfortable.

There are several approaches to care that congregations often already embody. Do any of these resonate with you? Each congregation will find its own mix among the different approaches.

- An approach of wellness in the midst of illness recognizes that even though a person may be facing cancer, they have a great deal to offer in other ways and remain the person they've always been. Cancer never becomes the entirety of

who we are and we should hold up the many ways in which a person is able to be healthy even in the midst of cancer.

- R and R: Respect and Ritual Support means that we need to respect a person's/family's needs and wishes every step of the way. Rituals and pastoral supports, meanwhile, engage the individual/family/community in compassionate connection whatever the season of illness or preferred level of support.
- The movement from Isolation to Integration understands that the cancer diagnosis can be an extremely isolating experience, causing a person to feel very distant from their communities, their families and friends, and even their established routines and work. It is therefore very important for people facing cancer to re-integrate their new selves back into the congregational community, and back into the identities that have been important to them.
- Some quotations from Susan Halpern, *The Etiquette of Illness*:
 - "Each person, just by accepting me however I was at the moment, lifted me to a better place."
 - "My ability to make some choices about attitude, being present in the moment, and having connection with others were enough to sustain me day to day in the slow process of recovery."

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Special Considerations (Slide 12)

In many respects, the American health care system is quite advanced and offers a wide array of treatment possibilities for people facing cancer. On the other hand, many people do not have adequate access to adequate healthcare including wellness visits and preventive screenings as well as oncology care. These disparities can relate to gender, geography, income, race, immigration status, ethnicity, disability status, and other factors. At times these barriers come as a result of who is able and who is not able to afford insurance (and the type of insurance they are able to afford). At times, there are systemic barriers such as cultural or communication differences that create further obstacles for those seeking healthcare. We encourage you to be mindful of these considerations when thinking about your own healing ministry.

Being a Listening Witness (Slide 13)

Parker Palmer invokes with reference to Rilke, “a kind of love that neither avoids nor invades the soul’s suffering.”⁷

Following Rilke, we need to make sure we’re acting with and co-creating so the person is not a passive patient but actively involved. Our ministry of presence should be an opportunity to walk with the person affected by cancer, without imposing on them our own needs or agendas. We have to be mindful of the fact that people in difficult medical situations often feel as though they don’t have any power and sometimes, we can actually cause damage when we are trying to help if we don’t take the time to listen to them, or, if they prefer, to be silent with them.⁸

In what ways have you personally been able to be present for someone facing a difficult time? (You can either take time for a conversation or just give people a moment to think about it and then move on.)

- Another quotation: "Your unconscious mind speaks a language people can hear even when your conscious mind hasn't articulated the words." Hammerschlag, Carl. *The Theft of the Spirit: A journey to Spiritual Healing*. New York: Simon & Schuster, 1992. P. 112.
- The quotation on this slide is taken from: Miller, James and Cutshall, S. *The Art of Being a Healing Presence. A Guide for Those in Caring Relationships*. Ft. Wayne, IN: Willowgreen, 2011. Page 72. The Palmer quote is found in Parker Palmer, *Let Your Life Speak*. “Rilke describes a kind of love that neither avoids nor invades the soul’s suffering.” (San Francisco: Jossey-Bass, 2000), p. 64.

⁷ Parker Palmer, *Let Your Life Speak*, (San Francisco: Jossey-Bass, 2000), p. 64.

⁸ Donna Schaper, *Healing*, in the series, “insights: Bible Studies for Growing Faith”, (Cleveland: Pilgrim Press, 2006); Elaine Ramshaw, “Liturgy for Healing”.

Ways to support a person in each phase (Slides 14 - 24)

We'll now go into a more specific look at the different phases of cancer and the particular concerns and responses that we would highlight for each phase. We'll start with an overview of forms of support, and then move into the phases. Please keep in mind that everyone's experience is different, and that these phases might apply more for some people and not at all for others. Further, it's also commonplace that emotions and challenges related to one particular phase might come back in other phases even when we've moved beyond them chronologically.

- There is often a time of worry between when a person first notices that something is amiss in their body and when they receive a cancer diagnosis from their doctor. They might keep this concern to themselves or they might share it with others. In many instances, access to medical care is limited and so people live with suspicions that something is wrong but do not receive prompt attention to the situation. For family and congregation members, this time is an opportunity for prayer and support.

Forms of Support (Slide 15)

Communal Connections; Pastoral Care for patients/caregivers/families; Rituals and Rites of healing; Worship; Education; Faith Journey Questions. As we move into specific discussions for each of the phases of the journey, we are mindful of all the different needs of people facing cancer and their families, and all the different aspects of care that a congregation can offer. The Faith Journey Questions are issues that people commonly face at the different junctions of cancer; however, these, along with everything else, might change depending on the person and we cannot assume we know what a person is grappling with at any given moment.

Integration and the Ministry of Presence are two key themes running throughout all of these forms of support: integration of the healing process, integration of the cancer experience into a person's self-understanding, and the continued integration of the person experiencing cancer in their community, are all facilitated when members of a faith community commit to being present for the person facing cancer and their family.

(After presenting briefly on each phase, you may want to make room for some discussion, for instance, asking people to turn to their neighbors and think about whether they've known anyone in this particular phase and what they remember about it and associated pastoral needs.)

Diagnosis: Cancer (Slide 16)

The initial phase of diagnosis will often come as a shock to the person, their family, and their community. It will take time to adjust to a new identity as a person or a family facing cancer. Meanwhile, the medical decisions often do not wait, and so a person may be going through a lot of inner transition while they are figuring out their treatment plan.⁹

This phase is the casserole / cooked meal phase because the most important thing that a congregation can do at this point is simply to reach out and let the person know that you are thinking about them. Food can be a great way to do this, though it's important to make sure ahead of time that what you cook or bring will work for their current diet. Other ways of reaching out include logistical support like grocery shopping, bills, childcare, visits to appointments, car inspection, pet care, etc.

We also recommend identifying a point person or two to follow the lead of the family in coordinating congregational support.

- Lotshelpinghands.com allows you to set up a point person to coordinate help.

During this phase, we recommend finding ways to honor and hold the questions people have without trying to offer explanations. People might ask “why me?” or “what have I done?” We should not try to answer these questions nor should we dismiss them. Singing the psalms or chanting together can help us express feelings of frustration or confusion in a faithful way without trying to provide answers that might not resonate.

Entering Treatment (Slide 17)

As the person enters treatment, meals, childcare, logistics, transportation help, etc. will continue to help. These things will be especially important for making it easier for the person to get to their appointments, and will greatly assist with their peace of mind if surgery, radiation, or chemotherapy is necessary.¹⁰

During this phase, people face a change in their identities—for a time at least, they will be patients.

⁹ A. Samson and B. Zerter, “The experience of spirituality in the psycho-social adaptation of cancer survivors.” (Journal of Pastoral Care and Counseling, Fall 2003, Vol. 57, is. 3, pp. 329-43).

¹⁰ See Cathy Peterson, Call Me If You Need Anything and Other Things Not To Say (St. Louis: Chalice Press, 2005)

- As community members, we can listen and serve as an audience to hear and understand what the patient/family is giving up.
- We can help mark new routines.
- Connecting the world of the hospital with the world of church might be helpful. This could include a prayer circle, a blessing of equipment, and maybe also praying for/with the hospital or doctor. Other possibilities include visiting the patient, implementing a prayer group, and connecting with the hospital chaplain.

Every person will discover their own comfort zone regarding how much direct attention they would like to receive in terms of visits in the hospital, phone calls, and emails.

- www.caringbridge.org is a terrific resource for people to post their health updates in a blog-like format, so as not to have to make so many phone calls with every twist and turn in the treatment program.

Decision-making is another theme in this phase. What can we do to support people in their decision-making?

- Prayers before, during, and after making decisions.
- Help families become aware of patients' feelings, and take note of our own impulses as family members to try to fix everything. We need to find ways to affirm how family and friends are feeling while also respecting the autonomy of the person with cancer.

In Treatment (Slide 18)

The period of treatment will often be a period of setting into new routines. We call this “the Long Haul phase.”

- The new routines of treatment can involve developing new communities within the health care arena, such as health care professionals or other patients. How can we recognize the sacred role of connection that these other communities might signify for a person outside of a typical faith community?
- Patterns of behavior may go along with the treatment routines: preparing for a treatment, going to the treatment, what happens at the treatment, returning from the treatment, and recovery afterwards.
- In addition to the forms of support mentioned above, a greeting card can go a long way towards helping the person know that you’re continuing to think about them.

Faith journey questions may relate to hoping and holding hope for each other. “How can I sustain this? How can I have something to hope for and look forward to?”

Learning to receive and having others do things for you can be tough. If it is possible, explore ways for the patient to return the favors, and at least let the person know how much it means to hear them say “thank you”. From the patient’s perspective, they are going to need to become comfortable saying “yes” to help.

- Thomas Droege, “With Open Arms: Receiving Care with Grace and Gratitude”.
- Family and friends will think about how to be honest with their own feelings, while also letting the patient lead.

Transitions in treatment can be a logical place to incorporate worship and ritual support.¹¹

- Celebrate where appropriate in the pastoral prayer
- Offer a private blessing or prayer of thanksgiving for the healing that has taken place.

Navigating the balance between physical healing (it’s ok to ask for it!) and emotional/spiritual healing is challenging. We can look at this through several lenses:¹²

- There are different kinds of healing and physical healing is one kind among others. Therefore, we should try to expand what people are hoping and

¹¹ Elaine Ramshaw, “Liturgy for Healing,” *Liturgy: Ritual and Reconciliation* (v. 9, n. 4): 9-17.

¹² Droege, *The Faith Factor in Healing*, pp. 23-52. Droege notes that trust in medicine without faithfulness in God is idolatry, pp. 32-3.

praying for to be broader than a physical cure, even when a physical cure is part of our prayers.

- At the same time, because we have an integrative approach to healing, we recognize that physical, emotional, and spiritual healing are all connected. Therefore, it is always possible that emotional and/or spiritual healing can help with physical healing, but we don't recommend emphasizing this first, because then people might think of emotional/spiritual healing as a tool to get to physical healing rather than an important end in itself.
 - The illness is located not in the person alone but in the community as a whole. Therefore, we should think about the general health of the family systems that the person facing cancer is a part of and find symbols to help us understand that when someone is sick, the sickness is not *their* thing but *our* thing together.
- The O. Henry story, "The Last Leaf", artfully treats the implicit link between emotional and physical healing, and the importance of community in the healing process. It is a great resource for group study. ¹³

¹³ O. Henry, "The Last Leaf." Available online at:
<http://www.online-literature.com/donne/1303/>

Beyond Treatment (Slide 19)

Beyond treatment is the Thawing Out Phase- dealing with feelings about life changes. This means...

- Adjusting to a new body
- Discovering and understanding the new you
- Integrating the experience into who we are.

Faith Journey Questions can relate to recovering one's sense of agency and power rather than just having things done to you... "Who am I? Where am I headed? Where is resurrection in my life?" Exploring these questions can be part of the healing process.

Support for people as they re-integrate into their communities can be of great help:

- Mark anniversaries on the congregational calendar—but different people mark different kinds of anniversaries (diagnosis, treatment, the all-clear, and others).
- As they are comfortable, invite them into non-cancer related roles in the church.
- We would encourage congregations to think about what Easter can offer to a person in this phase as well as Lent—the season typically associated with sickness or healing.
- Jesus still has the wounds but he is risen. How does our understanding of wellness change in the context of resurrection? In fact, Jesus' wounds serve as proof of his resurrection for Thomas (John 20:26-29).
- Worship service and the Blue Christmas option, often an additional service held before or on Christmas that is more geared toward people facing loss or uncertainty than the general services.¹⁴

¹⁴ Blue Christmas resources:

Tiffany Vail, "Blue Christmas services a comfort for many" in United Church News, December 2001 (includes link to sample services):

www.macucc.org/UCNews/dec01/blue.htm

Blue Christmas Service Template:

www.nami.org/Template.cfm?Section=FaithNet_Newsletter&Template=/ContentManagement/ContentDisplay.cfm&ContentID=90341

Often, the physical experience of cancer takes up much of a person's energy. It is often not until after the treatment regimen concludes and they have had some physical recovery that they are able to begin to attend to the emotional trauma of their cancer.

- Do not expect a person to be completely healed immediately after the physical healing is over. In fact, healing is a process that may always continue. This is important to emphasize especially because Euro-American culture encourages us to "move on" rather than attending to the emotional wounds that might still be very present.

Living a New Normal (and grieving the old) (Slide 20)

Living a new normal will include adjusting to post-cancer realities, some physical/medical, others relating to life in general. We call this the “Daily Different” Phase, because it’s in this phase that people who’ve had cancer reflect on how the experience has changed them in the course of going back to work, routines, and responsibilities.

Chronicity is a common theme; for instance, there will probably be continued check-ups and possibly scans. This might also include physical after-effects including changes in the person’s body, care routines, or diet changes. At this time prayer circles can help with feelings, changes, new and old.

Questions might include: Where did the old normal go? What in me/us has changed through this experience with cancer? Even though we might be back to work and our prior routines, we might be feeling different.

- Attend to a person’s sense of fear and freedom. Many people who have had cancer recognize the limitations of the human body and realize that cancer or other serious illness could strike again, either them or a loved one. Further, the personal freedom that is lost when one becomes a patient subject to both the illness and the medical system, can take a while to recover.
- Couples counseling might be a helpful option at this point to assist the person and their life partner understand the changes that their relationship has been going through in response to the cancer.

The Bigger Picture / New Lenses. Healing is a life-long journey. Often, people will investigate wellness options, including new forms of exercise, yoga, nutrition, taking the time to be healthy, music, cooking, or partnering with a parish nurse. Another common avenue is self-advocacy, being a role-model, participating in community events, and the “desire to give back”.

- Can we pair someone who’s been through cancer with someone else in the church newly diagnosed?
- Another option might be to invite the person or family member to share a testimonial during worship service.

Finding One's Voice, Again (Slide 22)

Many people feel silenced throughout their cancer experience, because of emotional stress, isolation, or experience in the medical system. When they are able to find their voice (at *any* phase) especially through support from their community, they can find a glimpse of healing, tell their story, and sing their song.

- Susan Halpern's book, *The Etiquette of Illness*, contains an intimate view of her recovery from cancer and wisdom for family, friends, and visitors on all aspects of communication and relationship during times of illness and healing. (Susan Halpern, *The Etiquette of Illness*, New York: Bloomsbury, 2004.)
- Zechariah, having earlier been silenced, gives utterance to new faith through adversity: *"Blessed be the Lord God of Israel, for he has looked favorably on his people and redeemed them. He has raised up a mighty savior for us in the house of his servant David...Thus he has shown the mercy promised to our ancestors."* (Lk 1:67-72)
- The image on this slide is entitled, "Prince of Peace," and speaks to us about the ways in which we, like Mary, can witness to new hope despite the difficulties around us: *"My soul magnifies the Lord, and my spirit rejoices in God my Savior, for he has looked with favor on the lowliness of his servant. Surely, from now on all generations will call me blessed; for the Mighty One has done great things for me, and holy is his name...He has filled the hungry with good things, and sent the rich away empty. He has helped his servant Israel in remembrance of his mercy, according to the promise he made to our ancestors, to Abraham and to his descendants forever."* (Lk 1:46-55)

Facing Recurrence (Slide 23)

The Rollercoaster Again.

A portion of people who have had cancer will face recurrence. This means that the cancer has come back, either in the same part of the body as it was before, or somewhere else.

The supports needed will include paying attention to deeply personal needs, care and conversations. Each instance of cancer is different, and each instance of recurrence all the more so. Still, many of the pastoral tools mentioned earlier will still be important: prayer chains, logistical help, ritual support, etc., but may need to be adjusted for appropriateness, confidentiality, etc.

How can we attend to the unique trajectory of each person's journey? It might be very difficult for the person to let others into their feelings of pain or frustration or others. It will be all the more vital to be sensitive to the person's changing energy levels, as well as his/her hopes and needs. For the person facing cancer, joining a support group may be a significant step at this point to receive care within a circle of "peers" who may be experiencing similar life-issues. "No one needs to make the recurrent journey alone."¹⁵

As always we should seek to be sensitive to a person's wishes, hopes, and desires. We may also think about ways to mark that the recovery they had was real at the time, even though they are now facing recurrence

How to honor the "thus far" *and* the unknowns of the present? How can we encourage them to accept how they feel right now...and know that even if the cancer has returned, healing and hope can be part of their journey at any given moment. Faith journey questions at this point may relate to fear of the unknown. "What will happen to me? Where is God?"

Finally, recurrence can be a bewildering prospect not only for the person but also for their community. Often, a community has prayed and worked hard to see a person through to the point of recovery. To walk with the person now during recurrence can bring up feelings of frustration and confusion.

¹⁵ L. Fitzpatrick-Nager, Swimming on my Wedding Day: My Cancer Journey through the Seasons. (New York: iUniverse, Inc., 2008).

Dealing with Loss and Transition (Slide 24)

Almost everyone who has cancer experiences transitions and body changes, and meets the threshold between life and death. For some, when modern, traditional and/or alternative medicine is not able to bring a cure for their cancer, it may be time to decide to enter into a palliative care regimen. The time may come to begin preparing for death. This decision can be very difficult for a person and their family but in many cases it might be the best thing.¹⁶

Faith Journey Questions: Where am I going? Where has my loved one gone? There is also the big why. Where is God in this? How can God allow this to take place?

In these instances, the family and the person must grieve their hopes for recovery as well as begin preparing for death.

- Five wishes offers a very helpful way for people to think about what's important to them for their last days and hours:
<https://fivewishesonline.agingwithdignity.org/>
- Caregivers have the especially difficult challenge of allowing a family member to enter palliative care and yet support them in this and not feel as though they've let the person down.
- In the present cultural vocabulary around cancer, we talk about "losing the fight with cancer" which can prevent us from recognizing that palliative / hospice care may be a life-giving and hope-filled option.¹⁷

Rituals can attend to the person themselves as well as for the caregiver/ family/ children. Some things will take time to heal and some things will never heal; there is no one standard for how long grief should last or how it should manifest.¹⁸

- Speak aloud the name of the person who died in ritual context.
- Also see Totenfest: www.ucc.org/assets/pdfs/totenfest.pdf

Death is still very real and present even for those who are cured but feel as though part of their body or part of who they were has died. In this respect it is important to mark the meaningful transitions, body changes, and life passages.

¹⁶ Brooks, pp. 65-71.

¹⁷ Droege, Faith Factor, p. 80.

¹⁸ Brooks, pp. 90-95. See also Sue Heiney, Joan Hermann, et al., Cancer in the Family: Helping Children Cope with a Parent's Illness (American Cancer Society, 2001).

Cancer Care and YOUR Congregation (Slides 25-28)

(Note: This final set of slides brings us back to your home faith community. We will begin with guided meditation to ease out of the previous segment of the presentation, and then continue with specific reflections and ideas and what the congregation is doing and can be doing. Please keep in mind that you might want to modify this section depending on where you are presenting; is there an obvious faith community context? Are the participants all members of the same church, or are they coming as representatives from different places? Think about these things ahead of time so as to minimize confusion.)

An Ethic of Care and Hope

“We yearn for healing as well as blessing with a dream of nothing less than the mending of creation as our hope.” - Thomas A. Droege

Let's take some time now before we turn to our own faith community, to think about these slides on the phases of cancer and forms of support. Have you had personal experiences with cancer? What have you taken away? How have you changed? How has it affected your hopes and dreams?

(Optional) I now invite you to join me on a guided meditation inspired by Mark 1:35. I'd like to ask for three volunteers, each to read aloud the passage: *Scripture: "In the early morning, while it was still dark, Jesus got up, left the house, and went away to a secluded place, and was praying there. Simon and his companions searched for him. (Mark 1:35-6 / New American Standard Version)*

(Read slowly, with plenty of pauses:)

Please close your eyes. Breathe in as deeply as you can and slowly let out your breath for four counts (1...2...3...4). And again, breathing in and out slowly and comfortably as you feel your body relaxing, your shoulders dropping, your jaw loosening...Imagine now that you are sleeping in your house. Your sleep is light yet comfortable. You hear stirring. At first you settle back into sleep, but then for some reason you wake up, get out of bed, put your sandals on, and walk slowly outside. It's still dark out. You see a few stars above you and the beginnings of light on the edge of the dawn. No one seems to be awake except a rooster crowing in the distance.

You take a moment to stretch your arms out wide and feel a light breeze on your cheek. Then, you make out the shape of someone moving in the distance and you follow. Perhaps, you are walking slowly through the grass, or feeling the sand on your feet as you walk onto a beach. Maybe you've passed into a grove of trees. It is silent and lovely and safe. Your toes are wet with morning dew. Take a moment to feel the warmth of the clothing you are wearing, enough to keep you warm in the morning chill.

You come at last to a secluded place. What do you see? What is around you? Is this a place you've been before, a favorite place? Or a beautiful place you've never been to before. What do you hear? You realize that Jesus is here, in this area with you. He is praying so you do not disturb him but you sense that he notices your presence and that he is happy for the company. Following his lead, you prepare yourself and enter into a time of prayer. You are sitting side by side, breathing quietly together.

Do you pray for anything in particular? If so, what is it that you are praying for? Does it involve healing of one kind or another? What do you imagine Jesus praying for? You place your hand on your heart and breathe in Jesus' prayer for you. You are deeply relaxed as the morning light grows warmer and the world seems to awaken.

Soon, Simon and his companions are searching for Jesus and for you. You can hear them coming. How do they approach the secluded place? How does this feel for you? Are you glad they are seeking you? They enter into the secluded place and are glad that they have found you. Together with Jesus, you stand up and walk back along the path you took to enter and see your house. How does this return trip feel for you?

Now, when you are ready, on the count of four, open your eyes and return to our circle. Take a moment to think about what you experienced. If you are comfortable, please share a single word relating to what you encountered as you woke up, went outside, walked, and prayed.

Thank you for joining me on this little walk. The material we are covering in this presentation is difficult, so I am glad we had a brief opportunity to check in with our emotions about what we've been discussing today.

As we come back to our own faith community, I'd like us to return to the healing definitions that we worked on earlier for our faith communities and for ourselves ([See Slide 9](#)). Is anyone willing to share? Has the definition of what healing is changed for anyone during these last few slides?

(Next slide)

Avenues for Healing Ministry (Slide 26)

As we've seen, there are many different models of health ministry. Here is a short and by no means exhaustive list: Personal visits, Communal in terms of the whole congregation and in terms of a small group, Creating a health cabinet/committee, Selecting a Parish nurse/health counselor/advocate, Clergy, and Lay members.

Now, to ground our understandings of healing in specifics: What healing ministries have you encountered, here or somewhere else in your community?

- (Note: you can go around the room, ask people to respond pop-corn style, or invite people to write down their thoughts and then share if they are comfortable. We recommend spending at least several minutes on this process.)

Reflection 2 (Slide 27)

What are the strengths we can build on as we think about our healing ministry?

- What are our faith community's values? How do we see these values in action?
- What are our strengths?
- When was a time that we really came together as a community? How did that feel?

How do you think about your own health?

- Are there any particular concerns that you have?
- Was there a time when you were ill and your faith community supported you?
- How might our faith community help you and other members continue to be healthy(healthier)?

Where are we as a faith community going?

- How do we grow together?
- How do we understand our ministry to one another and to the broader community?
- What are our hopes for our faith community?

Depending on where your congregation is, we recommend thinking about some sort of a structured assessment process to reflect communally on how your church is responding to the needs of people facing cancer and their families.

How might we imagine assessing our congregation?

- What are some questions that we would ask?
- Who are the people we would want to involve?

(You can deepen this Reflection by inviting participants to consider each of the three sets of questions first alone or in pairs, then in small groups, and then as a whole group.)

Assessing (y)our Congregation (Slide 28)

This slide has some resources that might help us in assessing our congregation. (Note: Depending on how much time there is, you may want to print out some of these resources ahead of time and do a quick initial congregational assessment. However, this might work better as its own session or even a deliberative process for the entire congregation.)

- Congregational Assessment Guide. Mary Chase-Ziolek, *Health, Healing and Wholeness: Engaging Congregations in Ministries of Health*. Pilgrim Press, 2005.
- Action Plan Template. James L. Brooks, *The Unbroken Circle: A Toolkit for Congregations Around Illness, End of Life and Grief*. Durham: Duke Institute on Care at the End of Life, 2009.
- Writing a Mission Statement: An Ethic of Congregational Care (written by the community following assessment period)

Possibilities for Next Steps (Slide 29)

From this point, it's up to us where we would like to go with this. This slide offers several different possibilities, and resources that could help. But we'll (you'll) need to develop our own plan, given what we know about (y)our congregation, its strengths and growing edges, its history and its members, and how we can best witness to Christ's healing presence to those facing cancer in our midst.

Forming a Health Ministry Team

- www.chreader.org
- www.hopeandhealing.org

Adult Education and Discussion

- Faithfully Facing Dying:
<http://www.ucc.org/justice/health/faithfully-facing-dying/>
- www.growthhouse.org

Closing Devotional (Slide 30)

(You might choose to make photocopies of the next two pages ahead of time.)

We're now at the end of our time together. Thank you for your attention and participation and great ideas. Let's move into a closing devotional to prepare us as we go out.

Congregational Care and Cancer

Rituals and Resources for Healing through the Seasons

Closing Devotional

Scripture

Psalm 18, vv 1-19. Going around the room, each person reads one verse:

I love you, O God, my strength.

The Lord is my rock, my fortress, and my deliverer, my God, my rock in whom I take refuge, my shield, and the horn of my salvation, my stronghold.

I call upon Yahweh, who is worthy to be praised, so I shall be saved from my enemies.

The cords of death encompassed me; the torrents of perdition assailed me; the cords of Sheol entangled me; the snares of death confronted me.

In my distress I called upon Yahweh; to my God I cried for help. From God's temple, God heard my voice, and my cry to God reached God's ears.

Then the earth reeled and rocked; the foundations also of the mountains trembled and quaked, because God was angry.

Smoke went up from God's nostrils, and devouring fire from God's mouth; glowing coals flamed forth from God.

God bowed the heavens, and came down; thick darkness was under God's feet. God rode on a cherub, and flew; God came swiftly upon the wings of the wind.

God made darkness God's covering around God, God's canopy thick clouds dark with water.

Out of the brightness before God there broke through God clouds hailstones and coals of fire.

Yahweh also thundered in the heavens, and the Most High uttered God's voice. And God sent out arrows, and scattered them; God flashed forth lightnings, and routed them.

Then the channels of the sea were seen, and the foundations of the world were laid bare at your rebuke, O Yahweh, at the blast of the breath of your nostrils.

God reached down from on high, God took me; God drew me out of mighty waters. God delivered me from my strong enemy, and from those who hated me; for they were too mighty for me.

They confronted me in the day of my calamity; but Yahweh was my support. God brought me out into a broad place; God delivered me, because God delighted in me.

Word of Life, Thanks be to God.

Song

Amazing Grace (first, second, and last verses)

Amazing Grace, how sweet the sound,
That saved a wretch like me.
I once was lost but now am found,
Was blind, but now I see.

T'was Grace that taught my heart to fear.
And Grace, my fears relieved.
How precious did that Grace appear
The hour I first believed.

When we've been here ten thousand years
Bright shining as the sun.
We've no less days to sing God's praise
Than when we've first begun.

Prayer

Let us join our hearts in prayer:

Source of mercies and God of all comfort, who attends to all things in wisdom for the best, visit us by your own grace, and comfort us by your presence, working in us that which pleases you, and send the grace of our Jesus Christ upon us, and the fellowship of the Holy Spirit, that we may have healing of all tribulation and affliction, and advance towards all good, for the perfecting of the church, for the building up of our souls, and to the praise of the glory of your name. Amen.

(St. Gregory of Nyssa, *Letter to the Church at Nicomedia*)

Go in Peace!

Index of Scripture References

The Road to Emmaus (Luke 24:13-35)

Slide 2: Our Purpose

“My mouth is dried up like a potsherd, and my tongue sticks to my jaws.” (Ps 22:15)

Slide 6: The Impact of Cancer

“Be strong and let your heart take courage” (Ps 27:14)

Slide 7: Church as a Healing Space

“Even there your hand shall lead me, and your right hand hold me fast.” (Ps 139:10)

Slide 7: Church as a Healing Space (notes)

“Come to me all who are carrying heavy burdens, and I will give you rest.”

(Matthew 11:28-30)

Slide 7: Church as a Healing Space (notes)

“For just as the body is one and has many members...so it is with Christ.”

(1 Corinthians 12)

Slide 7: Church as a Healing Space (Handbook)

“Daughter, your faith has made you well; go in peace, and be healed of your disease.” (Mark 5:34)

Slide 10: Healing Is...

“If I take the wings of the morning and settle at the farthest limits of the sea, even there your hand shall lead me, and your right hand shall hold me fast.” (Ps 139:9-10)

Slide 14: Phases of the Cancer Journey

Doubting Thomas (John 20:26-29)

Slide 18: Beyond Treatment (Handbook)

Mary’s Magnificat (Luke 1:67-72)

Slide 22: Finding One’s Voice – Again (Handbook)

Zechariah’s Prophecy (Luke 1:46-55)

Slide 22: Finding One’s Voice – Again (Handbook)

“My joy is gone, grief is upon me, my heart is sick.” (Jer 8:18)

Slide 24: Dealing with Loss and Transition

“In the early morning, while it was still dark, Jesus got up, left the house, and went away to a secluded place, and was praying there. Simon and his companions searched for him.” (Mark 1:35-6 / New American Standard Version)

Slide 25: An Ethic of Care and Hope (Guided Meditation)

“I love you, O Yahweh, my strength.” (Psalm 18:1-19)

Closing Devotional