Gustavus Adolphus College

Images of God
In the Terminally Ill

Department of Religion

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Contents

I would like to begin by thanking John, Sandy, Danny, and Sharon for allowing me to use their lives as examples in this paper. Each has been an important in understanding what it means to be terminally ill. It has been an honor to learn about and describe each one of these patients. Their courage is truly amazing.

Introduction

In the United States most people seek to be cured by the medical community. Anything less than a cure is a failure. Where there is an infection there is surely an antibiotic with a cure. However, there are exceptions—cancer, AIDS, Lou Gehrig's disease, and others. Those who go to their doctor and receive this diagnosis are given the news that they are terminally ill. We all know we will eventually die, but those diagnosed with a terminal illness have had their personal timelines completed. End of life decisions now confront these people; they must face the end of their timeline and prioritize what they will do with the rest of their lives. Setting priorities can often bring deep insights into living. One insight identified by all of the patients I spoke with, is their image of God. All of these patients explain that in order to continue with both a terminal illness and a clear sense of death, they must clarify their relationship with God.

In this society it is difficult to speak about dying. It is something we try to overcome. Doctors go to medical school to save lives, and for a doctor to "lose" a patient to death suggests that the doctor has failed. In the hospital, death is seen as unnatural, preventable. Death is also uncomfortable to speak about with those around us. Most of us know we will eventually face death, but until we are given a deadline to our lives, we try to avoid discussing it.

Even after death has occurred, we often still try to deny it. We go to great lengths to prepare a dead body to present the image that the person is sleeping, not dead. We also try to overcome the pain of death by excluding children from exposure to the harsh reality of death. We do not allow children at the funerals or at the bedside of a dying individual.

Due to our difficulties in dealing with death, it is also challenging to know how to explain and discuss it. To explain death we use words that are not familiar or comfortable to us. Those dealing with a terminal illness often encounter this difficulty as they seek to explain their feelings. Feelings become more vivid than ever before, but because one has never encountered these feelings before, they are hard to articulate.

Many people live their lives as if their days are infinite. Many of us unconsciously expect to live forever. We delay events for the future and fail to take time for them in the present, always proceeding through life thinking there will be a next time. An example of this may be not telling those around us how much we care for them, and rely instead on the future to share our feelings. As we do this, we lose a special quality to our life. We forget the small details in life; which comprise this special quality. As we forget to pay attention to those small details, they are lost in the constant pursuit of the future.

A number of individuals have been given an anticipated end-point to their lives. A doctor has given them a date by which they can expect to die. We all know that death will occur, but this is different because, for these individuals, it is definite and soon. Knowing this information can give patients new insight into life. Details become more important. Reflections on life become very important.

We need to listen to those who are dying. They can offer to us a fresh honesty found only within a terminal illness. They often allow their true self to speak, and do not hold back the feelings we have been taught to hold back. Gradually, as the true self begins to speak, it discovers new insights into life. The dying often approach life with clarity others do not have. They often feel compelled to ask questions and seek answers to questions about their fears, how they will seek strength, and what God really means to them at the end of life. They often identify things the rest of us are afraid to identify. As those around the dying confront their own fears of death, the dying often go beyond these fears and seek explanations to life. They seek to explain the details in life that most have not needed to explain yet.

I. Methodology

As began this project the first book I read was *Tuesdays with Morrie* by Mitch Albom.[1] The author of this book writes about the insights he has learned from his former professor, Morrie, who is dying from a terminal illness. Throughout the book it is easy to connect with Morrie, to feel as if you are one of his students learning from him. He teaches the reader valuable lessons about life and living in the face of death. After reading the special insights about life and living in the face of death, I was eager to hear from other people who were dying, and anticipated the same connection to their insights concerning life. I was surprised to find that I did not agree with everyone I studied. I had a hard time connecting to a few of them. I encountered feelings of frustration and confusion with some people.[2] An example I can use to show this frustration is the film *Dying*. This film focuses on the lives of four people as they are dying with a terminal illness. One character requested that her husband just die, because he was putting the family through too much stress. At that point I realized that I might not agree with everyone I would interview.

As I read about, watched, and conducted interviews with many different people, I felt one thing toward all of them—amazement at their courage. Whether we shared the same ideas or not, I respect each of them for the view they held on life, and the contribution they made to my understanding of what it is like to be terminally ill.

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[1] Mitch Albom, *Tuesdays With Morrie* (New York: Doubleday, 1997).

[2] For further personal stories and reflections about dying from a terminal illness, see Franz-Oliver Giesbert, *Dying Without God* (New York: Arcade, 1996) ; Marie de Hennezel, *Intimate Death* trans. Carol Brown Janeway (New York: Vintage Books, 1997); and *Dying*, Produced and directed by Michael Roemer. 97

I have learned from Morrie about life and living in the face of death. Morrie explains how to live a more purposeful life, and take advantage of what we currently have. He reminds us not to get lost in constant pursuit of the future. Now, taking these lessons from him, I will explore what others have to say about God, sources of strength, and the ways other people have helped these individuals though their illnesses. Morrie has helped me begin the process by explaining that the dying posses valuable insights.

In this paper I will be studying the images of God held by terminally ill patients. I will focus on four different images obtained through information gathered during personal interviews with patients and a chaplain and reading a book written by a man struggling with terminal cancer.[3] I will examine the roles God plays in each of their lives as they cope with dying. The questions asked during these interviews will allow me to understand and clarify how these patients explain their personal images of God.[4] I will then look at the images of God presented by each person and see what deeper insights these images reflect about their individual lives and their illness. After clarifying how each patient defines God, I will use the information to discuss methods to supplement their medical care with spiritual care.

To research this topic I have used I variety of resources. Two of the personal stories have come from interviews conducted with terminally ill patients. These interviews will be discussed in depth later in the paper. The interviews will be used to demonstrate different images of God presented by terminally ill patients. Another personal story has been taken from the book *Cancer and Faith* by John Carmody.[5] When

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min. Boston: WGBH, 1975. Videocassette.

[3] See Appendix A for a full description of the process of arranging the personal interviews.

[4] These questions appear in Appendix B.

[5] John Carmody, *Cancer and Faith* (Mystic, Conn.: Twenty-Third Publications, 1994), p. 12.

I started examining images of God held by terminally ill patients I chose to use personal stories rather than published statistics and explanations of the dying process. I decided that these four stories allow me to investigate my topic in a more personal and complete method.

After conducting these interviews with terminally ill patients I looked for explanations of their feelings from three hospital chaplains and a pastor. These professionals were able to compare the responses I received to other responses they have received while working in their field. To investigate topics the chaplains and pastor were unable to address, I have consulted books and journal articles. I selected books from a large variety of topics under the general heading of death and dying. Within death and dying, some topics include hospice care, pastoral care of dying, psychology of dying, and personal reflections. Journal articles were used to understand current information being discussed in the area of death and dying.

After reading books and speaking with the pastor and chaplains, I learned that it was essential to learn about the stages of death and dying to understand each patient and their responses to my questions. Before I evaluated their image of God, I needed to first evaluate how they are coping with their illness. Examining work published by Elisabeth Kübler-Ross can do this.

Elisabeth Kübler-Ross is known for her contribution in the field of death and dying. She has developed five stages of dying in her book *On Death and Dying*. The first stage is denial, in which a person denies that they have the illness.[6] The next stage Kübler-Ross identifies a time of range and anger. During this stage, the patient is often

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[6] Elizabeth Kübler-Ross, *On Death and Dying* (New York: MacMillan Publishing Co., 1969), pp. 38-49.

angry with both others around them and their illness itself.[7] Next, Kübler-Ross identifies bargaining, where the patient commonly bargains with God saying they will live their lives differently, if they would be allowed to live.[8] After bargaining, Kübler-Ross explains a stage of depression. A time where the patient experiences grief over their illness. Isolation is also very common during this stage.[9] The last stage Kübler-Ross identifies is acceptance. In this stage the patient is neither happy nor unhappy about approaching death, but instead has just come to accept it.[10] Kübler-Ross' work has been criticized for making the individual process of death too predictable. I have chosen to explain these stages of dying in this assessment because the emotions identified are very applicable to the experiences of the individuals I have studied.

Mary Casey, a chaplain at Fairview University Hospital in Minneapolis, believes that Kübler-Ross' stages are a helpful framework. Casey believes that we do not need to know these stages as progressive steps; instead, we need to think of them as emotions that can appear during the dying process. Casey used the word "popcorn" to describe the emotions that appear with terminally ill patients. One day a patient may deny the illness, and the next they may accept it without passing through the other stages. The stages of death are very individual. It is essential to understand the stages as possibilities of emotions that arise during grief periods.[11]

While interviewing patients it is important to consider that a patient's current perspective of their illness influences their outlook on the other aspects of their life. Each terminally ill patient moves through different stages of dying. The stages of dying are

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[7] Ibid., pp. 50-81.
[8] Ibid., pp. 82-84.
[9] Ibid., pp. 85-111.
[10] Ibid., pp. 112-137.

different in each patient but often include similar feelings. How a person expresses their image of God may depend on the stage of death they are displaying at that time. Mary Casey at University Hospital has observed that many of her patients have not been willing to talk until they have spent an amount of time in the stage of acceptance. Three of the patients I researched were in a stage of accepting their illness when I studied them. One of the patients was angry, while accepting that her illness had defeated her. This does not mean they have moved out of the other emotions; it explains that they typically displayed those characteristics and display them at the time of research.

Mary Albing, a chaplain at Abbot Northwestern Hospital in Minneapolis, also found Kübler-Ross' work outdated. She said that the stages of dying were, "Too simple and too concrete." From her experiences as a chaplain, she has found that emotions revolve around the physical, mental, spiritual, and social self. In her observations, she often sees patients struggle while trying to understand their spiritual emotions. She has found that this dimension takes time to understand. After each side of the self is affected, she believes, some people are able to enter a stage of reconstruction. They take the ways they have been affected and construct a new way to see themselves and others.[12]

Three of the patients I will be describing are dying from a terminal illness called cancer. According to the American Cancer Society, in the year 2000 it was anticipated that about 1,220,100 new cancer cases would occur. They expected approximately 552,200 cancer-related deaths in the same year. This is over 1, 500 people a day. Cancer is the second leading cause of death in the United States, trailing only heart disease. In

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[11] Mary Casey, personal interview by author, tape recording, Minneapolis, Mn., 27 Feb. 2001.

[12] Mary Albing, personal interview by author, tape recording, Minneapolis, Mn., 6 April 2001.

America half of all men and one-third of all women will develop cancer during their lifetimes.[13]

Cancer is a disease of abnormal cells. The abnormal cells spread throughout the body through uncontrolled growth. The abnormal cells accumulate to form lumps, which are called tumors. These tumors can invade, compress, or destroy healthy tissue in the area. The spread of this disease can sometimes be controlled by a variety of methods such a surgery, radiation, hormones, chemotherapy, and immunotherapy. If the spread of the cells is not controlled, the disease turns into a terminal illness. Cancer is labeled by the part of the body it attacks first. Examples of this are breast cancer, liver cancer, a brain tumor, and skin cancer. If cancer begins in the breast and moves to the lungs, it is still labeled breast cancer.[14] In this paper I describe John and Sharon,[15] who suffer from a form of cancer called multiple myeloma, and Sandy, who suffers from breast cancer.

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[13] American Cancer Society, "Cancer Resource Center: What is it?," American Cancer Society [Resource Center online]; available from http://www.cancer.org/cancerinfo/load_asp?st=wi&ct=1language=english ; Internet; accessed 23 Feb. 2001.

[14] American Cancer Society, "Cancer Resource Center: Basic Facts," American cancer Society [Resource Center online]; available from http://www.cancer.org/cancerinfo/load_asp?ct=1?doc=62&Language=ENGLISH; Internet; accessed 23 Feb. 2001.

[15] Out of respect for the privacy of the patients I interviewed, I have given Sandy, Danny, and Sharon names in this essay that are not their own.

II. The Patients

John Carmody

When preparing four different perspectives on the topic of images of God and the terminally ill, I chose to include the story of John Carmody and his insightful images of God during his terminal illness. He writes about his image of God in the book *Cancer and Faith*. He is in dialogue with God throughout most of this book. He gives very vivid description of a God who is all-powerful and all-knowing. His god is not limited in any way. Recognizing that his god is not limited in anyway, he explains the implications this has on his diagnosis of terminal cancer.

John was 53 years old when he went into his doctor and the CAT scan confirmed the news that he had multiple myeloma, a cancer of the bone marrow. At the time of his diagnosis, the doctors told him that they had not successfully cured anyone suffering from this type of cancer. The mean survival rate was three years. He begins his book a few short months after this diagnosis.

As John struggles with the bodily challenges of cancer, he remembers how active he had once been. He had once run a marathon; he liked to take leisurely walks and run up and down the stairs. He thought of the times that he swam laps in the pool. Now this was not possible. With the cancer inhabiting his bone marrow, he now " limps on swollen feet, painful legs, inching ahead with a four-pronged cane."[16] He has lost his "motion and quickness."[17] He tires to tries to balance the effects of his disease by

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[16] Carmody, p.12.

[17] Ibid.,p.12.

consuming twenty pills a day. As the cancer proceeds—just seven weeks after his diagnosis—he experiences a new level of pain when he fractures his back, crushing two vertebrae, and he develops a hole in his femur.

John has trouble watching all of the family affairs fall to his wife. As he becomes sicker, more of the burdens fall to her. Traditionally, John took care of the dishes and cleaning, most of the shopping, bill paying, and financial planning. He also handled the business transactions for the books they wrote together. Along with writing, his wife also works as a university professor. Now John has become dependent on her to arrange the family affairs. John wants to prepare his wife to be alone.

As he deals with these changes, he is left physically impaired, with much time for reflection. During this time, he wrote the beginning of his book. In this section he deals with the shock and his feelings about the diagnosis. In this first section of the book he speaks about the challenges of dealing with the reality of death. John also explains the depression he experiences as a result of not being able to participate in the activities in which he once participated. Throughout the first year, he goes through chemotherapy. After the first year, enough cancer cells have been killed that he qualifies as being in partial remission. He writes the second part of the book during this time of partial remission. Passages in this section come after long reflections of his illness and God's participation in his diagnosis. These reflections are the result of living in Kübler-Ross' stage of acceptance for an extended period of time.

John is a very valuable resource for this paper because, he focuses on the connection between God and his illness. Other written works studying the terminally ill, such as *Tuesdays with Morrie,* contain many lessons for life but do not mention the illness' connection to God.

Throughout his book, John gives a vivid description of his god. He sees God as ultimate and unfailing.[18] God is the one who gives each being meaning.[19] "God is the foundation and marrow of our being."[20] He believes that, "There is no I without God."[21]

Sandy[22]

In 1996 Sandy was diagnosed with terminal breast cancer, and given six months to live. Today, at age 41, Sandy is still alive and attributes it to her will to live and her faith in God. The following information is taken from a conversation she and I had in March 2001.

Sandy is a single mother of four children. Her and her four children live in the Minneapolis area. They also share their house with two parakeets, which "chirp and make a mess." Her two daughters are ages seven and eleven. Her sons are nineteen and twenty-two. She stays home to care for her children and her house, and spends a lot of time with her family who is in the area. They are very good at taking her out when she needs time to relax, and have done things such as going on road trips together or going to play bingo. They also help her by taking her to her doctor appointments, going grocery shopping, and helping around the house. Her father actively investigates new research in the treatment of cancer.

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[18] Ibid.,p. 74.
[19] Ibid.,p. 2.
[20] Ibid.,p. 81.
[21] Ibid.,p. 79.
[22] All information about Sandy has been taken from a personal interview with her at Abbot Northwestern Hospital on March 14 2001.

At the time Sandy was diagnosed with breast cancer, her lymph nodes were also involved. Fifteen of twenty-two of her lymph nodes were determined to be cancerous. Her doctors predicted she would live six more months. After this diagnosis, she began an extensive series of oral medications, radiation, and a variety of chemotherapies.

Sandy was selected to participate in a research project at the University of Texas' M.D. Anderson Cancer Center. Sandy was one of three hundred women participating in this study. The women were divided into a high-risk group and a low-risk group, each group comprising one hundred and fifty participants. The research project involved treatment with a very aggressive form of chemotherapy. Sandy wore a pack around her waist that injected her every second. She turned an orange-reddish color and was very sick to her stomach throughout the entire treatment. This caused her to have a difficult time eating. She stayed on this program for eight months. Out of the one hundred and fifty low-risk women, one-half of them have died. In the category of high-risk women, fifty are still living. She finds herself very lucky to be among the fifty survivors of the high-risk group.

Two years after her diagnosis, Sandy moved to Minnesota to be closer to her family. When she left M.D. Anderson, they recommended two doctors for her to contact in Minnesota, one doctor at the University of Minnesota Hospital and one at Abbot Northwestern Hospital. After seeing the doctor at the University Hospital, she decided it was very important to her to see a doctor with a good beside manner. That is why she chose the doctor at Abbot Northwestern Hospital, Dr. John Brown, a very knowledgeable doctor who is willing to take extra time to care for his patients and speak with them about their concerns. As I attended Sandy's check up with her, he was very patient and helpful to me. He took time to explain her treatments in Texas and her care in Minnesota starting in January of 1998.

Sandy's care in Minnesota began with Taxol chemotherapy. Taxol is a very aggressive form of chemotherapy, with many side effects. This treatment was so aggressive that Sandy lost her fingernails and toenails and could squeeze her fingers and watch pus seep out of her fingernail beds. She tried other kinds of chemotherapy. The chemotherapy was very detrimental to Sandy's bones. Dr. Brown decided that she needed to begin taking a drug called Euradia, which helps to maintain bone strength and stimulates a response by the bone marrow to the chemotherapy.

Today she is continuing with the chemotherapy treatments. Her chemotherapy treatments are balanced by pain medications. This is taken care of by a pain clinic. The doctor treats her cancer, and the pain clinic regulates her pain medication. This separation is good because she can receive more advanced pain care. It is also beneficial to have one person regulating pain medications to prevent any possible interactions.

Today Sandy still suffers from full-blown breast cancer in her lymph nodes, spine, ribs, bone marrow, and liver. After a bone scan in December of 2000, Dr. Brown has determined that Sandy is in stable condition. No new tumors were detected and nothing had grown. Her current treatment is aimed to stabilize the tumors—keep them from growing—not to eliminate them. Dr. Brown says, " For a cancer patient, if you are stable and nothing is growing you are actually moving forward and achieving."

Sandy lives with her condition by staying active. Her sister told me that Sandy never stops and she never lies down. Her sister also told me that Sandy says, "There will be plenty of time to lay down when it all comes to an end."[23] Sandy still goes out and participates in daily activities. When she is experiencing nausea, she simply brings along a wet wipe to clean herself up if she becomes ill.

When I started to outline this project, I decided I would study terminally ill patients. After spending time with Sandy, her sister, and her doctor, I re-evaluated my use of the phrase "terminally ill." I had a difficult time considering her a part of this category. Due to this, I will use the phrase "terminally ill" to describe a person who has been given a medical diagnosis that will lead to a predicted end of their life under current medical technology. Sandy has been given a diagnosis that now seems to be terminal. There is always hope, but given the capabilities of existing technology, her status according to my definition qualifies her as terminally ill.

During Sandy's illness, her four children have all learned to accept her cancer in different ways. Her youngest daughter Olivia has had the hardest time accepting that her mom is sick. She often questions why her mom was chosen and not someone else. Sandy has sought the help of a school social worker to talk over her concerns with her daughter. The social worker has helped Olivia see that it is not just her mom who is sick with this; other people are too. Now she understands and accepts that this is the way things will be. Olivia often wants to go to church to pray for her mom. It means a lot to her when the pastor takes time to do a personal prayer with the family.

For Sandy, her illness has limited her in many ways, but it has also encouraged her. She may not have the energy or the pain-free life she once had, but she now has the desire and will to do everything. In 1996 when she was given six months to live, she was forced to make priorities in her life. Her attitude was, " if God is nice enough to give me

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[23] Helen, personal interview by author, tape recording, Minneapolis, Mn., 14 March 2001.

six more months, then I had better enjoy them." She had to decide what this meant to her. She started by spending time with her children. She took the time to enjoy all of the things that they did. Living in Texas, she was a long way from her sisters, brother, and father in Minnesota. She decided that she wanted to spend her remaining time closer to them, so she moved to Minnesota. Now she examines her future one-day at a time, always enjoying the present moment.

Since 1996, when Sandy was diagnosed with six months to live, she has experienced a roller coaster of emotions, many explained by Kübler-Ross' stages of dying. They did not occur in a linear series; rather, they fluctuated constantly. After living with this illness for five years, Sandy has become very accepting. This doesn't mean she has given up; she still looks for new treatments and technology. She is hopeful, but she also accepts that these treatments and new technology may not work.

After speaking with Sandy, I considered switching my topic from "Images of God in the Terminally Ill," to "Images of God in the Seriously Ill." I had trouble identifying this woman as terminally ill. As I attended her chemotherapy appointment with her doctor and they discussed new treatments, I did not want to be the one deciding that these treatments would not be successful. After reviewing her diagnosis of full-blown breast cancer—which has spread into her lymph nodes, liver, spine, ribs, and bones—I decided that I needed to overcome my own denial of death and accept that while Sandy is stable now, without a new discovery she will soon face death.

Danny[24]

After receiving his Ph.D. in linguistics and his pilot's license, Danny decided to enter seminary in the United Church of Christ in 1995. His plans were to be ordained and obtain a position as a full time pastor. When Danny received his placement as a chaplain at Abbott Northwestern Hospital, he did not know what the added bonus of free health care would eventually mean for him. For many years he had that known he had a heart condition, but he had never visited a doctor to have it diagnosed. Now, six years later, he is 54 years old with a life-threatening condition called idiopathic cardiomyopathy, commonly known as an enlarged heart. His condition is complicated by Type II diabetes.

Idiopathic cardiomyopathy is also known as hypertrophic cardiomyopathy or idiopathic hypertrophic subaortic stenosis. This disease is "often diagnosed in young adulthood, and often seen in active, athletic individuals."[25] It is found more commonly in men than women. Its four main characteristics are: the ventricular muscles (such as the ventricular wall and intraventricular septum) are much larger than usual, the left ventricle often contracts forcefully and rapidly, relaxation of the heart is impaired, and some patients experience obstruction of aortic flow. Ventricular filling is impaired and with the obstruction of aortic flow, this can cause a decrease in carbon monoxide in the blood, especially during times of exertion. Arrhythmia—an abnormal heartbeat—is common with this illness and can cause loss of consciousness or sudden cardiac death. This is the most common cause of death in these patients.[26]

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[24] All information about Danny has been taken from a personal interview with him at Abbot Northwestern Hospital on March 14 2001.

[25] Sharon Mantik Lewis, Margaret McLean Heitkemper, Shannon Ruff Dirksen, *Medical- Surgical Nursing Assesment and Management of Clinical Problems*, ed. Sally Schrefer, 5th ed. (St. Louis: Mosby, 2000), p. 906.

[26] Ibid.

Danny's enlarged heart is a condition he has had most of his life. The exact cause is uncertain, but it is most likely due to a childhood illness. The doctors detected his enlargement so late in life that it was immediately seen as severe, so severe that he legally qualified as disabled because of his extreme decrease in energy. As doctors discovered Danny's heart condition, they also detected type II diabetes, commonly referred to as adult-onset diabetes.

A year after his diagnosis, Danny began to suffer from the effects of his illness. His energy began to decrease, and began he to require a nap each day. Danny soon began to roll over at night and his heart would stop causing him to black out. The treatment by medication was not working. The failure of the medication treatment forced him to turn to surgical procedures. Today Danny has tried all possible surgical procedures without success and his only option is a heart transplant, which he has declined. After working as a chaplain in the transplant department of the hospital, and watching patients lose their quality of life, he decided he does not want to suffer through one himself.

As Danny began treatment by medication for his enlarged heart, it became impossible to control his diabetes with only diet modification. His diabetes has worsened due to the heart medication, and his diabetes has weakened his heart. The treatments are working against each other.

Physically, Danny had many challenges to overcome. He did not own a car, so he walked to most places. As his energy decreased, walking became harder. Danny lived alone, so when his heart would stop at night, he was not able to seek immediate medical attention.

The decrease in energy was very difficult for Danny to handle. It interfered with every aspect of his life and would continue to do so for the rest of his life. His personal life and career would never be the same again. When he entered seminary with the United Church of Christ in 1995, his plans included becoming a full-time minister. After this diagnosis and decrease in energy, he realized that he would never be able to hold a full-time job, let alone a position in ministry. Should he even continue to pursue ordination? He has decided to pursue ordination, but at a slower rate than he had originally intended. Danny decided that he needed to consider how he wanted to live. He needed to consider what was going to fulfill the time he had on earth. He investigated the possibility of working part-time as a minister, as well as what it would require to retain his pilot's license with these illnesses.

Danny identifies with three of Kübler-Ross' stages of dying. When he first found out about his illness, he explains that he went through a time of shock and denial. He had lived with his illness for so long that it was hard for him to accept that it was life threatening. As his energy decreased, he became depressed about the things that he could not do, such as studying and flying. As he worked through these feelings, he came to a place of acceptance but still has moments of deep frustration. During my interview with Danny, he conveyed a strong feeling of personal acceptance of his illness. Danny cannot remember passing through the other two stages—bargaining and rage and anger.

Sharon[27]

Sharon was a gentle, sweet woman with a big heart, a married mother of two who taught middle-school math. When she chose her career, she understood that she was brilliant when it came to numbers and she would probably make a very good business accountant or businesswoman. She still decided to teach.

Sharon was 60 years old and teaching when she was diagnosed with multiple myeloma. At this point she was unable to continue her career due to her decreased energy and medications. Teaching had been her passion since she was young, and this was very difficult for her to handle. Knowing that she was terminal, she also knew that she would never teach again. Her colleagues threw her a retirement party at the school, and this was very special to her. Throughout Sharon's illness, she had feelings of sorrow because she was not teaching anymore. To overcome these feelings, she decided to tutor students, because this would not require as much energy as a full day of teaching.

She had two children, both in their twenties. As Sharon's medical needs increased and her husband was not able to handle the burden, Sharon's daughter Stacy decided to take a leave of absence from a prestigious art school on the East Coast. The school would not guarantee to re-admit Stacy at the end of her leave of absence. Even so, Stacy decided to take this chance to be with her mother. Sharon's two sisters also assisted in caring for her. Her husband was not much help to her; it was much more than he could handle.

Sharon spent her last drive home from the hospital discussing her funeral with chaplain Mary Albing, which was to be held at the Cremation Society. They were

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[27] This is Sharon's story as retold by Mary Albing, a Chaplain at Abbot Northwestern Hospital's Virginia Piper Cancer Institute. Sharon passed away before this project began.

driving to Sharon's house, where she would receive hospice care. She found great peace in this because her sisters and husband did not want to speak about her upcoming death. Her husband, a man with strong scientific and no religious beliefs, was very afraid of dying. He asked her to not speak about it with him. Her sisters would begin to cry if she ever mentioned it. These reactions made her feel very trapped within her family. It was a great relief for Sharon to be able to speak with a chaplain in regards to her approaching death.

I have described John, Sandy, Danny, and Sharon in depth to help illustrate how unique each person is. Now that I have shown personal characteristics of each person and the dimensions of their illness, I will describe each patient's individual images of God. While reading each image of God described, it is helpful to reflect back on each patient's personal stories. This can help the reader understand the entire story, so the illness and the image of God are not viewed separately.

III. Four Images of God

If I spoke with five hundred patients about their image of God, I would receive five hundred different images. An image of God is very personal. In this group there may be many similar descriptions, but none of them will be identical. John, Sandy, Danny, and Sharon have four different perspectives, not to be generalized to all people suffering from a terminal illness. On any given day John, Sandy, Danny, and Sharon may also explain different characteristics of their image of God. But they show what some of these images are and what the images provide for each of the patients.

John, Sandy, and Danny all acknowledge the presence of God in their lives. They all describe this presence as a positive influence. They are all very accepting of God's power in their lives and have allowed God control of their future. Sharon does not acknowledge God's presence in her life. She feels that if there even is a God, he is cruel and awful.

The fact that John is a theologian is very evident in the content of his book. Most terminally ill patients are not equipped to describe God on the level that he does. It is evident that he has written other deep reflections on God before writing this book.[28] Chaplain Mary Albing, is very critical of this book. She does not find it a true representation of a cancer patient; she says that she has never met a patient who is this

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[28] Along with *Cancer and Faith* John Carmody has also written books such as: *God is No Illusion: meditations on the end of life, Theology for the 1980s, Toward a Male Spirituality, How to Handle Trouble,* and *Living with God—In Good Times and Bad.*

passionate and eloquent when they speak about God.[29] Nonetheless, I have decided to use this book, because John's extreme faithfulness offers many perspectives to consider.

Danny, Sandy and John all see God as a positive force in their lives. They continue to praise God amid their suffering and pain. Sandy and John both believe that God has given them cancer for a purpose. John sees this illness as God's ultimate embrace, as a way that God frees him of his bodily limitations. Eventually his illness will bring him closer to God.[30] He sees all of God's works as works of love.[31] To John, "God is all powerful," "ultimate and unfailing."[32] John holds such a deep passion for God that it moves him to tears.[33] John writes, "By lacerating my flesh, you have made Christ a closer sacrament."[34] John feels a deeper connection to Christ's suffering through his own suffering. John also feels a connection to Job and his trial by the adversary. He understands Job's feelings and takes strength in his faith.

Sandy feels that God has given her cancer for a purpose. She sees cancer as a tool God is using to shape her life—perhaps to bring her back to Minnesota or to bond her closer to her family. She thinks that she may even have gotten cancer to bring her closer to God, to ask the questions she has not asked before about heaven and her beliefs. Before she was ill, she did not ask questions about God; she just believed in God, and her faith was not tested. Her faith in God has become stronger by looking at God from within herself. She has been forced to answer her own questions and decide that God has a greater plan. She says about God: "If you believe in him, he will believe in you."[35]

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[29] Mary Albing, personal interview by author, tape recording, Minneapolis, Mn., 6 April 2001.
[30] Carmody, p. 4.
[31] Ibid., p. vii
[32] Ibid., pp.2, 74.
[33] Ibid., p.10.
[34] Ibid., p.27.
[35] Sandy, personal interview by author, tape recording, Minneapolis, Mn., 14 March 2001.

Danny has a distinctive perspective. Intellectually, Danny says, he cannot think of God; he can only think of God emotionally. Growing up, Danny did not have a father in his life. He feels that he has found this fatherly connection with God. Danny's love for God is what he imagines feelings for a father must be like.

If Danny reflects on his illness intellectually, he feels forced to answer questions about God's involvement in his illness. This takes away the comfort Danny finds in God. Danny does not want to look at God as the source of his illness. At the same time, he realizes that by excluding God as a source of his illness, he is also excluding God as a source for healing. Danny believes that God does not give individuals cancer, therefore God cannot take cancer away from individuals either. For Danny, God is not involved in individual aspects of each person's life, but controls the greater aspects of the universe. Danny feels that it is too easy to blame God for both good and bad in the world. He has not been able to interpret his view of God's limited power in the world. Instead of dwelling on God's power, he has decided to not think about it. When I asked Danny about his image of God and the effects of his illness on this image, he declared that there is no connection between God and his illness, so his image has not been affected.

Sharon drew no support or consolation from her image of God. When asked about God, she would reply, "If there even is a God, he is a cruel and evil God."[36] Sharon was raised in the Roman Catholic Church, but separated from the church as a teenager. Throughout her life she rarely reflected on whether God even intervened in the world. When she was diagnosed with cancer, she decided that if God exists he had influenced her life in a negative way. Sharon's friends encouraged her to think of God and his role in her illness. They said they would pray for her, and they gave her holy water. She decided to take a chance, accepted their prayers, and bathed in the holy water. When her condition did not improve, she felt God had abandoned her.

These four individuals paint very different pictures of God. John paints us a picture of God as the ultimate being who is never wrong and blesses him by caring enough to give him cancer. John does not question God, he only praises the wise, loving actions of God. Sandy paints us a picture of God as powerful and all-knowing, with a plan for her life. Sandy believes that God is shaping her life by giving her cancer. Sandy sees this as a positive thing. She believes that God is helping her to accomplish things she would not have done without cancer. Danny brings an image of God who controls the universe but not individual beings. He takes comfort in the love God gives him, but refuses to blame God for either good and bad in the world. Sharon paints an image of a cruel and awful God—if he even exists.

Each person was questioned how their image of God has been affected by their diagnosis of a terminal illness. All said that their images have become clearer since their diagnosis. They have been forced to answer questions they had not even thought to ask before. Not only has their image of God become clearer, but because of their diagnosis, they have had to look at their lives and decide what matters.

In the examination of what matters to him, John reflects on his experiences with higher learning. For the first time, he thinks that education and the pursuit of higher learning may not be as important as understanding reality. This thought was reinforced by the reaction of his colleagues when he told them that he had cancer. These colleagues were people who could discuss deep theological topics together, but the reality of cancer was much more than any of them could handle discussing. After his diagnosis John

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[36] Mary Albing, personal interview by author, tape recording, Minneapolis, Mn., 6 April 2001.

realized that "The secular world runs from death, distracts itself from death, in good part because death makes so many secular concerns seem shallow."[37] These reflections underscore John's conviction that God is all that matters at the end of his life.

Reading John's dialogues with God made me think about my question, "Has your image of God been affected by your illness?" Seeing John accept his diagnosis and cancer as a gift from God made me think about changing the question to "How has your cancer been affected by your faith?" Looking at Danny, Sandy, and John, I believe they all draw strength to fight their illnesses from their individual images of God. Sharon did not take strength from her image of God. She was very angry with God, but she was also very angry about her cancer. She was angry about her limited time left on earth, she was angry with her family, and she was angry because she could not teach. Her illness had defeated her. Does this mean that her image God of defeated her, too?

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[37] Carmody, p.108.

IV. Individual Strengths and Fears

After discussing with each patient the dynamics of their images of God, I asked them about their fears. Moving from images of God to fears implied to Danny and Sandy that I was asking about their fears involving God. Neither could answer the question. I then explained that I was asking about general fears not associated with God, and the question became much easier for them to handle. Since I did not actually speak with John and Sharon this order did not affect the information I received.

Danny decided that the one fear he has is that he may become incapacitated. He is a very independent person and is worried about having to rely on others. He does not want to be aware if he is unable to do things. This is one of the reasons he decided against a heart transplant. He did not want to give up his freedom and independence for a longer life.

I asked Danny where he draws strength to confront this fear. Danny responded that strength was not important to him; comfort was of more importance to him. He said that many times as he was about to enter surgery, he would be very scared. He had the strength to make it through, but someone coming to support him and offering comfort was the most important thing. When Danny feels alone, it is helpful for him to have someone there to just sit with him, not to speak or help him with anything—just to be there. He has found this help is very hard for people to give him. He has found the most comfort in knowing that God sits with him during his troubles and is there with him.

Sandy had a difficult time answering this question. Throughout her illness she has reflected on so many things, but this was not something she had taken time to consider. Sandy has been taking each obstacle one step at a time and has not thought about what could happen in the future. Sandy's image of God describes God as the one who knows best. In Sandy's image, God decides what is best for each person. He uses illness as a tool to benefit and change lives. Sandy does not believe that we can question this, we need to simply accept it. Drawing on this image, Sandy sees God's judgment as the best plan, and this leaves no reason for her to fear anything. She has thought about death and is not afraid to die. However, Sandy does fear for her children. Once she is gone, Sandy hopes that her children will find the strength they need. She does not want to leave them behind. She has already arranged for the care of her children once she is gone, which eases her mind.

Sandy's strength to deal with her fear for her children may come from her image of God. She draws strength from her God, who knows all. She trusts God as the one who uses trials such as cancer to bring families closer together and establish priorities. Sandy feels that her children will be all right, because they also trust God. Sandy's daughter gives her comfort when she asks to go to church. When Sandy has a problem, she often gives it to God in prayer. She believes that praying lifts the burdens off her shoulders and places them on God's shoulders. Sandy feels that God will answer her prayers in one way or another, even if the answers are not what she has requested.

Sandy is very positive about her cancer and says, "You are doomed if you feel sorry for yourself."[38] She wants to fight for a cure, but understands that it may not happen. Sandy stays very positive. Even if she does not feel well, she continues with her life and does not stay in bed. She has watched friends die from cancer, but copes with this by thinking that everyone has a time and a place, and this was just their time to die. When I spoke with Sandy's doctor, he mentioned that her outlook on her illness "is remarkably positive." Her survival rate is also amazing. She explains both her survival rate and her positive attitude are strengthened by her image of God.

John has a fear similar to Sandy's fear for her children. John is afraid to leave his wife behind. John has done the same things as Sandy. He has taken time to plan their estate so she will be organized after he is gone. John's other fear is that " his time is short and his distance from God is great," but he does not dwell on this fear.[39] He dwells on his passion for God, who can overcome this fear.

John draws strength from Jesus and his suffering. Since Jesus suffered, God knows what it is like to suffer, and this comforts him. In John's Gospel, John sees a portrayal of Jesus that is both vulnerable and courageous.[40] This gives him an image of a Jesus who was human, who can understand what he is experiencing. Jesus understood that God sent him to save the world from sin, and he remained faithful to God. This inspires John to remain faithful.[41] John does not fear death; in fact, he takes comfort in it. He sees death as the end of the body but not of the spirit. For John, death will release him from the suffering associated with his body and bring him to God.

Sharon has very different fears from all of the others. Sharon does not dwell on going to heaven when she dies; she believes that the entire idea is crazy. Sharon believes that people live on in memories. It is more important to her that people remember her

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[38] Sandy, personal interview by author, tape recording, Minneapolis, Mn., 14 March 2001.
[39] Carmody, p.7.
[40] Ibid., p.14.
[41] Ibid., p.71.

and her teaching than that she secure a place in heaven. Sharon fears that students will not remember her, or that her family will quickly forget her after her death. Messages that she is important give Sharon strength. The retirement party given to her by her colleagues, messages from former students, and support from her family are all very encouraging to her.

Danny, Sandy, and John all consider God a positive image in their lives. These three all identify fears, but confront those fears and gain strength through their individual images of God. Sharon draws strength from her alternative: she has decided that we live on through others. As others remind her of her importance in their lives, she is comforted.

V. The Role of Others During Suffering

Throughout their illnesses, these patients have been supported in many different ways. Their images of God and their attitudes have helped them cope, but they have relied on other methods, too. A few of them rely on family for support, some rely on friends, and some have asked the church for help. Each person has had a different support system, but often the same general characteristics of a support system have been helpful for each of him or her.

All four patients identify people in their lives who have been particularly helpful. For Sandy it is her sisters, for John it is his wife, for Danny it has been his friends, and for Sharon it has been her daughters and sisters. All of these people were helpful because they listened to each patients' requests and responded with something he or she truly needed.

Sandy has been very grateful to her sisters because they accompany her to her doctor's appointments and help her raise the family. Her sisters have also helped her get out of the house, so she does not feel confined. They participate in activities ranging from road trips to bingo nights. One of her sisters would make her special food after her chemotherapy treatments. These actions are all very helpful because they responsed to Sandy's needs.

Danny, Sandy, John, and Sharon have appreciated all acts of kindness. Sometimes these acts of kindness become frustrating. Danny explained to me that it is difficult for him when volunteers do not listen to what he needs. Once when he was in the hospital and was very afraid, all he wanted was a person to sit with him. People kept coming to him to tell what they could do for him. They would come to volunteer, but they would not listen to his request for comfort. They were too busy telling him what he should need. Danny explains why it is important to listen to the person you are helping. As a helper, it is very important to do what the patients wants, not what you want to do.

John did not look at the church for support during his illness. Occasionally the church would find him. As John was in the hospital, a Catholic priest from the area came to him and asked if he wanted to be anointed. This is an ancient ceremony asking God's help for the seriously ill. He accepted this invitation and later called it one of his half a dozen most religious moments in life. This was special to John because it was one of the only times in life where a priest was praying for him and only him. Prior to this experience, John did not feel welcome by the church and this felt like an invitation by God back into the church. The priest impressed John because he seemed transparent to God, meaning John felt as though he was seeing God through the priest. The priest was not acting according to his assigned tasks of the church; instead, he seemed to be a messenger from God.[42]

Sharon was very angry with God throughout her illness. Those who came to visit her knew this, and tried to help her by bringing her holy water. Often these people would ask Sharon to pray to God with them. This would frustrate Sharon even more because it would reinforce her image that God did not care about her, and He was going to just let her suffer. Sharon would take a chance and ask God for help, but when God did not respond with a cure Sharon was disappointed. This is a good example of the volunteer deciding what the patient needs instead of listening.

Sharon's family influenced her feelings both negatively and positively. Sharon's sisters and daughters supported her during her illness by caring for her. They would perform tasks she was unable to do for herself. They also supported her by allowing her to express her feelings about God openly. Her sisters still belonged to the Catholic Church but did not expect Sharon to express the same Catholic views. Without saying a word about God, her sisters were very supportive. Her daughters were also supportive through their actions.

Sharon was angry about her husband's reaction to her cancer. He was not able to emotionally handle the situation. Therefore, he reacted to the situation by withdrawing. He was not able to support Sharon either mentally or physically, and Sharon was forced to rely on her daughters and her sister. Sharon resented having to rely on them.

We learn from John, Sandy, Danny, and Sharon that support by others is very important. Jerry Lanes, a pastor at Scandian Grove Lutheran Church in Norseland, Minnesota, agrees. After watching his congregation members cope with terminally ill members, he has learned that the community has much to offer. Often the community is able to support the family, which gives them strength to go on and support their loved one.[43]

Supporting a person with terminal cancer can also change the community. Watching someone else die of a terminal illness can expose a feeling of mortality within one's self. John also notes this about his colleagues who cannot discuss his cancer. It is hard to acknowledge and accept that a friend has cancer. Jerry Lanes has noticed that this often influences those around the terminally ill patient to ask questions about God's role

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[42] Ibid., p. 56.

[43] Jerry Lanes, personal interview by author, tape recording, St. Peter, Mn., 6 March 2001.

in death and suffering. As a pastor, Jerry Lanes feels that it is very important to minister to everyone who is assisting the terminally ill.

We can learn from John, Sandy, Danny, and Sharon how important it is to assist those who are terminally ill. It is also important to listen carefully for what the most effective way to help the patient. It is also essential to assist those who are caring for the terminally ill patient, because they play an important role while caring for the sick.

VI. What Can be Done With These Images?

After studying each person and investigating their image of God, I learned that these images reveal the personal characteristics of each patient. These images can be used to explain other aspects of their illness, such as coping styles, from where they draw their strengths, where their fears lie, and their previous experiences with death.

As a hospital chaplain, Mary Albing often listens to patients describe their images of God. The staff members at Virginia Piper Cancer Institute call her to speak with patients if they seem to be experiencing problems outside of their treatment. This offers patients a person who can help them relax and speak about their non-medical concerns. As a chaplain, Albing believes her job is to listen and help people make sense of what is happening. Albing does not see herself as an evangelist, but instead she simply tries to comfort those who want it. If patients do not want to hear the Gospel, she tries to act according to it by sitting with the patients if they need her.

As I reflect back on the four persons described in this paper, it is apparent that their images of God define deeper characteristics about them. We perceive that John is deeply religious and draws strength from death, as it is "Christ's welcoming kiss."[44] We examine Sandy and her image of a God who has a larger plan, explaining her acceptance and her attempt to make the most of her time left on earth. Danny's emotional image of God helps explain why he is eager to join the kingdom of heaven. Danny's denial of a God who interferes to heal offers a glimpse into his denial of receiving a new heart. We

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[44] Carmody, p.33.

can look at his denial as a way of accepting his fate and not looking for a miracle—whether by technology, by God, or by fate. Instead, he looks past the suffering on this earth to join his God in heaven. Sharon sees an image of a cruel God who has forgotten her and does not even come to her during her last efforts with prayer and holy water. She finally dies angry with God and her illness. This image offers an explanation of her anger with God and with her illness.

Possible Strategies for Care

Chaplain Mary Albing offers support to patients by listening to them and offering the gospel to them. After studying the images of God provided by the four patients I suggest that chaplains and other caregivers working with terminally ill patients investigate their patient's individual images of God. Once that is done, they should look into each patient's life and assess how this image of God may be affecting their lives and the dying process. As a caregiver assesses the effects of the images, they may develop effective methods to care emotionally for these individuals.

John's image of an all-powerful, loving God, for example, helps him deal with the threat of death. He sees death and cancer as a gift from God. His only concerns are for his wife. A chaplain or a caregiver may discover that John's image of God allows doctors to be very open with him about his condition. Through his faith, John accepts his illness and he is content with life and death. He looks forward to death and has "stopped thinking about pain, perhaps foolishly, to concentrate on the positive connotation of finishing—coming to terms."[45]

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[45] Ibid., p. 78.

A chaplain or caregiver can learn many things about how to help Sandy by learning about her image of God. Reinforcement of Sandy's image of God comes from the people around her. Sandy's peaceful image of a God who cannot be challenged helps her to find peace in dying. She draws on her image of God to realize that her only concern is that her girls will also find peace in her dying. Looking at Sandy and her image of God suggests that the best comfort for her in her time of need may be to plan for her children's futures, so she knows they will be taken care of and to surround her with her friends and family.

Danny connects with God on an emotional level, but does not want to blame God or ask God for healing. Danny imagines that the love God has for him is very much how a father would love him. This image of God suggests that Danny does not want to pray for healing from God. He does not want to rely on his relationship with God in that way. Danny's derives strength from the love he receives from God. In turn, Danny is not afraid to die. Danny's focus on a loving relationship with God, and not a healing relationship, has influenced his decision to forgo a heart transplant. Danny fears suffering, and this may be explained in part by his refusal to rely on God as a healer. A chaplain and the caregiver can use Danny's images to explain why he is afraid of suffering but draws comfort from his loving relationship with God. It is helpful to know that asking God for help does not comfort Danny.

Finally, Sharon's image of a cruel God may explain her anger towards her disease. It may also help hospital staff members explain why it has been difficult to care for her. She was a very gentle and sweet person but very angry and defeated by her disease. Sharon feels that God has singled her out to have this disease. Holy water and prayer did not comfort her, because it was another instance of God abandoning her. Only her students telling her that she made a difference and the love of her family could comfort Sharon. This is the way Sharon felt she would have eternal life. Understanding this alternative view of eternal life may help caretakers understand why Sharon was very angry about her illness. To deal with her anger, Sharon would try to rationalize that there may not even be a God. This was her attempt to stop blaming God. I do not know what made Sharon leave the church for the first time, but this may also trigger some of her anger. If God has always been associated with a terrible time in her life, bringing him back during another tough time may reinforce her image of a cruel God.

Each patient I spoke with described a different image of God. These images of God all represent different beliefs and different life experiences. Looking deeper into these images explains each person's fears, strengths, and support systems in greater depth. Looking at what these images of God have offered about each person, I believe that it is very important for spiritual caregivers to understand each individual description of God. The caregivers can use this description to explain the patient's situation and offer suggestions for comfort. This question should be framed in a way that is evident to the patient that the caregiver is not looking for a correct answer, only looking to learn more about the patient.

John, Sandy, Danny, and Sharon explain that their illnesses have forced each one of them to ask questions. They have been forced to ask questions about their illness and God's involvement in their illness. They seek to explain and clarify the answers to understand both their illness and God's role in their illness. They do not simply wonder about the answers. The terminal diagnosis has created an urgency to clarify the answers to these questions for each and every one of them.

It is important to listen to those who are dying because they can offer special insights, and we can learn from the clarity they have discovered. The images of God each person describes may be important in explaining how they view other parts of their lives, but they can also be important tools to define our own view of God. We can learn from those who have had to put their faith to the test. How would your image of God look if you were terminally ill, or aren't we all terminally ill?

Each of these patients has explained their need to ask questions and clarify their images of God. This need was prompted by their diagnosis with a terminal illness. Just as these patients have found relief by clarifying their feelings about God, we too may find relief if we ask these questions before we are terminally ill. This does not mean that we will be able to predict how we would react to a terminal diagnosis, but we may be better equipped to face the challenges.

Appendix A

The Process of Arranging the Interviews

I went to great lengths to follow the correct procedures to set up interviews for this paper. Arranging interviews with terminally ill patients is very difficult. All of the caregivers are apprehensive about allowing their patients to participate, for fear that they may become worn out or upset.

I started to locate people by calling most of the spiritual care offices in the Twin Cities metro area that I could find in the phone directory. I left messages with the secretaries, asking that an available chaplain call me back.

While waiting for these chaplains to call me back, I started to inquire on campus about the process that I must follow in order to conduct research involving human subjects. To follow procedures I had my thesis advisor Mary Solberg review my application, and then submitted it to the Institutional Review Board of Gustavus Adolphus College, which reviewed and accepted the application. In the application, I agreed to follow the ethical procedures outlined by the Institutional Review Board while interviewing the subjects and making use of their responses.

After weeks of anxiously awaiting responses, I got a call from a chaplain at Fairview University Hospital. I spoke with him at great length about the project goals and the interviews I was hoping to set up. He contacted me after speaking with one of his colleagues who works with many terminally ill patients. Neither chaplain was able to assist me with actual patients to interview, but put me in touch with people who could. These included pastors at larger churches in downtown Minneapolis, a few chaplains at

Ebenezer Luther Hall in Minneapolis, and a few chaplains who work with Fairview Hospice.

After receiving these names from the chaplains at University Hospital, I called their contacts as soon as possible, and again left messages for them to return my call. I indicated that Mary and Bill at University Hospital had recommended them as contacts. A pastor at Central Lutheran Church in downtown Minneapolis did not think he had anyone in his parish that would be able to speak with me. Dave Englestad at Ebenezer Luther Hall wanted to discuss possible interviews with his residents. He said that he would line up the residents and call me back in a week.

While waiting for this man to call me back, I contacted the Virginia Piper Cancer Institute and asked who conducted their spiritual care consults. They referred me to chaplain Mary Albing. Mary Albing was very helpful and contacted two people to secure permission for me to contact and interview them. These two people—Danny and Sandy—agreed, and I was given phone numbers to contact them. During this time Sandy's pain management clinic contacted me to discuss the questions I would be asking her. The director of the pain management clinic also sought confirmation of this project from Mary Solberg.

I called Danny and Sandy to establish meeting times. Both were very gracious and willing to meet me whenever it was possible for me to meet. Sandy invited me to a chemotherapy session and doctor's appointment so I could speak with her and learn about the chemo process personally. I told Danny that I would be at the hospital on that day and he offered to meet me there after my time with Sandy.

After interviewing Sandy and Danny, I came home to a message from the Dave Englestad at Ebenezer Luther Hall, who was setting up interviews with his residents for me. He had found five people who were eager to participate. It had taken him a bit longer to call me back, because all five of them died before we could arrange a time to schedule these interviews.

A colleague of Dave Englestad's, Don Knutson, heard about the patients who had all passed away and was very interested in helping me, so he gave me a call. After hearing more about my project, he decided that there were residents in his building at Ebenezer Luther Hall who would be very helpful for me to interview. We established a meeting time.

After conducting these interviews, I had many general statements and only two stories with enough substance to use for my thesis. I wanted my paper to include more than two viewpoints, so I decided to use John's book *Cancer and Faith* as an interview. I took the questions I had developed for interviews and answered them as I read the book.

In this culture we seem to be much more content speaking about positive personal feelings rather than about negative feelings, which was also true when looking at images of God. It was much easier for me to find people who wanted to speak about their faith in God, than those who were mad at God. To look deeper into this latter category, I set up an interview with Mary Albing, asking her to tell the stories of a few patients she had spoken with that did not accept God. This is how I tell the story of Sharon, who passed away before this project began. We took the set of the questions that I asked the other patients and talked about how Sharon answered those questions while she was living.

Appendix B

Interview Questions for Terminally Ill Patients

1. Tell me about your family.
2. Tell me about your life at home.
3. Tell me about your career.
4. Tell me about the time you were diagnosed with this illness.
5. What has this past (amount of time since diagnosis) been like?
6. When you think of God what kind of image comes to mind?
7. Has your image of God been affected by your illness?
8. Has this image of God become clearer since your diagnosis?
9. Do you question God as a result of your illness?
10. When you need strength, where do you draw it from?
11. Is your strength connected to your image of God?
12. What are your largest fears?
13. Are you a member of a church?
14. Has your church played a large role of support in your illness, how so, which things have been the most helpful?
15. What have been the most valuable ways people have supported you throughout your experiences, what have been the least valuable?
16. What sort of insights have you gained with this illness?

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