

## **Grief and Grace Presentation**

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*The End-of-Life is a time of grief, reflection, and prayer. Many people can also experience peace, completion, and grace.*

*This presentation has been created by the Mental Health Ministry of Sacred Heart Parish, Lacey, WA, to provide education and guidance on the role of grace in the setting of grief and death.*

*The sacramental care of the Roman Catholic Church can provide comfort and ease the way for the dying and the loved ones they leave behind.*

### **What is the role of Actual Grace at the End-of-Life?**

Actual Graces are temporary interventions by God which assist us in particular moments. It operates externally, prompting our will and intellect to align with God's purpose. This form of Grace is given freely to all people, not just the baptized (CCC 2000).

For it is by Grace you have been saved, through faith—and this is not from yourselves, it is the gift of God—not by works, so that no one can boast (Ephesians 2:8-9).

He has saved us and called us to a holy Life—not because of anything we have done but because of his own purpose and Grace (2 Timothy 1:9).

God's Grace makes it possible to unite pain with Christ's sacrifice (CCC 1996-2005).

A good example would be the Eucharist which strengthens believers to bear their crosses. Without Grace, suffering remains a burden without purpose. With it, the experience becomes transformative. Grace turns suffering into a channel of love.

Christ's Life, death, and resurrection opened the way for Grace to be poured out on humanity (CCC 1076 - 1077).

“Grace is not an abstract force, but a concrete expression of God's love made present through His Son. The Holy Spirit also plays a key role, distributing Grace to individuals and the Church as a whole” (1).

## **The Role of Sacraments in Spiritual Preparation**

- Sacraments reassure the dying person of God's infinite mercy and love. They offer hope in the promise of eternal Life and alleviate fears associated with death.
- Sacraments can deepen the individual's faith, enabling them to face death with trust in God's plan.
- Through spiritual healing, the person may find it easier to let go of earthly attachments and reconcile with others (2).
- Participating in the sacraments can be a profound experience for family members, strengthening their faith and providing comfort.
- The sacraments can prompt meaningful conversations about faith, forgiveness, and final wishes.
- Witnessing the peace and comfort the sacraments bring to their loved one can help alleviate the family's grief (2).

## **Sacramental Care for End-of Life**

We will start by examining the Last Rites, which include the Sacraments of Anointing of the Sick and Reconciliation, and then proceed to discuss the Eucharist as Viaticum, meaning "provision for a journey."

## **The Catechism of the Catholic Church: Sacraments for the Sick and Dying**

The special grace of the sacrament of the Anointing of the Sick has as its effects:

- Uniting of the sick person to the passion of Christ, for his own good and that of the whole Church
- Strengthening, peace, and courage to endure in a Christian manner the sufferings of illness or old age
- Forgiveness of sins, if the sick person could not obtain it through the sacrament of Penance
- Restoration of health, if it is conducive to the salvation of his soul
- Preparation for passing over to eternal life (CCC no. 1532)

## **The Sacrament of Anointing of the Sick and Reconciliation**

These play a pivotal role in End-of-Life care by offering spiritual benefits to the dying and their loved ones. The Sacraments serve as channels of God's Grace, thus providing comfort, forgiveness, and hope (2).

### **The Sacrament of Anointing of the Sick at the End-of-Life offers:**

- Spiritual healing: Provides Grace to Endure suffering with courage and dignity.
- Forgiveness of Sins: Offers forgiveness if the person is unable to participate in the Sacrament of Reconciliation (2).
- Preparation for Passing: Helps prepare the soul for the journey to eternal Life.

### **The Sacrament of Reconciliation (Confession) at the End-of-Life offers:**

- Spiritual cleansing: Removes the burden of sin, providing peace of mind.
- Renewed relationship with God: Restores the individual's relationship with God.
- Comfort and peace: Alleviates fears and anxieties about death and judgment.

### **The Eucharist as Viaticum "provision for the journey" provides:**

- The dying person with the body of Christ as spiritual sustenance.
- Strength and comfort for the passage from this Life to the next.
- Connection for the individual with the wider Church community (2).

## **Bringing it all together**

Case studies 1-3 explore the experiences of patients at End-of-Life who engage or do not engage with spirituality and religious support

### **Case Study Number 1**

#### *The Person who Prepared*

The End-of-Life comes to us all. Often it is a result of a medical journey that occurs over months and years. There is time for many people to prepare emotionally and spiritually for what is to come.

Spiritual preparedness for death begins with spiritual practice for life. For those who engage with their faith practice, and submit humbly to God with sensitivity and openness, the End of Life can be a time of sadness but also acceptance and peace. For these well-prepared souls, the grief that they experience losing their lives can be transcended with grace.

For example, Chaplain Maureen witnessed a person who fit this criterion during a series of visits in the hospital that led from her diagnosis to her death.

For the sake of confidentiality, we will call this patient Shirley.

Shirley was diagnosed with end-stage cancer of the liver which had metastasized to her brain and other organs. The chaplain was asked by the medical team to visit her when her diagnosis was revealed.

During their first meeting, Shirley was anxious about how to break the news to her daughter and granddaughter, who she lived with. She worried that their grief could lead to drug and alcohol relapses. Members of the family were in recovery.

Shirley fretted about what her family would do without her because she believed that her strength was what kept them sober. In time, her family convinced her that they would be okay when she died. They promised that they would stay healthy and take care of each other.

Freed from that concern, Shirley focused on what she needed for the End-of-Life. At this time, Chaplain Maureen assessed that her spiritual needs were for meaning-making and to be acknowledged for her life journey. Chaplain Maureen provided reflection and accompaniment over the course of six weeks, visiting 2 times per week.

During one of their visits, Shirley provided a printed copy of her autobiography. She asked the chaplain to read it. She provided a copy for her physician, too. It was important to her that others know all of her, and not just the sick woman they tended to in a clinical setting. Shirley had experienced a life of love, mistakes, pain, and redemption. Her story was raw and truthful. She wrote about her sins as well as her strengths.

It was difficult to read about Shirley's traumatic childhood experiences and times when she harmed others; however, reading it helped the staff to understand exactly how important her faith was in changing her heart and healing her life. Shirley's powerful and profound faith helped her to become a new person in Christ.

At the beginning of each visit, after she gave Chaplain Maureen the book, she asked her what chapter she was reading and then would talk about that period of her life. Faith was a theme running through each chapter, and her faith clearly developed as she did.

By the time she died, Shirley achieved spiritual peace. Several times, the chaplain walked into her hospital room, greeted her, and found the room to be completely silent. Shirley was

usually smiling and happy to see the staff, willing to visit, and wanting to pray. The visits became shorter, until one day she said that she no longer needed spiritual care.

“God is here with me. I need no one else,” she said.

The chaplain and Shirley exchanged a short goodbye. Shirley’s face was placid, her body relaxed. She was completely calm. Her attention was fixed on God, and she was ready to go. There was no more grief, only grace.

Shirley’s End-of-Life experience was unusually pain-free because she was devoted to her faith journey for decades. She worked hard, and the fruits of her labor were a death of grace and acceptance.

Part of having a peaceful death is achieving spiritual completeness. The Catholic Church facilitates parishioners in their comfort and relief as they pass into to next life.

## **Case Study 2**

### *The End-of-Life Conversion Experience*

The End-of-Life conversion story is a popular theme in literature and movies. Confronted with a terminal diagnosis, some people find themselves in a game of catch up with their faith. Most people have gone to church at some point in their lives or been exposed to faith by a significant other or good friend. Having a casual relationship with one’s faith and relationship with God has mixed results, from what Chaplain Maureen has witnessed in ministry.

An example of an End-of-Life convert is the patient Phil (not his real name).

Phil was hospitalized for acute respiratory failure, congestive heart failure, and uncontrolled diabetes. Phil’s initial hospital stay stabilized these conditions, but his physicians felt he was at high risk for readmission. Due to his uncontrolled diabetes, he had suffered with infections and had to undergo amputations for gangrene on his hands and feet. He was vulnerable to sepsis. Though he was only in his 60’s, the medical team did not see much hope for a long life.

Phil was abrasive when Chaplain Maureen first met him. He was impatient. He wanted to know if he was saved and if he would go to heaven. This is not a brief conversation, and at the patient’s invitation, the chaplain visited several times to discuss the matter of salvation. Phil had an excellent advocate for his faith with his cousin, who was his Power of Attorney and best friend. This cousin was a man of deep faith. Phil and his cousin prayed together often. Phil’s cousin brought his pastor in to visit with Phil. Phil had even undergone faith formation and baptism a few years before his illnesses. However, Phil had only come to faith intermittently, when he was struggling with his life.

Phil was discharged from the hospital having a hopeful attitude. He was committed to continue to attend services and seek a relationship with God.

A month later, Phil was back in the hospital with sepsis. Phil asked the chaplain to visit daily for prayer and reflection.

Phil believed that he had six months to a year to live and find grace; but during this hospital stay, it became clear that he had only weeks to live. Phil struggled emotionally and spiritually, angry with God for not fixing his medical issues. Phil became irritable and unwelcoming at times.

Phil's faith was tenuous. Sometimes he was peaceful and prayerful. Some days he would tell the chaplain to leave as soon as she walked in- no prayer today! The pendulum of his emotions swung depending on the conditions of the day. Phil did not yet have a strong trust in God, and he refused to submit to a higher power. Phil still wanted to call the shots.

An insecure attachment to God, and to one's own soul, can be expressed in a number of ways at the End-of-Life. Anger, denial, a sense of betrayal or victimization can be signs of a lack of spiritual maturity. Death can be perceived as an unfair punishment or a lack of divine love.

It is difficult to trust something as mysterious as Divine Grace when one is suffering and frightened.

It takes an established and well-developed faith practice to look into the face of one's mortality and not flinch.

### **Case Study 3**

#### *The Self-Embedded Person*

Chaplains are trained in a variety of modalities, including interfaith support, meaning-centered therapy, trauma-informed care, family systems, and basic psychology. Considering this, a unit nurse called and asked that Chaplain Maureen visit with a man who was expected to die in the hospital. The patient, who we will call Mike, was in his fifties. He was estranged from his family.

Attempts by the case manager to bring some unity to this man's family for his sake ultimately failed. His siblings, friends, and adult children would not visit him.

Mike had substance abuse issues and was dying of cancer that could have been exacerbated by some of his addictions. However, this chaplain visits with many patients with substance abuse issues who have caring families by their sides. Mike's issues also included his unrealistic expectations of other people and his mistreatment of his family. Mike did not believe in God, and Chaplain Maureen was not able to discern what else he might believe in. Mike seemed very angry.

A first attempt to visit with Mike was fruitless. The chaplain could see that he did not welcome a visit. However, as he neared death, Mike's lack of support concerned the nurses, and they asked the chaplain to visit with him one more time.

Chaplain Maureen wondered if Mike was at the point of simply accepting the kindness of a person willing to sit with him so that he did not die alone.

When the chaplain entered the room, Mike looked her in the eyes with what can only describe as contempt, and he pointed at the door. It was as if he were saying, "You, out!" She got the message, and she excused herself.

Mike died that night. Perhaps a kind nurse was nearby, but we don't know for certain. What was clear was that Mike did not have a healthy relationship with spirituality during his life, and it was far too late when the chaplain met him to investigate what could bring him peace and provide a sense of grace.

### **The Role of Faith in a Catholic Health Care Setting:**

*The following excerpts from the Ethical and Religious Directives for Catholic Health Care Services, Sixth Edition explain how medicine and spirituality at the End-of-Life are handled in a Catholic Hospital setting.*

*Ethical and Religious Directives for Catholic Health Care Services*

*Sixth Edition*

*UNITED STATES CONFERENCE OF CATHOLIC BISHOPS*

*PART FIVE (page 20)*

#### **Issues in Care for the Seriously Ill and Dying**

Christ's redemption and saving grace embrace the whole person, especially in his or her illness, suffering, and death. The Catholic health care ministry faces the reality of death with the confidence of faith. In the face of death—for many, a time when hope seems lost—the Church witnesses to her belief that God has created each person for eternal life.

Above all, as a witness to its faith, a Catholic health care institution will be a community of respect, love, and support to patients or residents and their families as they face the reality of death.

Directives 55.

Catholic health care institutions offering care to persons in danger of death from illness, accident, advanced age, or similar condition should provide them with appropriate opportunities to prepare for death.

Persons in danger of death should be provided with whatever information is necessary to help them understand their condition and have the opportunity to discuss their condition with their family members and care providers. They should also be offered the appropriate medical information that would make it possible to address the morally legitimate choices available to them. They should be provided the spiritual support as well as the opportunity to receive the sacraments in order to prepare well for death.

### **Questions to Consider:**

- How do these Directives support a person's End of Life spiritual needs?
- How can family and friends support a dying person's spiritual needs in consideration of these Directives?
- What does a well-prepared for death look like for you and/or your loved ones?

### **References:**

Ephesians 2:5

But by the Grace of God, I am what I am, and His Grace toward me did not prove vain; but I labored even more than all of them, yet not I, but the Grace of God with me. For by Grace, you have been saved through faith; and that not of yourselves, it is the gift of God.

John 3:16

For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal Life.

1. The Role of Sacraments in End-of-Life Care » Catholic Funerals  
[catholicfunerals.com/the-role-of-sacraments-in-End-of-Life-care](https://catholicfunerals.com/the-role-of-sacraments-in-End-of-Life-care).

2. Stages of Dying and the Loss of a Loved One. By Angela Morrow, RN Updated October 08, 2024

3. The Catechism of the Catholic Church  
<https://www.catholiccrossreference.online/catechism/#!/search/>

