

PERSPECTIVES FROM A THEOLOGICAL WORKSHOP USING ARTS AND  
HUMANITIES: INTERVENTIONAL AIDS TO ASSIST OLDER CHRISTIANS WITH  
DEATH ANXIETY

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## Dedication

Edwin Donald Jimpson  
December 21, 1921 – July 28, 1982

Deaconess Lelia Anne Simmons Coleman  
June 10, 1944 – November 19, 2012

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I am grateful for everyone who supported me throughout this project. To my family, Mary Jimpson, my mother, Blake Jimpson, brother and sister, Kelly Mari, and her husband, Isaac Handy, for being there emotionally, always wishing, faithfully hoping, and praying for the best, I say, “thank you”. To my church family at Israel African Methodist Episcopal Church, under the pastorate of Rev. Dr. Edward Smart, and my colleagues at the New York State Department of Health, I say, “thank you”. To the best advisory committee Dwight Williams, Chairperson, Rev. Dr. Edward Smart, Deaconess Carrie Bellamy, Rev. Leonard D. Comithier, Rev. Dr. Maurice Drown, Deaconess Nan Freeman, Charlie Sue Graham RN, BSN, Steward Demetria Haizlip, Annette Johnson Ed.D., Evangelist Ada Kitchen, Carol Praylor, and Cheryl Udell BSW, MPA., I say, “thank you”. To faculty advisor Rev. Dr. David Lawrence, I say, “thank you”. To those who have been praying for me, too numerous to mention here, your prayers have been heard and answered, I say “thank you”. To Lois Coleman, Sharon Fullard, and Christine Stone, thank you for sharing your skills and artistry with me in this project. Special thanks to my friends Deborah Nance, BA and Rev. Dr. Carolyn Bellamy-Lester and Rev, Felicia Collins. God bless Rev. Dr. Sandras M. Barnes, reader, editor, and spiritual friend. To God be the glory and honor for the things God has done with me and for me over the past three years.

## ABSTRACT

### PERSPECTIVES FROM A THEOLOGICAL WORKSHOP USING ARTS AND HUMANITIES: INTERVENTIONAL AIDS TO ASSIST OLDER CHRISTIANS WITH DEATH ANXIETY

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The purpose of this study was to examine how music, songs, dramatic performance and graphic arts could be used as intervention tools to assist older Christians to think and talk about the themes of death and dying without the phenomenon of death anxiety. The study shows that when older Christians are given the opportunities to talk about death and dying they are enabled to prepare for the end of life issues and reduce the level of anxiety for family left behind. Although many of them believed they would have everlasting life in Christ, some expressed more concern about the family and friends they will leave behind. Twenty-seven persons completed both the focus group discussions and the interventions workshop. Twenty-one responded that music and song ranked equally as having the highest impact on their thoughts and feelings about death, dying and death anxiety. Fourteen of the participants noted that dramatic performance had the highest impact and four participants thought that the graphic art had the least impact. The outcome of this study showed that the intervention tools provided a valuable resource for use in a safe space for participants to talk about death and dying without high levels of death anxiety. They used words like comfort, joy, excitement, and peace to express how they felt about the experience in this project.

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## **INTRODUCTION**

### **Narrative of Concern**

The seeds for this project, to assist older Christians to cope with issues related to the anxiety associated with death and dying, were planted several years ago after the illness and death of my father and the death of a dear friend Mary (not her real name), a nurse aide, who worked with me earlier in my nursing career, before my call and ordination to the ministry.

I grew up attending Sunday school throughout my teen and young adult years, well before I became a nurse. I never forgot my upbringing in the Christian faith. My paternal grandmother read me stories from a big black book that came from the enormous treasure chest at the foot of her bed. I now know that those stories were from the Bible and they were not fairy tales. I attribute my love of reading the Bible to those happy moments. Even now, sometimes I recall the sound of my grandmother's voice as she read the faith stories full of hope as a servant of God.

I wanted to be a nurse to help others prevent illness, alleviate anxiety and pain, and apply treatment to interrupt the course of acquired illness not only for my patients but for all people I encountered in need of my acquired skills. My drive to help others led to an extremely busy professional life. I worked in the community as the head of the local nursing organization, wrote a health column in a community paper, was active in the state's nursing organization, distributed health information at church, worked at community health fairs and even mentored others trying to complete their nursing

education. In addition, I attended worship and fellowship services whenever the doors of my church were opened. I loved being there. I believed that as Christians we did not have to fear death because we accept Jesus as Lord and Savior who grants us eternal life. This belief was validated for me in John 3:16, “For God so loved the world that he gave his only begotten son, that whosoever believeth in him should not perish, but have everlasting life<sup>1</sup>.” I believed that life was to be lived to one’s fullest capacity for God.

This fullness all but ceased when I had to face the issue of my father’s illness and discovered my friend had kept her terminal illness to herself. She had dropped hints of some deeper concerns that I did not pick up on because of my hectic work life. I wondered if I could have done more for them if I had not been in the fullness of my professional and religious life’s work. My father and Mary were people with deep Christian faith, which were evidenced by their walk and talk, so I felt they were doing well. My busy work life and life in general made it difficult for me to keep up with family and friends. I called my mother every night even though we saw each other on Sundays and lived only about twenty minutes apart. Yet, I do not remember any lengthy conversations with my father during that time, prior to his illness. The day came, while I was at my field internship in health services administration program, when I received the devastating news that my father had a heart attack and might not survive. He was on a business trip in New York City. My mother and I left immediately to be with him. I knew then that I was about to enter one of the storms of life that my elders said we would all experience.

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<sup>1</sup>Authorized King James Version, 1994 Michigan: Zondervan Publishing House, Unless otherwise specified all subsequent biblical references will be from the same translation.



I prayed all the way for God's mercy and grace to spare my dad. I remembered my father was no stranger to the Word, prayer, and songs of Zion. During my youth he was heard throughout our home singing hymns and spirituals. Songs like *Steal Away to Jesus, O They Tell Me Of A Home (The Unclouded Day), Soon and Very Soon We Are Going to See the King, Hush, Hush, Somebody's Calling My Name* and numerous other songs familiar to the saints in the African American Church community. Many days as I was growing up I remembered seeing dad sitting on his bedside reading the Bible. My dad meditated on several scriptures, but two of his favorite books were Job and Psalms, particularly, the 23<sup>rd</sup> Psalm. He knew for himself that there was a heaven and a hell. His spiritual practices indicated he planned to go to heaven when he died. He often said, "I came into this world with nothing, naked and will be leaving the same way; as we all will" and "we can expect trouble here but Christ already handled it for us so we might as well be happy." I know now that he was referring to the scriptures, respectively, Job 1:21 and John 16:33.

My dad was spared from dying from the heart attack. However, before he was discharged, he was diagnosed with advanced prostate cancer, which by now had invaded his entire body. This was a terminal situation. My father deteriorated rapidly. I immediately assumed the role of his health care provider during the day so that my mom could continue to work. I took care of his daily activities by bathing, feeding, exercising and whatever it took to keep him mentally alert. I probably pushed him to his limit in hopes of keeping him with us as long as possible. During our time together we talked about his imminent death. He did not like his drastic weight and muscle loss. It was visible proof that he was disappearing from this life. He feared the pain and the

uncertainty of the journey but did not waver about his final destination. At one point in his journey he wanted to take matters into his own hands by ending his life quickly. My dad wanted to commit suicide. I wanted to know if he had lost hope and faith.

Dad was admitted to the hospice unit of a local hospital. There he got the level of pain medication he required. There the nurses gave me permission to be his loving daughter and not his health care provider. Hospice was a blessing for the entire family because we could focus on dad in our individual and primary roles as son, daughters, and wife. This was our opportunity to live our faith as Christians, sharing sacred moments with a man who had placed a lot of faith in Jesus. The irony is dad was baptized just a short while before he was diagnosed. It was just a matter of days before my father lost his battle with prostate cancer and went home to glory at fifty-nine and a half years of age. I still remember the relaxed crescent smile on his face. No human funeral director could have shaped that smile. This gave me a sense of peace because it meant my dad was no longer in pain. Now it was time to grant his final request and that was his body was to be cremated.

Also, during this same time period I lost my dear friend and colleague, Mary. She, too, often hummed some of those same spirituals as my dad while working. She was there with me when I prepared my first body for the morgue. This is an exceptionally emotional task for any nurse. Mary reminded me that the dead were not the people that we should be timid or cautious around; it was those living in these stressful times that warranted our concern. Mary did not attend any particular church or denominational worship services but she considered herself to be a spirit-filled Christian. She carried a weathered brown Bible in her uniform pocket and would read often during

breaks. We would talk about her faith and her family when we were able to take lunch together or when I drove her home after our shift. There were times when she even waited for me to complete my charts. Mary did not fear dying but she was very concerned about leaving her grandchildren. I did not fully ascertain just how concerned Mary was about leaving her grandchildren behind until now. A fact of life occurred and Mary died without working through some of the aspects of what was causing her anxiety. Mary died not too long after my father died. I remember crying a lot for them and grieving with a heavy ache in my heart over missing them. I heard an inner voice say, "Stop crying! You will be able to do something about this feeling of helplessness later." They were gone and I instinctively knew there was more that could be done to make transition from this life into the next easier for some people.

Later, I answered my call into the ministry. Time passed, but my thoughts were never too far from that voice that promised me I would be able to help in some way with the transition from this life into eternal life for those who believed in such a journey. This project has from the seeds planted during my experience with my dad and Mary, both of whom expressed some level of anxiety in dying. They were older Christians who believed that Jesus came so they could have everlasting life. Therefore, I decided to begin with people I know a little something about, elderly Christians, particularly those who openly declare Jesus was the center of their lives.

### **Purpose**

As a writer for the community paper, I put together a series of articles on death and dying. I invited an attorney to write about wills, a funeral director to write about what to expect when seeking out funeral services, costs and products, and a pastor to

address the role of ministry for the bereaved. My part in the series addressed maintaining health and managing hospitalizations throughout the vigil. Although the written pieces were helpful to others, it did not help to answer my question concerning what else could I have done for my father and Mary. I helped the community know what might help them prepare for their death or a beloved's death, but I was still seeking answers to anxiety associated with death and dying.

My call into ministry led me to become an ordained Itinerant Elder in the African Methodist Episcopal Church. It was also about the time that I witnessed many older Christians coping with the death of loved ones and wondered what, if anything, can be done to alleviate the stress of managing death and issues that are attributed to death anxiety? This subject came up every time a funeral was scheduled and I watched grieving family and friends saying "goodbye" or "so long, see you later" to the person who had died. I wanted to know (1) how their faith provided them the comfort and condolences to have hope in eternal life; (2) if any of our worship services alleviated death anxiety; and (3) does the fact that someone is a Christian, living with the joy of Jesus, make a person think differently about the themes of death anxiety when there was prior preparation and knowledge of the promise of eternal life. The goal of this project was to examine whether intervention tools such as music, song, dramatic performance and graphic art, aimed at the phenomenon of death anxiety, would assist older Christians in our churches, to think differently about death anxiety when the emphasis is placed on prior preparation for the end of life on earth and the abundance of life and joy in eternal life.

## Definitions

A Christian is defined in this project as any person self-identifying as a follower of Christ in the religion of Christianity believing in the death and resurrection of Christ<sup>2</sup>.

In this project, older Christians are individuals 55 years of age and older and self-identify as Christians. Death Anxiety is defined as a variety of related negative reactions to death (fear, anxiety concern, threat, worry, and confusion; can be focused on different death related issues.)<sup>3</sup>

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<sup>2</sup>*Nelson's New Illustrated Bible Dictionary*, 1995 ed. s.v. "Christianity".

<sup>3</sup>David J. Ekerdt, ed., Topic Overview, Death Anxiety, *Encyclopedia of Aging*, Vol. I. (2002) New York: MacmillanReferenceUSA. <http://go.galegroup.com/ps/retriee.co?imPS=true&prodId&GVRL&user9/10/2001>, Accessed October 20, 2013.

## CHAPTER ONE

### LITERATURE REVIEW

As a practicing professional in two disciplines, (ministry and nursing), I have always appreciated the contributions of allies that are necessary for problem solving. I believe that is what God intended when God gave the church some teachers, some pastors, some prophets, some apostles and evangelists.<sup>1</sup> Working together has always worked for the good of the church. Therefore, the literature review for this project included information from the work of medical professionals, philosophers, musicians, educators, therapists, pastors and authors; some are renowned for their work while some are lesser known. However, all had something to contribute that helped give a more complete picture of how some of the intervention tools were employed and the impact on the participants.

Literature documenting the specific use of the humanities to assist Christians with death anxiety—art, music, lyrics, and drama—is all but non-existent. However, there are resources that are applicable to the broad themes of anxiety and death that do, without a doubt, apply and are not far reaching for general information, edification, and possible practical reproduction in our churches and with our congregations.

An excellent overview of current thought about death anxiety for the purposes of this project is *Death Anxiety: A Cognitive–Behavioral Approach* by Patricia Furer, PhD.

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<sup>1</sup> Ephesians 4:11.

and John R. Walker, PhD. (2008). The researchers provide theoretical perspectives, practical information on the demographics in non-clinical populations, insight on death anxiety and its co-existence with other anxieties and medical illness, labeling and treatment for mental health classification, information on how one might assess death anxiety in an individual, and suggestions for how individuals experiencing death anxiety might have it abated or interrupted with healthy lifestyles and life enjoyment.

I will mention some of the enlightening parts of the article that edified my project. It seems that Furer and Walker are in general agreement with most philosophers and psychologists that death anxiety is a normally occurring emotion that accompanies the death experience. They acknowledge that there is not much research on the specific treatment for fear of death, but they indicated that if the other components of the article are addressed, the themes related to death can be considered to have some effect on death anxiety.<sup>2</sup> The authors suggests that modern theories of death anxiety are most likely based on Dr. Ernest Becker's existential view of humanity's fear of death. I quote from Dr. Becker directly on this because he addresses a degree of religiosity that Furer and Walker omit. Dr. Becker notes comments of Kierkegaard as he makes the point of terror.

Man's anxiety is a function of his sheer ambiguity and his complete powerlessness to overcome that ambiguity, to be straight forwardly an animal or an angel. He cannot live heedless of his fate, nor can he take sure control over that fate and triumph over it by being outside the human condition: The spirit cannot do away with itself [i.e. self-consciousness cannot disappear]...neither can man sink down into the vegetative life [i.e. be wholly and animal]. He cannot flee from dread. Therefore the real focus of dread is not the ambiguity itself, it is the result of the judgment on man: that if Adam eats of the fruit of the tree of knowledge God tells him "thou shalt surely die." In other words, the final terror of self-consciousness is the knowledge of one's own death, which is the peculiar sentence on man alone in the animal kingdom. This is the meaning of the

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<sup>2</sup>Patricia Furer, PhD. and John R. Walker, PhD., "*Death Anxiety: A Cognitive-Behavioral Approach*", *Journal of Cognitive Psychotherapy: An International Quarterly*, Vol.22 no.2, 2008, 167-182.

Garden of Eden myth and the rediscovery of modern psychology: that death is man's peculiar and greatest anxiety.<sup>3</sup>

This essentially led to Dr. Becker's development of his terror management theory. The theory essentially says that humanity strives for self-preservation but is aware of our inevitable death.<sup>4</sup> Interestingly, the demographics by Furer and Walker list that more women than men experience death anxiety. The report also states,

Older adults do not generally report higher levels of death anxiety than younger people, even though they are closer to death. Higher levels of education and higher socioeconomic status are modestly related to lower levels of death anxiety and higher levels of religious belief and participation in religious practice are not associated with lower levels of death anxiety.<sup>5</sup>

The authors' report that people with stress disorders; anxiety, depression and worry about their health are prone to experience death anxiety. People with chronic or serious illness as well as those with depressive illness may also be susceptible for death anxiety. However, it is also interesting that Furer and Walker note individuals with life-threatening or terminal illness do not experience intense fear of death. The researchers speculate that it may be because these individuals are focused on a life well lived and have accepted the inevitability of their death.<sup>6</sup>

Treatment for death anxiety has not been accomplished to date in controlled studies beyond some positive outcomes when attention-retraining procedures were applied, such as focusing the individuals' attention on life enjoyment topics and increased satisfaction in life. This was accomplished when they focused the individuals' thoughts toward healthy life styles, life goals that balanced work and difficult situations,

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<sup>3</sup>Ernest Becker, *The Denial of Death* (New York: Free Press Paperbacks, 1973), 69-70.

<sup>4</sup>Furer and Walker, 168.

<sup>5</sup>*Ibid.*, 169.

<sup>6</sup>*Ibid.*, 171.



like death, in home-type assignments.<sup>7</sup>

Finally I found it helpful that Furer and Walker addressed the assessment for death anxiety in people and why treatments or intervention might be important. Clinical interviewers first asked specifically about the fear of death, then they asked the difficult questions about the individuals' feelings about death, such as: Are there situations you avoid because of concerns about death? Do you talk to your family, friends, or professionals about your concerns about death? What have your personal experiences with illness and death been like over the years?

The open-ended questions focused directly on the responders' direct thinking about the subject. The researchers also utilized self-report questionnaires. Furer and Walker stated it was important for them to encourage people to face the fear of death. Unless this is accomplished people will waste precious days of life worrying about something that may not happen for years and this is time that they can use to live a satisfying and happy life instead of worrying.<sup>8</sup>

This article was useful to help me develop the methodology for my project. Furer and Walker had no clinical focus groups for older Christian adults as a means for assessment. In my project I included direct questions about death because I was looking specifically at older Christians. I only experienced confirmation that most older Christians did not express death anxiety for themselves; most often the fear of death, when expressed, related to the loss of immediate family members. They reported self-

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<sup>7</sup>Ibid., 171, 172.

<sup>8</sup>Ibid., 174.

neglect in doing preparation work like completing their wills and health proxies for themselves to assist family members with their anxiety about their deaths.

Furer and Walker's was the one article that pointed out religious people were among those least likely to experience death anxiety, whereas most of the death and dying articles I examined did not mention spirituality or religion being a help or a hindrance. I found a small newspaper item online titled, "Beliefs help ease one's fear of dying" In bold black type the message read. "Death anxiety is only lowered by a personal commitment (to) religion."<sup>9</sup> Dr. David Larson conducted a study in which he surveyed 200 individuals from a variety of religious groups about their religious beliefs and feelings about death. He found that people with a strong belief in the afterlife seemed to deal better with death issues than those who did not believe in an afterlife. However, the researcher also found that those who valued religion primarily because of the potential to have life after death were the same individuals who experienced the most anxiety when faced with the issue of dying. So he concluded that any attempt to lower death anxiety through greater religious participation is not a guaranteed but perhaps that faith, belief and commitment must come first. Therefore, spirituality would seem to have an effect on lowering death anxiety, but the details of the study were not documented in the article. I look at the strength of their spirituality to assist my project participants with managing death anxiety when we add specific interventional modes from the arts.

I cannot ignore the undergirding, classic, and ground breaking work of Elisabeth Kubler-Ross M.D. who provided the basic primer for the stages of death and dying. The five stages of death and dying not only applies to those who are facing death; she also

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<sup>9</sup>David Larson, PhD., "Beliefs help ease one's fear of dying", Philadelphia Tribune (June 18, 1996) 7-D, Col 6, accessed January 20, 2013.

noted that families and friends go through those same stages as they learn to cope with the loss of loved ones. Dr. Kubler-Ross identified the stages as denial, anger, depression, bargaining, and acceptance and warns us that these stages may overlap and/or happen concurrently.<sup>10</sup> Today we understand these phases and often witness people going through these stages as they attempt to cope with most any major loss in their lives (i.e. job, divorce, etc.).

Dr. Kubler-Ross developed these stages during a series of conversations with individuals who were literally in the process of dying. My project included a series of group conversations with participants who did not identify that they were in the process of dying a physical death; but most were, in fact, living with the memory or currently dealing on some level with one or more of the themes of death anxiety. The major concern participants in my project voiced were about the family and people they were leaving behind. They accepted one day they would go home to glory but realized they had not made plans to help them deal with the end of life issues. End of life issues included plans to make out a will or designate health care proxy if they were unable to participate in their health care.

Dr. Kubler-Ross's conversations with her patients became the data she used to formulate the stages of grief during the process of death and dying. Her research laid the foundation to help understand what stage of grief the participants experienced during their group discussions. She emphasized the importance of listening as individuals redress their experience related to death and dying. Listening is an invaluable skill for all clergy. The ability to identify the stages of grief is important because it helps to provide the spiritual support for the family as well as the person going through the process of

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<sup>10</sup> Elizabeth Kubler-Ross, M.D., *On Death and Dying*, (New York: The Macmillan Company 1969).

death and dying. It is also helpful for clergy to be aware of their own responses and outward reactions in the grieving process because some individuals may misunderstand the spiritual message that is meant to comfort and offer peace. This perception may help or hinder the individuals' progress in the process, according to Dr. Kubler-Ross.<sup>11</sup>

Familiarity with how the individual has managed stressors in life is generally helpful. If clergy know something about their member's coping mechanisms and have a previously established relationship with the individual before a crisis of life arises they may be able to anticipate the need for intervention, particularly in cases of extraordinarily tragic or unusual circumstances precipitating loss of life.

In an excerpt from the foreword of the 40<sup>th</sup> anniversary edition of *On Death and Dying*, Dr. Allen Kellehear stressed that, "the book was not meant to be a text on how to manage dying patients but it was a discussion of key emotional reactions to the dying experience."<sup>12</sup> My project was meant to test a specific set of interventions that could assist elderly Christians to manage some of the anxiety revealed in the stages Dr. Kubler-Ross had identified. If the emotional reactions experienced in death and dying propel the movement through the stages, what, if anything, can alleviate the pain for the individual going through the process? If death anxiety is undesirable, uncomfortable, and formidable, a natural reaction to death, what, if anything, could ease the anxiety and help older adult Christians to better cope with end of life issues on earth? What do we need to do in the church to enable people going through the stages of the death and dying besides

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<sup>11</sup> Ibid., 49.

<sup>12</sup> Allen Kellehear in *On Death and Dying*, 40<sup>th</sup> Anniversary Edition, Elisabeth Kubler-Ross (New York: The Macmillan Company 1969), <http://www.ekrfoundation.org/five-stages-of-grief/>, accessed January 20, 2014.

offer family and others the support needed to help them cope with the dying person's acceptance of everlasting life?

Dr. Kubler-Ross does point out that some people do go back and forth through the stages even after they appear to have accepted the loss of life on earth or the loss of a loved one. These questions and thoughts continue to urge me to seek answers as to what might assist older Christians with managing death anxiety.

Many years ago I had the privilege of moderating a panel discussion on the aged and public health issues for the American Public Health Association. Dr. Robert N. Butler, a noted psychiatrist and geriatrician, was a participant on that panel. I asked him if older Christians who trust and believe the Scriptures, worship Christ through songs, prayer, and attend church cope with death anxiety differently. Dr. Butler's response to my question was older Christians remember this time as a significant part of their life. In *The Life Review: An Interpretation of Reminiscence in the Aged*, Dr. Butler repeated his sense that reminiscence in older people contributes to the occurrence of certain late-life disorders, particularly depression, though it also produces such characteristics as candor, serenity, and wisdom among certain of the aged.<sup>13</sup>

We can sometimes overlook the importance of older peoples' reminiscence, particularly if they seem overly talkative and rambling. Dr. Butler writes,

Reminiscence is seen by some investigators as occurring beyond the older person's control: it happens to him; it is spontaneous, non-purposive, unselective, and unbidden. Others view reminiscence as volitional and pleasurable, but hint that it provides escapism. Thus purposive reminiscence is interpreted only as helping the person to fill the void of his later life. Reminiscence is also considered of dubious reliability, although

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<sup>13</sup>Robert Butler, *Life Review: Interpretation of Reminiscence in the Aged*, Psychiatry, Vol. 26 Issue1, 1963, 65-76.

curiously, “remote memory” is held to be “preserved” longer than “recent memory”.<sup>14</sup>

Life review is a larger term and reminiscence is what we do. Dr. Butler also

Conceives of the life review as a naturally occurring, universal mental process characterized by the progressive return to consciousness of past experiences, and, particularly the resurgence of unresolved conflicts, simultaneously, and normally, these revived experiences and conflicts can be surveyed and reintegrated. Presumably, this process is prompted by the realization of approaching dissolution and death, and the inability to maintain one’s sense of personal invulnerability. It is further shaped by contemporaneous experiences and its nature and outcome are affected by the life-long unfolding of character. The life review mechanism, as a possible response to the biological and psychological fact of death, may play a significant role in the psychology and psychopathy of the aged.<sup>15</sup>

The article continues to explain that life review is set in motion when the subject of death arises and may proceed to personality reorganization. Here it is not the same as but includes reminiscence; it may in this case include memories specifically sought or those unbidden. The article says that the process may not be completed before death occurs but it does include a mild nostalgia, mild regret and even progress to the level of suicide depending on the individual. One individual may savor their thoughts; sometimes encourage them and sometimes dismiss them. It is a review of their past. It depends on how the person lived his/her life.

As the past marches in review, it is surveyed, observed, and reflected upon by the ego. Reconsideration of previous experiences and their meanings occurs, often with concomitant revised or expanded understanding. Such reorganization of past experience may provide a more valid picture, giving new and significant meaning to one’s life; it may also prepare one for death, mitigating one’s fears.<sup>16</sup>

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<sup>14</sup>Ibid., 66.

<sup>15</sup>Ibid.

<sup>16</sup>Ibid., 68.

This article supports my belief that older self-identified Christians may have lived a life with a positive life review because of the repetition of testimonies of how God may have redeemed them or made a “way out of no way” as we are noted to say when God has obviously brought us through the storms of life. If the church can make a large enough impression on the lives of the members that are inclined to have a relationship with Christ, they too can experience and chronicle a positive life review that could possibly mitigate the fears of death anxiety. I believe providing interventions that will enhance and establish these types of positive life reminiscence experiences in the church may just alleviate on some level of death anxiety in older Christians.

As I thought about possible interventions, I was intrigued to come across a brief article, *Editorial: Death, dying and bereavement: Opening the Word Hoard* by Gillie Bolton. It was actually an editorial about assisting the elderly who were in the process of dying by writing about the process. Like art the process is uniquely different for each individual. The author stated it like this,

Death, dying, and bereavement are written about in many ways: with personal anguish or clinical detachment, spiritually, practically, dramatically, horrifically, violently, lovingly and gently. A large proportion of all poetry is devoted to these subjects (along with love of course). Expressive and explorative writing has a vital part to play when the writer, or one close to them is dying. Such writing-for example, a journal, or poetry can help towards gaining clarity and understanding. Such writing can help the bereaved, the dying and also clinicians involved in the care of the dying.<sup>17</sup>

I did not consider using writing as an intervention in my project because I thought many of the participants might have difficulty with writing instruments, possibly due to arthritis or not feel comfortable with their writing ability. Writing would certainly be an

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<sup>17</sup>Gillie Bolton, *Opening the Word Hoard*, Editorial: Death, Dying, and Bereavement, *Med Humanities* 2004 30:49 mhbmj.com, accessed October 22, 2013, 49.

enhancement to the project data; specifically, because writing is so personal and forces the individual to write about what and who they know best -- the situation and themselves. If I were to do the project with a younger age group I would include a journaling piece or perhaps a type of social media network to encourage them to assess their feelings about death anxiety.

Amy Clements-Cortes, PhD, MUM, MTA, utilized music therapy in her research where four couples sought ways to cope with the dying of their partners. Each couple selected music that represented the themes of their relationships. A life review scenario was utilized to select songs of meaning to assist the couples to bring successful closure to their relationship.<sup>18</sup> In my project I utilized the songs of Zion as the themes of the church in the hope it would bring to memory positive experiences for the older Christian participants. The hymns, anthems, and spirituals were written to enhance and facilitate worship of our Redeemer. The music echoes the meanings of scripture and reminds us of Jesus' joy, the spiritual presence in our lives, and commitment to worship. Music has been known to produce extreme emotional release of both joy and sadness depending on what reflections the music arouses.

Nechama Yehuda, of the Levinsky College, Tel Aviv, Israel, in his article *Music and Stress*, discussed the effect of music on stress and emotions. Dr. Yehuda acknowledges that stress, is part of everyday life as he addresses the physiological science of stress in depth. He states that, "culture can be a reason for different reaction to different musical styles; music is not only an aesthetic experience but it may also serve as a resource for

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<sup>18</sup>Amy Clements-Cortes, Ph.D., *Portraits of Music Therapy in Facilitating Relationship Completion at the End of Life*, *Music and Medicine*, 3 (1) 31-39, <http://.sagepub.com>, accessed February 22, 2015.



developing one's identity."<sup>19</sup> Dr. Yehuda believes that there is a need for more focused research that studies the effect of music on various stresses in everyday life and how different kinds of music and instruments help in times of crisis.<sup>20</sup> In my project I saw how the music impacted the stress level of those remembering the loss of a loved one. The same was true for those who identified as Christian and were faithfully immersed in regular attendance in worship services connected at a spiritual level with the music. Some were rocking, humming or singing along with the songs. This illustrated Yehuda's findings that these people were having an authentic experience with the music that minimized the stress and anxiety associated with the painful memories of loss.

A short article that addressed the use of expressive art, art drawn by a group of nursing students in a class to help them deal with their first dying patient. The authors wrote,

This was a means for the participants to deal with death and dying's negative feelings of inadequacy, fear and distress that the student nurses might be feeling. In one class the students were guided through a quiet reflection on their thoughts and experiences with death by an art therapist then asked to create art reflecting their experience. Later they discussed their art. This allowed the students to participate in their own healing". The students reported favorable comments like, "I have gained a better understanding about death and I feel prepared for my first experience with death."<sup>21</sup>

This article supports the use of art in projects designed to alleviate similar feelings of death anxiety that exists in all of us. The educators that set up the exercise provided sharpies, colored pencils, paints, magazine clippings, crayons, ribbons, glue, glitter, and other art supplies for the students to use to express their feelings about their personal

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<sup>19</sup>Nechama Yehuda, "Music and Stress", *Journal of Adult Development* (January 2011), 18:85-94, 91.

<sup>20</sup>Ibid.

<sup>21</sup>Cathy Pimple and Emily Dieker, "Using Expressive Art in a Nursing Course on Death and Dying, *Journal of Nursing Education*, 49, No. 4, [Month, 2010].

experiences with death. When their art creations were completed the students were guided in a small group to process their feelings. I see utilizing this activity with members of congregations that might not feel comfortable talking about death but would be excellent with their churches' project of helping others with some reassurance. This article helps us know that within every church Christ has given the helps that are needed to complete the work Christ has planned in their vineyard.

Although I was unable to find articles directly addressing performance with death anxiety as its focus, I knew that story telling is always a good medium for getting the Word across. I knew one of my advisory committee members was a celebrated community performer. The committee unanimously selected the "Church Lady" to develop the dramatic scene as an intervention tool. The Committee wanted her to include some subtle humor to make people think about the message rather than be entertained or feel preachy.

## CHAPTER TWO

### BIBLICAL AND THEOLOGICAL FOUNDATION

I cannot remember ever having a casual conversation about my impending death or heard others in my social circle talk about preparation for end of life issues. I cannot ever remember reflecting honestly about what I think or feel about leaving this world and this life for the promised blessed eternal existence in heaven. I truly believe heaven will be my final destination when I die. I want to be completely honest, talking about death with friends and family is the last topic any of us want to spend time discussing.

However, it is one of the most important areas of discussion for all of us. We have some mandatory preparations to make in spite of our unwillingness to talk about death and dying, our own and others. Death is a part of preparation for our journey into eternal life.

Nevertheless it is important for clergy to understand clearly the biblical and theological foundations of death anxiety because death anxiety is a distraction. It detracts Christians' attention at a most crucial point in their lives as well as the lives of people they care about. Death anxiety sucks the energy from people seeking a spiritual transformation as they ready their souls for eternal life. Death anxiety also robs family and friends of the promise they will see each again in heaven. The late Howard Thurman, theologian, philosopher, and one of the most influential religious leaders of the twentieth century, left us a thought that gives insight into death anxiety.

The ideal situation for a man or woman to die is to have family members standing with them as they cross over. But imagine, if you will, being on

your death-bed, and standing around your bed are the ghosts of the ideas, the abilities, the talents, the gifts, the dreams given you by life. That you, for whatever reason, never pursued those dreams. You never did anything with those ideas. You never used those talents. You never used those gifts. You never took advantage of those opportunities. And there they are, standing around your bed looking at you before you take your last dying breath, looking at you with angry eyes saying, “We came to you, and only you could have given us life and now we must die with you forever.”<sup>1</sup>

This quote illustrates the unfinished life business and opportunities that are lost to anyone who did not conquer the anxiety called death.

Theologian Paul Tillich is more closely aligned with the foundation and philosophical viewpoint of this project. Tillich not only has a systematic understanding of theology but also a functional understanding of the ambiguity of existence. He clearly understands the individual and eternal destiny. Tillich addresses hopes, dreams and potentialities of life afforded to humanity. He explains how cognition changes when immortality of soul is considered.<sup>2</sup> Tillich said, “Everything in the universe is subject to the temporal process and involves non-being in the past and in the future, and being in the present. The awareness of this is called anxiety and exists in everyone.”<sup>3</sup>

Tillich’s thoughts about death and immortality are clear. He believes there is a functional ambiguity where humanity is concerned. He writes that, “Death is present in every life process.”<sup>4</sup> We as Christians believe that we are born in the flesh and from the day of our birth we begin to age and deteriorate. We are predestined to die. The Bible

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<sup>1</sup>Joya Martin, What Dreams Will Die with You, <http://www.joyamartin.com/what-dreams-will-die-with-you/>, accessed January 20, 2014.

<sup>2</sup> Paul Tillich, I. III The Kingdom of God as the End of History, B. The Individual Person and His Eternal Destiny, *Systematic Theology Volume III: Life and Spirit, History and the Kingdom of God*, Chicago: The University of Chicago Press. 1963, 406-412.

<sup>3</sup> Susan M. Rogers, Tillich Explains Anxiety As Awareness of Death, <http://thecrimson.com/article/1962/2/5/tillich-explains-anxiety-as-awareness-of/>, accessed January 20, 2014.

<sup>4</sup> Paul Tillich, *Systematic Theology* Chicago: University of Chicago Press, 1963, Volume three, 53.

tells us death is inevitable because there is an appointed time to be born and a time to die;<sup>5</sup> and after death there is judgment.<sup>6</sup> Tillich writes,

It is the existential awareness of one's finitude, which poses the question of whether the continuation of finite existence is worth the burden of it. But as long as there is life, this tendency is counterbalanced by the self-affirmation of life, the desire to maintain its identity even if it is the identity of the life of a finite, exhaustible individual. Thus suicide actualizes an impulse latent in all life. This is the reason for the presence of suicidal fantasies in most people but the comparative rarity of actual suicide. It makes unambiguous what, according to the nature of life, is valid only in its ambiguity.<sup>7</sup>

As a Christian this statement is important because it helps us to know we do not have to go through life's difficulties alone. Christ always covers us and the Holy Spirit is our protection as a buckler from harm.<sup>8</sup> As individuals we know that we can withstand the trials and tribulations of this world in peace because they have already been overcome.<sup>9</sup>

Paul Tillich understands the necessity of what we call being fed and cared for by the Spirit. He writes about the existence of disease as an unbalance in life. He does not specify this disease as being purely physical but as an imbalance of self-identity and self-alteration. This imbalance is an alteration of the centeredness of life. As such it is a disruption of all dimensions of life and the healing must take place under all dimensions of life.<sup>10</sup> This sounds like the dimensions of mind, body and spirit to me. The question according to Tillich, in this context is whether this is spiritual healing or whether spiritual

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<sup>5</sup> Ecclesiastes 3:2.

<sup>6</sup> Hebrews 9:27.

<sup>7</sup> Tillich, 57.

<sup>8</sup> Psalm 91.

<sup>9</sup> John 16:33.

<sup>10</sup> Tillich, 277.

healing actually exists. He writes, “Spiritual healing, and if it exists, how it is related to the other ways of healing, and further, how is it related to that kind of healing which in the language of religious is called “salvation”.”<sup>11</sup>

This resonates with the pain previously identified that people feel when they do a life review and have not achieved all that they would have liked to before the end of life becomes evident. This pain is also similar to what Howard Thurman alludes to earlier in this paper. I believe that what these theologians are sharing, in addition to the work of Dr. Robert Butler, confirms that older Christians have increased faith and wisdom through knowledge Christ has kept and healed them during some difficult times in their lives, and thus they were able to remain centered and balanced. They receive a measure of optimal healing in all dimensions of their lives. Therein lies their ability to limit the affect of death anxiety as they employ reminiscence. It remains the work of the church and clergy to provide support and reinforcement in a nurturing and caring environment for this balancing work to be facilitated.

Paul Tillich wrote a sermon based on Hebrews 2:14-18 that is applicable and significantly informs the work of this project. Here is a portion of this sermon.

Death is not merely the scissors which cuts the thread of our life, as a famous ancient symbol indicates. It is rather one of those threads which are woven into the design of our existence, from its very beginning to its end. Our having to die is a shaping force through our whole being of body and soul in every moment. The face of every man shows the trace of the presence of death. This frightful presence of death subjects man to bondage and servitude all his life, according to our text. So far as I stand in fear, I stand not in freedom; and I am not free to act as the situation demands, but am bound to act as the pictures and imaginations produced by my fear drive me to act. For fear is, above all, fear of the unknown; and the darkness of the unknown is filled with the images created by fear. This is true even with respect to events on the plane of daily life: the unknown face terrifies the infant; the unknown will of the parent and the teacher

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<sup>11</sup>Ibid., 277.

create fear in the child; and all the unknown implications of any situation or new task produce fear, which is the feeling of not being able to handle the situation. All this is true to an absolute degree with respect to death—the absolutely unknown; the darkness in which there is no light at all, and in which even imagination vanishes; that darkness in which all acting and controlling cease, and in which everything which we were is finished; the most necessary and impossible idea at the same time; the real and ultimate object of fear from which all other fears derive their power, that fear that overwhelmed even Christ at Gethsemane.<sup>12</sup>

The scriptures anchor this project. The Gospel of Matthew reminds us that Jesus in his fully human and fully divine form displayed some aspects of death anxiety in the Garden of Gethsemane. He said to Peter, James, and John “My soul is exceeding sorrowful, even unto death”<sup>13</sup>. Jesus asked them to “tarry and watch” with him as he prayed to the Father, “O my Father, if it be possible, let this cup pass from me: nevertheless not as I will, but as thou wilt.”<sup>14</sup>

Jesus expressed death anxiety and demonstrated the multidimensional dynamics of dying; dying with great strength and yet anxious over the potential physical pain and suffering that he will experience. There is also his knowing the pain of grief that his family and friends would endure. Jesus took Peter, James and John with him to the Garden of Gethsemane to wait and watch while He prayed. This action suggests that he did not want to be alone in this critical moment as well as to have them bear witness to what he said would happen to him. So it makes sense that we also do not want to be alone. Yet there are also times when we do not want to have witnesses when we go through the end of life process.

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<sup>12</sup>Paul Tillich, *The Destruction of Death., The Shaking of the Foundations*, chapter 21 Religion-Online, <http://www.religion-online.org/shochapter.asp?title=378&C=73> accessed 2/27/2015.

<sup>13</sup>Matthew 26:38.

<sup>14</sup>Matthew 26:39.

When we are called to the bedsides of loved ones after an accident that will seemingly result in death, there is comfort in knowing that someone is standing with us to bear witness to what is happening. Yet, we should not be surprised or angry if they do not stand up under the burden of our circumstances. For we see that Peter, James and John fell asleep as Jesus gently tells them “the spirit is indeed is willing, but the flesh is weak”.<sup>15</sup>

Jesus is displaying the humanity within. He does not want existence to cease. However, Jesus knows where the journey will end and what it will mean for all of humankind. This points to the ambiguity that Tillich mentions. Christians understand they possess the gift of salvation; yet they do not want to leave the life they currently know. We also know from the literature review that older Christians are not as severely affected by death anxiety, particularly when they have fulfilled their life’s expectation and dreams. They will, however, remain concerned about leaving family members who have not dealt as effectively with death anxiety.

There are other instances where evidence of death anxiety is demonstrated in the Bible. Mary and Martha in the Gospel of John<sup>16</sup> confront death and death anxiety differently as they experience the dying and death of their beloved brother Lazarus. We can learn much from the faith of one of the sisters, Martha. When she goes out to meet Jesus she tells him that even though her brother is dead, she knows Lazarus will rise on resurrection day. She knew this because she believed Jesus was the Messiah, the Son of God and that Lazarus had died in Christ. Jesus also reminded her, “I am the resurrection, and the life:

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<sup>15</sup> Matthew 26:41.

<sup>16</sup> John 11:17-37.



he that believeth in me, though he were dead, yet shall he live.”<sup>17</sup> Mary, on the other hand remained at home grieving for her brother, sitting the traditional Shiva as visitors arrived at their home. Lazarus and Jesus were good friends, so Jesus wept over the death of his friend even when He knew Lazarus was not going to remain dead. When He saw Mary and the other people wailing, “He groaned in the spirit, and was troubled”.<sup>18</sup>

There is another lesson in the Lazarus story to be learned about death and grieving. If you recall, Mary was a very attentive sister, listening to the teaching of Jesus. In fact, she was the only woman portrayed as sitting at the Master’s feet, while her sister, Martha, worked in the kitchen. Martha complained that her sister Mary was not helping and Jesus essentially told her that Mary was doing the needful thing.<sup>19</sup> Now Lazarus, their brother, was dead and in the grave, Mary cannot bear to break Shiva and come out to meet Jesus. Mary was grieving! Martha however manages to meet Jesus and have that all-important conversation with him that identifies her abiding faith to Jesus and declares that, even now I know that “whatsoever thou wilt ask of God, God will give it thee”.<sup>20</sup> Martha and Mary are both grieving, both were followers of Christ, even though they grieved differently. I see faith as the motivator for Martha to greet Jesus. When called Mary is able to come.<sup>21</sup> Likewise their faith is displayed but I see a subtle difference. I see that Mary the student was able to learn from her sister Martha. We too grieve

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<sup>17</sup> John 11:25.

<sup>18</sup> John 11:33, 11:35.

<sup>19</sup> Luke 10:38-42.

<sup>20</sup> John 11:22.

<sup>21</sup> John 11:28-29.

differently. Perhaps we can look at our own family and think about what subtle lesson we learn from the two sisters.

Just as we all grieve differently when faced with death, our families and friends should be allowed to do the same. Some may display strength that we had not seen in other stressful anxiety producing situations. Families have learned to use different coping mechanisms based on the circumstances and we have to believe that death anxiety might bring forth a different behavior pattern. We can understand when those we anticipate coming to a funeral for our beloveds may not show up after all. This does not mean that those who are absent loved the deceased any less. All of these issues are likely to be raised when intervention tools are used to encourage open discussions about death, dying and death anxiety.

During Jesus' final time with his beloved disciples in the Garden of Gethsemane, he does not want to be alone as he contemplates his imminent death and asks the disciples to stay awake and watch while he prays. Jesus tells his disciples that he is "greatly grieved." Jesus takes his plight to his Father several times and weeps as He asks to have this cup pass from Him.<sup>22</sup>

I notice that Jesus did not raise more than five individuals from the dead, although I know he healed thousands. One might surmise from this that dying is not the worst event in life that we will go through. Jesus focused on teaching us about life and living, knowing that if we lived according to the will of God, believing in Jesus, we would have eternal life as promised.<sup>23</sup>

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<sup>22</sup>Matthew 26:36, 26:38.

<sup>23</sup>John 3: 16.

There are several other scripture references that informed the project. They were written on poster board, displayed, and dispersed throughout parts of the graphic artwork. The scriptures were purposely selected to remind the participants of the promise of eternal life (John 3:16; John 11: 25-26; 1 John 2:25), to encourage them to hold out in spite of life's difficulties (John: 16:33), and to affirm that we would not spend eternity in the grave because there would be a home in heaven waiting for us. So do not be troubled (John 14:2). I wanted the project participants to be able to recall the promises that Jesus gave and to reinforce that these promises still stand. In fact, the scripture and song were what the participants said provided the most healing and comfort. This gave them the space to release their feelings about death and death anxiety in groups.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **Scope**

This project, A Theological Workshop using Arts and Humanities as Interventional Aids to Assist Older Christians with Death Anxiety, seeks to understand how music, songs, monologue and graphic arts can help older Christians cope with death anxiety. Through a variety of activities older Christians listened, observed, and shared stories that were brought to mind about the death of loved ones, as well as reflected on what they need to do to prepare their loved one for their death. The project proposal was approved as required by the faculty in the Doctor of Ministry, Mind, Body and Spirit program and the study's consent forms cleared from Drew's Institutional Review Board. I immediately put together an advisory committee. I needed a group of people to work efficiently and effectively with me to implement the proposed project.

The process to recruit advisory committee members was made easy because I have lived and worked in the Upstate New York Capital District tri-city area of Albany, Schenectady, and Rensselaer Counties (Upper Hudson Valley region), most of my life. It was always important to me to know who lived in my community because it provided me with a sense of who knew whom when work was needed to be done to better serve the people. I have always been a community activist and worked on several community boards, panels, and organizations to make a difference in the lives of the people where I

live. I served on the boards of the Young Women's Christian Association (YWCA), Whitney M. Young Health Center, The Baptist Carrier Newspaper, The United Way Funding Panel, Capital District Nurses Association and the New York State Nurses Association, just to name a few. This afforded me prior knowledge of who and where community minded workers were and they had the skills to help me carry forth this project. More importantly, I was able to identify the Christian workers who would be able to relate to the project because of their faith. If I had not been aware of who is who in the community I would have had to take the time to establish relationships with other people in the faith community to get a broader representation of older Christians beyond my own church. It was very important to me to identify those community people who would stick with me even if the project took an unexpected turn. In other words, I wanted an advisory committee who was committed to the project and would hold me accountable as well.

The committee that was ultimately selected; all had a personal interest in the work. They had a desire to understand more about the topic of death and death anxiety and they all were known to be people who attended their individual churches faithfully. Most of them held offices in their church. I discovered at our informational meeting that two were people wanted to work on projects that were larger themselves because they were items on their bucket list. Interesting enough, the literature addresses the fact that people with less anxiety about the issue of death tended to be productive and had life goals they wanted to accomplish.

The formal advisory committee consisted of fourteen diverse people. The diversity included gender, race, and religious affiliations. There were three Deaconess, who became the spiritual advisors and prayed for the Board, the project participants and

the principle investigator, me. Other members included a retired Court Recorder, three Pastors, one of whom is the Senior Pastor of my own church, an associate minister/retired hospital Chaplin, a retired Registered nurse, a Social Worker, a Public Health Educator, a Missionary and founder of a human rights player group, and a Registered Dietician with a doctorate in education. The solicitation of participants became the responsibility of one person within the local Protestant church community. I had worked with the person in the past and was comfortable knowing the work would get done. The evidence was in the overwhelming swift response of participants. Throughout the project there was an abundance of community assistance, which included a high school junior with an interest in theology, a student in social work and a young Jewish health care worker who also works in public communications. All these young people showed an interest in the death and death anxiety. When asked to participate as an advisory committee member, no one said no.

The committee met as a group to preview the project prospectus, approve minor revisions, and assist with the solicitation of focus group participants and transcription of group dialogue and exit interviews. An agenda was set for each meeting and minutes were recorded. The group also offered general hospitality to the project participants, which included providing a room for comfort and refreshments. My Pastor served on the advisory committee as a senior clergy advisor to guide me through polity, and outcome evaluations. He also granted me permission to use the Community Service Building, now known as The God With Us Building (GWU) for committee meetings, group sessions and the interventional workshop. All of our committee meetings were held in this building with the exception of two advisory committee meetings. One of these meetings

was held in the fellowship hall at The Israel African Methodist Episcopal Church, 381 Hamilton Street, Albany, NY, and the other two meetings were held in the church library, which is located next door to the church. These were special call meetings to give feedback on the progress of the project. Beyond those from my church, more participants were needed for the project.

The Advisory Committee opened and closed each meeting in prayer. It was important to the project to have Divine presence to provide comfort to any one on the advisory committee who may have an emotional reaction to the intervention aids. There were people on the committee trained to recognize and treat anyone in emotional need. I needed to teach the Advisory Committee what to look for among the participants who for years have kept quiet, pushed down, and held back their fears and anxieties about death and dying. All too often people in our society are rewarded for their stoic and rationalized emotions. They are referred to as being strong, having amazing strength because they did not show any emotions when they heard of the death and while they were at the funeral services. The best example of the point I am trying to make is how First Lady Jacqueline Kennedy stood stoic and strong at the funeral of the slain president of the United States, John F. Kennedy. She demonstrated no signs of death anxiety as Mary did when she heard of her brother, Lazarus' death. Although this study did not focus on the reactions of the Advisory Committee, I was aware that this could be a factor, especially for those who were older Christians. I needed their support to help raise pastors' awareness that the church needs to help the congregation realize that death and dying is a fact of life. We all need to know how to manage the anxiety of death and dying as it relates to everlasting life.

Since the project would be working with self-identified Christians 55 years and older, I wanted the committee to mirror that population. I needed the committee to understand, at least age wise, some of the life experiences that they would be privileged to hear. I anticipated saving a few slots for individuals who were known and active in our Christian community but happened to be slightly younger because I thought I might need to include them on the committee to fill specific skill oriented roles; for example to work with computer and other technical equipment. This is an area where I am challenged and would not be able to readily step up should I be needed. I have always felt that the leader of a project should be capable of doing every task or at least be able to make provisions to get the function covered. Fortunately, the individual that stepped up to be the chairperson of the advisory committee had excellent computer skills.

The kickoff informational meeting was held on October 11, 2014 prior to the approval of the proposal. The advisory group was completed with the exception of a chairperson. No one wanted to step forward until they knew exactly what would be required. At this meeting I did an icebreaker with the group where we introduced ourselves since there were three people who did not know everyone else in the room. They were asked to describe a recent experience with death, death of a friend or family member, and how they were felt about the experience. Two of the committee members had recently lost her husband of over fifty years and the other person was the mother of ten children and had lost a daughter to lung cancer and later lost a son. Everyone was open, candid and emotional as they spoke about their experience. I, also, shared my experience.



After we processed the exercise, the group departed with a deeper understanding of the project and had a sense of what the participants would experience when they had the interventional aids to help them to reflect on past experiences with death and dying. The question was which art form would have the greatest impact to reduce death anxiety for older Christians who looked to the Pastor and the Word for comfort during these times of grief. The Advisors expressed they felt the environment was safe enough for them to speak openly and freely. At the end of the session we reviewed the proposed proposal for the project where everyone was asked for his/her thoughts, ideas and any suggestions for change. The agenda emphasized confidentiality, and the expectations, roles and responsibilities of the Advisory Board. I wanted people to understand the time commitment and why their talents were important to the success of the project. Most people were impressed with the strength each member brought to the committee and talked about how excited they were to be involved in the project. We enjoyed breakfast, filled with a congeniality that defined our fellowship. As I collected the contact information I discovered my first error in not assigning someone the responsibility of recording the minutes.

The short meeting on November 27<sup>th</sup> provided an update of the project beginning with the approval of project prospectus, an outlined of the responsibilities for the chairperson; and a review of the project time line. We then had a discussion of concepts, comments and commitments topics that would be standard on all agendas. The progress on the forms for registration was good. We were ready for the people to volunteer. A media announcement was finalized. It was sent out over the Internet utilizing the New York State Department Health Information Portal.

Amazingly, the winter was the coldest and pelted us with the worst ice storms we had seen in the valley in a long time; and yet all who signed up to attend the focus group sessions (as participants) followed through on their commitment. As a matter of fact, I had to split a group to keep it small on the one and only evening scheduled for January 23, 2014. People came with drivers and other relative who wanted to participate. Fortunately, on that night extra help was available. All of the committee showed up along with a retired nurse friend who was familiar with the project. She helped with a focus group because of strong listening skills. I was awe struck over the attendance. Finger snacks were available along with water, hot tea, soft drinks and juice for the group. The group was normalizing well. The project included four focus groups, scheduled over two weeks January 16, 2014 through January 25, 2014 and an interventional workshop one month later held February 22, 2014 with exit interviews immediately after the workshop. (See appendices.)

The interventional workshop was developed in conjunction with the committee. We chose songs that we have listened to over the years that at times are not being sung as often because this generation of church goers has different taste in music. We need to play and sing more of the hymns that have helped in the past because the words are scripture based. (See the appendices for a list of the songs utilized in the workshop.)

The Dramatic Art, a monologue, offered a way to introduce a message on how to make practical preparations for death to alleviate undue stress for those left behind. As Christian we are taught that heaven is a prepared place for spiritually prepared people. We now know that death anxiety is greatly lessened for those who have handled the dispositions of their possessions wisely and are not overly concerned about who will get

what. The literature says that the more educated elderly person is less concerned about death anxiety because of their ability to do life review and have accomplished most of what they wanted to and not be overly concerned about the dreams they were unable to make happen. The monologue by the Church Lady did include a life review. She engaged the audience in her performance when she asked them what they knew or did not know about the preparation for death. She used humor in her monologue when she talked about myths from the south to determine when someone was dying. One myth is that when a bird lands on your kitchen window and does not move it is a sign that someone is going to die in that house. The Church Lady knew how to get the audience to participate and reduce the level of death anxiety. She asked them if they knew the more modern way of predicting when someone was going to die. She understood that many of the people knew about playing the number when she asked, "You know what the number is?" as she quickly mentions that she can't remember it. Someone in the audience calls out the number and she shouts, "That's it! Everyone laughs. But then she turns quickly to remembering her father's death and his prior instructions to her and how she is not allowed to look into his shoebox until he dies. When he is dead then she will find out everything she needs to know, about his burial wishes. She tells the audience, "She is going to do the same to her children and not share important information. The audience laughs but with a catching the subtleness of her joke. Her mood slowly changes as she remembers the box held little of what she needed to know. She begins to shed real tears and ends by saying that she will talk to her children about her death wishes and prepare them for the eventuality that she may die sooner than later. The point hits home and she exits the stage after spraying a scented air freshener.

## Setting

The project took place in Albany, New York at the *God With Us Building* (GWU) 274 Washington Avenue. The GWU, is a community service building owned and operated by the Israel African Methodist Episcopal Church. The building is centrally located in the upstate Capital District community. Although the GWU is not a sanctuary there were plenty of emotional break through as people told their stories of their encounters with death anxiety. Each room that was used for an activity we made sure that someone prayed over it. Spiritual advisors were available to hand out tissues and consoled people as the need arose. We went through six boxes of tissues. They advisors were excellent in praying for people who were in need of comfort. We also made sure that each participant knew where the restrooms were located and someone was available to make sure they had easy access in and out of rooms to reach the restrooms. The hospitality room was set-aside for those who needed a quiet place to rest and meditate. There were refreshments like water and juice for them to drink. We made every effort to insure that no one left the premises dismayed or upset.

## Participants

Project participants were solicited through a community bulletin announcement (see appendices), word of mouth, and recommendation by their pastors. They were fully informed about the project, given an opportunity to ask questions and required to sign the consent form (see appendices). Forty-four participants were in the project. The participants recorded their race and ethnicity. There were thirty-seven African American, five Caucasian, one Latino (Puerto Rican), and one Trinidadian. The participants recorded their church affiliations as African Methodist Episcopal Church, National Baptist, Non-Denominational Church, Pentecostal, Presbyterian, United Church of Christ, and Seventh Day Adventist. Of the forty-four original focus group participants,

thirty-three participants attended the workshop, which, by the way, was after an ice storm and recorded as one of the coldest days in February. The total attendance at the workshop was sixty people including a few student observers and the exit interview scribe assistants.

During the project there were some themes that arose early from the participants in the focus group. The Advisory Committee members and I identified those themes and categorized them: the ability versus inability to express grief; sadness over loss prior to being in the focus group; vivid stories versus vague remembrances of pain and loss of time (time seemed to stop for them). For some participants the experience came back as if it had just happened. They were overcome by the heartbreak and pain of the original death. While on the other hand some participants shared how they had shown no emotional feeling or were super sensitive when approached by family at the time when they were first exposed to death and death anxiety.

After the workshop the comments were categorized into themes that indicated some participants were in the process of transforming. For example they stated a willingness to actively change; and openness to explore and share feelings; some participants made statements with the promise to make their own plans for death like complete a health proxy form and set up a trust fund versus a will to leave money for others. Many participants believe they had the assurance of life after death and were not afraid. Yet, a few people felt the need to let us know they were not alone in their fear. There was comfort in knowing that other Christians had some anxiety about death even though they believed in eternal life. Of this group only a minor few were pleased to know that they were not alone in their belief.

Listed below are some of the individual comments that were transcribed during the focus groups. I called these descriptors of death anxiety:

How did you feel when you lost someone close to you?

- I was devastated. Ready to let go of life, angry;
- I can't deal with death I wanted to join my mother when my mother died, I buried myself in my house work, stopped going to church;
- I have been dealing with death since 1993, but more constantly in 2010;
- I don't want to deal with death around others because they feel the pain, I'm not able to grieve;
- I'm still grieving, lonely;
- I had to go to counseling, I went silent, I was scared, I could not believe the way I felt, I felt guilty, I understand better now since people talked about it;
- Isolated, terrified, No time to prepare, hurt shocked, relieved, numb, (physically and mentally);
- No fear, I think my soul will continue on, thank God for grace and not falling apart;
- Regretful
- Need help
- Lost
- Feel better now since people talked about it.

What do you believe will happen when you die?

- My children can focus on grieving spiritually (my possessions are in order);
- Not ready to go, but prepared, wants to reunite with his mother, left enough to insure affairs;
- Wonder what will happen;
- My spirit will go to the Lord;
- I will have forgiven everyone;
- There is no disappointment in God he will not let me down;
- I don't care what they do with my body I think my soul will continue on;
- I will die in my sleep;
- I am in the process of preparing a living will and health proxy now;
- I have a will and a health proxy;
- What happens to me is not really that important;
- I will let the world go;
- I will hear music;
- I don't want any extra money spent on a funeral;
- No fear;
- We placed a DNR on my husband;
- God will take care of me;
- Hoping to be with the Lord;
- This end will be my beginning;
- I will claim the victory;

## **CHAPTER FOUR**

### **SELECTED PROJECT NARRATIVES**

#### **Focus Groups**

A perspective from a theological workshop using the arts and humanities to assist older Christians with death anxiety was conducted in two parts. First, I wanted to know if older Christians felt anxiety associated with death and dying. Secondly, if they did, would activities such as music, songs, monologue, and graphic arts help to alleviate those anxieties in addition to biblical text? Therefore, four focus groups were conducted to discern if there were thoughts and feelings verbalized that could be considered descriptors of death anxiety. The results from the focus groups revealed that the participants' exhibited expressions, feelings, and emotions during the questioning sessions that could reasonably represent death anxiety. The outcomes of the focus groups led to the workshop to determine if the intervention tools were effective in alleviating death anxiety in older Christians.

The focus groups are where I heard the personal stories of the people who so graciously volunteered to participate in the study. The sessions were opened and closed in prayer. I wanted to hear from the people directly so I would be able to speak the third order language that would in turn influence and inform my ability to develop a pastoral theology that would define the religious truths of the participants. Dr. Carl Savage and Dr. William Presnell define third order language as "language theologians use when

critically evaluating sources, norms, and procedures used by those who make theological judgments and arrive at claims of religious truth.”<sup>1</sup> My religious truth prior to conducting this project was based on the faith and the dying process that I witnessed in my grandmother, father and my friend, Mary. Whenever they dealt with stressful events in life they would say, “I’m sending up timber for my home in Heaven”. In addition my religious truth is informed by, “One thing have I desired of the Lord, that will I seek after; that I may dwell in the house of the Lord all the days of my life, to behold the beauty of the Lord, and to enquire in his temple.”<sup>2</sup>

The participants in the project spoke openly about their personal experiences with the deaths of love ones and friends. Some of the experiences recounted were recent while others spoke of experiences as distant as 30 to 40 years ago. No matter the time and distance, they all spoke of the deaths as if they just happened. They showed no level of anxiety toward death and dying, as they were eager to speak and had no hesitation about expression emotions that they had held in for years. Feelings were manifested through tears and sniffles for more than half of the project participants. Others, though stoic, revealed compassionate hearts toward those who expressed feelings of sorrow and sadness. They reached out and physically comfort the other participants with a gentle rub of the back or offered a wad of tissue to mop the tears that flowed. There were prayer warriors stationed around the room and in each group ready, willing, and able to pray with anyone as the need arose.

Each project participant had chosen and was assigned the date and time of the focus group that accommodated their preference. All of the participants were given the

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<sup>1</sup>Carl Savage and William Presnell, *Narrative Research in Ministry: A Postmodern Research Approach for Faith Communities* (Kentucky: Wayne E. Oates Institute, 2006), 61.

<sup>2</sup>Psalm 27:4.



opportunity to pass if they felt uncomfortable sharing their story in the group. No one passed the opportunity to tell his or her story. The experiences were all unique and it would be not dismissive and disrespectful to rank any of the responses more or less poignant than the other.

The four participants selected at random demonstrate how the intervention project gave them a starting place to share their feelings and thoughts about the loss of family and friend. Their exact words are below.

### **Person 1 (Alice)**

Alice, eighty-five years of age, volunteered for the project, “to learn” since “I lost my mother six years ago.” She is in the African Methodist Episcopal Church and recalled being baptized when she was twelve. She regularly attends Church School, Bible Study and admits to working on a committee only when needed. She was a beautician and grew up with her customers’ children.

My mother and I were very close. She was from a family of nine and was the matriarch of the family. When she died I was there at her side. I thought it was my time to give to her. I felt my head was out of its place. I stopped going to church, I wanted to be close to her. I did lots of research, reading the Bible, I trust God, but wondered if she was all right! I didn’t see any ease. In 2009 we started working on the house. It consumed our time, working on the house; in church, I would hear her and see images. Death was all around; in church, I would hear her and see images. Death was all around from 2002 to 2010. Death is a process; we will all have to go through it. We doubt God because we are human. You stop thinking about yourself!

She talked about a cousin who lived with her family for thirty-eight years until he finally met a girl, got a house, and then he died. When she was asked if she has spoken about her feelings she responded, “No, I truly know God is real, he will work with me. I believe God will bring me through; it’s part of the process.”

The literature review mentions that older educated people have less death anxiety simply because they have had more life experience and are most often pleased with their life review. They are often more comfortable knowing that some of life's questions will not be answered.

**Person 2 (Bob)**

Bob, sixty-four, is an African American and a Baptist. He attends church every Sunday and Bible study weekly. He is vice president of the Usher Board and a church trustee. Bob said,

Just buried my brother at the age of 56. He was a pastor. I am still grieving and hurt. I am questioning God. He just faded away. He was my prayer partner. I asked God why. My brother had a massive stroke in the pulpit. Spiritually, I know he is in a good place, but my flesh is weak. We were very close. My parents are still alive. I still don't know why my mother is still alive. My brother also had high blood pressure. We have to take care of ourselves. I love my family. I am the oldest of the family, but my brother's death opened my eyes to death, it happens. My brother lived and preached in Texas. I did talk about the word of God with my brother and I feel I will see my brother again. My faith in God is stronger now, but *I ask* for patience and understanding. I know the flesh is weak. Without God's word I could not cope.

Much older Christians' faith is deepening as they continue to overcome the trials and tribulations of life. As they witnessed the death and dying of family and friends they looked to Jesus, knowing "that to be absent from the body is to be present with the Lord".

**Person 3 (Carrie)**

Carrie, seventy-two years old, is African American and a Baptist. She was baptized at the age of twelve. She does not attend church regularly due to medical issues. She volunteered for the project because she had lost her husband and most recently her mother. Carrie said,

My husband had Alzheimer's. It was not easy; his physical death was short, two days. Taking care of an Alzheimer's patient is difficult even though he had an aide. My granddaughter also helped me through it. His death was a relief but I still took it very hard. I miss him and I had to reinvent myself. I was isolated from the outside and have just started getting involved with the community again. I felt relief about his death because he was no longer in a mental fog. My mother is now gone, too.

Carrie was not part of a community that could have offered her a respite. The Baptist church that she attended did reach out to her and assist her as a caregiver for her husband. It is clear that an intervention program such as this could help to cope with the death of her husband.

#### **Person 4 (Darlene)**

Darlene, sixty-one years old is a Caucasian, Evangelical Lutheran who was baptized when she was six weeks old. Darlene said she seldom attends church and has not been to a Bible study. She came to the project to see if she could help someone out.

Darlene says,

I have been with several relatives during their terminal illnesses and helped dispose of their property and other personal belongings. But, I really don't know much about the process of dying and how to really be better prepared for the emotions that come. I want to get a better understanding. I do know that time does heal.

Attending church did not enhance Darlene's spiritual life. She did more by being present to help those she could. Darlene may know more about helping others prepare for death and lessen the death anxiety because she has helped people along the way. This intervention program gave her a space to think about what she does for those in need. Therefore, community centers and other agencies in the community could benefit from this type of intervention program for older adults.

### **Summary of Focus Group Narratives**

Thirty-three people divided over four sessions, each lasting one and a half hours, told their stories in their own way. They were neither rushed nor required to say or do anything if they were not ready to participate. The only interruption in the storytelling was the shedding of tears that halted speaking or taking a sip of fluid that moist a dry mouth enough to continue talking. The profound and moving stories used descriptive phrases like, “I was devastated,” “was angry,” “ready to let go of my own life,” “unable to deal with death,” “wanted to join my mother in death,” “still thanking God for grace and not falling apart,” “had been dealing with death since 1993 but more constantly now since 2010,” “not able to grieve,” “once you lose your mother you can handle anything,” “scared, had to go to counseling,” “still in disbelief,” “was relieved,” “felt isolated,” “found it easier to deal with after talking with friends,” “need help,” “needed help,” “needed to cry,” “regretful,” “pretended to be self,” and “terrified.” It is interesting to see that only one person stated being “terrified” had a personal fear of death. Even as that person was terrified at being alone, the person did not express the feeling of being terrified with his own death.

### **Summary of Post Intervention’s Exit Interview Narratives**

Exit interview statements were recorded on interview sheets collected after the intervention program. During the exit interviews the mood was light and noticeably different than when the participants first entered not knowing what to expect in the focus groups. As the participants returned for the exit interviews, they showed excitement when they recognized returning focus group acquaintances; and spoke with them as if they had known each other for a while. The room selected for the interventional

workshop was chosen because it provided easy access. Due to physical need only one participant went in and out during the presentation. All others were attentive and remained responsive, engaged and expressive toward what was being presented.

At the close of the interventional workshop program participants were asked to complete an exit evaluation and interview with one of the project volunteers. The volunteers were specifically trained and assigned to administrate the evaluation and conduct the interview.

### **Summary of the Narratives and Intervention**

Of the thirty-three persons who originally volunteered to participate in the intervention project, twenty-seven completed both the focus group and the interventional workshop. Participants were asked to rate the interventional components of graphic art, music, song, and dramatic art as to which had the most impact on their thoughts and feelings about death, dying and death anxiety. Twenty-one (21) responded that music had the highest impact and the same twenty-one participants said that song had the same high impact. Fourteen (14) of the participants noted that the dramatic art had the highest impact where only four (4) of the participants thought that the graphic art had the least impact of all.

Commenting on why music and song produced such a strong impact on her, one woman said: “The music gave me joy. It touched my feelings, the songs told of God’s promise of a wonderful life after death.” She also commented that she was unfamiliar with the songs, so she had to listen carefully. Other participants said they “could hear the words and instrumentation and imagine the heart of scripture brought to life,” “the music and song were soothing and relaxing,” “music and song offer a message of hope and thoughtful perspective,” “it’s the words in the song that have the highest impact,” “the words reminded me that my loved ones had crossed over to be with the Father,” “the

music was based on biblical scriptures written by men and women inspired by God,” “the music moves me out of my comfort zone to understanding,” and “I particularly like the song ‘I’ll Rise Again’. It’s all about the lyrics.”

Comments explaining why the dramatic art, *The Church Lady*, was favored by some were: “I related to the personality of the Church Lady,” “dramatic art was very entertaining,” “It shed light on important parts of the transitioning process,” “everything impacted on the whole process,” and “it was an entertaining way to confront issues.”

Although not nearly as popular, the graphic arts were favored by a few: “the photos of mountains and trees are very calming God’s creations,” “also family pictures (grandmother and grandchild),” “all parts equally impressive”, and “the graphic art was multifaceted.”

Art is subjective and did not appeal to many participants as I anticipated. If I were to use it as an intervention again I would perhaps use it as a teaching tool to help individuals become more comfortable with the topic of death. I would first ask them to look at their own experience around death and dying.

### **Implication for Ministry**

A well-planned learning experience is always in order. Issues of death and dying are often difficult for most people to face. Since death anxiety will occur in some way to all of us, it behooves us to lessen the stress while we can and learn all we can about the topic. As Christians we may be somewhat familiar with what the scriptures say about death; for example, Jesus said, “I am the resurrection and the life. The one who believes in me will live even though they die; and whoever lives by believing in me will never die. Do you believe this?”<sup>1</sup> The project demonstrated that preaching and teaching from the Bible about death anxiety might not be enough. Offering people a safe and supportive

place to talk about the subject and their feelings on the subject, yet grounded in the Bible, is a good beginning and can be extended to the humanities where the arts are also a form of creative beauty that brings peace, joy and happiness in stressful times. People can get the news of the day and other topics from the television and social media, but that interjects opinions and points of view that may not be godly.

Today there are many stories and books written by and about people who relate stories of dying and going to Heaven and then returning to earth. Many tell of what they saw and what was said to them. We do not know the extent of their truth but we do have biblical truth of Jesus' death and resurrection and other stories in which people were raised from the dead. It is interesting to note that we do not hear what Lazarus did when he returned from the dead or what happened to the little girl that Jesus woke from death. An interesting conversation for another workshop could inquire about what Jesus meant when He said,

Do not let your hearts be troubled. You believe in God; believe also in me. My Father's house has many rooms; if that were not so, would I have told you that I am going there to prepare a place for you? And if I go and prepare a place for you, I will come back and take you to be with me that you also may be where I am. You know the way to the place where I am going.<sup>2</sup>

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<sup>1</sup>John 11:25, NIV.

<sup>2</sup>John 14:1-4.

Pastors, ministers, laypeople, and Christian Educators have the ability to develop creative experiences for congregations that will enhance their understanding and interpretation of the scriptures. Such biblical passages can be contextually applicable for this era through dramatic arts, scripture reading sessions, music and art applications that will ultimately heighten our faith and reduce the level of anxiety around issues of death. Although my project focuses on older adults, these methods of spreading the gospel will help the churches with cross-generational congregants to support and assist each other, and talk about issues of death and dying.

Our ministry will flourish when we learn once again to listen to the concerns and viewpoint of our congregation and show them that we understand and are open to ways to work together to prepare for eternal life. I believe that people must be helped to prepare for death. People in the church will learn to trust the support of their faith leaders and members of their faith community when they feel validated and heard.

As pastors, ministers and faith leaders we will have to improve our ability to actively listen to the individual and collective concerns of the people when they bring forth meaningful issues of life's challenges. The intervention program is a process of creating new avenues to hear from our congregations. They want to talk about life issues and sort out the problems of living and dying. The topics will vary. Older adults are open to study about the end of life issues and transition to eternal life guided by the words of scripture, music, and songs of Zion. Pastors and ministers with older congregants will need to learn how to guide that type of conversation and support the people and their families in ways that strengthen everyone's faith.



This project may benefit members of congregations dealing with issues surrounding suicide and euthanasia. Talking out why others have the feelings they have and being able to understand that these feelings are not unusual, even for Christians, will relieve the guilt that arises within the ones left behind and questioning whether the suicide was committed because of something they did or did not do. Likewise, in the case of euthanasia, new projects might help someone understand why a Christian may want to end life as we know it.

This intervention program worked because the participants took advantage of the opportunity to talk about how they felt about the death of loved ones and what they were thinking and feeling about their own end of life processes. They felt they were heard because other people listened to them. Some felt empowered to problem solve as they realized that the answer was within them. For some it was the beginning of a healing process and for others it validated how much time had passed and they had healed. By virtue of being a part of the project, people made new acquaintances and looked forward to it being repeated so they could tell a friend to participate.

### **Recommendations**

The creative intervention project worked and can be done in a local church for a small or large group. In the local church, pastors and ministerial staff should have knowledge of the congregation's feelings and thoughts about death and dying to know whether this type of workshop is needed or whether the focus should just be to increase awareness for end-of-life issues (i.e. life insurance, wills, etc.).

Today there are many end-of-life issues that the church could help people deal with and the scriptures will strengthen people's faith in the midst of their anxiety.

### **Recommendations for Further Research**

Every human being will experience the phenomenon of death and dying. The issue then becomes how do they handle the anxiety that accompanies the phenomenon of death and dying and how can we as clergy best assist people in managing the anxiety across the lifespan? Systematic planned conversations to share information on Death Anxiety themes and evoke responses across all demographics in their life span would be a place to begin expanding the research in this area. A large amount of information is already known about death anxiety and the elderly so why not turn the clock back slowly and see if decreasing death anxiety in younger populations will increase longevity, showing a correlation. Even preschool aged children experience end of life issues according to the literature.

This study looked at Christians in predominantly protestant denominations. What are the differences and similarities that might surface for a Jewish study or a study of Jehovah's Witnesses, Buddhists, Catholics, Seventh Day Adventist or any other denomination that the principal researcher desires to investigate? How would people from different ethnic groups respond? This project had one Puerto Rican and he noted that he could not culturally relate to the graphic art or the dramatic art performance. However, the scriptures quoted, the music that was played and the songs sung were meaningful and helpful. As a result of the intervention program he received a powerful blessing in the focus group because he was able to unload some of the grief he had been holding onto.

## **CHAPTER FIVE**

### **PROJECT EVALUATION**

The purpose of the project, Perspectives From A Theological Workshop Using Arts, And Humanities: Interventional Aids to Assist Older Christians With Death Anxiety was to test whether an intervention using music, song, dramatic and graphic art, aimed at the phenomenon of death anxiety would assist older Christians to think differently about the themes of death anxiety by emphasizing prior preparation and the abundance of life and joy. My assumption is although many Christians believe in eternal life they may still have some negative reactions to death and dying without opportunities to explicitly express their thoughts and anxiety related to death. This evaluation looks at the components of what actually became the project and the overall statements of what worked and what didn't work. The components of the project under evaluation review are the plan, the advisory committee, and leadership of the candidate throughout the project.

The Drew University handbook site evaluation forms were the primary written forms reviewed with the advisory committee members. My goals for evaluation monitors were to meet the project time lines with as few distractions within our control. Committee members were reluctant to put in writing any negatives comments; but I believe there were none that needed to be recorded. The Advisory Committee all reported that they learned at least one new skill and all gained new information about how to handle death anxiety, for example, active listening and program planning. All gained new information about how to handle death anxiety. Everyone learned an approach to dialogue about the

difficult subject of death and dying.

The overall project itself was a successful teaching-learning experience for me as the principal investigator. The conception was divine and the people involved with the project were simply excellent examples of humans doing servant leadership work. What made the difference was the team effort. The purpose was clear to all that participated. It was to help me demonstrate how using arts and the humanities to help older Christians deal with what the literature calls death and death anxiety. However, I knew that something with a more positive slant would surface as the project evolved. I was excited to share the project's objective with the advisory committee at the first meeting and every meeting thereafter. I found that it was necessary to utilize every teaching skill I had learned over the course of my professional life, especially how adults learn best from each other, particularly when first given credit for past knowledge that they can build on. They were eager to hear what each other had learned as well as what they learned as a team. In my work over the years with various community groups, local churches, and professional organization, there were people I knew I would want to work with again. Therefore, I carefully solicited people I knew for the advisory committee because of their strengths, skills, and interest in the project. I believe community minded people and community workers bring strength to the project that increases participants' confidence in the credibility of the project. Most of the committee was a known and trusted entity in the community.

### **Advisory Committee Evaluation**

During the site visit the advisory committee was given the opportunity to respond to questions on the evaluation forms. Some did not expound beyond a yes or no response when they submitted the form to the Project Advisor. This is an area where I did not follow through as the principal investigator. I neglected to emphasize the importance of the form as documentation for evaluating both the project and me. Nor did I remember to ask them for a copy of the document at the end of the site visit. Nevertheless, I obtained comments from six of the committee members who shared what they saw as my strengths and weaknesses I brought to the project.

#### **Spiritual advisor, Deaconess Carrie**

I was involved in the total project from beginning to end with Rev. Jimpson. I felt the project was important. I learned living as a whole was very much part of dying. Every day of living was important but we did not come to stay here just as the scriptures tell us. Rev. Jimpson helped us to talk about death and learn to accept it in a new way I hadn't thought about before.

#### **Social Worker, Cheryl**

Gloria is well organized. She gave us handouts on project particulars, meeting agendas, minutes, the project prospectus, progress on the timeline, outstanding tasks as the project progressed. The focus group helped develop themes around death and death issues. As far as weakness I noticed that in the first meeting she seemed nervous because she dropped her papers. This was early in the gathering of our group and she was more confident as soon as the work was underway.

#### **Retired Court Recorder, Di**

Gloria is knowledgeable about the topic of death. She was able to breakdown the information for all of us. She gave good direction for what we needed to do with the focus groups. She was always asking if we needed more information. She made me aware of my feelings about this issue of death. I really didn't see any weakness.

### **Human Rights Activist, Carol**

Gloria could have insisted the committee take greater responsibility for the meetings. At first when she asked the committee who would take the minutes no one accepted and so she took the minutes. Later when she asked again someone took on that task. I think she should have insisted that someone do this from the first meeting. One of her strengths was her ability to communicate her commitment to the work and in turn it transferred to the committee including me. She was always inclusive. That is why we had others from many other denominations and a few other ethnic groups. She has an ability to communicate that translated to us giving us confidence to speak to others on the topic. It took confidence to have her advisor meet with us with no control over what we would say.

### **Retired Registered Nurse, Charlie**

Gloria's strength has always been her ability to gather a diverse group of people together for any project. I felt her choice of project subject was courageous. She got everyone talking about something we didn't really want to talk about. The only weakness I can think of is that when we did the focus groups we probably should have had two rooms because I was a little distracted when someone began crying in a group and I wanted to listen but couldn't really hear what that conversation was about and I was supposed to be transcribing in my group. I was glad that she had two and three transcribers in the group just in case I missed something.

### **Reverend Dr. Maurice**

Gloria has a lot of strengths. She is very persuasive and I like the way she organizes her talk to a variety of individuals but gives the same message. As a weakness I still am not convinced that Gloria was not as objective as she should have been about whether all Christians have death anxiety or not. I believe that not everyone has death anxiety, especially Christians.

I spoke with each advisory member throughout the process of the project.

Open communication was essential as I became aware of my shortcomings during various phases of the project. Although I am very organized there were times that I became anxious about staying close to the timeline established in the proposal. This is where I needed to learn to delegate more, as well as listen more intensely. There were times I may not have been objective or remained neutral. When I am committed to a subject that is dear to my heart I invest a lot of energy into

learning more about the issues. I suspect some people may read my behavior as unmovable and view it as a weakness.

This project helped me see my own strengths and weaknesses as other people may see them. As a leader it is important to know who you are, how you will lead, and where you are going. In order to maximize the completion of the work, I had to acknowledge my strengths and weaknesses if the work was to be meaningful and transformative for everyone. As a leader I will revisit these teachable moments at the beginning of any new project. The feedback from some committee members reinforced my strength as a communicator and an organizer, while others acknowledged my need to be more open and flexible in my thinking. This form of feedback is helpful and helps to hold me accountable as the principal investigator of this project.

### **Project Evaluation**

There are pieces of the project design that could benefit from some minor modification. The time frame for the project was too narrow. I would have liked to spend more time training additional people in the churches where the volunteer participants were members. That would have added another element of assurance that the project would have an additional audience and another level of awareness within the local church. If more people had been recruited in my local church I could have called on resources faster. The participants were from different denominations and we were on different schedules, which meant juggling a variety of schedules. I would not have had to reach out for musicians and psalmists even though the program participants were excellent artists at their craft. I would have liked to start on a smaller scale and later

enlarge the project. The numbers were consistent but the weather and workload was extremely intense and trying.

A smaller advisory committee and more technical equipment would have made the taping and transcribing of the narratives from the focus groups an easier task. I never did assign a secretary for the advisory committee and the chairperson was brought on later in the project than I would have liked. He was an asset when he took the reins so I realized the degree of back up support I missed early on. This error made more work for me. Everything got done but under pressure that I placed on myself. The project was a boost in an otherwise difficult winter season. The location was a positive since the GWU was available and I was spared location expenses. Calling together people for focus groups and a workshop is expensive and luckily the budget worked out. The school proposed the committee share in the expense, but I was working with a group of largely senior citizens on a fixed income and did not want to add to their financial burden in any way.

My management style still works but I can see that I will have to delegate more. In fact, I might have added a transportation person and someone designated to shop for the snacks for the focus groups or simply made an appropriate assignment. I did have people assist with the setup of food and cleanup. In working closely with the committee I saw that competent people often are unsure of their abilities even though their work is good. Everyone deserves praise for a job well done and sometimes more is required. In a situation where I am a pastor attempting to conduct a project of this magnitude, I would not keep all of the tasks I assigned myself. There were just too many moving pieces.



The project itself I would change only slightly and eliminate the art. It was too much additional work and I did not leave enough time in the workshop for the participants to adequately study what was displayed. The art was too diverse. I tried to illicit a variety of reflective responses about death that would surface. I had hoped it would yield a positive feeling among the participants about the topic. I now think that art is too subjective to ask a diverse group of people to rate its impact among three other choices. I would also carve out a designated time within the workshop during which participants could take their time to review the display. I think because there was so much on display people did not have time to study and reflect on what it might say about death and the anxiety that a picture or scripture might abate. If there were another opportunity to utilize any type of graphic art, I would ask the participants to bring something to the group that brought back memories of the departed person or their experience with death in general.

Finally the last design piece that I would change is the exit interview document (see the appendices). I would have it seriously diminished in size. I needed only to ask for the participant to list the intervention that had the greatest impact or ask the participant to list the interventions in order of impact for provision of relief of their anxiety around death. In retrospect, I should have concentrated on finding out what the participant would do as a result of attending the workshop rather than ask the questions listed. I would also have opted for a smaller number of participants in order to have more time to listen to more stories as they studied the graphic art display.

I can truly say it was a learning experience from beginning to end as I reflect on my leadership throughout the project. I have put together seminars in my work life and develop educational programs for various groups on a variety of topics. The programs,

prayer breakfasts, celebration luncheons and worship services I organized were easier to plan when the audience was fairly well known to me. In the planning stage I had limited knowledge of the Protestant denominations that would participate and initially that concerned me. Therefore, I needed to select an advisory committee to reflect a diverse gathering of denominations (Baptist, Methodist, Congregationalists, Church of God in Christ, Presbyterian, and Reformed). The committee was multi-ethnic and multi-racial. I thought that it was important for people to see a microcosm of people, as some of our churches have moderate interracial memberships.

The committee I chose had the perfect blend of skills, wit, gender logic, compassion, spirituality, ability to work in a team, and professionalism. Their attributes are purposely not listed in any particular order. Each member utilized his or her abilities appropriately as needed. Some felt insecure about their ability to fulfill the role initially but that was only due to their lack of experience in working on a team designated for our specific purpose. I reassured them that they were chosen with the full knowledge of their lack of experience working as part of a doctoral research project team. Based upon my knowledge of their personal resume on humanitarian well doing and congeniality I solicited them for the team. They worked at their assignments, assisted with soliciting participants for the project, set-up rooms for meetings, and disassembled and cleaned up at the completion of the program. They diligently watched for the continued comfort of the project participants, maintained confidentiality throughout the process, assisted with refreshments, and anything and everything that came up in between. There was nothing they would not do for the project and I made sure I worked right beside them. They kept me calm; in particular when we had to switch rooms for one focus group at the last

minute, they sprang into action before I could begin to get anxious about having to move. When the project was completed on the final workshop day I gave them all a gift bag. They deserved much more. They continue to ask about the writing phase of the project and insist on knowing when the project can be finally considered a success they all know they contributed to.

The committee was asked to evaluate my leadership skills both by the project guidelines and also by their direct experience with me. They felt that I was organized and able to teach them about what the literature says about death and death anxiety. They learned along with me about the anger, sorrow, and guilt that is suppressed during the death of loved ones. They learned the importance of preparation and how doing it well would help. Most of all they learned that if we hold fast to our belief in the promises that Christ has given us, we really are an anchor in our faith during a time of grieving. Never forget, God has you covered not only throughout the journey, but at the end of the journey.

One of the negative comments I received from a couple of committee members was that I did not allow them to share in the financial burden of the project. We had refreshments at each of our advisory meetings and lunch was provided for the participants at the interventional workshop. I have no regrets. The committee paid me in full by their cooperation and unfailing support of the project. I gave them a receipt of gratitude.

## CONCLUSION

The capstone project, “Perspectives from a Theological Workshop Using Arts and Humanities: as Interventional Aids to Assist Older Christians with Death Anxiety”, for the Doctorate of Ministry degree at Drew University is completed. The project is completed but the work has just begun. Many individuals have already asked how they can bring the project to their church. Parts of the project have been presented as a spiritual enrichment seminar and it is clear already that this topic is different from what churches that have a grief ministry are teaching. The week prior to my seminar someone did a grief ministry. It mostly dealt with mourning and very little about understanding our grief and moving on with peace and joy.

A co-authored journal article with a few of the advisory committee members is certainly in order as well. Some have asked if they could speak with me about expanding the use of focus groups as a discussion tool to begin helping people examine their feelings about other issues as well as death anxiety. It is obvious that death anxiety is an issue that must be addressed in a new way and should be spoken about openly.

I see a need for a new thing to begin as, “Behold, I will do a new thing; now it shall spring forth; shall ye not know it? I will even make away in the wilderness, and rivers in the desert.”<sup>1</sup>

We can no longer limit our thinking to labeling death and death anxiety as simply

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<sup>1</sup> Isaiah 43: 19.

common experiences naturally occurring to all. This is foreboding and hinders people's desire to face the problem. We are called to minister. We must talk with and actively listen to the issues lingering that secretly stress our congregations. We need to learn what creates life anxiety and issues surrounding death or the impending death of loved ones. We can effectively work to understand the roadblocks on the journey to our final destination. We are Heaven bound and should return to our Heavenly destination anxiety free and unburdened.

## APPENDIX A

### ANNOUNCEMENT

Drew University Doctoral Student Solicits Your Assistance

Reverend Gloria Jimpson, Doctoral Student, is seeking your assistance with meeting the degree requirements for The Doctorate of Ministry at Drew University.

Volunteers are needed to participate in a group discussion on the thoughts you have about death and preparation for dying. If you are 55 years of age and older and are a Christian please consider choosing one of the group sessions listed below. Group participants are also asked to attend a workshop to be held on Saturday February 22, 2014 beginning at 9:30 AM and concluding with lunch. The workshop is designed to utilize the comments from the discussion to assist all of us with helping ourselves or others cope with the anxiety that death and dying creates.

Everyone completing the request for this volunteer work will receive certificates of completion and a gift. All groups and the workshop will be held at The GWU Building, 274 Washington Avenue, Albany, NY (previously the YMCA). If interested in being a volunteer participant please call Gloria Jimpson @ 518-423-0353 to reserve your placement in the group and workshop. Your thoughtful consideration to volunteering is much appreciated.

Discussion Group Dates (**choice of one is required**)

Thursday January 16, 2014 10:00 AM – 11:30 AM

Saturday January 18, 2014 10:00 - 11:30 AM

Thursday January 23, 2014 **6:00 PM - 7:30 PM**

Saturday, January 25, 2014 10:00 AM - 11:30 AM

## **APPENDIX B**

### **CONSENT FORM**

#### PERSPECTIVES FROM A THEOLOGICAL WORKSHOP USING ARTS AND HUMANITIES: INTERVENTIONAL AIDS TO ASSIST OLDER CHRISTIANS WITH DEATH ANXIETY

#### **1. INTRODUCTION**

You are invited to be a participant in a research study about perspectives about death anxiety. You were selected as a possible participant because you are 55 years of age and have a Christian background. We ask that you read this document and ask any questions you may have before agreeing to be in the study. The study is being conducted by Drew University, Doctorate of Ministry Department, student Gloria Jimpson.

#### **2. BACKGROUND**

The purpose of this study is to test whether an intervention using music, song, dramatic and graphic art, aimed at the phenomenon of death anxiety will assist older Christians in churches to think differently about the themes of death anxiety by emphasizing prior preparation and the abundance of life and joy. There has been a noticeable lack of information on the role of the interventions of the church in this area.

#### **3. DURATION**

The length of time you will be involved with this study is the time for one focus group session approximately one and one half hour and a workshop intervention of two and one half hours which will include a provided lunch break.

#### **4. PROCEDURES**

If you agree to be in this study, we will ask you to do the following things: 1) Answer focus group questions freely and openly. 2) Participate in a workshop presentation and respond to questions about your opinion of the various segments of the workshop with interviewers after the workshop has been completed.

#### **5. RISKS/BENEFITS**

This study has the following risks: There are no anticipated risks. You may decline to answer any questions that are uncomfortable for you at any time.

The benefits of participation are: You may be able to allay some degree of anxiety around the subject of death for yourself, members of your family and your friends by

what you learn during this study. Lunch and healthy light refreshments will be provided for your comfort. You will receive a certificate of completion and a token of appreciation for participation in the study.

## **6. CONFIDENTIALITY**

At no time will your name be published or associated with your comments. Audio tapings of the focus group will be destroyed after transcription of the content. The workshop will be videotaped and you will you will not be photographed.

## **7. VOLUNTARY NATURE OF THE STUDY**

Your decision whether or not to participate in this research will not affect your current or future relations with Drew University or the principle researcher. If you decide to participate in this study, you are free to withdraw from the study at any time without affecting those relationships and without penalty.

## **8. CONTACTS AND QUESTIONS**

When completed a summary of the findings of the study will be sent, via mail or e-mail to all participants who have completed the study.

The researcher conducting this study is Reverend Gloria E. Jimpson. You may ask any questions you have right now. If you have questions later, you may contact the researcher [glojimpson@aol.com](mailto:glojimpson@aol.com) and/or by cell phone number 518-423-0353.

If you have Questions or concerns regarding this study and would like to speak with someone other than the researcher, you may contact Dr. A. Dawson, Drew University, via e-mail [ADawson@drew.edu](mailto:ADawson@drew.edu).

## **9. STATEMENT OF CONSENT**

The procedures of this study have been explained to me and my Questions have been addressed. I understand that my participation is voluntary and that I may withdraw at any time without penalty. If I have any concerns about my experience in this study (I.e., that I was treated unfairly or felt unnecessarily threatened), I may contact the Chair of the Drew Institutional Review Board regarding my concerns.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_



## **APPENDIX C**

### **GROUND RULES**

Perspectives from a Theological Workshop Using Arts and Humanities  
Interventional Aids to Assist Older Christians with *Death Anxiety*

- **We will start on time and end on time. A 5 min. break will be included.**
- **Please silence all phones.**
- **Official recordings will be confidential. When transcribed and analyzed they will be destroyed.**
- **No real names will be on transcription from the recordings or listening.**
- **You may piggyback to make a point but manage redundancy.**
- **Stay on point.**
- **Confidentiality Please! What's said in the group stays with the group.**
- **Everyone's comments are respected.**
- **Allow others to complete their thoughts before voicing yours.**

## APPENDIX D

### REGISTRATION FORM

Perspectives from a Theological Workshop Using Arts  
and Humanities: Interventional Aids to Assist Christians  
with Death Anxiety

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone (cell/landline): \_\_\_\_\_

Age: \_\_\_\_\_

55-64      64-74      \_ 75-84      95 plus \_\_\_\_\_

Ethnicity: Caucasian African-American Hispanic

Other                      Age                      at                      Baptism: \_\_\_\_\_

Church affiliation: \_\_\_\_\_

How often do you attend church services? \_\_\_\_\_

At least weekly: \_\_\_\_\_

More than once a week: \_\_\_\_\_

Less                                      than                                      weekly \_\_\_\_\_

Do you attend Church School and/or Bible Study: YES NO

Do you currently work in a church ministry? (For example, Ushers, Choir,  
Culinary Staff, Trustee, other)

If yes, what ministry? \_\_\_\_\_

Reason for volunteering this study:

This information will be destroyed once analysis is completed.

## **APPENDIX E**

### **FOCUS GROUP QUESTIONS**

Perspectives from a Theological Workshop Using Arts and  
Humanities: Interventional Aids to Assist Older Christians with Death Anxiety

1. Briefly describe what being healthy means to you; consider mind, body, and Spirit.
2. How did you feel when you lost someone close to you (died or passed away)?  
Have you talked to anyone about your feelings? Who did you talk to (for example; family, hospice)?
3. What do you believe will happen when you  
die? Prompt  
  
What does it mean to have your affairs in order; are you preparing for your death, do you consider it important to pre-plan for death? Do you have a will? Do you have a health care proxy? Do you plan to freely allow/ request a Do Not Resuscitate (DNR) order if you become terminally ill according to your physician's determination?
4. What if anything, is there about being Christian that prepares you to die? (or phrase this as) as your faith prepared you to die?
5. Is there anything further that you have thought, you want to say

# APPENDIX F

## PROGRAM

Perspectives from a Theological Workshop Using Arts and Humanities: Interventional Aids to Assist Older Christians with Death Anxiety

Saturday, February 22, 2014  
10:00 AM – GWU  
Registration 9:30 AM - 10:00 AM

Invocation.....Reverend Dr. Maurice Drown  
Israel African Methodist Episcopal Church, Albany, NY

Graphic Arts.....

Musical Instrument Interlude .....Christine Stone  
Bethel Baptist Church, Troy, NY

Song .....Sharon Fullard  
Macedonia Baptist Church, Colonie, NY

Dramatic Art - "The Church Lady" ..... Carol Praylor  
Bethel Baptist Church, Troy, NY

Musical Instrument Interlude..... Christine Stone  
Bethel Baptist Church, Troy, NY

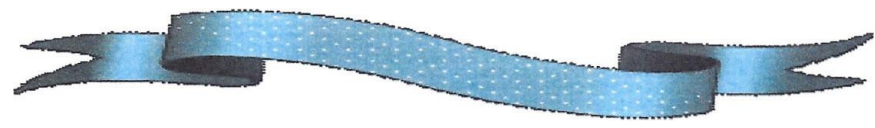
Song ..... Sharon Fullard  
Macedonia Baptist Church, Colonie, NY

Instructions to Study Participants - Re: Exit Interview.....

Awarding of Certificates of Completion .....

Remarks, Blessing of Meal & Benediction .....

Reverend Dr. Edward B. Smart, Pastor  
Israel African Methodist Episcopal Church, Albany, NY



*Programs By Lois Coleman*

# APPENDIX G

## PICTURES OF GRAPHIC ART





# PICTURES OF GRAPHIC ART



## APPENDIX H

### MUSIC AND SONGS OF THE WORKSHOP

Perspectives from a Theological Workshop Using Arts and Humanities: Interventional Aids  
to Assist Older Christians With Death Anxiety

*Glory to His Name*

*He Knows All About You*

*He is Worthy to be Praised*

*Hold on to God's Unchanging Hands*

*I'm Free*

*It's a Highway to Heaven*

*It's Your Season to be Blessed*

*I'm Going Up Yonder*

*Jesus, Jesus, How I Love You*

*No Never Alone*

*Oh Jesus*

*Tis So Sweet to Trust in Jesus*

*You Brought Me All the Way*

*Victory is Mine*

*What a Friend We Have in Jesus*

*When the Saints Go Marching In*

*When the Battle Is Over*



**PICTURES OF WORKSHOP PERFORMERS**



Dramatic Art – “The Church Lady”  
Carol Praylor



Musical Instrument Interlude  
Christine Stone



Song  
Sharon Fullard

**APPENDIX I**

**EXIT INTERVIEW FORM**

**PERSPECTIVES FROM A THEOLOGICAL WORKSHOP USING ARTS AND HUMANITIES: INTERVENTIONAL AIDS TO ASSIST OLDER CHRISTIANS WITH DEATH ANXIETY - EXIT INTERVIEW  
FEBRUARY 22, 2014**

For each of the following and using the Likert Scale of 1 – 3, 3 being the highest, please take time to mark the response which best expresses your experience.

1. As a result of your participation, which of the following interventions *most impacted* your thoughts and feelings about death, dying and death anxiety?

<b>Intervention</b>	<b>3 =Most Impacted</b>	<b>2= Moderately So</b>	<b>1 =No Impact</b>
Graphic Art			
Music			
Song			
Dramatic Art			

Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. As a result of your participation, which of the following interventions *least impacted* your thoughts and feelings about death, dying and death anxiety?

<b>Intervention</b>	<b>3 =Least Impacted</b>	<b>2= Moderately So</b>	<b>1 =No Impact</b>
Graphic Art			
Music			
Song			
Dramatic Art			

Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. For the following, please complete as instructed and describe this experience as being:

a) Difficult, but meaningful and worthwhile

Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b) Easy and worthwhile

Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c) A total waste of time

Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Please complete this sentence. As a result of this study, I will:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. I would attend other workshops on the topic of Death and Death Anxiety.

Yes \_\_\_\_\_ No \_\_\_\_\_

Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. I would encourage friends or relatives to attend a workshop on Death and Death Anxiety.

Yes \_\_\_\_\_ No \_\_\_\_\_

Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you very much for your time and participation. It is greatly appreciated.

**APPENDIX J**

**WORKSHOP CERTIFICATE**

**Certificate of Recognition**

**This certificate is hereby awarded to:**

For Completion of 3.5 hours of Outstanding Volunteer Service

**With Perspectives From A Theological Workshop Using Arts And Humanities: Interventional Aids  
To Assist Older Christians With Death Anxiety**

**February 22, 2014**

Reverend Gloria Jimpson  
Principal Investigator

Dwight Williams  
Chairperson, Advisor Committee

*123 certificates*

## **APPENDIX K**

### **PERSPECTIVES FROM A THEOLOGICAL WORKSHOP USING ARTS AND HUMANITIES: INTERVENTIONAL AIDS TO ASSIST OLDER CHRISTIANS WITH DEATH ANXIETY DEBRIEFING FORM**

#### **1. PURPOSE OF THE STUDY**

The study in which you just participated was designed to test whether an intervention using music, song, dramatic and graphic art, aimed at the phenomenon of death anxiety will assist older Christians to think differently about the themes of death anxiety by emphasizing prior preparation and the abundance of life and joy.

#### **2. METHODOLOGY**

In this study you were asked to participate in a focus group responding freely and openly to questions about your thoughts on the themes of death anxiety presented. You were also asked to participate in a workshop using music, song, graphic and dramatic art as interventional aids aimed at the phenomenon of death anxiety and respond to a guided interview at the completion of the workshop.

#### **3. ADDITIONAL RESOURCES**

For more information on the topic of this research, multiple references/resources will surface with the key words "Death Anxiety".

#### 4. CONTACT INFORMATION

If you are interested in learning more about the research being conducted, or the results of the research of which you were a part, please do not hesitate to contact

Reverend Gloria E. Jimpson@ 518-423-0353 or [glojimpson@aol.com](mailto:glojimpson@aol.com)

Thank you for your help and participation in this study.

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