

Ministry in an Age of Pandemic

KLOVE Crisis Response Care
Additional Handouts Beyond the “Ministry in Pandemic” Book

Current status of COVID-19 Pandemic

- COVID-19 pandemic active in the US
- All 50 states have reported cases of COVID-19
- All 50 states report community spread

Total Cases _____

Total Deaths _____

COVID-19 Pandemic situation: constantly evolving

Ethical Dilemmas in Pandemic

- Transparency – communication, disclosures, intentions
- Minimizing or maximizing results
- Focusing on responsibilities, duties, obligations
- Consideration of rights – universal, constitutional, human, individual, corporate
- Respecting diversity –cultural, religious, political, social, age, etc.
- Decision making – legal, moral, ethical
- Respecting commitments to social justice issues during extreme shortages
- The need for an ethically responsible and appropriate response
- Hoarding, price gouging, frauds, phishing emails, fake testing, scams, cyber attacks, “corona callousness,” “corona cruelty”
- Performativity and entertainment

Discrimination in Pandemic

- Sinophobia - a fear or dislike of China, or Chinese people, their language or culture; a fear of goods made in China or goods labeled as made in China
- Xenophobia - fear and hatred of strangers or foreigners or of anything that is strange or foreign
- Racism - a belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race

Questions of Ethics and Morality

- Is the human cost of the COVID-19 virus infection is high enough to sacrifice our freedoms and economic achievements?
- Should only patients with the highest chance of therapeutic success be entitled to intensive care?
- Does the patient have agency to make his/her own decisions or who has the proxy to make those decisions for the patient?
- What gender unit does a transgender patient get placed in and who has the authority to make that decision?
- Is empathy and sympathy for certain people in the here and now shortsighted – leading to greater tragedy the in the future

Importance of Death Rituals

Funerals, memorial services, and death rituals are important to survivors

- Remember and celebrate the life of the deceased
- Help survivors live with the reality of death
- Opportunity to say good-bye and express emotions
- Opportunity to gather as a supportive community
- Intentional opportunity to reevaluate values, meaning, beliefs
- Creates a space to discover a new self-identity

COVID-19 Challenges

Mandated restrictions may preclude traditional death rituals

Task may be accomplished

Grief and suffering may increase

National Funeral Directors Association provides guidance based on CDC and President's Coronavirus Guidelines

<https://public.nfda.org/covid-19/planning-a-funeral-during-the-covid-19-pandemic>

Preparations: Expectations

- Memorial services, funerals burials, wakes, and visitations may be held online
- Online death rituals are simply different – adaptations or accommodations
- They may “replace” an in-person death ritual by “representing” it
- They should be presented with the same amount of planning and care
- They require more creativity because they are “new” with little precedence
- During pandemic, many death rituals are provided by strangers to the deceased
- Some of these strangers may not be clergy persons – nurses, aides
- Some of these may be only at the bedside of the deceased

Venue: Make It A Sacred Space

- The “venue” may become important for the memories of the surviving friends and family
- The perception of a sacred space is helpful – the altar of the house of worship, a pastoral setting, a favorite nature setting
- Decorate and accessorize the area behind the officiant – make it “special”
 - Flowers, candles, stained glass, mood lighting
- Avoid artificial screens, views of technological apparatus, etc.
- Consider the emotional “venue” as well as the physical venue
- Invite the family to “set up a sacred place to gather” with flowers and candles

Death with No Family Present

- During pandemic, many patients may die with no family present, attended to by a medical provider
- Use a cellphone, tablet, or other electronic media to connect the patient with the family at the “end”
- Allow the family to speak or be silent as appropriate
- If the patient is able to speak, assist with apparatus
- If time allowed, enlist the clergy person to be with the family at the moment of death. Reading of holy scriptures and prayers may be very helpful during these last moments

Details Matter

- Select a video conferencing platform in advance and alert the family to “practice” and be familiar with the basics
- If the service is pre-recorded or broadcasted live, provide the family with details so they can inform other guests
- Officiant and other participants should dress appropriately “formal”
- Have a clear symbolic opening and a clear symbolic closing – may be verbal and visual/audial
- If there are secondary participants (readers, musicians, etc. at other locations), rehearsals with clear prompts are helpful

Prepare the Speakers

- If there will be speakers from family and friends, work colleagues, etc. let them know the order of presentation and the allotted time
- The “audience” would appreciate a printed order of service/program before the online service – a memento of the service
- Responsive readings and “congregational” prayers could be printed in the service program
- Allow folks who don’t speak to use the “Chat” feature to leave messages for the family (copy and save the Chat messages for the family)

More Details

- If the family has a “smart TV” have them gather in front of it – larger screen
- If the family has tech-savvy members, they can connect multiple screens
- If there is no “special music” during the service, the family could play music softly in the background where they gather
- If there are photos to be shared, the administrator of the online service can scroll them on his/her laptop and share the photos
- Remember that grieving and mourning are characteristically done slowly – don’t rush through the service

Casket, Ashes or Photo

- Funeral homes have very detailed specifics about how to handle the remains of someone who has died from COVID-19
- Casket – to touch or not to touch
- Ashes – to display or not to display
- Photo – often displayed when the casket is closed or unavailable
- In some cases, the family may choose not to have any of these

Common Diversity Issues

- Food
- Language
- Physical contact
- Gender issues
- Eye contact
- Religion
- Religious traditions
 - Age
- Symbolic items
- Use of names
- Use of non-verbals
- Grief, mourning, and burial practices
 - Racial Identity
 - Nationalism
- Clothing, head covering
 - Shoe removal
- Time perspectives
- Personal space
- Head of household
- Cooking, dining traditions
 - Greetings
- Diversity within cultural groups

Diversity dictates that even within each religious tradition, rituals and expectations may vary greatly according to the geography of the house of worship, the principle cultural group, etc.

Muslim Death Rituals During Pandemic

There are certain mandatory funerary rites afforded to the Muslim deceased:

- Divine law permits certain relaxations of these rites
- Short-comings in normal funerary rites will not negate the martyr's death
- All precautions **must** be taken by those handling the deceased's body, whilst ensuring dignity is maintained
- Needs of the living take priority over the needs of the deceased
- Burial without *ghusl* is permissible if health risks are involved
- Body bag may be considered to fulfill the role of the burial shroud (*kafan*).
- Funeral (*janaza*) prayers should be performed by a minimum of people

The one who dies in a plague ... dies as a martyr in the path of God. ' The Prophet (Al-Bukhari, Muslim)

From: Guidance for Burials & Funerals during the Corona Pandemic - British Board of Scholars & Imams

Buddhist Death Rituals During Pandemic

Peace and serenity are hallmarks of Buddhist funerals

- Vary by sects – some ritualistic and traditional, some simple, solemn, dignified
- Service will be live streamed or recorded
- Minimal attendees – Monks or family members preside
- Rituals that transfer merit to the deceased may be performed by family
- Family wears white or cover with white cloth
- Symbolic rituals include, chants, sutras (prayers), offerings of fruit and flowers, burn incense, ring gongs or bells
- Cremation is common – family will not be able to accompany body or attend
- Cremation typically occurs after 24 hours – some will be immediately without preparation

Death is not to be feared by one who has lived wisely. Buddha

Hindu Death Rituals During Pandemic

- Reincarnation provides the foundation for Hindu funeral traditions
- Different sects may vary the traditional rituals
- Funerals include three parts
 - Wake/funeral in the family home
 - Cremation ceremony (“mukhagni”) (traditionally attended by males only)
 - “Shraddha” ceremony (rite performed by male family to nourish, protect the dead in their pilgrimage from lower to higher realms preceding reincarnation)
- Cremation traditionally done on funeral pyres along the Ganges River
- During pandemic, big processions not allowed, lone priest recites prayers
- Many crematoriums cannot handle the “piles” of ashes – family can’t pick them up

Christian Death Rituals During Pandemic

Our lives extend beyond our physical reality into eternity – the age to come

- Traditional viewings, memorials, funerals, and celebrations of life
- Traditional burial (39%) or cremation (55%) Other (6%)
- Social distancing has upended tradition
- Limited or private family viewings
- Live streaming or recording the service (music licenses?)
- Cue up in vehicles – drive-by or enter by family/household group
- No communal meal, gathering
- Meals delivered to surviving family home
- FaceTime or other video calls are better than text of phone calls
- Celebration of life later (what is the optimal time?)
- Follow-up as soon as possible and regularly

Non-Religious Death Rituals During Pandemic

- Ceremony not tied to traditions, rituals or belief of any religion
- May be celebrations of life, may be “green,” burials or cremations
- Opening statement, stories of the deceased, eulogy by family member or friend, inspirational readings, music, poetry created for the service, unique venue
- Donations to charity, flowers
- Observing pandemic restrictions, recorded or live streaming service, no gatherings, viewings, “parties,” celebratory/remembrance meals

If ever there is a tomorrow when we're not together, there is something you must always remember... You are braver than you believe. Stronger than you seem and smarter than you think. But the most important thing is even if we are apart I'll always be with you. Winnie the Pooh

Other Mourning Rituals

- Large candles in window (cars honk support/encouragement as they pass by)
- Plant a flower, bush or tree in memory as a symbol of life
- Tie a black ribbon around a tree, a flag, a wreath
- Cards and gifts left in basket on porch
- Zoom/FaceTime/live streaming communal meals
- Drive-in funeral/memorial service/celebration of life
- Create a crowd sourced photo album or scrapbook
- Light luminaries along the street on the night of the service

Understanding Disenfranchised Grief and Mourning During Pandemic

Grief: emotional distress that is caused by perceived loss. The loss may be physical, relational, spiritual, or intra-psychic

Ambiguous Loss

Physically absent but psychologically present

- i.e. Deferred dreams, Senior activities, graduation, business leadership, dinner with friends, recreation with friends, fellowships, parties, vacations

Physically present but psychologically absent

- i.e. Online worship services, online funerals, holiday traditions, alternative celebrations (weddings, births), online education, electronic entertainment

Ambiguous loss is difficult because:

- Confusion and difficulty identifying the problem
- Uncertainty prevents people from adjusting to the ambiguity of their loss
- People are denied the rituals that ordinarily support a defined loss
(Wright, 2003)



ANTICIPATORY GRIEF

- ❖ The unconscious process of “letting go” or disengaging before the actual loss or death occurs. This is the experience found in situations of predicted and prolonged loss.
- ❖ This type of grief extends over a long period of time. The loss may be absorbed gradually and preparation for its inevitability may take place.
- ❖ The response experienced is intense; shock, denial, and tearfulness before death. Relief, guilt, and anger after death.
- ❖ There is mixed feelings about the forewarning or cushion that gives people time to prepare or complete the tasks related to the impending death. While this may offer a buffer for some, the stress is increased for other, creating emotional highs and lows.

Disenfranchised Grief: A loss that is not openly acknowledged, socially accepted or publicly mourned

Three types of disenfranchised grief:

1. Relationships that are not recognized or socially sanctioned
2. The loss is not recognized as significant
3. The griever is not recognized (Doka, 1989)

Grief in Pandemic

- Mass fatality events like pandemic tend to minimize individual death
- Social distancing and isolation force separation during the illness and death
- Patient may die alone – sometimes even without medical provider near by
- Loved ones feel guilt, believing that no one wants to die alone
- Death rituals will not happen in traditional ways
- Religious rituals are not observed in the traditional ways
- Increases isolation, sense of abandonment, and misunderstanding
- Bereaved feel cut-off from sources of support
- Dismissive and minimizing comments exacerbate the grief
- Grief wounds may be reopened if funerals/memorial /celebration of life services are held at a later date

Effects of Disenfranchised Grief

- Depression
- High anxiety
- Emotional disturbances
- Withdrawal from society
- Psychosomatic illnesses
- Low self-esteem
- Substance abuse
- Difficulty in healthy relationships
- Sense of guilt or inadequacy

Complicating Factors with Sudden Unexpected Death

- Shock
- Making sense of it
- No time for good bye
- Shattered assumptions
- Insecurity and anxiety
- Pre-death unresolved issues
- Secondary reactions and losses

Trauma Factors

- Suddenness
- History of trauma and loss
- Relationship with the deceased
- Coping skills
- Support system
- Faith system
- Culture and age
- Unrecognized/unresolved losses
- Multiple events
- Prior mental and physical health
- Witness to the traumatic event
- Presence of the body
- Prolonged events
- Perception
- Nature of secondary losses
- Spacing of events

Primary Needs Are Disrupted After Trauma

- Safety
- Trust
- Control
- Esteem
- Intimacy

Clinical Indicators (Rando, 1993)

1. A pattern of vulnerability to, sensitivity toward, or **overreaction to experiences entailing loss and separation**
2. Psychological and behavioral restlessness, oversensitivity, arousal, over activity, geared up, constantly occupied, as if **cessation of activity would permit surfacing of repressed anxiety** provoking material.
3. **Unusually high death anxiety** focusing on self or loved ones
4. **Excessive and persistent over idealization** of the deceased and/or unrealistic positive recollections of the relationship.
5. **Rigid, compulsive, or ritualistic behavior** sufficient to impinge on the mourner's freedom and well-being
6. **Persistent obsessive thoughts and preoccupation** with the deceased and elements of the loss.
7. **Inability to experience the various emotional reactions** to loss typically found in the bereaved and/or uncharacteristically constricted affect.
8. **Inability to articulate, within one's capacity existing feelings/thoughts** about the loss/deceased.
9. Relationships with others are marked by **fear of intimacy and other indices of avoidance** stemming primarily from fear of future loss.

10. A pattern of **self-destructive relationships** commencing or escalating subsequent to the death, including compulsive caregiving and replacement relationships
11. The commencement or escalation after the death of **self-defeating, self-destructive, or acting-out behavior**, including psychoactive substance dependence or abuse.
12. **Chronic experiences of numbing, alienation, depersonalization**, or other affects and occurrences that isolate the mourner from herself and others.
13. **Chronic anger, annoyance or a combination of anger and depression** (e.g. irritability, belligerence, intolerance)

What Helps During Bereavement

- Affirm all losses
- Allowing the mourner to talk and reminisce
- Help process the dying and death
- Normalize grief reactions
- Accept emotional reactions without judgment
- Support the mourner's emotional coping ability
- Help the mourner stay physically healthy
- Assist mourner to develop social support and stay connected

Helping Survivors Rebuild

- Presence through the continuum
- Connecting
- Safety & control
- Practical assistance with basic needs
- Balancing “doing for” vs. “doing with”
- Support network
- Self-esteem & resiliency
- Education & information
- Life outside grief & loss
- Remembrance beyond the funeral
- Follow-up & follow through

Support Your Own Health During Pandemic and Grief

- Stay safe – protect yourself
- Maintain a healthy routine
- Try to eat healthy meals regularly
- Avoid substances which could hinder your grieving process
- Maintain stable sleep patterns and reset your body and mind
- Do mental health self checks
- Engage in appropriate physical exercise
- Avoid virtual or physical environments that cause stress
- Limit the amount of news to specific times of the day
- Stay connected with friends and family

Deciding When & How You Should Return to Church in Person: A Practical Guide for Church Members

① What is my health and exposure status?	② How well has my church prepared for a safe reopening?	③ What safety measures can I expect to be in place when I go to church for worship?	④ What health and safety measures must exist for me to feel safe going to church?
<ul style="list-style-type: none"> <input type="checkbox"/> Am I at a higher risk for COVID-19 infection? <input type="checkbox"/> Am I over age 65? <input type="checkbox"/> Do I have any of the following conditions: diabetes, hypertension, heart or lung disease, compromised immune system? <input type="checkbox"/> Am I under a quarantine or stay-at-home order? <input type="checkbox"/> Do I work in close proximity with a person who has been sick or diagnosed with COVID-19 during the past 14 days? <input type="checkbox"/> Do I currently have a fever or any of the following symptoms: cough, difficulty breathing, sore throat, muscle or chest pain, fatigue, headache, congestion, runny nose, digestive upset? <input type="checkbox"/> Within the past 14 days, have I been sick or diagnosed with COVID-19, or am I sharing a residence with anyone who has been sick or diagnosed with COVID-19? 	<ul style="list-style-type: none"> <input type="checkbox"/> Is my church reopening according to current state and local orders and recommendations? <input type="checkbox"/> Has our building been disinfected and cleaned, and how frequently will it be disinfected during use? <input type="checkbox"/> Has my church reopening team been trained in social distancing, hygiene practices, health and safety protocols, cleaning and disinfection? <input type="checkbox"/> Has my church explained the new operating process for arrivals, seating, worship practices, exits, and dealing with apparent illness? <input type="checkbox"/> Has my church made in-person or alternate worship options available for children, the elderly, and the disabled? <input type="checkbox"/> Has my church made its full reopening plan available? 	<ul style="list-style-type: none"> <input type="checkbox"/> Has the church asked people with symptoms or recent exposure to stay home for now? <input type="checkbox"/> Will everyone coming into our church be required to wear a mask? <input type="checkbox"/> Do we have isolation space or a plan for people who appear to be (or become) ill while at church? <input type="checkbox"/> Are social distancing measures clearly marked, explained, and enforced? <input type="checkbox"/> Will masks, tissues, hand sanitizer, and no-touch trash cans be available for use? <input type="checkbox"/> Will there be people to explain, or signs to remind us of, new worship practices and preventive actions? <input type="checkbox"/> Is my church keeping attendance records, and will I be notified if someone in church is diagnosed with COVID-19? 	<ul style="list-style-type: none"> <input type="checkbox"/> I am willing to stay home if I am ill or may recently have been exposed to COVID-19. <input type="checkbox"/> I am willing to abide by the preventive measures my church requires. <input type="checkbox"/> I want everyone to be wearing a mask. <input type="checkbox"/> I want social distancing measures to be taken seriously and enforced. <input type="checkbox"/> I want to know that I will be contacted in case of possible COVID-19 exposure at church. <input type="checkbox"/> I want to know who to call if I become ill after attending a worship service. <input type="checkbox"/> I will let my church know if for some reason I am not yet able to return after the church has reopened.
<b style="color: #f4a460;">If any yes, DO NOT GO.	<b style="color: #444;">If you are not satisfied with preparations, DO NOT GO.	<b style="color: #00a0e3;">If you are not satisfied with conditions, DO NOT GO.	<b style="color: #92d050;">If you are comfortable with measures taken, GO.

Humanitarian Disaster Institute

New manual to help individuals and families discern when and how they can safely return to in-person church services: [Deciding When & How You Should Return to Church](#)

What We Know So Far...

- Some people have survivalist tendencies – they will hoard toilet paper, Clorox, and anti-bacterial wipes
- Some people have learned to use technology they didn't even know existed
- Some people actually like donating their money online –offerings are up!
- Some people have become very creative in communication, socialization, education, recreation, education, and philanthropy
- Some parents are learning that education of their children is not so easy
- Some people are helping each other more than they have in the past
- Some people have discovered that “heroes” don't necessarily wear capes
- Some people protect their individual rights over the safety of others
- Even though dying is an individual work, we feel at peace when a person doesn't die alone

What We Think Will Happen...

- Some people will try to return some of what they hoarded
- Some people may continue to use the new technology they learned
- Some people will spend time shopping but may buy less
- Some people will be more creative because now they know they have it in them
- Some teachers may get more respect when children finally return to the classroom
- Some people learned to be more helpful and more aware of their neighbors
- Most of our “heroes” won't get the vacation or rest they deserve
- Some people will have gotten sick or died because of their own or other people's perceived freedoms
- We will look back at these days and think they were the most difficult days of our lives – and it will be true for some people

We are living in a house of mourning.

Blessed are those who mourn, for they shall be comforted.

Matthew 5:4 NASB

