

CURSE OR CROSS? HOW DO I, A LUTHERAN PASTOR, MINISTER TO THE CANCER
PATIENT?

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ABSTRACT

Cancer. It is the elephant in the room no one ever wants to mention. It is considered taboo in today's culture and often referred to as "the big C" or another nickname. Though it may be difficult, it is the Lutheran pastor's humble opportunity to minister to the cancer patient. However, as the Lutheran pastor ministers to the cancer patient, he might wonder, "What do I say and how? How is this cancer patient currently reacting emotionally and spiritually to the news of cancer?" Eventually, all of the questions mold into one big question, "How do I, a Lutheran pastor, minister to the cancer patient?"

This thesis hopes to help the Lutheran pastor minister to the cancer patient by looking at the different viewpoints of everyone involved in the cancer diagnosis:

1. The viewpoint of the doctors attending the patient.
2. The viewpoint of the Psycho-Oncologists counseling the patient.
3. The viewpoint of the cancer patient themselves.
4. The viewpoint of Scripture.

This thesis will then take the information from these four viewpoints and give the Lutheran pastor helpful suggestions, based on Romans 8 and supporting passages, in answering the question, "Curse or cross? How do I, a Lutheran pastor, minister to the cancer patient?"

INTRODUCTION

“You have cancer.” As the patient sat in the hospital bed, these words rang in their ears “cancer, cancer, cancer.” They sat there in shock because it began as a routine check-up. Thoughts start to swirl through their mind, “Is it terminal? How bad will the treatment be? How are family and friends going to react?” They have no clue what to think, say, or do. They are at a loss for words as the word “cancer” rings in their ears.

Eventually, after what could be a few hours of silence and tears, they muster up the courage to inform close family members and a few friends of their diagnosis. They may also notify their pastor of the diagnosis. “Pastor, I just found out I have cancer.” After a few minutes of talking to them, the pastor decides he will visit them right away.

As he drives to the hospital, he wonders, “What has this person gone through so far? How are they feeling emotionally and spiritually? What do I say, and how do I say it? What Scripture passage will I turn to?” All of these questions flood the mind of the Lutheran pastor, and eventually, it becomes one straightforward question, “How do I, a Lutheran pastor, minister to the cancer patient?”

CANCER

What is Cancer?

It is reasonable to assume that most people in the world have heard the word cancer in some context, but only a few of those people know what cancer is. Cancer is a cell-orientated illness. “Normally, human cells grow and divide to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place.”¹ However, “when cancer develops, this orderly process breaks down. As cells become more and more abnormal, old or damaged cells survive when they should die, and new cells form when they are not needed. These extra cells can divide without stopping and may form growths called tumors.”² Though tumors may develop due to a deficiency within the individual’s cells, this does not automatically mean the person has cancer.

Once a doctor discovers a tumor, they classify it either as malignant or benign. A malignant tumor “can spread into or invade nearby tissues”³ and is active and fast-growing. When a tumor is qualified as malignant, it is considered a cancerous tumor. However, if the tumor is benign, it is not active and does not spread into the tissues. Therefore, it is not considered cancerous. If one can call it this, this is the “preferred” type of tumor. Unlike malignant tumors, a benign tumor has a lesser chance of returning once removed because it is a

1. “What is Cancer?,” *National Cancer Institute*, 9 February 2015, <https://www.cancer.gov/about-cancer/understanding/what-is-cancer>.

2. “What is Cancer?,” *National Cancer Institute*.

3. “What is Cancer?,” *National Cancer Institute*.

non-active tumor. Nonetheless, whether the tumor is malignant or benign, fear is instilled into the individual because the tumor could be cancerous.⁴

The Fear of Cancer

Understandably, people fear cancer. Everyone has cells in their body that break down and form new cells. That is how the body works, and so any one of those cells can become abnormal and form tumors. It is almost as if there is a ticking time bomb inside of everyone. Now, whether or not that time bomb goes off, no one knows. That is why people understandably fear cancer. It could happen to anyone at any time.

Take a look at these statistical projections. “In 2020, 1,806,590 new cancer cases and 606,520 cancer deaths are projected to occur in the United States.”⁵ This projection is just counting “new” cases in 2020 only inside the United States. It does not count individuals who were already fighting cancer going into 2020, nor does it count those outside the United States. Also, notice one-third of those diagnosed in the United States just in 2020 will eventually die from that specific cancer diagnosis.⁶

With these realistic projections, it is no wonder there is a fear of cancer. People are always wondering, “Will I be one of those diagnosed this year? Will I live or die?” Unfortunately, to everyone’s dislike, no one can answer those questions because “ultimately, cancer is a biological process and mostly beyond your control.”⁷ These thoughts are not intended to produce fear but rather inform how cancer produces fear.

4. Same is true for other forms of cancer i.e., Leukemia (blood cancer), Melanoma (skin cancer), etc.

5. Rebecca L. Siegel, “Cancer Statistics, 2020,” *CA Cancer Journal* 70, no. 1 (January/February 2020): 7.

6. Now that’s a pandemic!

The Unknowns of Cancer

Along with fear, cancer also contains several unknowns. One of the biggest unknowns is “What caused it?” Patients ask their doctors “why?” and doctors usually cannot give a specific reason. “It can have many possible causes, such as lifestyle habits, genetics, carcinogens, and environmental factors. Sometimes there is no obvious cause.”⁸ Doctors have discovered that “there is no direct line between a particular behavior and definitely getting cancer.... A big part of cancer is just dumb luck.”⁹

After receiving a cancer diagnosis, another unknown for the patient is answering the question, “What does this mean?” A cancer diagnosis can mean multiple things: a higher chance of survival if the type of cancer is a more treatable cancer, or it could mean death if it is a rare form of cancer for which there is no cure. A cancer diagnosis could also mean a long battle with chemotherapy and radiation, or it may just be a few oral medicines and a simple operation. There is also the possibility the patient could lose their hair, muscle function and become severely sick from the chemotherapy, or they could have little to no side effects from treatment. The questions are many, but the unknowns that accompany them are more. It makes sense then that cancer is also taboo.

The Taboo of Cancer

A half-century ago, there was an extreme taboo effect surrounding cancer. “It was such a dreadful diagnosis, in fact, that many people couldn’t bring themselves to utter the word. If they

7. Vicki A. Jackson, David P. Ryan, and Michelle D. Seaton, *Living with cancer: A Step-by-Step Guide for Coping Medically and Emotionally with a Serious Diagnosis*, (Baltimore: The Johns Hopkins University Press, 2017), 98.

8. “What is Cancer?,” *National Cancer Institute*.

9. Jackson, 97.

did, it was in a whisper— ‘cancer’—as if there were something shameful about it. Or maybe it was superstition, the fear that merely saying the word out loud was tempting fate, like waving a red cape in front of a bull.¹⁰ Due to “limited knowledge of cancer biology and very noticeable ravages done to the body,”¹¹ there was a great taboo that accompanied cancer. Thankfully, this attitude has diminished over the last few decades due to modern advancements in medicine, the development of chemotherapy and radiation treatment, and a decline in the number of deaths.¹² However, whether people admit it or not, there is still a taboo surrounding cancer. “A cancer diagnosis is [still] one of the most frightening things that can happen to a person in their lifetime. And there will always be a stigma around cancer as long as people are dying.”¹³ The combination of the fear of cancer and multiple unknowns causes cancer to be thought of as taboo.

With fear, many unknowns, and a taboo surrounding cancer, the cancer patient’s hospital room can be a difficult place to be. How can you, the Lutheran pastor, walk into that hospital room and help the cancer patient to see the cancer diagnosis as a cross and not a curse? The following pages will help the Lutheran pastor be informed about four different viewpoints of those included in the cancer diagnosis. It will then give him suggestions on how to minister accordingly.

10. Vincent T. DeVita Jr., and Elizabeth DeVita-Raeburn, *The Death of Cancer*, (New York: Sarah Crichton Books, 2015), 4.

11. Elaine K. Howley, “From the ‘Big C’ to ‘Cancer,’” *U.S. Health News*, 21 March 2015, <https://health.usnews.com/health-care/patient-advice/articles/2018-03-21/from-the-big-c-to-cancer>.

12. Howley, “From the ‘Big C’ to ‘Cancer.’”

13. Howley, “From the ‘Big C’ to ‘Cancer.’”

PART I: THE DOCTOR'S SIDE

How Are Doctors Trained to Tell Bad News?

“In the 1950s and the 1960s, approximately 90 percent of physicians indicated that when the diagnosis was cancer, they preferred not to inform the patients, and there were even published methods for evasion or overt deceit.”¹⁴ A half-century ago, doctors did not want to tell their patients of a cancer diagnosis. Doctors feared that a cancer diagnosis would make the situation worse, not better, due to cancer’s fear and taboo nature.

Fast-forward into the twenty-first century. The question is no longer, “Should the doctor disclose a cancer diagnosis?” but rather, “How should the doctor disclose a cancer diagnosis?” Unfortunately, not many doctors know how to do this. “Fewer than 10% of physicians report receiving formal training in techniques of breaking bad news.”¹⁵ “In fact, most of us in the clinical practice have not been taught very much about the technique of breaking bad news.”¹⁶ Unfortunately, doctors do not learn how to disclose a cancer diagnosis, or for that matter, any bad news.

Since doctors have not learned how to disclose bad news, some doctors have taken it upon themselves to suggest different guidelines a doctor should follow when informing a patient of their diagnosis. First, “to the patient, it is an unintelligible language that doctors hide behind in

14. Robert Buckman, *How to Break Bad News: A Guide for Health Care Professionals*, (Baltimore: The Johns Hopkins University Press, 1992), 10.

15. Emma C. Rossi, “Telling her she has cancer: A patient-centered approach to breaking bad news,” *MDedge*, 21 February 2018, <https://www.mdedge.com/obgyn/article/159074/gynecologic-cancer/telling-her-she-has-cancer-patient-centered-approach>.

16. Buckman, *How to Break Bad News*, 4.

order to avoid the pain of telling bad news or other painful or worrying information.”¹⁷ These doctors suggest that doctors not use fanciful words or talk down to the patient. If they talk this way, the patient will not understand what is going on and eventually will close themselves off from the doctor and not trust or speak to the doctor about their medical situation.

The second point these doctors make is that “as physicians, one of the commonest misdemeanours [*sic*] that we commit is simply not letting the patient talk.”¹⁸ Doctors are nervous about telling the patient of a cancer diagnosis, so they tend to talk too much. Doing this leaves little to no time for the patient to ask questions or express their thoughts and emotions, causing them to feel unimportant. The suggestion is that doctors ought to listen to the patient more, so they will recognize that they have been heard and understood.

The final point these doctors make is that “your response will be more helpful to the patient if it is based on an understanding of the difficulty of accepting the news.”¹⁹ The hope is that by responding this way, the patient will realize the doctor is listening to them and, in turn, they will be more inclined to talk to and ask questions of their doctor in the future should more problems arise.

S.P.I.K.E.S.

Along with the general suggestions, these doctors give a specific protocol other doctors can follow when relaying bad news. It is known as the *S.P.I.K.E.S.* protocol.²⁰ This protocol aims to

17. Buckman, *How to Break Bad News*, 42.

18. Buckman, *How to Break Bad News*, 41.

19. Buckman, *How to Break Bad News*, 112.

20. This protocol is summarized below. More information can be found in Robert Buckman’s book, *How to Break Bad News*.

create a calm setting to communicate a patient's diagnosis clearly, but only informing the patient as much as they desire to hear. Looking at this protocol will give the Lutheran pastor a general idea of how the cancer patient might have heard of their diagnosis. He may also be able to glean some helpful suggestions in his approach to ministering to the cancer patient.

Step one: *The Setting*. The doctor would be wise to “arrange the physical setting of the interview to make the surroundings as conducive as possible to a helpful discussion.”²¹ This step aims to make the conversation setting as comfortable as possible to help the doctor and patient have a productive conversation despite being a difficult situation and topic.

Step two: *Perception*. Once the doctor has a comfortable environment, they “need to hear from the patient what she or he has been told or suspects and/or thinks of the current situation.”²² This step aims to give the doctor an idea of the patient's knowledge of the diagnosis and understand how they feel about it. The doctor can then fill in the information gaps and better help the patient understand what is going on.

Step three: *An Invitation*. “The objective of this part of the interview is to get agreement from the patient for you to share the information, the bad news.”²³ Asking for permission allows the patient to brace themselves for the bad news that is coming. It can also allow them to call a close relative or friend to come and be with them when they receive their diagnosis.

Step four: *Knowledge*. This step is where the doctor now reveals the cancer patient's diagnosis and “starts giving the medical facts.”²⁴ As a doctor discloses the diagnosis, this step of

21. Robert Buckman, *Practical Plans for Difficult Conversations in Medicine: Strategies that Work in Breaking Bad News*, (Baltimore: The Johns Hopkins University Press, 2010), 28.

22. Buckman, *Practical Plans for Difficult Conversations in Medicine*, 29.

23. Buckman, *Practical Plans for Difficult Conversations in Medicine*, 32.

24. Buckman, *Practical Plans for Difficult Conversations in Medicine*, 36.

the protocol suggests different sub-steps to follow: “Give the facts in small chunks.... Check the patient’s understanding.... Express the facts in plain language, not in esoteric technical jargon.”²⁵ These are suggestions hoping that the patient will clearly understand what is happening to them and realize that the doctor genuinely wants to help.

Step five: *Emotions*. One may assume this step is talking about the patient’s emotions, and in a way, it does. However, this step is addressing the emotions of the doctor in reacting to the patient’s emotions. This step focuses on “the simple process of acknowledging the emotion [which] often is all that is needed in emotion handling.”²⁶ A doctor ought to “try to act, not react”²⁷ to the patient’s reception of the news. The doctor’s “response will be more helpful to the patient if it is based on an understanding of the difficulty of accepting the news.”²⁸ The doctor’s emotions and response are crucial and can help or hinder the doctor-patient relationship.

Step six: *Strategy and Summary*. This step is where the doctor gives a short snapshot summary of the appointment and reveals the plan for going forward. However, there is a reason the letter “E” comes before the letter “S.” “Until you have acknowledged the presence of the strong emotion—the elephant in the room, as it were—the patient will not be able to focus on what you are saying about the management plan.”²⁹ The doctor will do well not to jump to this step before acknowledging the emotions of the patient. If the doctor goes through these steps too

25. Buckman, *Practical Plans for Difficult Conversations in Medicine*, 37–39.

26. Buckman, *Practical Plans for Difficult Conversations in Medicine*, 40.

27. Buckman, *How to Break Bad News*, 110.

28. Buckman, *How to Break Bad News*, 112.

29. Buckman, *Practical Plans for Difficult Conversations in Medicine*, 44.

quickly, this last step will certainly not happen, the doctor-patient relationship will suffer, and the patient will be unaware of what will happen going forward.

Regardless of how the doctor communicates a cancer diagnosis to the patient, it is good to note that in the end, there is no perfect protocol to follow when relaying the bad news of cancer. The diagnosis will still be cancer.

How Do Doctors Feel About Giving a Cancer Diagnosis?

Doctors hate revealing a diagnosis of cancer. Who wants to be the one to tell someone they are dying? Who wants to be the one to reveal that it is cancer and the doctors have no clue what type or what to do next? No one wants to change anyone else's life, but this is part of the doctor's job. Knowing this is their job and something they have to do, doctors have several different fears about the situation. These fears fit into two groups: first, the fears involving the doctor-patient relationship, and second, the personal fears of the doctor.

The Fears Involving the Doctor-Patient Relationship

There are two main fears in this section. The first of these two is that doctors fear causing pain. "Unfortunately, there can be no anesthetic that removes the pain of hearing bad news."³⁰ The pain of hearing "you have cancer" will always be with the person for the rest of their life. Doctors do not like being the ones who have to cause pain and relay such life-altering news. Nonetheless, that is their job.

So, when they do relay such news, fear number two begins. Doctors fear being the recipient of the patient's emotions. It is a "basic human characteristic of blaming the messenger

30. Buckman, *How to Break Bad News*, 18.

for the bad news that he or she brings.”³¹ Doctors do not want to receive blame, and they fear being the recipient of negative emotions, affecting the doctor-patient relationship.

The Personal Fears of the Doctor

Along with the fears involving the doctor-patient relationship, doctors also have personal fears. The first is the *fear of failure*. “Over the past few decades, the medical profession has entered into a reciprocating relationship with the general public that has fostered the illusion that all diseases are fixable.”³² So, what happens when a patient dies on the doctor’s watch? Sadly, society thinks “that all deterioration and death must be attributed to a failure of the medical system or the staff.”³³ Doctors are an easy target when modern medicine fails, and doctors fear appearing like a failure.

The second fear is the *fear of not knowing what to do if*. This ties in a little bit with the fears involving doctor-patient relationships. “We do not enjoy doing something if we have not been taught how to do it properly.... In our professional training we are never rewarded for saying *I don’t know*.”³⁴ Doctors have a fear of being ill-informed and uneducated. They fear not knowing what to do and appearing incompetent.

The final two personal fears go together: *The fear of expressing emotions and the fear of one’s frailty and death*. “It is a central rule of the code of our profession that we do not display emotions...”³⁵ Doctors do not want to appear weak. However, if doctors do not display emotion,

31. Buckman, *How to Break Bad News*, 19.

32. Buckman, *How to Break Bad News*, 21.

33. Buckman, *How to Break Bad News*, 21.

34. Buckman, *How to Break Bad News*, 23–25.

they may come across as being cold-hearted.³⁶ Doctors fear expressing emotion because they do not know how they will show their emotions. Some of their emotions that might come out are because they have fears too. The biggest of these fears is of their frailty and death. “Some psychologists suggest that every health care professional’s desire to be a doctor or nurse is partly based on a desire to deny one’s own mortality and vulnerability to illness.”³⁷ Doctors do not like seeing a patient who is battling a deadly illness, such as cancer, because they can imagine themselves as the one with cancer. So, to cope with this fear and get a glimpse at what death and dying will be like for them, they treat those going through illnesses and dying.

A doctor has many different fears. Sadly, these fears get in the way of their work of informing the patient of bad news such as cancer, and “it is quite frequently delegated to junior doctors or nurses.”³⁸ It depends on whom one asks whether or not this practice is wise.

Nevertheless, in the end, doctors are ordinary people with ordinary fears.

In relaying the bad news of a cancer diagnosis, doctors realize that the patient may need to talk to a mental health professional. Sometimes the doctor will suggest a pastor, but if the patient does not have a personal pastor, the hospital might have a chaplain on call to whom the patient can talk. Some patients listen to the doctor and get in touch with a pastor; others do not. Regardless, doctors do strongly recommend some outside help for mental health. If the patient chooses not to call a pastor, the doctor might refer them to a social worker or a psycho-oncologist.

35. Buckman, *How to Break Bad News*, 25.

36. Buckman, *How to Break Bad News*, 26.

37. Buckman, *How to Break Bad News*, 27–28.

38. Buckman, *How to Break Bad News*, 12.

PART 2: THE PSYCHO-ONCOLOGIST

A part of the cancer diagnosis that tends to go untreated and cared for is the patient's mental health. "Approximately 10 to 25% of cancer patients will develop a major depressive disorder, depending upon the degree of impairment, the stage of cancer, and the burden of symptoms, such as pain."³⁹ Notice that this only covers those with a major depressive disorder. Many cancer patients develop other types of mental health problems. "A cancer diagnosis can, and often does, affect a patient's mental health."⁴⁰ "The prevalence of depression in individuals with cancer has been estimated to range from 0% to 58%.... The wide range represented reflects the difficulties involved in identifying the prevalence of specific psychological responses associated with the cancer experience."⁴¹ Countless cancer patients deal with some depression or anxiety. Others appear as though they have depression or anxiety when, in reality, they are grieving. Either way, there has been a push in recent years to help cancer patients receive psychological care.

In the field of psychology, there is a specific branch that deals with counseling cancer patients. These psychologists are known as "psycho-oncologists." This type of counseling has been around since the 1970s,⁴² but it has not been utilized much until recent years. In recent years a cancer patient's mental health is considered essential. So, "at the beginning of the year

39. Ronna F. Jevne, Cheryl L. Nekolaichuk, and F. Helen A. Williamson, "A Model for Counselling Cancer Patients," *Canadian Journal of Counselling* 32, no. 3 (1998): 214.

40. Lynne Shallcross, "Counseling clients with cancer," *Counseling Today*, 24 February 2015, <https://ct.counseling.org/2015/02/counseling-clients-with-cancer/>.

41. Michael A. Andrykowski, "Psychological Health in Cancer Survivors," *NCBI*, 24 August 2008, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3321244/>.

42. Isabelle Lang-Rollin, "Psycho-oncology," *NCBI*, 20 March 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6016045/>.

[2015], a requirement was put in place for cancer programs to screen all patients for psychosocial distress.”⁴³ This requirement hopes to help cancer patients with their mental health and help their mental health be more positive rather than negative.

Psycho-Oncologist Counseling

The approach of a psycho-oncologist in counseling is very similar to the approach of psychologists in other fields. “The primary focus of counseling cancer patients is the management of a chronic illness.”⁴⁴ They do this by helping the patient find support, deal with their emotions, manage stress, find activities that create joy in their life, and help them deal with the negative emotions of anxiety and depression. Psycho-oncologists are focused on the patient and helping them improve their quality of life.

One model a psycho-oncologist might use for accomplishing their goal is following a nine-step counseling model: “a) Exploration and enhancement of patient’s level of hope and commitment; b) assessment of the patient’s world view; c) identification of initial goals; d) compilation of a resource inventory; e) development of a repertoire of alternatives, f) decision-making; g) block-busting; h) action planning; and, i) reassessment.”⁴⁵ Each of the steps addresses the cancer patient’s emotions and the current state of mental health concerning the cancer diagnosis. Psycho-oncologists focus on the patient and what the patient can do. The thought is that “each person has the resources within them to confront what is happening to them.”⁴⁶ In

43. Shallcross, “Counseling clients with cancer.”

44. Jevne, 216.

45. Jevne, 217–218.

46. Jessie Gruman, *After Shock: What to Do When the Doctor Gives you—or Someone You Love—a Devastating Diagnosis*, (New York: Walker & Company, 2007), 229.

other words, each patient can heal themselves. They can cope with what is going on mentally, and they have the resources to do so, but they need help tapping into those resources.

The psycho-oncologist gives the patient ample positive support to help the cancer patient tap into these resources. The thought is that the emotional side has a role in healing. “When your mental health needs are met, you are in the best position to manage the demands of treatment.”⁴⁷ They believe that positive psychological responses are huge for cancer patients and their road to recovery. This positivity comes by helping cancer patients see who they are. They tell the patient, “You are the same person. Your history, your experiences—all the things that brought you here—remain.”⁴⁸ The psycho-oncologist wants the patient to see that the sickness does not define them. They can continue to be who they want to be. One former cancer patient put it this way after learning of her diagnosis, “Very early on I chose to think of myself as a survivor, even though I hadn’t yet reached any magical five-year cancer-free mark and no physician had pronounced me cured. I chose to love however many days, months, or decades I had remaining as a thriver. I chose peace.”⁴⁹ She decided to remain positive and get what she wanted out of her diagnosis. Nothing was going to stop her from having a positive outlook.

Many psychologists have written books about how to cope with a cancer diagnosis. A vast majority of them tell the patient to “live full lives” and “be your best while you can.” They teach the patient to look inside themselves for the cure and joy amidst their deadly illness. These doctors and psycho-oncologists want to help cancer patients see that they have the strength to get through their diagnosis. Where is all this focus? It is all on the cancer patient.

47. Cancer Council, “Common reactions.”

48. Gruman, 190.

49. Lynn Eib, *Peace in the Face of Cancer*, (Carol Stream: Tyndale House Publishers, 2017), 5.

PART 3: THE CANCER PATIENT

Hearing the News

“You have cancer.” Can you imagine what it is like to hear those words? Unless you have heard those words, you honestly cannot understand what it is like to receive a cancer diagnosis. Below is part of a true story, told by a doctor who worked at a Boston hospital on September 11, 2001, explaining what a patient goes through when they receive a cancer diagnosis.

We’d gathered there after news of a hijacking had spread, and we watched on TV as the towers collapsed. Like everyone else I kept watching it over and over again because I couldn’t grasp what was going on. I saw it, but I couldn’t quite believe it. That’s when a patient took my arm and said, “That feeling you all have right now—that it’s so unreal, that it can’t be true. That’s what it feels like to be told you have cancer.”⁵⁰

The news of cancer creates a sheer disbelieving attitude. It is as if a broken record is playing inside your head; nothing you do can make it stop. Your whole world has come crashing down, and you feel left all alone to pick up the pieces of what used to be “normal life.”

As a patient hears this news from a doctor, it is not uncommon for the patient to tune the doctor out. It is as if the patient is not even conscious while the doctor reveals this information. “When the word ‘cancer’ is spoken, looking to the future reveals only a fog of uncertainty. It brings to mind a life that is spent in the process of dying—a casket waiting to be filled, with no politician to blame for it.”⁵¹ The patient is clueless as to what to say or how to react after hearing the diagnosis.

50. Jackson, 1-2.

51. J. Todd Billings, *Rejoicing in Lament: Wrestling with Incurable Cancer & Life in Christ*, (Grand Rapids: Brazos Press, 2015), 3.

Reacting to the News

“The range of normal reactions is wide,”⁵² and these reactions often come at different times. One might think that a cancer diagnosis reaction would occur after hearing the news, but that is not necessarily true. A patient’s reactions may begin before they hear the news. They may even begin before the doctor arrives in the room.⁵³

One of the more common reactions is when the cancer patient asks, “Why?” “*Why me?*” is a response to bad news that seems to be a question but usually is not.... It is much more useful and practical for you to think of *Why me?* as a cry, and not a true question.”⁵⁴ The patient is crying out for help when they ask “why?”. They want help figuring out if they did something wrong to cause cancer. They want help figuring out if they did something to deserve cancer. They question everything.

Grief

Another reaction to the news of cancer is *grief*. Now, whenever someone is grieving, they are trying to figure out how to cope with loss. They have lost the normalcy of life. A standard model used to describe grief over the years is the *Five Stages of Grief* model by Elisabeth Kübler-Ross.⁵⁵ She sets up five different stages that depict how people might navigate through grief. Below is a summary of this model with application to the cancer patient.

52. Buckman, *How to Break Bad News*, 99.

53. Buckman, *How to Break Bad News*, 98.

54. Buckman, *How to Break Bad News*, 152–153.

55. This is found in Elisabeth Kübler-Ross’ book, *On Death and Dying*.

Stage one, *denial*. After the patient hears they have cancer, they “want to shake the world and shout, ‘This can’t be happening.’”⁵⁶ They cannot believe what is going on. Some patients pretend they are not grieving and try to shut their grief out.⁵⁷ It is hard for a cancer patient to believe what they have experienced. Many will do anything to pretend they did not hear the diagnosis and move on with life like nothing is happening and everything is normal. “It’s amazing what the brain can block out”⁵⁸ if it wants to.

Stage two is *anger*. Here the patient “diverts the emotions and emotional energy that have been precipitated by the illness into an action.”⁵⁹ The cancer patient displays their negative emotions related to the diagnosis. This anger could come out in physical fits of rage, or it could be a wave of inward anger that builds up over time and comes out later. In the end, this anger displays itself in any form of frustration.

Stage three is *bargaining*. Bargaining is where the patient “falsely makes themselves believe that they can avoid the grief through a type of negotiation.”⁶⁰ Often this negotiation is a deal the patient thinks they can make with God. For example, “God, if you let me survive cancer, I’ll...” fill in the blank. They think they can work a deal with God when, in reality, they cannot.

Stage four, *depression*. The patient wonders if anything good can come of this. They are in a chronic state of low mood.⁶¹ Sometimes this stage is not seen by people but is hidden. It can,

56. Jackson, 1.

57. “Speaking Grief: The Documentary,” Video, 1:36, WPSU, August 30, 2020, <https://speakinggrief.org/documentary>.

58. “Speaking Grief: The Documentary,” 14:58.

59. Buckman, *How to Break Bad News*, 123.

60. Christina Gregory, “The Five Stages of Grief,” *PSYCOM*, 23 September 2020, <https://www.psycom.net/depression.central.grief.html>.

61. Buckman, *How to Break Bad News*, 146.

and usually is, an inward battle. However, depression can also be very noticeable. The cancer patient may have outward signs of depression like a low mood and self-esteem or being non-energetic. Depression can display itself in many different ways.

Finally, stage five is *acceptance*. Now whether or not a cancer patient ever truly reaches this stage indefinitely is unknown. Nevertheless, this stage is where the patient accepts the situation. They recognize that they have cancer and can begin to move on with their lives and learn to cope with the illness.

While the Kübler-Ross model is an excellent model to follow and is regarded highly by many psychologists, “not all people go through all the stages. Nor do they experience them in the same order.”⁶² The Kübler-Ross model is an excellent place to start, but perhaps it is better to think of grief as a big *Tangled Ball of Emotions*.⁶³ When thinking of grief as a *Tangled Ball of Emotions*, one recognizes that there is no specific order to the emotions. It also helps one see that grief can be displayed in many different ways as the patient begins to live with their cancer.

Living with Cancer

Once the cancer patient has worked through the emotional side of hearing and reacting to cancer, they now have to learn to live with cancer. Living with cancer is hard to do. Just like emotions, bodily feelings are different all the time. One minute the patient may feel like they could run two miles; the next, they may feel like they can barely crawl to the bathroom to throw up. When a patient goes through their cancer treatment, they never know how they are going to feel.

62. John D. Schuetze, *Doctor of Souls: The Art of Pastoral Theology* (Milwaukee: Northwestern, 2017), 155.

63. See Appendix: The Tangled Ball of Emotions.

Not only do cancer patients have to learn to live with cancer, but they also have to learn to live with the reactions of those around them. “Friends and loved ones who don’t know what to say might make themselves scarce for weeks or months at a time.”⁶⁴ Many people do not know how to react to a cancer diagnosis if they are close to the cancer patient. Instead of facing their emotions and reacting, they may choose to leave for a while. People flee and go in opposite directions when they see the cancer patient because they do not know what to do. Sadly, this happens to far too many cancer patients.

With all these emotions, fears, questions, and uncertainties, it is understandable why cancer patients feel all alone as they begin to face the battle of cancer.

It’s normal to feel a little isolated at the start of treatment, while you are sorting out which of your friends and family members are going to actively support you at this time and which are going to fade into the outer circle. It’s normal to wonder how you can talk to your friends about what’s going on in your life and how to ask for the support you truly need.... Feeling like a burden is common.⁶⁵

It is easy to see how “the hospital bed can be a lonely place. The rest of the world continues to spin even though your world has stopped. It may seem as though even God is gone.”⁶⁶ It would not be unheard of for the cancer patient to wonder, “Has God abandoned me too?”

King David felt this way in Ps 13 when he asked, “How long?” four times in two verses. He wondered why God was taking so long to help him with his trouble. He pleaded with God to answer him, but there was no immediate answer. David felt abandoned. Perhaps he wondered, “Has God abandoned me? Am I being punished by God? Am I cursed?” These are the same questions the Christian cancer patient asks themselves. They wonder if God is punishing them or if

64. Jackson, 106-107.

65. Jackson, 107.

66. J. Schuetze, *Doctor of Souls*, 160.

they are perhaps cursed. Well, are they cursed? Is their suffering a curse, or is their suffering a cross? What does Scripture say?

PART 4: WHAT DOES SCRIPTURE SAY?

A common thought that the old Adam can place in a cancer patient's mind is that God does not love them, and they are cursed. So, when the Lutheran pastor ministers to the cancer patient, his number one goal will be helping the patient see their diagnosis, not as a curse, but a cross. To do this, the Lutheran pastor takes the cancer patient to the gospel. He helps the cancer patient see that God does love them, and they are not cursed because Jesus was cursed for them.

Where might the Lutheran pastor turn to in Scripture to do this? Well, he could arguably use many passages in this situation. However, I believe Rom 8 is an excellent choice for the Lutheran pastor to use while ministering to the cancer patient. It is a beautiful, promise-filled message that helps cancer patients see their diagnosis not as a curse but as a cross.

Now, Rom 8 does contain a verse that pastors debate over when it is appropriate to use, "And we know that in all things God works for the good of those who love him, who have been called according to his purpose" (Rom 8:28 NIV). One side of the argument says that this passage should not be a pastor's first "go-to" passage. The cancer patient has just had their life completely turned upside-down and could be turned off to the pastor's message if he only says, "God is going to work it out. Do not worry." The other side of the argument points to the beauty of the verse. It claims that Rom 8:28 should be shared with those battling cancer because it will help them see God is with them.

It is my opinion that both sides of the argument are correct. It perhaps should not always be the pastor's first "go-to" passage when ministering to a cancer patient. A lot depends on the

patient's current emotional and spiritual situation. Each diagnosis is unique and requires a different application of God's Word. However, when one uses Rom 8:28 in the context of all of chapter eight, it is a beautiful, promise-filled message that relates very well at any point in the cancer patient's diagnosis. It helps them see that they are not cursed, but instead, are carrying the Christian cross. Perhaps there is no other passage a Lutheran pastor should turn to when he ministers to the cancer patient. If you question that statement, let us look at Rom 8:28 in the context of all of chapter eight, along with supporting passages, and see what Scripture has to say.

Romans 8

As the Lutheran pastor ministers to the cancer patient, he will want to get to the gospel as soon as he can. It is possible and likely that the cancer patient is thinking, "If God loves me, he would not have given me this cancer. I guess God does not love me. I am cursed." The cancer patient needs the gospel. So, to get to the gospel, the Lutheran pastor will start by first reminding the cancer patient that Christ promised struggles for his people, "in this world you will have trouble" (Jn 16:33a), and the troubles are not going to be easy. It will be useful for the Lutheran pastor to acknowledge the difficulty of the cancer patient's situation without speaking as if he has experienced cancer. He will make every effort to listen and be empathetic, trying to understand the pain, sadness, and grief the cancer patient is experiencing. It does not mean he can say, "I understand your pain," but rather, "I understand that you are in pain." Notice the difference? Approaching the situation this way will help the cancer patient recognize the pastor's loving heart.

Once he shows empathy and acknowledges the difficulty of the situation, the Lutheran pastor proclaims the gospel. He will spend plenty of time pointing out to the cancer patient that

they are not cursed, and God does love them. He loved them so much that he overcame the world and all its problems for them (Jn 16:33b). Furthermore, because he overcame all things, nothing is more powerful than he—not even cancer.

As the Lutheran pastor points out this truth, the Christian cancer patient knows that this is true in their heart of hearts. “In the midst of whatever happens now, believers know they are headed for future glory with Christ.”⁶⁷ They know they are not cursed. They know God does love them, and they know what he did to show them his love. However, despite knowing all of this, the old Adam fights back. It despises the gospel truth. So, helping the Christian cancer patient to see the gospel takes time. Therefore, the Lutheran pastor will not just jump right to Rom 8:28. Instead, he will start with verse one.

Romans 8:1

“Therefore, there is now no condemnation for those who are in Christ Jesus” (Rom 8:1). Here, the Lutheran pastor begins to give an abundance of the gospel.⁶⁸ Paul states that for those who are in Christ Jesus, for those who believe in him as their Savior from sin, “there is now no condemnation” (οὐδὲν ἄρα νῦν κατάκριμα). This declaration of “no condemnation” is not just a possibility of happening. “The combination ἄρα νῦν is an emphatic one, marking what follows as a significant summing up... Christ has secured eternal life for all who belong to Him.”⁶⁹ It is a fact right now that there is “no condemnation” for believers in Jesus.

67. Michael P. Middendorf, *Concordia Commentary: Romans 1–8* (St. Louis: Concordia, 2013), 600.

68. Can one ever really give too much gospel?

69. Douglas Moo, *The Wycliffe Exegetical Commentary: Romans 1–8* (Chicago: Moody, 1991), 503.

The word κατάκριμα “does not denote merely a pronouncement of guilt but the adjudication of punishment.”⁷⁰ Κατάκριμα is specific judicial punishment upon a person. However, “the adjective οὐδέν, placed at the beginning of the sentence for emphasis, negates the κατάκριμα. The effect is to stress that there is not a single judgment of any kind against the people.”⁷¹ Nothing can condemn the baptized child of God. “Condemnation has been removed from the believer.”⁷² No juridical sentence will ever be against the one in Christ Jesus; what a comforting verse to begin with for one who is feeling cursed and unloved. They have confidence in their eternal salvation, even though they are currently struggling with cancer.

Romans 8:2–4

How can verse one be correct? Why can the Lutheran pastor tell the cancer patient they are not cursed nor condemned?

Because through Christ Jesus the law of the Spirit who gives life has set you free from the law of sin and death. For what the law was powerless to do because it was weakened by the flesh, God did by sending his own Son in the likeness of sinful flesh to be a sin offering. And so, he condemned sin in the flesh, in order that the righteous requirement of the law might be fully met in us, who do not live according to the flesh but according to the Spirit (Rom 8:2–4).

Christ Jesus was cursed and condemned for all. The law had condemned every one of all time.

The Law specifies what God demands, and mere men could not do what God demanded.

Everyone is sinful from birth, sinful from conception (Ps 51:5). No one could keep the law even a little bit; thus, they are cursed (Gal 3:10). “Neither is the law able to free us sinners from the

70. Frederick W. Danker, et al. *A Greek-English Lexicon of the New Testament and Other Early Christian Literature* (Chicago: University of Chicago Press, 2000), 518.

71. David P. Kuske, *A Commentary on Romans 1–8* (Milwaukee: Northwestern, 2007), 393.

72. Moo, 504.

condemnation it imposes upon us for our failure to live according to it.”⁷³ The law was powerless to save; it could only condemn. It only cursed those who could not keep it.

Though this is the case, the Lutheran pastor can confidently declare that the cancer patient has “no condemnation” because “God’s Son received the punishment (8:3) so that we in Christ are spared both the verdict and the just penalty.”⁷⁴ “God’s Son accomplished what none other could do.”⁷⁵ He took the punishment and became a curse for them when he hung on the cross (Deut 21:23). He became a sin offering and fulfilled the law in everyone’s place. Therefore, those who believe in him are not cursed. Their slate is wiped clean.

One important thing to note in this verse is that the subject of everything is θεός. God is the one that condemned the flesh. God is the one who sent his Son, who fulfilled the law. Then because of his Son’s sacrifice, God condemned sin and its curse. God did this to save all. “The conjunction ἵνα [at the beginning of verse four] introduces the intended result, the goal, God had in pronouncing judgment on Jesus for our sins.”⁷⁶ He did this not because any merited or deserved it, but entirely out of his love and grace to save sinners.

“There is now no condemnation” for those who believe this message. Those who believe no longer live according to the law or according to the flesh. Instead, they live according to the Spirit, who affects their faith and points them to Christ as their perfect law-keeper. He equips them for works of service out of thanks to God. The one who believes this message is now freed from the law to live in the Spirit.

73. Middendorf, 609.

74. Middendorf, 604.

75. Middendorf, 609.

76. Kuske, 398.

Romans 8:5–13

This new section brings the constant battle between the flesh and the Spirit to the forefront. The flesh tries to destroy. It wants the cancer patient to despair. It does not want them to hold onto the promises of verse one. It is depraved and longs what is contrary to God’s Word. It is ἔχθρα to God; it has hostility towards God.⁷⁷ The flesh continually attacks the cancer patient’s thoughts and attempts to convince them that their cancer is a curse from God. Paul warns those who believe the flesh and live accordingly, τὸ γὰρ φρόνημα τῆς σαρκὸς θάνατος. Death is the punishment for those who live according to the flesh. However, there is no death, only life for the cancer patient who is in Christ Jesus.

Those who are in Christ Jesus are not in the flesh, but ἐν πνεύματι (Rom 8:9). The Spirit is directly the opposite of the flesh. It only wants what God wants, and it gives life and peace (Rom 8:6). Notice that εἰρήνη here does not have a definite article. “The lack of the article with εἰρήνη is qualitative, stressing the lack of hostility between God and us.”⁷⁸ Total peace and harmony exist between God and the cancer patient who is in the Spirit.

When the cancer patient lives in the Spirit, they no longer see the cancer diagnosis as a curse. They recognize that they have life. “The power of new spiritual life conveys both that ‘life’ in the sense of deliverance from condemnation enjoyed now and the future resurrection life that will bring transformation to the body itself.”⁷⁹ They know that the physical body will eventually die (Rom 8:10), but because of the righteousness Christ won for them, they have life.

77. BDAG, 419.

78. Kuske, 404.

79. Moo, 525.

Though they have life, this constant battle between the flesh and the Spirit will last until they reach heaven. “Those baptized into Christ now have peace with God and life in the Spirit on account of righteousness. But here the flesh still confronts those who have ‘died to sin’ in Baptism (6:2) and are now urgently fighting against it.”⁸⁰ “The sinful flesh will complain that it’s all too hard... but Jesus gives the new man... strength and courage in his Word.”⁸¹ Though there will always be this battle between the flesh and the Spirit, between the sinful nature and the new man, the cancer patient who trusts in Christ can find their strength in God’s Word to continually fight against the flesh and its temptations to see the diagnosis as a curse.

Romans 8:14–17

As this battle rages between the flesh and the Spirit, the cancer patient may, at times, think they are worth nothing and cannot get through their diagnosis. When the flesh shows its ugly self and tempts the patient to think this way, the beautiful words in verses sixteen and seventeen remind them that they are God’s child. “This gives a true sense of worth.”⁸² God has adopted them as his child. He has brought them into his family as his legitimate children, which means he cares for them. Therefore, they can rightly call God, Αββα ο πατήρ.

Calling God “Abba Father” holds more meaning than a few English words can express. “The article with πατήρ very likely is possessive, adding even more emotion to the cry by saying ‘my Father’ or ‘our Father.’”⁸³ In other words, “God is my Father.” Also, with the use of both the

80. Middendorf, 633.

81. Daniel Deutschlander, *Grace Abounds: The Splendor of Christian Doctrine* (Milwaukee: Northwestern, 2015), 492.

82. Armin W. Schuetze and Frederick A. Matzke, *The Counseling Shepherd* (Milwaukee: Northwestern, 1988), 21.

Aramaic and the Greek here, one sees that “in adopting us, God has taken no half measures; we have been made full members of the family and partakers of all the privileges belonging to members of that family.”⁸⁴ We receive all the blessings that come from being his children.

“Now if we are children, then we are heirs—heirs of God and co-heirs with Christ” (Rom 8:17). As God’s child, the cancer patient is also an heir. They are an heir εἴπερ συμπάσχομεν. “View εἴπερ as stating a real condition, with emphasis perhaps on the condition (‘if it is indeed true’). Participation in Christ’s glory can come only through participation in his suffering.”⁸⁵ As legitimate children, the cancer patient who is in Christ Jesus shares in Christ’s suffering. This suffering shared between Christ and the Christian is called a cross.

The Cross

What is a cross? First, “only the sufferings of Christians are called a cross.”⁸⁶ “The Christian, just because he is a Christian, is subjected to the holy and precious cross. He must suffer at the hands of men and of the devil, who plague and provoke him; outwardly with misery, persecution, poverty and illness, or inwardly—in the heart—with their poisonous darts.”⁸⁷ Yes, unbelievers will also suffer in this world, but their sufferings are not a cross because they failed to believe in the one who carried the ultimate cross.

83. Kuske, 418.

84. Moo, 539.

85. Moo, 542.

86. Francis Pieper, *Christian Dogmatics*, trans. Walter Albrecht, 4 vols. (Milwaukee: Northwestern, 1950–1953), 3:69.

87. Martin Luther, *Sermons of Martin Luther: Sermons on Epistle Texts for Epiphany, Easter, and Pentecost*, trans. John N. Lenker et al., 7 vols. (Grand Rapids: Baker, 1983), 7:250.

Secondly, the sufferings of a believer are a cross “when they tempt me [the believer] to doubt the love of God. They become a cross when they make it difficult for me to trust the promises of his Word that he will never leave me or forsake me.”⁸⁸ “Scripture does not limit the name ‘cross’ to suffering for his name’s sake. Thus, not only dishonor, insult, and persecution that befall us directly because of the confession of Jesus are crosses, but also the sufferings of Christians that have no direct connection with this confession.”⁸⁹ Therefore, the Christian’s cross consists of anything and everything the Christian suffers on this side of eternity.

There are two ways to understand this Christian cross: the narrow sense and the broad sense. The narrow sense of the cross “refers to the suffering a Christian endures for his faith.”⁹⁰ This sense of the word is seen in the gospels when Jesus tells his disciples that a follower of his “must deny themselves and take up their cross and follow me” (Matt 16:24, Mk 8:34, Lk 9:23). Examples of this cross are when Christians are beaten, mocked, and even put to death. This suffering occurs simply because the person bears the name of Christ.

The broad sense of the cross is “all suffering in the Christian life, whether that suffering involves a prolonged illness, a sudden death, or a financial loss.”⁹¹ It is any suffering a Christian endures in their life on this side of eternity. One can see examples of this in Job’s story, throughout the Psalms of King David, and in Heb 12, where God called Christians to “endure hardships.” Regardless though, “Jesus tells each and every one of his followers that just as he

88. Daniel Deutschlander, “Don’t Be Afraid! Cheer Up! It’s the Cross! Part I,” *WLQ* 108 (Summer 2011): 207.

89. Adolf Hoenecke, *Evangelical Lutheran Dogmatics*, trans. James Langebartels et al., 4 vols. (Milwaukee: Northwestern, 1999–2009), 3:403.

90. John D. Schuetze, “Doctrinal Brief: The Christian Cross,” WLS Essay File, 1.

91. J. Schuetze, “Doctrinal Brief: The Christian Cross,” 1.

carried a cross of pain and of struggle and ultimately of death, so too will we.”⁹² Therefore, one can make a connection containing similarities and differences between Christ’s cross and the Christian’s cross.

Christ’s cross and the Christian’s cross are first similar because “the cross is painful.”⁹³ Christ was beaten, mocked, and tortured when he bore the weight of the world’s sins. He hung on a cross and endured the wrath of God, suffering the agony of hell. Undoubtedly, Christ’s cross was painful. The Christian cross is also painful but in a different way. “That such a life is a struggle, difficult, and often painful should be immediately obvious.”⁹⁴ A Christian’s life will be painful whether they are suffering for Christ’s name or merely as a result of a fallen world.

Secondly, Christ’s cross and the Christian’s cross are similar because “his struggle was real; so is ours. His cross was real; so is ours.”⁹⁵ Christ’s cross and the Christian’s cross are not imaginary. “The cross and struggle to which he calls us is also real. Christ’s struggle and his cross came to him from outside of himself. Our struggle is from inside, against our old *self*, aided and abetted by the devil and the world.”⁹⁶ Jesus’ cross was real. He endured the wrath of God and the agony of hell as he died for the sins of the whole world. The cross is also real for the cancer patient. Their illness and its effects are real; it is not a dream.

Finally, Christ’s cross and the Christian’s cross are similar because both crosses are necessary. Christ’s cross was necessary to save sinners. His cross was necessary because it was

92. Deutschlander, *Grace Abounds*, 488.

93. Daniel M. Deutschlander, *Theology of the Cross: Reflections on His Cross and Ours* (Milwaukee: Northwestern, 2008), 24.

94. Deutschlander, *Grace Abounds*, 489.

95. Deutschlander, *Theology of the Cross*, 25.

96. Deutschlander, *Theology of the Cross*, 26.

the LORD's will to crush him and not us (Is 53:10). It was how God had chosen to save his people from their sins. The Christian cross is also necessary. Paul understood this when he struggled with his cross (2 Cor 12:1–10). The cross is necessary because “without the cross that comes as a consequence of faith... I would never know that grace was sufficient.”⁹⁷ The cross shows the Christian their inability to help themselves, and it drives them to Christ and his cross for comfort and strength.

Though there are similarities between Christ's cross and the Christian's cross, there is one significant difference: the cross's purpose. Christ willingly endured the cross because it was what his Father willed (Matt 26:39). He perfectly carried his cross and accomplished “what no other cross bearing could accomplish, namely, the redemption of the world.”⁹⁸ The purpose of Christ's cross was to save sinners from their sins.

The Christian's cross aims to drive the Christian to Christ's cross, where their victory was won full and free.⁹⁹ “The cross is a dear and gracious gift because it keeps pointing me to and driving me back to the cross of Christ!... It is Christ and his cross, Christ and his struggle that have won my salvation.... I could never appreciate that truth or grow in appreciation of it year by year, were it not for the pain of the cross I bear.”¹⁰⁰ For without the cross, “we would forget all about him.”¹⁰¹ The purpose of the Christian's cross is to help the Christian continually see the beauty and importance of Christ's cross and the reason for theirs. “The great comfort for

97. Deutschlander, *Theology of the Cross*, 39.

98. Deutschlander, *Theology of the Cross*, 20.

99. This is why sainted Professor Em Deutschlander called it “*das liebe Kreuz*, the dear cross!” See his book, *Theology of the Cross*, 39.

100. Deutschlander, *Theology of the Cross*, 36–37.

101. Deutschlander, “Don't Be Afraid! Part I,” 212.

all suffering is that it is to be a beneficial cross.”¹⁰² It points the Christian to Christ and the prize he won for them through his cross: the crown of life. It connects the present suffering and the future glory (Rom 8:17) for “there is no crown for the believer without the sign of the cross.”¹⁰³ This combination of the cross and the crown also serves as a precursor to the next section and τὴν μέλλουσαν δόξαν ἀποκαλυφθῆναι.

Romans 8:18–27

Seeing the crown that results from the cross helps the Christian bear their cross. They look ahead to τὴν μέλλουσαν δόξαν ἀποκαλυφθῆναι, their eternal reward of heaven. “The attributive participle τὴν μέλλουσαν is present tense, indicating ongoing action. The verb μέλλω refers to something that is certain to happen in the not too distant future. Combining these two facts indicates that we know that God will certainly reveal the glory of heaven to us and that this could happen at any time.”¹⁰⁴ That is how the Christian can bear their cross. They eagerly await ἀπεκδεχόμενοι, their eternal adoption into sonship, and they can only imagine how amazing it will be. They cannot visualize this glory, this sheer jaw-dropping wonder of heaven that God has waiting for them, but they press on despite the cross, to take hold of their prize (Phil 3:12).

After looking at verses fourteen through seventeen and now verses eighteen through twenty-seven, it is easy to see how “the cross and the crown are inseparably connected.”¹⁰⁵ “When the cross begins to press hard, we tend to see only pain.... The Word is the bridge. With

102. Hoenecke, 3:404.

103. Deutschlander, “Don’t Be Afraid! Part I,” 203.

104. Kuske, 424.

105. Deutschlander, *Theology of the Cross*, 45.

the cross and its pain at one end, the love and grace of God in the gospel pave the way and lead us on to the glory of the resurrection and the promise of the victor's crown at the other end. That bridge is covered and paved with the love and grace of God."¹⁰⁶ The Word connects the cross and crown. The Word gives the Christian the strength to ἀπεκδεχόμενοι. The strength to “be faithful even to the point of death” (Rev 2:10). Only in the Word does the Christian cross-bearer hear that no matter what evil befalls them, the LORD will rescue them and take them to be with him (2 Tim 4:18). In the Word, the Christian cross-bearer sees that they are “hard pressed on every side, but not crushed; perplexed, but not in despair; persecuted, but not abandoned; struck down, but not destroyed” (2 Cor 4:8–9). They see no reason to drop in despair at their cross, but instead, there is all the more reason to look forward to the hope of their eternal home. “What is our suffering compared with the unspeakable joy and glory which shall be revealed in us?”¹⁰⁷ Only in the Word is the Christian “renewed day by day” (2 Cor 4:16) to continue bearing their cross.

As the Christian cross-bearer awaits heaven and finds their strength in the Word, they cling to the resurrection promise as Jesus did at the tomb of Lazarus (John 11:25–26). They cling to the LORD's promise to always be with them (Josh 1:9). “Christians aren't alone in their suffering.”¹⁰⁸ “During those dark moments in life, it is comforting to know that the hidden God is not a distant God.... He is right there guiding the course of events”¹⁰⁹ (Ps 139:1–10, Heb 13:5). With this thought, the Christian cross-bearer can confidently continue in life, knowing that the

106. Deutschlander, *Theology of the Cross*, 46.

107. Pieper, 3:75.

108. Kuske, 435.

109. J. Schuetze, *Doctor of Souls*, 136.

LORD is their comfort in all troubles (2 Cor 1:3–7). They can trust God’s promises, for he is a God that cannot and will not lie. So, as they bear the cross, they δι’ ὑπομονῆς ἀπεκδεχόμεθα, “wait for it [heaven] patiently.”

One final note on this section: Bearing the cross could not be accomplished by the Christian on their own. The sinful nature fights back against the cross. It “rebels against the cross at every turn.”¹¹⁰ So, the Spirit has to help the Christian in their weaknesses (Rom 8:26). He helps them see that they are not cursed but rather loved, whether they have cancer or not. According to God’s will, the Spirit helps the Christian cross-bearer pray, knowing God is in control and will work everything out for their good.

Romans 8:28–30

“And we know that in all things God works for the good of those who love him, who have been called according to his purpose” (Rom 8:28). Here is the promise to which the Christian bearing the cross of cancer can hold. However, as they hold onto this promise, they will continually be attacked by Satan. Satan uses every opportunity of the Christian cross to snatch the Christian away from God (1 Pet 5:8). He wants nothing more than to use the cross as a wedge between the Christian and God. He wants to make it seem to the patient that they are cursed and that God does not love them. Nevertheless, this verse points out that Satan’s claims are not valid. God promises to work everything for good.

When Paul says, πάντα, he is referring to “everything, both our sufferings and our blessings, continually work together under God’s guidance toward one goal.”¹¹¹ Everything in

110. Deutschlander, “Don’t Be Afraid! Part 1,” 211.

111. Kuske, 441.

life, God uses for the Christian's good. Paul is also not talking about earthly goodness. It does not refer to a life without problems. The ἀγαθόν Paul references "is that there is nothing in this world that is not intended by God to assist us on our earthly pilgrimage and to bring us safely and certainly to the glorious destination of that pilgrimage."¹¹² The ἀγαθόν Paul is talking about is everything God uses to focus our lives on that eternal home with him in heaven.

In these verses, Paul also points out that the Christian cross is not because the individual is cursed and hated by God. "God is not picking on them, nor is he punishing them. Rather, God is treating them as his sons (Heb 12:7)."¹¹³ God is treating the Christian as his child because that is what they are when they share in his suffering (Rom 8:17). They are his child whom he has προώρισεν, προώρισεν, ἐδικαίωσεν, and ἐδόξασεν. God has "predestined, called, justified, and glorified" them. He chose them before the world began to be his own.

Knowing this, the Christian is confident that God will work all things for their good (Rom 8:28). Despite their cross, the Christian looks at Christ as their example who did not despair at his cross. Instead, he was confident in his heavenly Father, knowing that his cross would work out for the eternal good of all those who believe in him. What a beautiful, promise-filled verse to share with the Christian bearing the cross of cancer.

Romans 8:31–36

After seeing Christ and his confidence, the Christian can look at their cross and be confident as they carry their cross. This confidence comes from knowing that nothing can stand up against

112. Moo, 566.

113. J. Schuetze, *Doctor of Souls*, 135.

them and condemn them. A big part of confidently following Jesus and carrying the cross is self-denial.¹¹⁴

“Whoever wants to be my disciple must deny themselves and take up their cross daily and follow me” (Luke 9:23). “The essence of the cross is self-denial which turns away from all that is just for me; it is a self-denial by which I strive to live instead just for him and those he has given for me to serve.”¹¹⁵ However, this self-denial is not easy. “A life under the cross, a life of self-denial for the sake of Jesus and his Word, is a life in which 1) I struggle against... my sinful flesh. 2) I seek to put the Word of God... before my own wants and self-interest. 3) I struggle against the tendency in my own heart. 4) I struggle even against the opposite tendency to despair.”¹¹⁶ Satan tries to use the cross’s pains to cause the person to despair and think of themselves rather than deny themselves. He wants the patient to fall victim to the cross and give up on God. Knowing this, the Christian bearing the cross must continuously run to the gospel.

After the Christian hears the gospel, they also hear God calling them to rejoice in their cross. Think of the apostles after being imprisoned and flogged. They rejoiced in suffering (Acts 5:41). “It is through the Word as an effective means of grace that God gives the Christian the power both to bear the cross and even to rejoice in it.”¹¹⁷ Passages like 2 Tim 4:18 and Exod 14:14 give the Christian cross-bearer strength to rejoice. It reminds them that the Lord is in control and will work everything out for their good. The Christian rejoices in their cross but also embraces their cross.

114. Pieper, 3:70.

115. Deutschlander, “Don’t Be Afraid! Part 1,” 205.

116. Deutschlander, *Grace Abounds*, 491.

117. Deutschlander, *Theology of the Cross*, 51.

When the Apostle Paul prayed for God to remove the thorn in his flesh (2 Cor 12:8), God said, “my grace is sufficient for you...” (2 Cor 12:9a). God was not going to remove Paul’s cross, but Paul did not despair. He did not blame God and consider himself cursed, but instead boasted. He embraced the cross (2 Cor 12:9b) and rejoiced. “We are also called to embrace the cross willingly, even joyfully, no matter how light or heavy the cross may be.”¹¹⁸ The Christian is called to embrace the cross and rejoice, for they know their cross’s outcome. They know that the cross cannot separate them from the love of Christ, not even the cross of cancer.

As the cancer patient “faces death all day long” (Rom 8:36), they do not know what will happen in the future. However, after looking at these verses from Romans chapter eight, they do not doubt that God is for them. The eternal, omnipotent, omniscient God did not spare his Son from the blood, agony, and hell of the cross. Instead, he gave him up for all (Rom 8:32), and all includes them, the Christian bearing the cross of cancer.

Therefore, who or what can separate the Christian from Christ’s love? Absolutely nothing and no one. No cross of cancer or anything else can separate the Christian cross-bearer from Christ’s love. Though the devil will continue to try (Ps 44:22), nothing can separate the Christian from Christ’s love. They are justified, and they place their trust and confidence in Jesus’ victory. They are victorious and become conquerors.

Romans 8:37–39

The Christian bearing the cross of cancer is a conqueror. Nothing can separate the Christian cross-bearer from God and their eternal reward. Paul makes this clear when he says, “I am convinced that neither death nor life, neither angels nor demons, neither the present nor the

118. Deutschlander, *Theology of the Cross*, 20.

future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord” (Rom 8:38–39). Nothing can separate them from God’s love and their eternal reward, not even death. Even if the Christian dies because of their cross, they are not separate from God. Their death brings them closer to him because they would be with him in heaven forever. Nothing can separate the Christian bearing the cross of cancer from God’s love and their eternal reward of heaven.

“What a beautiful passage this is for all of us to read whenever things go badly in our lives. At such times it is easy for us to become sad or depressed about what is happening. Paul’s words pick us up again by reminding us that the one who loves us assures us that the ultimate, total victory is ours.”¹¹⁹ The Christian boasts all the more in Christ’s cross that redeemed them and made them his for all eternity. On account of this, they know nothing can separate them from God’s love and their eternal reward of heaven.

Curse or Cross?

So, is cancer a curse or a cross according to Scripture?

While we stumble along in our weakness and in the perversity of our still remaining fallen nature, this rock-solid truth sustains us at the foot of his cross and under our own: Since the sin of the world has been paid for, so too has my sin been paid for; it is true because God says so; I believe it because the gospel means of grace has moved me to believe it.¹²⁰

The Christian cancer patient’s sin has been paid for because Jesus was cursed for them.

Therefore, the cancer patient is not cursed, and their diagnosis is not a curse. Instead, their

119. Kuske, 459.

120. Deutschlander, *Theology of the Cross*, 61.

present affliction of cancer is a cross. Though they bear the cross of cancer, it is nothing compared to the joy that awaits them (Rom 8:18).

PART 5: APPLYING TO THE LUTHERAN PASTOR

Now, as the Lutheran pastor walks into the cancer patient's hospital room, he has this vast amount of information running through his mind. As he ministers to the patient, he reflects on this information, which can assist him. He will remember first and foremost that his goal is to help the cancer patient "understand and think through what Scripture says about their situation."¹²¹ He will take them to the gospel and help them see their cross in Christ's cross. "When we recognize that an illness a Christian endures is something that God sent for a beneficial purpose, it changes the way we care for that Christian."¹²² How can the Lutheran pastor care for and minister to this cancer patient and help them see cancer as a cross and not as a curse?

The Five Be's of Pastoral Care

The fifth and final part of this thesis will go through the "five be's of pastoral care."¹²³ Looking at the "five be's" will help the Lutheran pastor apply the information from the previous four parts and give him helpful suggestions to minister effectively to the cancer patient.

121. A. Schuetze, *The Counseling Shepherd*, 25.

122. J. Schuetze, *Doctor of Souls*, 135.

123. More information about the *Five Be's* can be found in John D. Schuetze's, *Doctor of Souls*, 109ff.

The Doctor and “Be There”

“I was sick and you looked after me...” (Matt 25:36). Unlike some doctors who may be scared, nervous, and fearful of disclosing cancer news, the Lutheran pastor will want to visit the sick Christian bearing the cross of cancer. “It is one of the pastor’s chief duties and privileges to meet the needs of his people at such a time.... There ought to be no question about the pastor’s duty to visit his member as soon as possible.”¹²⁴ The pastor will “be there” for the cancer patient, unlike the patient’s doctors who are fearful to “be there.”

As the pastor goes to “be there” for the Christian, he might not feel the most comfortable. He ought to remember that it is entirely normal. The news of cancer hits everyone differently, including the pastor. The pastor will do well to remember that he is a human with human emotions. As he struggles to muster up the courage to visit the cancer patient, he remembers Paul’s words, “in humility value others above yourselves, not looking to your own interests but each of you to the interests of others. In your relationships with one another, have the same mindset as Christ Jesus” (Phil 2:3–5). “A faithful pastor will not neglect to visit a patient even though the sight of a person in the last stages of cancer... would tend to nauseate him. He will stifle his reactions and consider his patient’s desperate need for comfort, even as our Lord Jesus did not consult his convenience but regarded our need.”¹²⁵ The Lutheran pastor will “be there” for his members no matter what.

On his way to “be there,” as he is looking to the cancer patient’s best interest, he may be at a loss for words and unsure of what to say. He will do well to remember to go to the one who can and does give him the strength and ability to minister to others. “He will prepare himself by

124. Armin W. Schuetze and Irwin J. Habeck, *The Shepherd Under Christ: A Textbook for Pastoral Theology* (Milwaukee, Northwestern, 1974), 150–151.

125. A. Schuetze, *The Shepherd Under Christ*, 154.

turning to the Lord for help. He needs the Lord's help if he is to help others."¹²⁶ The pastor will go to the Lord, and the Lord will give him rest and comfort (Matt 11:28). The pastor needs the Lord's guidance when he goes to "be there" for the cancer patient.

The Psycho-Oncologist and "Be a Good Listener"

The psycho-oncologist and the pastor differ in their goals when "being there" for the cancer patient. The psycho-oncologist's goal focuses on quality of life. They want to help the person feel the best and be the best. They are focused on a person's mental health. The pastor's goal is different in the fact that he wants to give the patient the gospel. He is more concerned with the patient's spiritual health. While these two goals are different, their method in accomplishing their goal is not necessarily different. They both have to "be a good listener."

"Before a pastor can conduct a devotion with a hospitalized member, he listens so he can understand how the person is feeling—physically, emotionally, and spiritually.... In turn, that enables him to prescribe the proper spiritual medicine that can strengthen the person's spiritual health."¹²⁷ The pastor will "let them talk about the situation, so they know they are heard,"¹²⁸ and so he knows how to appropriately and adequately apply God's Word to the cancer patient.

Along with listening for which part of God's Word to apply, the pastor's listening is also meeting the cancer patient's needs. He is not giving them advice because they do not need the pastor to theologize at them. Instead, they need someone who will "be a good listener" and who will help them appropriately with God's Word. "Such a 'heart to hear' is an essential part of

126. A. Schuetze, *The Shepherd Under Christ*, 207.

127. J. Schuetze, *Doctor of Souls*, 106.

128. "Speaking Grief: The Documentary," 33:28.

pastoral care,”¹²⁹ but it is not easy. “The pastor must learn to become a good listener. This is not an ability that he comes by easily, since his training and responsibility make him a better speaker than listener.”¹³⁰ Being a good listener will take time to master, and the pastor will make mistakes, but “being a good listener” and showing that you want to listen will go a long way in helping you minister appropriately and give them the gospel.

The Cancer Patient and “Be Compassionate”

“Jesus had compassion on them...” (Matt 20:34). The word “compassion” comes from the Greek word *σπλάγχχνον* “to feel sympathy.”¹³¹ However, the word is even a little deeper than that. It is a feeling in the “inward parts of the body... it’s a feeling of love and affection.”¹³² The compassion the pastor is to have towards the Christian bearing the cross of cancer is loving. “It is a love that is inspired by God’s love for the sinner, a love that inspires love in the heart of a believer – here the pastor – for fellow-redeemed sinners.”¹³³ The compassionate heart of the pastor will help him minister to the person.

A note about showing compassion: “Show your support both now and later.”¹³⁴ The pastor will continue to show this compassionate love throughout the cancer diagnosis and after the cancer is in remission. Why? Because the thoughts and memories of cancer, both good and

129. J. Schuetze, *Doctor of Souls*, 105.

130. A. Schuetze, *The Shepherd Under Christ*, 205.

131. BDAG, 938.

132. BDAG, 938.

133. A. Schuetze, *The Shepherd Under Christ*, 188.

134. “Speaking Grief: The Documentary,” 38:35.

bad, will always and forever be in the cancer patient's mind. "It's now who they've become, and they can't go back to before the cancer."¹³⁵ "Be compassionate" now and in the future.

The Cancer Patient and "Be Truthful and Honest"

The Lutheran pastor will speak truthfully and honestly to the cancer patient (Eph 4:15, 25). The pastor will be himself and not act like someone different. He is there to minister to them and share the gospel with them. He will achieve the most if he is "truthful and honest" because if he is not, the cancer patient will notice and may not listen to the gospel message.

One of the things a pastor does when being "truthful and honest" is knowing how to be empathetic properly. Being empathetic can be difficult. His feelings and expressions should not imply, "I understand your pain." He would end up doing more harm than good. Instead, his feelings and expressions ought to be "I understand that you are in pain." See the difference? The pastor will make every effort to understand what the cancer patient is going through. One way to do this would be to ask a question, "Could you share with me some of the challenges, emotions, and difficulties you are going through so I can better understand?" The pastor is still empathetic while not giving false impressions.

While being empathetic, it may be helpful to refer the cancer patient to a cancer grief group. Other cancer patients will help the Christian personally deal with cancer pains because they have been in the cancerous hospital bed. They can say, "I understand your pain." If the cancer patient is not in favor of a group, the pastor can refer them to a fellow Lutheran friend who can "be there" and share God's Word with them; what an excellent opportunity for fellow Christians to carry each other's crosses (Gal 6:2).

135. "Speaking Grief: The Documentary," 46:25.

When “being truthful and honest,” the Lutheran pastor should be mindful of his words and not give the cancer patient false hope. “The age of miracles is not past. But it will not always happen, and if a pastor does anything to encourage the expectation that he will help the patient recover and the recovery does not follow, confidence in his entire ministry may be undermined.”¹³⁶ The pastor will remember what he is an expert in, the Word, and “be truthful and honest” about his experiences and what God’s Word says.

What Scripture Says and “Be Ready to Share the Gospel”

The Lutheran pastor’s primary tool is the Word, and he will be ready to use the Word and help the cancer patient see what God says and share the gospel with them. He will help them see their diagnosis as a cross and not a curse. The pastor will continually be ready to share the gospel with them and help them see God’s hand in this.

Doctors have medicine that can heal the body, psycho-oncologists have medicine that can help cure the mind, but God’s Word is the medicine that lasts now and into eternity. The Christian cancer patient’s “basic need is for faith in Christ, its strengthening, and reassurance and direction from the Word of God.”¹³⁷ They need spiritual medicine that calms both the soul and the body helping them bear the cross of cancer. This spiritual medicine is what the Lutheran pastor gives the cancer patient to help them remember the Lord is in control, and he will work it all out for their good (Rom 8:28), but where does the Lutheran pastor turn in God’s Word?

To answer this question, the Lutheran pastor will first evaluate where the Christian is on the spiritual spectrum. They may be a weak Christian, a solid Christian, or somewhere in

136. A. Schuetze, *The Shepherd Under Christ*, 151.

137. A. Schuetze, *The Counseling Shepherd*, 192.

between. Only after he has “been there,” “listened,” “been compassionate,” and was “truthful and honest” will the Lutheran pastor know right where to turn in God’s Word and “be ready to share the gospel.” He will know which section of Scripture is appropriate for the cancer patient. He will be evangelical as he helps them see their cancer is a cross, not a curse, because Jesus was cursed for them (Gal 3:13). He will point them to Christ’s cross, which saved them from their sins and promises them eternal life in heaven forever. What more appropriate Scripture section to turn to than Rom 8?

Once the pastor has helped the Christian cancer patient see the cross, he encourages them to live in the cross. He encourages them to live in the cancer diagnosis knowing the Lord is in control as Romans eight so beautifully laid out. He encourages a continual running to their baptismal promises God made them. And finally, he encourages them to be faithful and live with their eternal goal in mind, the crown of life (Rev 2:10).

CONCLUSION

As the pastor drives up to the hospital and walks into the cancer patient's room to "be there," he may be scared, and he may be nervous, but he is confident. He is confident in what he knows about the situation, and he is confident in God and his Word. He knows God is in control and will work this cross out for the Christian cancer patient's good. He is confident that the Word will work and help the Christian bearing the cross of cancer.

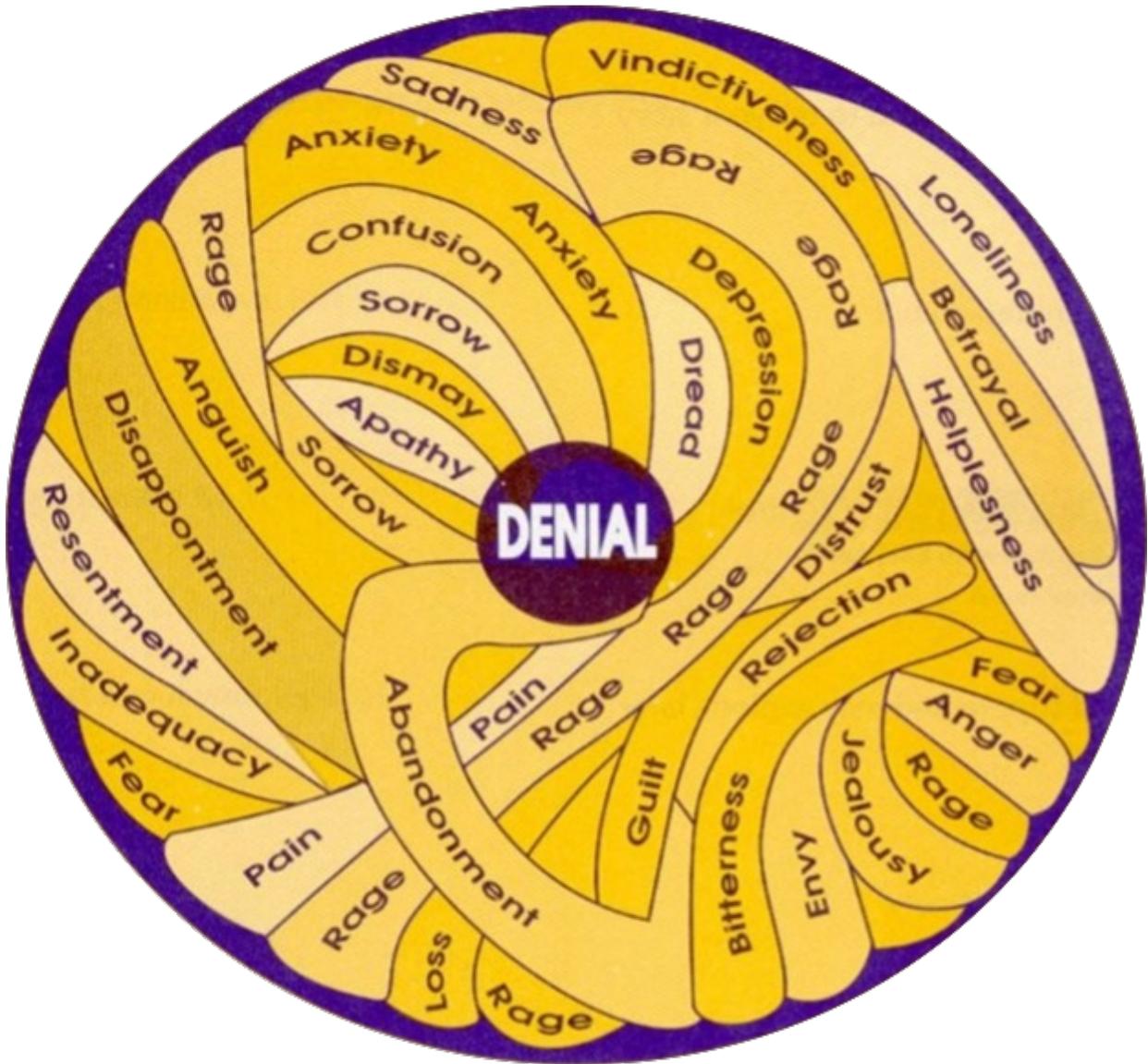
In the hospital room, the pastor listens and shows sympathy towards the cancer patient. Eventually, he opens his Bible to Rom 8. As the pastor reads through it, he acknowledges the difficulty of the situation and the pain involved, but he points the cancer patient to their Savior and his cross, giving them confidence and hope. He points the Christian to Jesus, who carried the ultimate cross and was cursed in their place. He helps them see that their cancer is a cross, not a curse. Then, when the time is right, he reads them these words, "our present sufferings are not worth comparing with the glory that will be revealed... And we know that in all things God works for the good of those who love him, who have been called according to his purpose" (Rom 8:17, 28). The Lutheran pastor points the cancer patient to heaven and God's promises.

The above situation of a cancer patient is a perfect situation where they see what God says and are at peace with their cross. Ministering to the cancer patient may not go this well. The pastor may fail a few times and say things he should not have. However, his experiences will bode well for ministering to other cancer patients he will meet in the future. He is "ready to share the gospel" and let God do the rest. He helps the Christian who bears the cross of cancer see that

they have a home waiting in heaven no matter what happens on earth. Whether God allows their cancer to go into remission or he calls them home to heaven, the Christian knows God will work it out for their good. The Lutheran pastor ministers to the Christian cancer patient by preaching the gospel to help them see their diagnosis as a cross, not a curse because Jesus was cursed for them. Helping the Christian know this truth is how I, a Lutheran pastor, minister to the cancer patient.

S. D. G.

APPENDIX: THE TANGLED BALL OF EMOTIONS



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