Liberty University

School of Music

Worship in Life, Worship in Death: Elements of Worship in a Believer's Final Days

A Dissertation Submitted to

the Faculty of the School of Music

in Candidacy for the Degree of

Ph.D. in Christian Worship

by

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August 2024

Abstract

In Isaiah 43:21 (English Standard Version), God declares through his prophet that he created humankind for himself, for them to declare his praises. God created humanity to worship. In the last phase of a believer's life, there is a possibility of not being able to join the rest of the church in corporate worship. This text addresses the question: How does assisting shut-in Protestant Christians with end-of-life worship impact the patient, family, and the concept of dying well? Pastors, chaplains, and ministers from many walks of life have recorded and underlined the importance of worshipful pastoral care in the latter days of a person's life. This topic has been explored and explained through interviews with shut-ins, explaining where the need exists and the possibilities of how to resolve the issue. The result of this study realizes that the needs of shut-in Protestant believers go beyond simple prayer.

The Bible says in Psalm 150:6, "Let everything that has breath praise the Lord," and Psalm 116:15 declares, "Precious in the sight of the LORD is the death of his saints." While these shut-in believers approach their last days, they still have air in their lungs and deserve the chance to worship the Lord. Listening to their hearts and hearing their needs can allow them to complete their preparation for face-to-face encounters with the Lord and total adoration of their Savior. This qualitative study investigates the phenomenon of Christian shut-ins and terminally ill believers and their experiences with worship as they near the end of their lives. This study also promotes an open discussion on the problems at hand. It initiates a discourse about how this can be handled for the believer, the families concerned, and the minister or worship leader ministering. This research focuses on pastors and worship pastors use of worship in ministering to these individuals who are shut-in or terminally ill.

Keywords: Protestant, Believers, Worship, Shut-in, End-of-Life

Dedication/Acknowledgements

To my loving wife, whose constant prayers, encouragement, and belief in my quest of higher education have been the foundation of my success. Your love has been my continuous motivator, pushing me ahead even in the face of adversity. With heartfelt appreciation, I dedicate this dissertation to you, my life and dream partner. To my beloved daughter and son, your incredible enthusiasm for music and the delight you receive from its melodies inspire me every day. Your presence gives my life direction and significance, reminding me of the beauty found in every note. I dedicate this work to you, my dear children, in the hopes that it may help to create a world filled with creativity and awe.

To my mother and grandmother, from that first day of kindergarten, your unwavering encouragement and belief in my abilities have been a guiding light throughout my academic career. Your kindness and knowledge have formed who I am today. At heart, I'm still the little boy sitting at the piano while his Nanny played for church. I dedicate this dissertation to you both with heartfelt appreciation for your unwavering support and advice. To my father, your preaching and teachings greatly influenced my early understanding of God and worship. Your commitment to helping others and encouraging spiritual development has left an unforgettable impression on my soul. I honor your influence by dedicating this work to you with deep gratitude for the principles you taught.

A special word of thank you to Bobby Cayton for your prayer, concern, and encouragement in this process. Your presence and influence in my life are more than you'll ever realize. I made it to the finish line, and you were there cheering me on! I am forever grateful.

In remembrance of my grandfather, whose support and trust in my musical abilities fueled a passion that still burns brightly inside me. I dedicate my dissertation to your memory,

grateful for the inspiration you gave and the love you shared. Also, in remembrance of my best friend, Jeremy. Your life was a testament to the transformative power of music and friendship. Through your unwavering passion and infectious enthusiasm, you showed me the profound impact that a melody, a lyric, or a simple chord can have on someone's soul. I dedicate this dissertation to your memory, as a tribute to the profound influence you had on my life and as a reminder of the lasting impact we can have on others through the universal language of music.

Most of all, to my Lord and Savior, Jesus Christ. May I ever be found in worship, proclaiming your glory, honor, and praise until the whole world hears.

James William Lawrence

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Chapter One: Introduction

Background

The researcher has watched his great-grandfather, great-uncle, and grandfather suffer and pass from different forms of cancer. After months of bedridden existence, different pastors visited for prayer, but most of their days were spent in a hospital bed in a back bedroom, watching out the window. Having grown up in a musical and ministry-minded family, the researcher understands how vital worship is in all its many facets. However, in the aforementioned situation, beyond prayer, there was little to no offering of communion, singing, or even last moments of preparation, such as what the individual would like to take place in their last moments or offer to help facilitate any reconciliatory conversations.

Having a pastor for a father and a mother who is a funeral director has influenced much of this topic. Many individuals were encountered in their last days who needed hope or the realization of the soon-coming ultimate healing as they transitioned into the heavenly realm. Worship is integral to the researcher's life, and grief ministry has become a calling. Knowing there is a way to serve the individual or the individual's family is a blessing and comforting through worship ministry. The need for worship elements can bring peace to the last moments in the life of a Protestant believer. This study is personal as the researcher has seen firsthand the impact of offering worship opportunities to those who want to finish their life race peacefully.

Human beings were created with the purpose of worship (Psalm 100:2–3; Psalm 95:6; Isaiah 43:7; Colossians 1:16; Revelation 4:11, English Standard Version). It is what God desires of each person. Thus, this topic is necessary to fulfill the Creator's desire for every believer to worship. Even in one's last days, finding a way to allow believers to worship until they see him face to face is important.

Statement of the Problem

The problem to be addressed in this study is the need for deeper worship experiences for individuals who are shut-in or terminally ill and cannot attend a church worship service. This topic is limited in content, with this demographic of believers as the focus when it comes to worship. Other topics scratch the surface of the topic, but there stands a need for a focused study to potentially help this group of believers live fulfilled lives as they approach the end of life.

Death is unavoidable. Each person reacts differently to illness and the realization that their life is ending. Pastoral care for terminally ill individuals is critical. Worship is a necessary component of the Christian life, especially when someone is facing their final days. Worship takes many different forms during this time. Helping someone in their final moments with their spiritual and emotional needs is a form of worship. Finding peace is the key to traversing this final stage of life. The goal is to die in peace, with dignity and grace. It is not always feasible because death might occur unexpectedly. As a result, acts of worship performed in the closing moments of a Protestant believer's earthly existence might provide the individual with the peace they seek. The problem exists that many aspects of worship are missed by those individuals who are considered shut-in or terminally ill and cannot attend a church service in person. The overall issue is that the shut-in and terminally ill believers need these many worship aspects. Yet, the necessity exists to look deeper into their situation to see how these needs can be met. Considering the physical limitations that have hindered the believers from worshipping in the fellowship of other believers during the last days of their lives, it is essential to explore the historical elements of worship used in the pastoral care of terminally ill patients and shut-ins and identify how a pastor and worship pastor can better meet the worship needs of shut-in or terminally ill patients in their family, so ensuring they remain connected to the congregation.

Life in Christ has no retirement. Serving the Lord is a lifelong vow for the believer until they close their eyes in death and open their eyes in the heavenly kingdom. Nevertheless, for many believers, there comes a point in life when sickness or time catches up with them, and they are shut-in, bedridden, or terminally ill. They know their time to move into the eternal realm is approaching, but they are unsure of the specific date and hour. The believer is often confined to their residence or admitted to a hospital or hospice care. Pastors visit them, but the individual is frequently excluded from church services and worship. How can the church and pastors help these believers participate in acts of worship in their latter stages when they cannot join the congregation in corporate worship? The study examines the issue of Christians having little to no engagement in the broad domain of worship as they approach the end of their life.

This research provides an open discourse about the difficulties at hand. It opens the conversation about how this may be handled for the believer, the families involved, and the minister or worship leader serving. Every aspect of life has elements of worship. This subject can lead to a peaceful transfer into the next realm for the believer and closure for the bereaved family. As a byproduct of this study, the pastor or worship pastor may see that their service to the individual has a sense of completion. The worship pastor's responsibility is critical to the church. This person must prepare and produce and be the first to worship. They set the tone for the congregation's worship culture, permeating all life aspects. Death and the reality of dying are vast aspects of existence. As worshiping individuals, it is a realization of how important corporate worship is within the fellowship of believers. In this fellowship, individuals often find encouragement during the tough days of life. For this reason, the study takes on a significance to show how the worship component of ministry can give these individuals spiritual satisfaction and community.

The church is thriving with life, abounding with books and small groups, fellowships, and the overall worship service with the present congregation. The church knows how to handle comforting families when someone passes. The gap is found in the gray area between these two spaces. Finding a way to allow those shut-in and terminally ill believers to continue to carry out their walk with Christ in worship is the center point of this study, by looking at the lives of believers who are shut-in and some facing terminal illnesses. Beyond this study, deeper individualized spaces of study can be explored. The general aspect of addressing this problem is the best starting place.

This study highlights the possibilities for the pastor and worship pastor to engage with believers positively and adequately during their final days. Worship extends beyond music to communion, prayer, scripture reading, study, and other activities. These components bring God praise. At the end of life, right before a believing individual sees the Lord face to face, they must finish this life in a symbolic posture of worship, whatever that may be. This form of obedience pleases the Lord. Finding ways to bridge that gap, giving individuals a way to offer worship, and finding spiritual fulfillment in Christ before they pass is a driving force behind this study.

The results of this study should reveal to the individuals receiving care, as well as the pastor or worship pastor and the families, the need for worship in their final phase of life. Prayerful planning can offer the minister hope even amid death's reality. Proper planning can provide resolution, peace, and a sense of completion. The results of this study will hopefully provide insight into an area of need so that these individuals can finish strong spiritually.

Statement of the Purpose

As life nears an end, meaningful worship becomes a guiding beacon of peace, providing tremendous solace and cultivating a profound sense of community. This spiritual engagement not

only improves individuals' well-being but also provides an enveloping presence for others around them. The study's fundamental issue is investigating the lived experiences of shut-in and terminally ill individuals in view of services, sacraments, and practices, discovering how assisting these Protestant Christians with end-of-life worship impacts them within the concept of dying well by way of interview and survey. The concept of supporting terminally sick and shut-in Protestant Christians differs from an evangelical drive for nonbelievers or those who have left the church. This initiative is a targeted investigation into providing worship aspects to Protestant believers who want to conclude their lives successfully before the Lord. Because everyone's needs and preferences differ, it's critical to have open talks with caregivers and family members and to actively listen to them. Involving healthcare specialists, spiritual advisers, and hospice services may also give significant insight and support in crafting a meaningful end-of-life worship experience. It is critical to approach the subject with tact and a knowledge that people's needs and personal preferences might differ widely. This effort has seen little insight, though there is a definite need for the topic to be addressed.

The necessity of this kind of worship will be identified through surveys and interviews of shut-in and terminally ill individuals receiving care because they are not able to travel or be transported to a fellowship of believers. Pastors, chaplains, ministers, caregivers, and family members from many walks of life have recorded and underlined the importance of worshipful pastoral care in the latter days of a person's life. There are definitions of the terminology related to worship ministry and pastoral care because of this study. This definition of terms will enable a better understanding of the issue and how to identify spiritual requirements. This progress could result in developing a worship action plan tailored to the individual's needs.

The initial objective is to understand, not necessarily for a general population but for ten individuals. Despite this person being on the verge of death, the individual is still living and they are a Christian created to worship even at this stage of life. Understanding the individual's perspective and their condition brings the pastor or chaplain to a vital juncture. Recognizing the issue and assessing the requirements are critical steps in developing an action plan. This study of ten individuals may looks at how each individual in a similar stage of life can be assessed and a plan of action can be determined. Discernment, on the other hand, must be a continual effort. Again, this is an individual evaluation, and each individual is unique in their needs and worship of Christ.

In the context of a specific situation, having a fundamental knowledge of worship principles is critical. This extends beyond the organizing of a worship session and dives into the numerous types of worship. Consider the case of a single church member who is reaching the end of their life. In this situation, the emphasis changes to specific aspects of worship in which the church member participates. Communion, fellowship, prayer, study, and musical worship are five primary examples of these components. Furthermore, it is critical to have a private talk with the individual to tie up any loose ends they may have. This might include setting up meetings to address any unresolved concerns, providing vital information, and expressing love and thanks for their friendship and fellowship.

Discussing the individual's wishes for their final moments is an important part of this procedure. This step is vital despite its complexity. The conversation should center on who they want to be present, who they want to call, and what steps they want to take. For example, the individual may express a desire that only their immediate relatives sing their favorite hymn as

they die. Undertaking this activity is an act of love, expressing the church community's care and attention for its members, even in their dying moments, no matter how public or private.

It will require time and effort to listen to and be aware of what the individual says and even what they do not mention about their concerns. These requirements must be addressed and met for the individual to finish well. If the pastor, chaplain, or minister listens and sees the needs, the individual can prayerfully gain spiritual clarity and complete their Christian journey on earth in peace. Making room for difficult talks may ease tension, sadness, or anger while laying the groundwork for conversations that will give even more comfort. This research is also about developing a strategy for the person to clearly express how they wish to worship through their final moments and into the gates of paradise.

This study presupposes that the spiritual needs of terminally ill Protestant believers go beyond prayer. The Bible states, "Let everything that has breath praise the Lord" (Psalm 150:6) and "Precious in the sight of the LORD is the death of his saints" (Psalm 116:15). These scriptures emphasize the importance of worship in the lives of those nearing the end of life. Even when shut-ins deal with terminal illnesses and reach the last days of their lives, they retain the ability to worship, as represented by the air in their lungs and deserve the chance to worship the Lord. It is said that giving them a chance to worship helps their spiritual preparation for their eventual face-to-face encounter with the divine and allows them to show complete worship of their Savior. Caregivers may play an important role in assisting this spiritual journey toward meeting with the Lord by carefully listening to their hearts while comprehending their needs for total adoration of their Savior.

Significance of the Study

This research, with its unique focus on end-of-life customs and practices within religious studies, offers a deeper exploration of the specific elements of worship that hold significance for individuals in their final days. These elements include prayers, sacraments, rituals, and spiritual practices. This study aims to broaden the scholarly understanding of religious studies substantially, emphasizing end-of-life rituals and practices. It is an in-depth investigation of the many components of worship important to Christians in their last days, encompassing elements like prayers, sacraments, rituals, and spiritual practices. This research aims to discover the worship experiences of ten shut-in or terminally ill interviewees and several individuals surveyed in hopes of providing meaningful guidance and proposals specific to faith-based leaders, caretakers, and groups that help to encourage people in their latter stages of life. It promises to provide invaluable insight for persons receiving services, their families, and those involved in Christ-centered care by illuminating the crucial elements of this ministry that are often undervalued. A wide range of interested parties in end-of-life care, including medical professionals, chaplains, clergy, and anyone involved in offering support at this crucial stage, may find the information from this study useful. The results are expected to be a cornerstone for improving the effectiveness of end-of-life spiritual and worship care for shut-ins and terminally ill individuals, eventually leading to a more peaceful and thorough means of ministry to believers on their final journey.

By examining what aspects of worship a believer may be able to engage in their final days, the research broadens the understanding of the diverse spiritual practices that surround the human experience in a believer's latter days. This data is gathered throughout the investigation and further handled thereafter. It can shed light on how many denominational traditions approach

end-of-life, highlighting parallels and differences as well as possible opportunities for ministry partnership. This frame of view would contribute to a more tremendous respect and understanding of the many Protestant traditions. Noting the peculiarities of each represented denomination in the study will provide information that might be useful in future cooperation for the benefit of shut-ins and the terminally ill.

The research extensively investigated the ethical and spiritual aspects present in the movement from one life to the next. This research will examine the profound significance that faith-based practices play in providing comfort, promoting a sense of readiness for death, and addressing existential issues that frequently accompany this critical period. Examining the many facets of worship, the study seeks to reveal the complex ways various beliefs support people's spiritual journey and overall health as they approach the end of their lives. Through gathering information, the study aims to shed light on the significant influence these worship elements have on believer's experiences.

This study carefully examines the potential impacts of introducing or modifying these activities in care settings. By investigating how changes to these traditions might influence the dynamics of end-of-life care, the study aims to present detailed options that prioritize the spiritual needs and comfort of those nearing the end of their lives. Ultimately, the research seeks to provide a comprehensive understanding of the relationship between spiritual activities, ethical issues, and the end of life. It aims to enhance the field of care for shut-ins or terminally ill Christians by highlighting these fundamental aspects and fostering a worshipful environment that respects each person's dignity and spiritual goals.

In the text, *Christian Spirituality: An Introduction,* Alister E. McGrath states that human nature and destiny speak to the understanding that human nature is central to any form of

spirituality, whether Christian or not.[1] However, for the Christ-follower, this is a time to focus on ending one race well and beginning the next in a mode of worship, which is God-honoring in his presence.

Research Question and Sub-Questions

The questions are phenomenology research questions.[2] The primary research question is, "What are the lived experiences of terminally ill and shut-in individuals under the care of select Protestant Christian ministers and pastors?" The sub-questions are as follows:

- What physical limitations have kept the believer from worshipping through the last days of their life?

- What elements of worship are historically used in the pastoral care of shut-ins and terminally ill patients?

- How can a worship pastor better meet the worship needs of a shut-in or terminally ill patient and keep them connected to the congregation?

Methodology

This study's methodology is qualitative, particularly phenomenological, and includes interviews with shut-ins. Phenomenology aims to give a "direct description of our experience as it is."[3] Phenomenological study seeks to investigate and comprehend individuals' lived experiences, stressing their subjective viewpoints and interpretations of occurrences.[4] In this

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[1] Alister E. McGrath, *Christian Spirituality: An Introduction* (Malden: Blackwell Publishing, 1999), 41.

[2] John W. Creswell and Cheryl N. Poth, *Qualitative Inquiry and Research Design: Choosing Among Five Approaches, Fourth Edition* (Los Angeles: Sage Publications, 2018), 137–43.

[3] Maurice Merleau-Ponty, *The Phenomenology of Perception* (London: Routledge & Kegan Paul, 1962), vii.

[4] Ibid.

study, phenomenological inquiry provides a thorough examination of the shut-ins' experiences with worship, sacraments, and spiritual practices, revealing vital insights on the complexities of their spiritual well-being and the importance of end-of-life worship. The goal of this study is to investigate the services, sacraments, and practices offered to shut-in and terminally ill patients who cannot travel or be transported to church, and discovering how assisting these Protestant Christians with end-of-life worship impacts them within the concept of dying well. The primary data source for this sort of inquiry is lived experience accounts.[5]

Limitations

This qualitative research seeks to look deeply into the lives of those shut-in or terminally ill individuals that were ministered to, shedding light on the views of those who receive it. The major focus is on the experiences and perspectives of those who are shut-in, providing mostly experiential insights from their point of view. Despite this limitation, it is assumed that the gained insights will be sufficient to allow for an appropriate understanding and evaluation of the subject matter.

It is important to note that the goal of this research is not to dispute or invalidate any aspects of pastoral care ministry. Rather, its goal is to provide persuasive evidence demonstrating the need to incorporate a worship component into the lives of Christians confronted with the prospect of being shut-in or away from the fellowship. This study aims to add significantly to the conversation around pastoral care and spiritual support for believers in their final years by carefully examining and interpreting the data acquired.

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[5] Maurice Merleau-Ponty, *The Phenomenology of Perception* (London: Routledge & Kegan Paul, 1962), vii.

Structure and Organization

Chapter 1—This chapter serves as the dissertation's fundamental structure, covering the essential elements required to fully understand and navigate the research project at hand. To begin, the Statement of Purpose defines the study's fundamental emphasis and relevance, emphasizing the research statement and the logic that drives the study ahead. The Methodology section next explains the particular approach chosen and techniques used in executing the study. This provides insight into the precise techniques used to collect and analyze data. Concurrently, the Limitations section confronts the study's constraints and boundaries, recognizing any restrictions that may affect the findings' interpretation and potential for generalization.

The Research Questions section clarifies the major questions guiding the study, revealing the key issues driving the research ahead and structuring the following analysis. Finally, the Key Terms section clarifies important language used throughout the dissertation, promoting clarity in communication. Collectively, these parts form a framework for the research, allowing for a comprehensive analysis of the research issue.

Chapter 2—The Literature Review is an in-depth review of the research setting surrounding the topic, providing a detailed evaluation of relevant subject matter. This section is divided into four sections, each focusing on a separate thematic element essential to comprehending the study topic. The first section focuses on the Mental and Spiritual Well-being of Terminally Ill Patients, offering insights into the psychological and spiritual components of people experiencing end-of-life issues. Following that, the second section discusses the critical need for worship in such circumstances, emphasizing the significance of faith-based activities in providing consolation and support to those dealing with this latter phase of life.

The third section explores thoughts surrounding the Art of Dying Well, exploring cultural, philosophical, and practical methods of going through the later phases of life with dignity and grace. Finally, the fourth segment dives into the complex dynamics of Worship Between Life and Death, shedding light on the transformational dimensions of spiritual involvement in the face of death. This study's research sources include various scholarly works and papers, doctorate-level dissertations, formal thesis research, textbooks, trade books and workshop manuals, magazine articles, online blogs, website posts, podcasts, collegiate-level journals, and formal lectures. By combining ideas from a variety of sources, the Literature Review aims to give a thorough and holistic knowledge of the study area, establishing the groundwork for further analysis.

Chapter 3—This chapter establishes the qualitative applied methodology in this phenomenological research. This includes direct interviews with shut-ins and patients who have received spiritual care and guidance in their final days. Individuals receiving care have been interviewed in a limited method concerning spiritual care and worship so as not to upset or bring about anything discouraging. Questions have been shaped around the spiritual and pastoral care they receive, what worship means to them at this point in their lives, and what they miss most about congregational worship. This includes them sharing their personal testimony of salvation. This interview has been treated with the sensitivity needed not to upset the individual, especially if the memories are painful or difficult to remember. The discussions have given some headway into how to approach the findings.

Chapter 4—This chapter dives directly into the data, and demonstates the need to introduce worship aspects into the lives of shut-ins and terminally ill Christians, acknowledging believers' inherent nature as worshiping beings. Beginning with opening remarks emphasizing

the importance of these factors, this chapter provides a brief but informative review of the findings on how including worship components, or the lack thereof, impacts pastoral care for those shut in or facing terminal illness. The interviews with each participant held similar thoughts and some unique to their situation. Overall, the interviews opened the door to the world of someone shut in or terminally ill and how important their spiritual journey is during this phase of life. The overall results give a foundation for creating a ministry strategy for these individuals. Furthermore, it emphasizes the critical need for pastors to understand their position as worship leaders in such unique situations, highlighting the value of their support in providing meaningful worship experiences. As these results were analyzed, these issues have become evident and brought to the forefront so a plan can be created, and their needs can be met.

Chapter 5—The final chapter summarizes the study's principal findings and recommendations. It is divided into strategic sections and opens with a research study organizational summary, which provides a detailed description of the thesis' structure and organization. It then defines the strategic planning aims for each chapter, explaining the precise objectives and contributions of each portion to the overall study goals. Moving even further, the chapter discusses the significant findings and discoveries uncovered during the study, bringing new insights into the significance of worship in the lives of shut-in and terminally ill individuals.

These findings are then translated into significant conclusions as applied, which include practical implications and recommendations for incorporating worship aspects into pastoral care practices. Moreover, the chapter explores recommendations for future research, offering avenues for additional study to improve our understanding of this important topic. Finally, it ends with a Conclusion that summarizes the important findings and emphasizes the possibilities for further thinking to improve interactions with shut-in folks. This chapter, with its diverse approach, not

only consolidates the study findings but also prepares the way for further scholarly investigation and practical advances in pastoral care and spiritual support for terminally ill individuals and shut-ins.

Definition of Terms

The population studied is Protestant believers who are shut-ins and terminally ill individuals. There have also been quiet observations going into the individual's dwelling place, anonymously using information so families can have privacy. There was also an anonymous survey of people in the Kentucky and Tennessee areas.

Social pain describes a particular emotional response to feeling left out of wanted connections or desired relationships or groups. **Relationship devaluation** refers to feeling less appreciated as a relationship partner.

Summary

The research journey began with a clear understanding of the research topic's identity, laying the groundwork for a thorough investigation. The study then examined a literature review, evaluating previous scholarly publications to determine the most prevalent discussion surrounding the subject at hand. In this case, the literature review exposes not just current knowledge but also any gaps or holes in relevant information regarding the topic. The research moves on to the critical step of sampling. This critical stage comprises a meticulously compiling of the names of pastors and worship leaders associated with churches in the Kentucky-Tennessee area. These individuals act as conduits for connecting to shut-in and terminally ill individuals. The careful selection of interview and survey participants is crucial to the research's reliability. The sample approach ensures that a wide range of views and experiences are represented while adhering to the highest standards of honesty and ethical behavior. The

researcher's selection of participants demonstrates the unwavering commitment to authenticity and accuracy, establishing trust and reliability for the study. This thorough sampling technique not only assured the accuracy and validity of the study findings but also demonstrates a firm commitment to respecting the ethical standards that drive scholarly research.

The data has been gathered and organized using these instruments as it applies to the topic and process. The data has been collected and organized and analyzed to reveal the problem and a potential resolution of the issue. A plan for approaching the evaluation with a positive application can now be explored. Finally, areas of further research will be addressed, as this topic can offer several areas that branch off for further research.

Through a series of informative interviews, the research reveals the fundamental importance of incorporating components of worship into ministry to these individuals, whether dealing with the obstacles of aging or facing the harsh reality of a terminal disease. The findings highlight the need for fresh methods to addressing this serious issue. It demonstrates a variety of ways to support worship experiences suited to the specific needs of shut-in believers or with terminal illnesses. From incorporating devotional activities into everyday routines to using technology to bridge physical distances, the study reveals a plethora of options for ensuring that worship remains accessible and meaningful, even in the face of significant restrictions. By promoting flexibility and creativity in the design of worship experiences, the study hopes to enable people to establish profound spiritual connections and find comfort in the face of their final phase of life or possible terminal illness.

This study serves as a catalyst for change, motivating pastors and worship leaders from various areas of influence to rethink how worship might be made accessible and meaningful to everyone, regardless of mobility or health restrictions. The benefit falls to those who live with

being shut in and unable to experience the church fellowship and worship as others do. The hope

is to make their lives in Christ better. Ultimately, all glory goes to God for these efforts.

Chapter Two: Literature Review

Death is a certainty. Paul states, "For if we live, we live to the Lord, and if we die, we die to the Lord. So then, whether we live or whether we die, we are the Lord's" (Romans 14:8, English Standard Version). The psalmist declares that humanity should "Give unto the Lord the glory due to His name; worship the Lord in the beauty of holiness" (Psalm 29:2). Humankind was created to worship. In life, worship matters. Beyond our personal desires, it matters most to God, who desires to be worshiped and is worthy of all worship.[1] Allen Ross explains how the purpose of worship is to become godlier.[2] If that is the case, it applies to anyone living and able. If there is worship, there should be a desire to grow holy, to live completely for God, and to adhere to the demand of the Holy Scriptures. When it comes to aging in the United States and religious involvement, two facts are rarely contested. The most popular kind of social involvement among older persons is religious participation. Second, since religion becomes increasingly relevant in the later years of life, many religious societies comprise a large percentage of elderly persons.[3]

One issue dealing with worship is the "worship wars" that have existed for a while. This discussion, or in some cases argument, has put tension between many church members, young versus old, traditional versus contemporary, and so on. Such "wars" have caused great turmoil in

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[1] Bob Kauflin, *Worship Matters: Leading Others to Encounter the Greatness of God* (Wheaton: Crossway, 2008), 19.

[2] Allen Ross, *Recalling the Hope of Glory: Biblical Worship from the Garden to the New Creation* (Grand Rapids: Kregel, 2006), 60.

[3] Ram A. Cnaan, Stephanie C. Boddie, and Jennifer J. Kang, "Religious Congregations as Social Services Providers for Older Adults," *Religion, Spirituality, and Aging*, ed. Harry R. Moody (Oxfordshire: Routledge, 2005), 105–30.

the congregation, pushing the older generation to feel more and more left out or not wanted.[4]

God's Word teaches that genuine worship is life-changing at every stage.[5] The expression "living

life as an act of worship" is a distinguishing feature of every personal worshiper, regardless of

age. Personal worship takes the elderly Christian to a crossroads on the road of the Christian

pilgrim's journey. Following the completion of the day's personal worship, the worshiper is

confronted with a decision. The believer faces the day's activities and life's events. The believer

can either carry on the discourse and communion with God that began during personal worship

by living every moment and circumstance of the day as an act of worship, or he or she might fail

to link the act of personal worship with the context of everyday life.[6]

    When someone can no longer worship with the collective body of believers, it is up to

those called to minister to this select group, to guide and provide for the spiritual well-being and

acts of worship unto God. Faith in older individuals can be fulfilling when their needs are met

spiritually. Their need for spiritual fulfillment leads to a stronger meaning of life in their latter

years.[7] Allen Ross makes a great comment when it comes to this effort that there is every reason

for the church to evaluate everything they are doing to see how they can do it better.[8] This

includes the ministry to those who cannot be a part of the collective body of believers. Christian

outreach to the shut-in, terminally sick, or those separated from the church is essential for

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[4] Susan L. Wortmann and Susan L. Schrader, "Older Members, Church Home, and Congregational Change: We Worked and Worshipped in this Home for Years and Now You Say We Are Not Important…" *Journal of Religion, Spirituality, and Aging* 19, no. 2 (2007): 24, https://doi.org/10.1300/J496v19n02_03.

[5] Allen Ross, *Recalling the Hope of Glory,* 60.

[6] Lyndel Vaught, "Worship Models and Music in Spiritual Formation," *Journal of Religion, Spirituality, and Aging* 22 (2010): 109, DOI: 10.1080/15528030903313912.

[7] Gillian Reid, "Spirituality and Aging: How Worship Communities of Older Adults Sustain Their Faith in the Absence of Traditional Ordained Leadership," *Journal of Religion, Spirituality, and Aging* 30, no. 1 (2018): 50, doi.org/10.1080/15528030.2017.1384425.

[8] Allen Ross, *Recalling the Hope of Glory,* 470.

various reasons. These people frequently feel lonely, isolated, and detached from their church family. Offering spiritual support and fellowship to shut-ins can help ease these sentiments while providing a sense of belonging and community. Many ministers strain to devote enough time and energy to shut-in ministry. This is as essential as the other aspects of a pastor's ministry. Sharing the good news with those in need is what service is all about. Shut-ins and elderly people in the church require at least as much, if not greater, exposure to God's Word as the rest of the church's members.[9] People's need for God's Word never goes away. Shut-ins confront several problems as they age, thus the consolation and courage provided by God's Word ought not to be ignored.

This all contributes to meeting the spiritual needs of these individuals. Shut-ins may be unable to attend church services regularly, but they still require spiritual nutrition and care. Access to scripture, prayer, and worship can help individuals keep a firm spiritual framework. This ministry allows the Church to show its love and compassion for the most vulnerable members of society. According to Jesus, the greatest commandment is to love God with all our hearts, souls, and minds and love our neighbors as ourselves (Matthew 22:37–39). Ministry to these isolated folks is an act of love since it attempts to serve and care for those frequently forgotten or ignored. This literature review provides evidence of a need for in-depth ministry to those limited because of their health, allowing them to continue as worshipping individuals as well as being part of the church community.

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[9] Kenneth Rodrigue, "Shut-Ins Who Feel Shut Out: Increasing Ministry to Homebound Congregation Members Through Lay Visitation and In-Home Bible Study," (Master's thesis, Wisconsin Lutheran Seminary, 2018).

The Mental and Spiritual Well-being of Shut-Ins and Terminally Ill Patients

The emotions and mental states of shut-ins and terminally ill individuals are discussed by William Breitbart and colleagues. Hopelessness and depression, among other feelings, might drive people to want to terminate their lives early. In their research with terminally ill patients, Breitbart and colleagues found a significant rate of depression (17%) and a desire to hasten death (17%). Depressed patients were four times more likely to have a heightened desire to hasten death than those not depressed (47% vs 12%).[10] These statistics prove there is a need for more than physical and mental health. This is a need for spiritual intervention and a continuance of spiritual normality. The phrase *social pain* describes a particular emotional response to feeling left out of wanted connections or desired relationships or groups. FOMO, or fear of missing out, is a more modern terminology. FOMO is defined as a person's high level of worry over missing out on significant, joyful, or monumental events that their peers are having.[11] FOMO may take on a new level for shut-ins. They may believe they are losing out on crucial experiences critical to their feeling of social connectivity and well-being because they are physically constrained in their capacity to attend events and engage in activities. These lost opportunities might lead to feelings of loss and alienation that are difficult to overcome. Feeling less appreciated as a relationship partner is referred to as relationship devaluation.[12]

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[10] William Breitbart et al., "Depression, Hopelessness, and Desire for Hastened Death in Terminally Ill Patients with Cancer," *JAMA* 284, no. 22, (2000): 2907–11, DOI:10.1001/jama.284.22.2907.

[11] Andrew K. Przybylski, Kou Murayama, Cody R. DeHaan, and Valerie Gladwell, "Motivational, Emotional, and Behavioral Correlates of Fear of Missing Out," *Computers in Human Behavior* 29, no. 4, (2013): 1841–48.

[12] Geoff MacDonald and Mark Leary, "Why Does Social Exclusion Hurt? The Relationship Between Social and Physical Pain," *Psychological Bulletin* 131, no. 2 (2005): 202–23, https://doi.org/10.1037/0033-2909.131.2.202.

Eleonora Borelli and colleagues speak to the two sides of pain in terminal illness: physical and social/psychological pain.[13] The social and psychological side of pain can be just as painful as the physical side. Pain comes in many forms, with these three types being primary. Though medicine and therapy can help, one cannot negate the power of prayer and praise. Though this is needed, there must be someone to initiate these worship elements with those with terminal illnesses. Thornhill and Thornhill have shown research that explains how the loss of social interaction can cause psychological pain that can deeply hurt the mentality of the patients.[14] *Social pain theory* is built around the notion that being removed from significant social entities provided a crucial barrier to our predecessors' preservation. Jenny Buckley and Kaye Herth investigate the sources of hope for these individuals, identifying seven positive and three negative aspects. Items that foster hope in these individuals include uplifting memories, personal characteristics, humor, positive relationships with caregivers, trying to maintain some independence, the love of family and friends, and spirituality. The items that negatively impact hope include devaluation of their personhood, extensive pain and discomfort, and isolation or abandonment.[15] These works emphasize the need to address terminally sick patients' emotional and mental states and their spirituality. Andrea Chellaraj particularly examines this notion regarding believers.[16] She examines the optimism that exists in Christianity regarding death and how this hope may be a source of peace for terminally sick believers. Robert Neimeyer addresses

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[13] Eleonora Borelli et al., "Different Semantic and Affective Meaning of the Words Associated to Physical and Social Pain in Cancer Patients on Early Palliative/Supportive Care and in Healthy, Pain-Free Individuals." *Plos One* (March 2021), https://doi.org/10.1371/journal.pone.0248755.

[14] Randy Thornhill, & Nancy Wilmsen Thornhill, "The Evolution of Psychological Pain" in *Sociobiology and the Social Sciences,* ed. R. Bell, (Lubbock: Texas Tech University Press, 1989), 73–103.

[15] Jenny Buckley, and Kaye Herth, "Fostering Hope in Terminally Ill Patients." *Nursing Standard* 19, no. 10 (November 2004), ProQuest Global Library.

[16] Andrea Chellaraj, "Dying a Good Death: End-of-Life Decision Making for Terminally Ill Christians," (Honors Program thesis, Baylor University, 2018).

the anxieties that exist when facing the end of life and how they can impact every decision.[17]

According to Moira Boyle and Diana Carter, anxiety also affects those caring for patients.[18]

Worship can considerably improve the emotional and spiritual well-being of shut-ins and terminally sick patients in their final days. It offers a sense of belonging, comfort, hope, introspection, and the chance for forgiveness and reconciliation. Individuals might find peace, purpose, and inner strength by participating in worship while they face the obstacles of their final journey. According to Can Oz, Duran, and Dogan, defining the difference between *religiosity* and *spirituality* brings the discussion to a head. Religiosity is the attachment to a particular religion, whereas spirituality discusses an individual's search for purpose and meaning in life.[19] If an individual who is shut in or medically kept from participating in the spiritual gathering that gives them purpose in life, then they can easily lose their purpose and meaning. Providing a way for these individuals to experience worship and fellowship in some appropriate fashion can give them purpose to live, a reason to strive for health, and a testimony to share so they can continue to minister to others in some form or way. In their study, Can Oz, Duran, and Dogan discovered the senior adults they encountered alternatively defined spirituality as "harmonious reciprocated connectedness." This means that in their spiritual practice, they connected with God and with others.[20] If these two components are connected, then they cannot simply connect with God when alone and away from the fellowship of believers. For them, connection with God includes

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[17] Robert A. Neimeyer, "Death Anxiety Research: The State of the Art," *OMEGA – Journal of Death and Dying* 36, no. 2 (1998), https://doi.org/10.2190/TY32-EE9J-YVQ8-RP31.

[18] Moira Boyle and Diana E. Carter. "Death Anxiety Amongst Nurses," *International Journal of Palliative Nursing* 4, no. 1 (January 1998), https://doi.org/10.12968/ijpn.1998.4.1.9130.

[19] Yuksel Can Oz, Songul Duran, and Kubra Dogan, "The Meaning and Role of Spirituality for Older Adults: A Qualitative Study," *Journal of Religion and Health* 61, no. 1501 (2022): 1490–1504, https://doi.org/10.1007/s10943-021-01258-x.

[20] Ibid.

the community of believers and the companionship in worship that follows. This means there is a

vast hole that needs to be filled for shut-in or terminally ill believers to feel fulfilled in this life.

A pilot study of Churches of Christ in the state of Texas was carried out in 1998 by James Knapp

and James Hughes. The most typical components of a senior adult ministry, they discovered,

include visiting shut-ins, bringing communion to members who were unable to attend the

worship service, delivering a Christmas basket, and providing a cassette tape of the Sunday

morning sermon.[21] Though these seem like typical shut-in elements, they are more than many

individuals receive. According to Knapp and Hughes, the biggest impact to the church was the

budget set aside for ministry to senior adults, shut-ins, and others who cannot attend church on a

regular basis. The greatest find in the Knapp and Hughes study is the decline of ministry to those

who are shut-in.

The study of the aging process has led to the conclusion that "spirituality" is vital for

older people's quality of life, particularly in helping them cope with the losses, restrictions, along

with potential of their specific conditions. In this view, "spirituality" is important in the lives of

older adults as they seek to identify, trust, and invest in meanings, values, and relationships that

cannot be lost or taken away by the challenges of the aging process; cope with anxieties

associated with the losses and limitations and the threats of loss and limitation associated with

aging; accept, grieve, cope with, and transcend specific experiences of loss and limitation;

recognize, affirm, and realize realistic possibilities in their circumstances despite losses and

restrictions; accept, cope with, and transcend pain and suffering; and accept, cope with, and

transcend the realities of death and dying.[22] In dealing with these many perspectives, it all comes

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[21] James L. Knapp, "The Graying of the Flock Revisited," *Journal of Religion, Spirituality, and Aging* 23, no. 3 (2020), 211–12, https://doi.org/10.1080/15528030.2019.1608489.

down to perception. An individual's cultural upbringing impacts their beliefs on care and ministry during the last days of their life. Their surroundings, upbringing, and disciplines throughout life build a perception that molds how they see life in every aspect.

The Need for Worship

James asked the reader to "Draw near to God, and he will draw near to you" (James 4:8). Worship is seen as a way to preserve a close relationship with God throughout one's life, especially in the final days of life. Scripture emphasizes the need for believers to seek and draw near to their Creator at all times, regardless of their circumstances. During times of adversity and impending death, the relationship brings solace, direction, and spiritual fulfillment.

Proverbs proclaims, "Trust in the Lord with all your heart, and do not lean on your own understanding. In all your ways acknowledge him, and he will make straight your paths" (Proverbs 3:5–6). The final days of a believer's life frequently include letting go and trusting in God. Worship encourages people to give their problems, fears, and desires to God, acknowledging His sovereignty and wisdom. Worship allows Christians to express their faith and put their life into the hands of God, finding serenity and certainty in His perfect purpose.

The book of Acts addresses the most prominent issue and the reason for this study, "and they devoted themselves to the apostles' teaching and the fellowship, to the breaking of bread and the prayers" (Acts 2:42–47). Worship, according to Acts 2 has much to do with community. For this reason, the church and leadership must step up and find new and creative ways to allow these individuals to remain a part of the believing family, even though they cannot physically be in the sanctuary while the congregation gathers to worship. Timothy states, "Do

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[22] Homer L. Jernigan, "Spirituality in Older Adults: A Cross-Cultural and Interfaith Perspective," *Pastoral Psychology* 49 (2001): 413–37, https://doi.org/10.1023/A:1010349501085.

not rebuke an older man but encourage him as you would a father, younger men as brothers, older women as mothers, younger women as sisters, in all purity" (1 Timothy 5:1–2), then goes on to say, "But if anyone does not provide for his relatives, and especially for members of his household, he has denied the faith and is worse than an unbeliever" (1 Timothy 5:8). If the church is to encourage these individuals, treating them like family, then Timothy is right in that the fellowship of believers should provide for these individuals as a family would.

Worship allows believers to show their love and gratitude to God for all He has done for them. It is the opportunity to thank God for His grace, mercy, and faithfulness. Christians can enhance their connection with God through worship. The center of attention is on God during worship, and the opportunity to experience His presence and leadership reveals itself. This can lead to a stronger sense of connection and closeness with God. John Swinton states that worship is an essential aspect of the church's existence in terms of community and fellowship. We experience and meditate on the mystery of God in the intimate communion of worship, and we discover the more profound significance of being together as the Body of Christ. "The unifying, humanizing" power of God's love for all people is shown and carried out in practical and deeply significant ways when the Christian community joins to pray and praise.[23] There is definitely a pastoral care component to this point in an individual's life. All believers have an innate desire for worship, especially during vulnerable moments such as mortality. Worship provides a framework for expressing belief, discovering meaning, and developing a feeling of purpose. It enables people to reconnect with their beliefs, reflect on their lives, ask for forgiveness, and reconcile with loved ones or their higher power. Mitzen Black addresses how Christians handle

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[23] John Swinton, "Building a Church for Strangers," *Journal of Religion, Disability & Health* 4, no. 4 (2001): 53–55, doi:10.1300/J095v04n04_03.

the stress of life and how worship works in this stressful time.[24] Spiritual struggles are described as "efforts to conserve or alter a vulnerable or wounded spirituality." These difficulties have been linked to declining health outcomes such as slower recovery from sickness, a higher risk of death, and more prolonged hospital admissions. The minister providing pastoral care in the ways of worship must define worship and the elements of worship capable of being provided, as Jean Corbon shares.[25] Corbon's liturgical vocabulary chapter helps define the worship elements needed to help the patient. Defining worship in ways they can understand helps to keep the focus on worship as authentic and not simply traditions. A look back into the scriptures at how the early church lived helps motivate the church to include everyone in their life of worship, including those who cannot participate in the church building. Acts gives a dynamic set in place by the early church with five significant areas of worship, fellowship, prayer, service, and biblical teachings (Acts 2:42–47).

Donnie Smith tells of how Saint Paul's Baptist Church, like so many other churches, switched to an alternate worship structure due to the COVID-19 outbreak.[26] The church continued to hold worship services and Bible studies while embracing electronic, virtual, and internet technology. This rapid change in worship modalities forced members of Saint Paul's congregation to maneuver through unknown territory in their involvement with church activities. However, not all members of the church, particularly the elderly, felt the shift to be seamless. There is evident anxiety about how these senior members are dealing with and adjusting to the

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[24] Mitzen Black, "Spiritual Struggle, Worship, and Emotions," *Fuller Theological Seminary, School of Psychology* (2011): 3–9. ProQuest Global Library.

[25] Jean Corbon, *The Wellspring of Worship* (San Fransisco: Ignatius Press, 1980), 15.

[26] Donnie Lewis Smith, "Older Adults and Digital Technology for Worship Service During a Pandemic at Saint Paul's Baptist Church in Richmond, Virginia," *Doctoral Dissertations and Projects* 4019 (2022), https://digitalcommons.liberty.edu/doctoral/4019.

paradigm shift. For many of them, attending church services in person every week was more than just a religious requirement; it was also a source of tremendous independence and a chance to connect with others. The older congregation struggled with the transition, and because of the COVID-19 situation, there was no one to help immediately.

Christian worship is often done in community, allowing Christians to interact with one another. Christians can support one another, pray for one another, and share in each other's joys and sorrows through worship. Worship may be focused on God speaking to individuals, but it also includes God interacting with the church community. His voice is clearly not limited to the proclamation of the Word from the pulpit or the distribution of the Eucharistic elements. God speaks through his people, which then become the hands and feet of Christ in reaching out to those who cannot experience the fellowship within the walls of the gathering place.[27] Fellowship, in particular, means *koinon*ia, "to share with someone in something above and beyond the relationship itself, or to give someone a share in something."[28] Connecting with those who cannot participate is highly important as this ministry is a way to draw them back into the congregation in their circumstances. It is finding out where these individuals are spiritually, mentally, and physically and then finding ways to walk with them through their difficulties. It is genuinely suffering alongside them so they do not feel alone, and they can realize God can still be glorified even in their struggles. This is truly the essence of compassion. Christina Puchalski defines *compassion* as "to suffer with," calling physicians to be compassionate to patients over

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[27] Daniel I. Block, *For the Glory of God: Recovering a Biblical Theology of Worship* (Grand Rapids: Baker Academic, 2014), 332.

[28] David Peterson, *Engaging with God: A Biblical Theology of Worship* (Downers Grove: IVP Academic, 1992), 152–58.

being experts who dictate information.[29] She goes on to explain her research on the need for

spirituality in health care through three primary areas: mortality, coping, and recovery. Matt

Merker states that God gathers his people for His glory, for the congregation's mutual good, and

for the world to see.[30] Obviously, God gets the glory for everything in this life, but the second

part of that statement is key. It is for the mutual good of the family of believers. Because

someone is kept from gathering with the rest of the family of believers does not mean they no

longer exist, so they should not be left out. This could be detrimental to their spiritual well-being.

Obviously, for this particular topic, the concepts of necessity are mortality, coping, and

recovery.[31] When dealing with the concept of pain, Puchalski noted that 76% of patients sought

prayer as their primary method of pain management, whereas 66% sought intravenous pain

medication, 62% pain injections, 33% meditation, 19% touch therapy, and 9% massage.[32] Robert

Wendell Lee speaks to the need in the modern day to look more closely to shut-ins, and for that

matter terminally ill patients who cannot attend church, and what their needs are spiritually.[33]

This is a dire need as they do not stop being faithful individuals who worship their God. The

need for spiritual care is essential. To that point, worship is a part of the Christian life, and must

be a component for those nearing the end of their mortal life. Humans are a paradox. Out of the

dust and clay, God created living beings. The author of Genesis used this term to describe all

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[29] Christina M. Puchalski, "The Role of Spirituality in Health Care," *Baylor University Medical Center Proceedings* 14, no. 4 (October 2001): 352–57, DOI:10.1080/08998280.2001.11927788.

[30] Matt Merker, *Corporate Worship: How the Church Gathers as God's People* (Wheaton: Crossway, 2021), 40.

[31] Ibid.

[32] Christina M. Puchalski, "The Role of Spirituality in Health Care," *Baylor University Medical Center Proceedings* 14, no. 4 (October 2001): 352–57, DOI:10.1080/08998280.2001.11927788.

[33] Robert Wendell Lee, *Developing a Ministry to Aged Shut-Ins Aimed at Increasing Positive Self Images,* (D.Min thesis, Drew University, 1982), ProQuest Dissertations and Theses Global.

living beings; as a result, humanity has a kinship with nature. Like a beast of the field, humankind shares standard drives, defends territorial claims, or is given to die after time.[34] Fisher, Krauss, Kuluski, and Allatt discuss the qualitative research that explains the need for worship services in continuing care facilities. It is because of the individual's personal beliefs and values. It is also because it provides coping for the patients dealing with their final days on earth. Worship practice provides a community for believing individuals. For many, it is about being together. The patients often showed gratitude for the volunteers and leadership who provided a service for them, allowing them to worship. Naturally, many enjoyed the musical aspect of the worship.[35]

One key aspect of worship with senior adults in general, but especially with shut-ins, is prayer. Prayer is the most widely accepted religious activity.[36] The National Center for Complementary and Alternative Medicine (NCCAM) classifies prayer as a spiritual therapy method under the area of mind and body control, and it is commonly utilized as an intervention in holistic nursing practice.[37] J.S. Levin proposed that there are four possible theoretical explanations for the healing power of prayer. The first effect, local-naturalistic, includes (a) adherence to health-related behaviors (prescribed or forbidden behaviors related to smoking, alcohol, diet, hygiene, and sexuality), (b) social support, (c) stress-reduction, (d) cognitive effects (e.g., worldviews, belief in free will, locus of control), and (e) psycho-dynamics of faith (placebo

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[34] Lawrence E. Holst, *Hospital Ministry: The Role of the Chaplain Today* (Eugene: Wipf & Stock Publishers, 1985), 10.

[35] Elizabeth Fisher et al., "Church Services in a Complex Continuing Care Hospital: Why Bother?" *Journal of Pastoral Care & Counseling* 71, no. 4 (2017): 274–83.

[36] Karen S. Dunn and Ann L. Horgas, "The Prevalence of Prayer as a Spiritual Self-Care Modality in Elders," *Journal of Holistic Nursing* 18, no. 4 (2000): 337–51.

[37] Barbara Montgomery Dossey, Lynn Keegan, & Cathie E. Guzzetta, *Pocket Guide for Holistic Nursing* (Sudbury: Jones and Bartlett Publishers, 2005), 48–65.

or nocebo effects). The second impact is nonlocal-naturalistic, which involves employing hidden

power, fields of energy, and an empathic link between the person receiving the healing and the

healer. The third and fourth effects of prayer in recovery may be attributed to a local or nonlocal

supernatural person, creator, or God.[38] Levin's study simply opens the door in science to the

possibility of prayer having power to heal and help those in need. Simply put, there is power in

prayer to heal physically, emotionally, and socially.

Bob Kauflin looks at prayer in this way: prayer helps bring to remembrance what the

individual praying cannot do, it opens eyes to God's great purpose, and it cultivates care for

others.[39] In this particular situation, prayer shows the shut-in that, whether it be age or health that

holds them there, the church can still pray for them and show they are part of the family of

believers. Prayer shows the shut-in individual that God still has a plan and purpose for their life

and a reason for them to exist. God is not through with them yet! To be able to pray for someone

intently and sincerely, one must soften their heart and humble themselves to honestly care for

another individual. This cultivates the idea that God's people are to love him and love each other,

putting the hinges of the Ten Commandments into action on the other person's behalf.

Bruce Morrill provides some context to worship at the line between life and death,

detailing worship elements and discerning appropriate elements. By sacramental rights, a

postmodern believer is enabled to deal with the misfortune of disease, age, and death to describe

their suffering and work in unison with that of Christ. This allows them the chance to learn and

grow, communicating the gospel as a living, saving word. Bringing communion from the Sunday

assembly to the homebound, praying for the healing of the sick, keeping careful watch over the

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[38] Jeffrey S. Levin, "How Prayer Heals: A Theoretical Model," *Alternative Therapies in Health and Medicine* 2, no. 1 (1996): 66–73.

[39] Kauflin, *Worship Matters*, 219–20.

bereaved, and preparing for the last requests of the individual, are all intense experiences that reveal the proclaimed word and tangible symbols of the strong and loving presence of the Christ that is so frequently concealed and intangible in the ambiguities of life and death.[40] Robert Webber gives some healthy tips for directing worship. The focus of worship must remain on God and not the human experience or situation. This refers to worship within the church, keeping the congregants focused on God within the context of the service rather than the human experience. However, this can apply to the mental state of the individual facing the end of life and focusing on their relationship with God instead of their circumstance. It is a good time to recover and restore the awe and reverence for the mystery and transcendence of God in their life. Overall, Webber calls for individuals to find a Christo-centric view and have an opportunity to finish well in the last days of a believer's life.[41] Matt Redman gives several fundamental elements for an intimate relationship with God. Our heavenly father lavishes his children with his love. Our only reasonable answer is fervent, intense adoration.[42] These, plus the information Morrill provides, help to give a better view of discerning how to prepare to minister to those in need. Franklin Segler and Randall Bradley add to this discussion to give more context to worship elements. Understanding biblical foundations of worship and how they apply to this unique situation can prepare one to minister to dying individuals appropriately, being able to explain the worship to them if need be.[43] Gordon Smith caps this topic with the voice of Jesus speaking to these

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[40] Bruce T. Morrill, *Divine Worship, and Human Healing: Liturgical Theology at the Margins of Life and Death* (Collegeville: Liturgical Press, 2009), 56.

[41] Robert E. Webber, *Worship Old and New* (Grand Rapids: Zondervan, 1994), 193–96.

[42] Matt Redman, *The Unquenchable Worshipper: Coming Back to the Heart of Worship* (Ventura: Gospel Light, 2001), 33–39.

[43] Franklin M. Segler and Randall Bradley, *Christian Worship: It's Theology and Practice* (Nashville: Broadman and Holman, 2004), 11–24.

elements of worship. A discernment conversation is a discussion on the nature of religious experience. This experience is fundamentally pliable and intuitive, making it difficult to gauge. There is confidence that the spirit of God speaks inwardly to those willing to listen. It is hard to describe what shape this takes, how it is recognized, and how to discuss it properly.[44]

The Art of Dying Well

Robert Lee makes the following statement which gives some parameters of view into individual cases. He says, "In order to understand fully today's dilemma of many of the elderly, it is necessary to examine the position of the aged theologically, historically, and culturally."[45] These areas give a better view of each individual who is facing shut-in life and their view of worship from this perspective. Over the last 150 years, the deathbed rituals decreased in importance and were replaced. With innovations in medicine and advancements in science, death became the enemy. The lines between life and death seem to have been blurred, and the role of the pastor has faded in the process.[46] Dying well refers to the process of approaching death with acceptance, grace, and a sense of fulfillment. It assists individuals in coming to terms with death, finding closure, and preparing for a spiritual transition. Kenneth Rodrigue stated that many people in the latter years of their life are lost. The feeling of loneliness has more depth to it when the weekly gathering of worship in a fellowship of believers is now taken away.[47] The need is

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[44] Gordon T. Smith, *The Voice of Jesus: Discernment, Prayer, and the Witness of the Spirit* (Downers Grove: IVP Books, 2003), 208–21.

[45] Robert Wendell Lee, "Developing a Ministry to Aged Shut-Ins Aimed at Increasing Positive Self Images," (D.Min. diss., Drew University, 1982), ProQuest Dissertations and Theses Global.

[46] Lydia Dugdale, "The Art of Dying Well," *The Hastings Center Report* 40, no. 6 (2010): 22–24, http://www.jstor.org/stable/40928339.

[47] Kenneth J. Rodrigue, "Shut-Ins Who Feel Shut Out: Increasing Ministry to Homebound Congregation Members Through Lay Visitation and In-Home Bible Study," (Master's thesis, Wisconsin Lutheran Seminary, 2018).

real and worshiping near the end of life can provide a feeling of transcendence and allow people

to face death with dignity and peace of mind.

When looking into what pastors and lay leaders face when speaking to those facing their

last days, Bronnie Ware speaks to the regrets many terminally ill patients face that may block

them from genuinely worshipping and finding peace in their last days.[48] The last days of a

believer can be a struggle to find peace. To this end, Christopher Vogt writes about his personal

experience in dealing with helping patients find relief as they face their last days. Worship

accounts and bulletins are important not just for God but also for the character and identity of the

believers. Frequent church communion and repentance can make one more deeply devoted—a

reality vividly reflected in the idea of the individual as a part of the body of believers. When this

frequency is halted, the impact is felt within the believer's life, especially when facing the end of

life.[49] The sudden stop of spiritual guidance on a regular basis can deplete an individual of their

fulfillment in Christ.

Allen Verhey was near death himself, and this text speaks to those sentiments he felt.[50]

He explains how death and dying are as much about the spirit as they are about the physical

body. End-of-life facilities like Hospice create a space for spirituality, yet they never define the

mystery as any specific religious entity. This approach can be just as dangerous or even

worthless as it can potentially be positive. Though there is a physical allotment for a spiritual

component, the component is virtually empty. Verhey analyzes how Christians should approach

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[48] Bronnie Ware, *The Top Five Regrets of the Dying: A Life Transformed by the Dearly Departing,* (Carlsbad: Hay House Publishing, 2011), 70–78.

[49] Christopher P. Vogt, *Patience, Compassion, Hope, and the Christian Art of Dying Well* (Lanham: Rowman and Littlefield Publishers, 2004), 4–9.

[50] Allen Verhey, *The Christian Art of Dying: Learning from Jesus* (Grand Rapids: William B. Eerdmans Publishing, 2011), 211.

the end of life with faith, hope, and dignity, drawing on Jesus' teachings. It is important to view

death as part of the Christian journey. Verhey encourages reflection on mortality, to accept the

process of dying, and find solace in the promise of eternal life.[51]

Elizabeth Johnston Taylor speaks firsthand as a physician and how the spiritual aspects

of patient care was so important to those facing the last days leading to the end of life and final

thoughts. The findings emphasize the relevance of including spiritual care in cancer treatment

programs and the role of nurses in giving holistic support to patients. To properly address cancer

patients' spiritual needs, healthcare practitioners and pastoral care providers must collaborate.[52]

According to many studies, addressing the religious and spiritual needs of patients increased

patient satisfaction. Patients with no religious identity were less likely to report discussions about

religious and spiritual needs and religious responses. Nevertheless, such patients were just as

likely to want a religious or spiritual conversation started by their healthcare provider. Those

with no religious restrictive identity are more likely to report presumed negative assumptions by

hospital staff. According to the data gathered, even the non-religious population considered it

essential to discuss religious and spiritual needs with individuals.[53]

Daniel Salmusy speaks about how healthcare personnel sometimes do not feel the need to

address the spiritual side of end-of-life healthcare.[54] They must realize the questions those

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[51] Allen Verhey, *The Christian Art of Dying: Learning from Jesus,* 65–66.

[52] Elizabeth Johnston Taylor and Madalon Amenta, "Cancer Nurses' Perspectives on Spiritual Care: Implications for Pastoral Care," *Journal of Pastoral Care & Counseling: Advancing Theory and Professional Practice Through Scholarly and Reflective Publications* 48, no. 3 (1994): 261, https://doi.org/10.1177/002234099404800306.

[53] Ibtissam Gad et al, "The Religious and Spiritual Needs of Patients in the Hospital Setting Do Not Depend on Patient Level of Religious/Spiritual Observance and Should be Initiated by Healthcare Providers," *Journal of Religion and Health* 61 (2022): 1120–38, https://doi.org/10.1007/s10943-020-01103-7.

[54] Daniel P. Sulmasy, "Spiritual Issues in the Care of Dying Patients: '…It's Okay Between Me and God.'" *JAMA* 296, no. 11 (2006), doi:10.1001/jama.296.11.1385.

patients face regarding value, relationship, and meaning. Paul Rousseau addresses this same

issue as often physicians and personnel do not know how to deal with the spiritual side of

palliative care.[55] There is a desire for many patients to have a meaningful spiritual experience,

especially at the end of life. Margaret Fitch and Ruth Bartlett consider this particular desire and

the patient's needs with an extensive life-altering disease. Participants emphasize the importance

of having someone recognize their worries and listen to them without passing judgment. At the

same time, they made it clear that talking about spirituality should not be done nonchalantly or,

in some instances, explicitly. Nerves can play a factor when discussing it since it is such a

personal matter. Many participants recommended exploring broad subjects to get the

conversation about spiritual issues going while letting the other person reveal what they felt

comfortable discussing.[56] Harold Koenig and George Bowman look closely at those who deal

with faith development in healthcare.[57]

The Christian tradition recognizes human mortality, illness, and the reality of human

depravity. The Christian faith, on the other hand, celebrates and anticipates the eventual

regeneration of our disordered, imperfect, and mortal human nature through Christ in the

prospect and experience of new and eternal life. Reconciliation is conveyed as a reality and

in confidence.[58]

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[55] Paul Rousseau, "Spirituality and the Dying Patient," *Journal of Clinical Oncology* 21, no. 90090 (May 2003): 54–56.

[56] Margaret I. Fitch and Ruth Bartlett, "Patient Perspectives about Spirituality and Spiritual Care," *Asia-Pacific Journal of Oncology Nursing* 6, no. 2 (2019): 111–21, https://doi.org/10.4103/apjon.apjon_62_18.

[57] Harold Koenig and George Bowman, *Dying, Grieving, Faith, and Family: A Pastoral Care Approach* (New York: Routledge, 2012), 1–23.

[58] Benjamin Gordon-Taylor and Juliette Day, *The Study of Liturgy and Worship: An Alcuin Guide* (United States: Liturgical Press, 2016), 20–22.

Worship Between Life and Death

Humanity was created to worship. Declaring the greatness of God, the sonship of Jesus, and the work of the Holy Spirit is essential to the existence of Christians from the beginning of their Christian walk until the day they close their eyes in death and open them in the presence of the Lord. Revelation speaks to the declaration that everything God created was created for his glory and good pleasure (Revelation 4:11). The psalmist states, "Oh come, let us worship and bow down; let us kneel before the Lord, our Maker" (Psalm 95:6). The scriptures call all of humanity to worship the Lord, for he alone is worthy of all praise. God breathed life into man and created him in his likeness so that he may dwell in his presence and adore him. God then placed man into the world to procreate and populate it with people who would worship God in the splendor of holiness. It is the primary goal of humanity.[59] Catherine LaCugna defines the Christian life as not self-determined (autonomous) nor other-determined (heteronomous), but rather by their relationship with God.[60] When defined by the relationship with God, all of the variables of that correlation impact the relationship, thus impacting the individual's identity. This can change everything about how someone experiences God if left alone with little to no fellowship from other believers, or if the worship elements are rare to non-existent in that person's life.

Self-worth and self-identity in the Christian life comes through relationships, conversations, and hearing and speaking the language of the church.[61] When that is absent from

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[59] Aiden Wilson Tozer, *The Purpose of Man: Designed to Worship* (Canada: ReadHowYouWant.com, Limited, 2010), 14.

[60] Catherine Mowry LaCugna, *God for Us: The Trinitarian and Christian Life* (San Fransisco: Harper Collins, 1991), 290–316.

[61] E. Byron Anderson, *Worship and Christian Identity: Practicing Ourselves* (Collegeville: The Liturgical Press, 2003), 130.

the social experience, then the person begins to lose their identity. These elements of worship must find a way into the believer's life. As humanity was created to worship, finding ways for worship as a part of palliative pastoral care and ministry to shut-ins should be of the utmost importance. The remaining moments in one's life can then be spent in spiritual meditation, asking forgiveness, receiving communion, and praying for what lies ahead. Worship, in this perspective, acts as a link between this life and the next.

John Patton gave a six-dimensional model of the spiritual life that each person lives through. One of those areas states that worship affirms the divine presence in all places at all times.[62] In the last days of life, God's presence is a dire need for believers. As Patton shared about remembering these individuals, he is also discussing what he calls "re-membering," meaning a restructure of the family to the way they view and understand the individual who is ill. This is important to the inclusion of, not exclusion of, the individual struggling with illness and allows them to continue to be a worshiping individual. John Peteet addressed the concept of hope. Terminal illness is the most terrifying when it threatens hope. A cancer diagnosis not only forces the question of what a realistic object of hope is (e.g., cure, more time, quality of life, or a good death), but it also forces the question of what one's most profound hopes and ultimate basis for hope is. Worship helps to secure the hope needed as one faces the end of life.[63] Another aspect of worship that helps the patient as they face the end is family worship. Pastors learning how to coordinate times of family worship is vital. Jonathan Williams makes the case that worship within and by families is central to God's will for humanity. Within his text, he points to

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[62] John Patton, *Pastoral Care in Context: An Introduction to Pastoral Care* (Louisville: Westminster John Knox Publishing, 1993), 70.

[63] John R. Peteet, "Spirituality and Religion in Oncology," *CA: A Cancer Journal for Clinicians* 63, no. 4 (April 2013): 282, https://doi.org/10.3322/caac.21187.

Deuteronomy 6:6–7 as a scriptural context for family worship, explaining how families need to teach scripture to the next generation at home. This sets a tone and setting for family worship.[64] This being said, the family should likewise remember the older generation or the one facing illness and imminent death when it comes to worship. Watchman Nee speaks to the need for spiritual discernment.[65] This need especially applies to the pastoral care given to terminal patients. God allows man to be his mouthpiece, helping to give comfort, coordinate family and friends, and to give opportunity for the individual to fulfill their purpose in worship, not allowing their situation to take away their place in God's kingdom. Daniel Block gives several exhortations of a worship leader, some which apply to this unique situation. Worship leaders must encourage congregational participation, having people to teach and encourage one another, sing to one another, and petition on one another's behalf during worship. The worship leader's job is to foster this type of relationship and to encourage sincere involvement of all believers in communal displays of tribute and surrender. Worship leaders must connect with all believers, not just by leading them in praise to God for his forgiveness of sin but also by walking with them through daily life, feeling their sorrows and joys. Worship leaders point others to Jesus Christ, as he is the only way for access to God. When Christians assemble together, they do so to meet with God, not to meet with church leadership. When worship leaders or any other pastoral leadership meet with shut-ins and terminally ill believers, it is not for the individual to meet them, but rather to meet with a representative of God and ultimately experience God for themselves. This

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[64] Jonathan Williams, "A Theology of Family Worship: A Critique of Richard Baxter's (1615−1691) Thesis that Family Worship is God's Will," (PhD diss., Southwestern Baptist Theological Seminary, 2019), 9, ProQuest Dissertations and Theses Global.

[65] Watchman Nee, *Spiritual Discernment,* (New York: Christian Fellowship Publishers, 2010), 49–72.

understanding of the worship role allows for a better comprehension of the connection to these individuals who cannot meet corporately in the church.[66]

The COVID-19 pandemic of 2020 gave a new realization to those who suddenly could not worship collectively. The "shut-in" mindset hit closer to home during this time. It forced church staffs, and many businesses for that matter, to look at how to deliver their services without bringing people into the building and without having direct contact with them. Gordon Jensen discusses how this global pandemic pushed churches to reimagine their methodologies in a new digital age. This new idea of mediated worship methods opened the doors of worship to shut-ins, hospital patients, and numerous individuals who already were experiencing the loss of fellowship with a body of believers.[67] Ryan Loche discussed how the pandemic forced churches to advance in their technological abilities for meeting. There may be debate on what constitutes a gathering for church meetings as the pandemic has finally subsided, but the need remains. These technological advances have made an alternative way to reach this group of shut-in individuals if they are willing to accept the new digital methodologies.[68]

As for the individual providing worship for these sick and shut-in individuals, the realization that these individuals may be getting to worship for the last time in their lives is of utmost importance. The Atlanta Symphony Orchestra had returned from touring the former Soviet Union for the first time in years. The orchestra had performed for an overwhelming number of Russian citizens, with a mix of young and old in the audience. Both youth and elderly were seen sobbing when Bach's Mass was performed. According to director Robert Shaw, the

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[66] Daniel I. Block, *For the Glory of God: Recovering a Biblical Theology of Worship*, 360.

[67] Gordon A. Jensen, "Religious Community in a Digital World," *Consensus* 44, no. 1 (January 2023), doi:10.51644/WNLQ9361.

[68] Ryan Michael Loche, "The Online Member's Experience of Pastoral Care Through Worship" (PhD diss., Liberty University, July 2023), https://digitalcommons.liberty.edu/doctoral/4847.

experience was very powerful for every member of the orchestra since they recognized that some in the audience were hearing the Mass for the first time while others were hearing it for the final time.[69] Understanding the importance of this time is key to allowing the shut-in individual to finish strong in worship of their God fully.

Modern Technology and People from Previous Generations

A quick answer for many is to simply say social media can fix everything. Online church services are a valuable component in the current age, especially following a major pandemic that shut down church services. The world found out there was a need for updated technology in the church in the event of another major shutdown. The thought-provoking side is for a moment in time, the entire church became shut-ins. For a moment, everyone experienced what it was like being shut indoors and not being able to get out.

Can social media be the fix to this issue? It only temporarily fixed the issue for the overall church during the pandemic, pushing some churches to go completely online for a while and other less-tech-savvy pastors learned how to stream live from their mobile device or iPad directly from their home study. The church was accepting of this new wave of technology when the need arose in desperation. However, nothing could take the place of meeting together in person and the interaction to true social fellowship.

Social media and such platforms have functionally worked for the most part. However, there are those who have struggled with accepting or maneuvering the social media revolution and streaming of church services. Some senior adults have labored with the task of learning to grasp the advances of technology, especially for the social aspects of this. There is also

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[69] Ray Crawford, Jr., "For All Generations: The Experience and Expression of Intergenerational Worship," (D.Min. dissertation, Drew University, 2007), 45, ProQuest Dissertations and Theses Global.

conflicting research about the effectiveness of technology in reducing loneliness.[70] Ryan Loche explains in his research how, within the context of the corporate service, components are missing when looking at online church. Many who participate online are not in a place or condition to truly participate in the corporate aspect of worship online. The biggest missing component is the philosophy behind the purpose of each church's livestream. If the livestream of the service is to minister to others, in this case shut-in individuals, then there should be effort to reach out to the online community in ministry through the livestream, making their intentions known. As Loche puts it, if the livestream is simply a stopgap until the person can attend the service again, then they should also let their intentions be made known. Having a philosophy for online worship is important if viewing the livestream as an extension of the church.[71]

Despite their deferred acceptance of technology, there is emerging evidence that elderly people have a good attitude about technology and are eager to incorporate it into their lives. Mitzner et al. conducted research on how older people viewed technology and discovered that they utilized multiple technologies at home to help with various parts of their lives and loved how technology made their lives simpler.[72] According to the United Methodist Church's discipleship webpage, there are currently volunteers who carry communion to shut-in and terminally ill individuals, providing the elements and prayer. There are also "comfort callers" who answer when something is wrong. They sit with the individual and listen. They claim the

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[70] Gemma Wilson et al., "Understanding Older Adults' Use of Social Technology and the Factors Influencing Use," *Ageing and Society* 43, no. 1 (2023): 222–45, doi:10.1017/S0144686X21000490.

[71] Ryan Michael Loche, "The Online Member's Experience of Pastoral Care Through Worship," (PhD diss., Liberty University, July 2023), 173, https://digitalcommons.liberty.edu/doctoral/4847.

[72] Tracy L. Mitzner et al., "Older Adults Talk Technology: Technology Usage and Attitudes," *Computers in Human Behavior*, 26, 6 (2010), 1710–21, https://doi.org/10.1016/j.chb.2010.06.020.

homebound-friendly church is a listening church, listening to the needs of the individuals and responding with the ministry.[73]

Worship in the care for sick and shut-in believers refers to the practice of offering spiritual assistance to those who are unable to attend regular worship services due to illness, disability, mobility, or other factors. Typically, clergy, chaplains, and other spiritual leaders visit hospitals, nursing homes, and private residences to provide comfort and spiritual guidance to those who are unable to leave their homes or participate in traditional worship services.

One of the primary purposes of worship in shut-in care is to promote a feeling of community and connection to persons who may feel alienated or alone because of their circumstances. This can be accomplished through prayer, scripture reading, hymn singing, and other forms of worship according to the needs and tastes of the person. Worship may also provide consolation and comfort by fostering a feeling of community by connecting people to God. Religious rituals, prayers, and spiritual activities can improve mental health, inspire hope, ease worry, and give an inner source of strength through tough times.

Worship and care offered to sick and shut-in individuals can positively influence their general health and well-being and offer spiritual assistance. Regular practices of faith have been demonstrated in studies to help decrease stress, alleviate pain, and enhance the overall quality of life in those living with a long-term illness or condition. Overall, worship in sick and shut-in care is an essential aspect of holistic care that recognizes the importance of addressing individuals' physical and spiritual needs to promote healing and well-being. Finding new ways to promote spiritual wellness through worship for those individuals in the last days of their lives needs to be something placed at the forefront of palliative care by pastors, worship leaders, and chaplains.

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[73] "When Church Members Become Homebound," Discipleship Ministries, May 13, 2015, https://www.umcdiscipleship.org/resources/when-church-members-become-homebound.

The most successful way for churches to interact with shut-ins, whether they are dealing with terminal illness or the frailty of elderly age, is through careful listening. A church that stresses listening and responding to these persons' needs displays authentic congregational service. This effort goes beyond the need to care for shut-in members; it is a significant act of service and volunteerism for all members of the church community. The reciprocal nature of this endeavor assures that the advantages are mutual and widespread. Shut-ins might find comfort and security in feeling heard and acknowledged by their faith community, which fosters a sense of connection and belonging even in times of physical isolation. By attentively listening to their challenges and wants, churches can modify their support and outreach efforts to better address the specific obstacles and situations that shut-ins confront. Engaging with shut-ins provides church members with a wonderful chance to exemplify the principles of compassion and service. Members who participate in shut-in ministry can find deep personal fulfillment as they provide worship support to people in need in their faith community. The benefits of this work are many, enhancing both the lives of shut-ins and the larger church community. By cultivating a culture of attentive listening and compassionate action, churches may genuinely embody the spirit of service, ensuring that no member of their community feels neglected. The factor of worship then has a chance to thrive even within the context of those who are shut-in or face the dread of a terminal illness.

Worship is a powerful tool to bring the whole church together in the face of any obstacle. It is a collective effort to face the unknown together by calling on the name of the Lord through praise, prayer, and other worship practices. The collective experience reciprocated from generation to generation allows the church to thrive throughout the entire congregation. Death is without doubt a certainty. Paul's statement, "For if we live, we live to the Lord, and if we die, we

die to the Lord. So then, whether we live or whether we die, we are the Lord's" (Romans 14:8), and David's declaration, "Give unto the Lord the glory due to His name; worship the Lord in the beauty of holiness" (Psalm 29:2), bring the worship experiences of the congregation and those shut-in back to a central focus on giving praise and glory to God.

Chapter Three: Methodology

Introduction

This qualitative phenomenological study aimed to investigate the lived experiences of meaningful worship services, sacraments, and practices among shut-in and terminally ill Protestants who were unable to attend church due to medical reasons. The study aimed to examine the shut-in individuals' worship experiences and how they influenced the spiritual well-being of people who had restricted mobility or were reaching the end of their lives. The emphasis was on how assisting these folks with end-of-life worship impacted their spiritual concept of dying in peace spiritually. This chapter explored the need for this targeted research. It emphasized the need for honest communication with caretakers, family members, and spiritual leaders to suit the individual's various spiritual desires and needs. The researcher is also interested in discovering ways to grow ministries to these persons by utilizing lay leadership to provide worship ministry and connect the church with those in need. The findings from this study may lead to more discoveries that can help accomplish this goal.

Design

This study took a phenomenological approach. The phenomenological technique arose from Edmund Husserl's work, which laid the groundwork for the phenomenological approach. This was followed by his student, Heidegger, who branched off from Husserl and developed the hermeneutical approach to phenomenology.[1] In qualitative research, phenomenology has remained an important methodology. Phenomenology attempts to grasp and define the essence of lived events. The hermeneutical circle brings a very methodical approach by understanding and

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[1] Katarzyna Peoples, *How to Write a Phenomenological Dissertation: A Step-by-Step Guide*, (Los Angeles: SAGE Publications, Inc., 2021), 32.

interpreting the larger picture through understanding the individual portions, as well as how those individual portions fit together in the complete story. This hermeneutical approach is applied to this particular study as the interview process provides much insight into the experience of shut in individuals, which is then analyzed and interpreted by the researcher. The researcher's purpose with this method is to look at the distinctive and subjective aspects of worship for shut-ins and dying individuals, focusing on their perceptions, beliefs, and emotional responses. This method reveals the worship needs of said individuals, what ministry they have received from ministers, and may suggest issues that need to be addressed.

Research Question and Sub Questions

This study seeks to provide an answer to the research question: What are the lived experiences of terminally ill and shut-in individuals under the care of select Protestant Christian ministers and pastors? This is broken down into the sub questions as follows:

- What physical limitations have kept the believer from worshipping through the last days of their life?

- What elements of worship are historically used in the pastoral care of shut-ins and terminally ill patients?

- How can a worship pastor better meet the worship needs of a shut-in or terminally ill patient and keep them connected to the congregation?

Participants

Participants in this study were carefully chosen to reflect various perspectives and viewpoints. Individuals who were physically unable to leave their homes, as well as those receiving hospice care or nearing the end of their lives, were considered for selection. Anyone

who could attend church regularly or was just momentarily unable to do so was not included in this study. Also, anyone who decided to participate in church online yet was able to attend was also not included. Those who were shut-in or terminally ill and could not attend but participated via online format were eligible because it was part of their experience while unable to go. Participants were recruited through various routes, including family ties, healthcare institutions, support groups, and churches, to ensure a diverse range of backgrounds.

The study adhered to ethical guidelines that upheld the rights and well-being of the participants. All participants provided informed consent, underscoring their voluntary involvement, confidentiality, and the right to withdraw at any point during the study. To protect their identity and ensure anonymity, participants were assigned pseudonyms. Potential volunteers answered screening questions when they expressed interest in the study in person, over the phone, or by email. A select few were chosen for in-person interviews, with a Zoom interview as an alternative technique, though not utilized. Follow-up interviews were an option only if necessary. However, with the use of recordings, the researcher was able to revisit the interviews. Fortunately, follow-up interviews were not needed.

The Researcher

The principal researcher has significant academic qualifications, including three Master's degrees in religion, divinity, and theology. With a remarkable history as a seasoned worship pastor, the researcher contributes a wealth of practical knowledge in worship practices and spiritual leadership. The principal researcher had full responsibility for carrying out the study design, overseeing all aspects of recruiting and data collection, and ensuring a thorough approach throughout the research process. In an effort to ensure objectivity, the researcher strictly adhered to professional boundaries, abstaining from any prior engagement with study participants or

access to information about their personal life. The researcher's training provided the abilities

necessary to navigate the challenges of the proposed investigation with reliability. Drawing on

his pastoral care expertise, the researcher provided a unique viewpoint to the development of

interview questions, inspired by a thorough awareness of the spiritual and emotional needs of

people shut-in or confronted by terminal illnesses. The researcher's devotion enabled an

examination of the study question, yielding insights that promised to enhance the larger

discourse in the field of end-of-life care.

Setting

The researcher conducted the interview in the care facility or at the individual's home,

depending on the individual's schedule and availability. The survey was presented in person

using a manilla envelope. The results were safely obtained by returning the survey to the manilla

envelope and delivering it to the researcher via prepaid mail or in person.

Instrumentation

Extensive interviews were the major data-gathering tool for this study. The researcher

functioned as the primary tool, interacting with and observing the participants firsthand. An

interview outline was developed to ensure consistency while also allowing for the investigation

of participants' individual experiences and perspectives. The interview guide included open-

ended questions to obtain the participants' genuine worship experiences while in their limitations.

Engaging questions were used to gather detailed and reflective responses from participants. An

anonymous survey was also distributed to shut-ins in other parts of the country to obtain

firsthand information. This survey is located in Appendix E. The researcher developed the tools

with the help of ministry and education specialists.

Interview Guide

The research approached every individual with the same line of questioning. This gives a solid base for receiving information from the participants. The questions are as follows:

- Tell me about your church experience growing up.

- How long have you been unable to attend church services?

- When was the last time you attended a church service?

- What aspects of attending church services do you miss the most?

- What part of church life did you spend the most time? (Teach, worship, committees, etc.)

- Do you get to watch the church service through video or on TV?

- Discuss your salvation experience.

- How has not being able to attend church services impacted your spiritual well-being?

- What specific spiritual needs do you currently have? (Access to religious texts, prayers, worship, distance participation through virtual variations, counsel, giving, etc.)

- How important is it for you to fulfill your spiritual needs while being unable to attend church services? Discuss this answer.

- What coping mechanisms or practices have you found helpful in maintaining your spiritual connection during this time? Explain these and how they help.

- Have you received any support or resources from your religious community since becoming a shut-in or being diagnosed with a terminal illness? If yes, please briefly describe the type of support you received.

- Is there anything else you would like to share about your experiences or needs related to worship and spirituality as a shut-in or terminally ill patient?

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Procedures

The project began with Institutional Review Board approval, which ensured that ethical rules and protocols were followed (see Appendix H for details). Participant recruitment and selection were launched using an integrated strategy, including invitation emails and identical hardcopy letters (see Appendix A), as well as referrals from church, the care facility, and community leaders. Personal interview participants were carefully selected from central Kentucky households, whereas survey interview participants were recruited from around the United States. An intake survey (see Appendix E) was used to collect important participant information, including culture, ethnicity, age, gender, religious affiliations, and geographical background. This extensive approach to participant recruiting and data collection guaranteed that the study was representative of varied demographics and geographic areas, hence increasing its validity.

Before each interview session, the participant signed an informed consent form, indicating that they fully understood the nature of the study and agreed to participate willingly. This method is essential for maintaining ethical standards and preserving participants' autonomy. Once the informed consent form was signed, the researcher conducted the interview in a private setting that encouraged open communication. To precisely capture the conversation, the interview was recorded with a personal voice recorder, and the digital file was safely kept on a laptop with password protection. The laptop holding the recording and signed informed permission form were securely stored in a lockable file cabinet to ensure data security and integrity. It is vital to highlight that no interviews were conducted without first obtaining the participant's clear written and verbal agreement to participate in the study. Likewise, each initial participant interview was completed in a single session to provide continuity and very little

disruption to the interviewee's schedule. No follow-up interview was needed as the recorded initial interview provided the needed information. This thorough methodology assured ethical compliance while also creating a suitable setting for meaningful conversation and data collection. The survey provided more context to the data, adding further reach into the region.

Data Analysis

The survey was administered and data collection was done in a conventional manner, with participants' replies collected in a secure manilla envelope. Both physical and digital data were then methodically analyzed, examined, and safely stored in a locked cabinet, with digital copies kept on a jump drive in the same secure location. To protect data confidentiality, all stored information, whether physical or digital, will be safely destroyed after three years, per standard procedures. Moving ahead, the data analysis strategy favored simplicity, categorizing obtained insights into themed collections of issues and concerns. Given the topic's importance in church life, the resulting analysis will most likely be published.

Transcript analysis has been conducted using a systematic coding approach, with transcripts sequenced in the order of interviews to encourage reflection. This coding style helped the researcher understand participants' views and analyze their collective experiences. By carefully transcribing and coding the interviews, the research project ensures a thorough grasp of participants' goals while reducing the possibility of bias on certain issues during the assessment phase. Follow up interviews were not needed as the recordings were adequate for recalling information from the interviews. Listening through the interview recordings allowed the researcher to think through any potential personal biases, giving a better assessment of the content and context.

Journaling

The researcher used journaling as a preparation and reflection tool both before and after the interview process. This method was designed to expose any potential biases or predispositions that the researcher may have brought to the study. Journaling before the interviews allowed the researcher to investigate and acknowledge any personal beliefs or assumptions that may have impacted the conduct of the interviews. However, journaling was not feasible during the interviews because the time was spent focused on the interviewee and recording the conversations. This strategy allowed the interviewer to completely focus on the participant and their comments, resulting in a more authentic and unconstrained flow of thoughts. By removing the distraction of taking notes during the interview, the interviewer was able to connect more effectively with the participant, resulting in a more natural and insightful discourse in answer to the interview questions. The journaling and recordings allowed time for reflection, revealing any possible personal bias within to allow for a more objective view of the study.

Validity

In this qualitative dissertation, credibility was carefully established through active involvement with participants who were either shut-ins or had medical circumstances that prevented them from attending or participating in church events on a regular basis. This included creating substantial connections with individuals, allowing for genuine insights into their experiences and opinions. To assure reliability, a thorough strategy was used, with stringent documentation of every stage of the data collecting and analysis operations. This included meticulous documentation, rigorous auditing of interview transcriptions to confirm correctness, and coding implementation to ensure consistency and trustworthiness in the analysis.

Confirmability, a key component of qualitative research, was carefully maintained by analyzing data sources and cross-referencing findings from many individuals. This involved thoroughly comparing interview notes and evaluating similarities and inconsistencies in replies to ensure the data's credibility and consistency. These methodological disciplines ensured that the study's conclusions were supported by strong evidence, which improved the overall validity and trustworthiness of the research results. Nevertheless, it is critical to understand the study's inherent limitations, including potential researcher biases that may have unintentionally impacted the research method or interpretation of findings. When evaluating the results, it is also important to consider the study's distinctive context, including the participants' unique experiences and opinions. Despite these constraints, the thorough adherence to accepted qualitative research methodology, as well as the precise implementation of data collecting and analysis processes, contribute to the study's credibility and relevance.

Reliability

To ensure the reliability of this qualitative study, considerable care was taken to preserve consistency throughout the data-gathering process. Standardized interview protocols were strictly followed, ensuring that information was gathered consistently. Furthermore, observations of the individual's surroundings and dwelling were extensively documented, capturing details and enabling a thorough comprehension of the research circumstances. The use of a systematic approach to data processing improved analytical dependability. Theme analysis, together with specific coding standards, provided a solid foundation for organizing and analyzing the data that was collected. This meticulous approach not only increased the quality of the research but also made it easier to identify major patterns and themes in the dataset. Reflexivity was critical in maintaining the validity of the findings. By participating in journaling, the researcher carefully

investigated his own biases and prejudices, reducing the possible impact of personal opinions on study conclusions. This self-awareness and dedication to introspection considerably improved the results' authenticity and reliability, thus increasing the dissertation's overall dependability.

Limitations/Delimitations

The limited sample size and focused emphasis on a single demographic group may limit the findings' applicability to different populations. Notably, the study's limitations are highlighted by its specific focus on a certain demographic subgroup, which may impede the generalization of results to other groups with different traits and experiences. Furthermore, the study's limitation to a certain geographical place limits its application outside the defined region, limiting the range of insights gained. The use of semi-structured interviews as the principal technique of data gathering introduces additional restrictions. While this strategy provides valuable qualitative data, its dependence may unintentionally impact the extent and depth of information gathered, thus altering the comprehensiveness of the conclusions.

An inherent weakness in such a topic and with elderly interviewees is the emotional versus the actual. The researcher had to dig deeper into the statements of the interviewees, often reviewing the recordings multiple times to hear beyond the emotions to discover what they were truly saying beyond potential emotional bias. The researcher would rephrase and return to the question and to scripture for the core answer. A strength of this interview style was that it helped to understand what was important to those individuals. The reality remains that these individual experiences are merely one perspective.

Recognizing these inherent constraints and limitations is crucial since they will undoubtedly influence the breadth, depth, and interpretative scope of the study findings. However, proactive procedures were made to reduce potential biases and ensure the study's

integrity. Rigorous data analysis approaches were used, promoting a methodical and rigorous study of the acquired data in order to derive relevant insights while limiting the impact of interpretive bias. Future study might look into comparable subjects in various cultural contexts or with bigger and more varied samples to confirm and extend the findings.

Ethical Considerations

This study strictly adhered to ethical procedures to protect the rights and well-being of participants. These standards included obtaining informed permission from participants, preserving anonymity to safeguard their identities, securely storing digital data to avoid illegal access, and putting privacy first throughout the study process. Adherence to ethical standards was vital, and it closely corresponded with Liberty University's criteria, demonstrating a dedication to maintaining principles of integrity. Throughout the inquiry, the researcher has shown a consistent commitment to ethical concerns, ensuring that ethical concepts pervade all parts of the study. Adherence to the rigorously defined techniques in this chapter was critical to ensuring the research's integrity and precision. It is critical to stress that the potential risks to human participants in this study were low, since all precautions have been taken to protect their interests and wellbeing. If there were any questions or concerns about ethical rules, participants were asked to contact the researcher for explanation and reassurance. Additionally, Institutional Review Board (IRB) permission was successfully acquired, confirming the study's ethical soundness. Any issues or ethical dilemmas that may have developed throughout the course of the research were quickly identified, thoroughly reviewed, and resolved in accordance with established ethical processes and standards.

Summary

This chapter provides an in-depth guide to the approach and design used in phenomenological research. It provides a detailed analysis of the many components, including an explanation of the methods, the selection of instruments, the description of participants, and the researcher's involvement in the study. It also dives into important conversations of data analysis procedures, issues of validity and dependability, and the ethical values that drive the research enterprise. The next chapter delves deeply into the lived experiences of those who are restricted due to illness or other restricting conditions, using a phenomenological method. Through this methodological lens, the interviews allowed these people to explain and share their very personal experiences, providing insights into the complexities of their living under the constraints of their physical limits. This method not only reveals the intricate fabric of their unique experiences but also offers insight on the difficulties and complexities of navigating life as a shut-in. Importantly, it identifies gaps or blanks in their lived experiences, acknowledging that limits may frequently impact their perspective and connection with the world around them. The introduction of their own Christian experience and biblical perspective into the interview process gives a distinctive depth to the investigation. By allowing participants to articulate the intersections of their faith and everyday experiences, the study offers a comprehensive picture of their worship stories, capturing the enormous influence of spirituality on their coping strategies, resilience, and sense of purpose in the face of challenges. The hermeneutical phenomenological approach used in this study reveals the intricate layers of lived experiences while also acknowledging the complex facets of human existence, which include both the tangible realities of confinement and the intangible essence of faith and worship.

Chapter Four: Research Findings

This chapter contains the results of the phenomenological study conducted to answer the

research question and sub-questions:

Research Question

RQ: What are the lived experiences of shut-in individuals under the care of select Protestant

Christian ministers and pastors?

Sub-Questions

- What physical limitations have kept the believer from worshipping through the last days
  of their life?

- What elements of worship are historically used in the pastoral care of shut-ins and
  terminally ill patients?

- How can a worship pastor better meet the worship needs of a shut-in or terminally ill
  patient and keep them connected to the congregation?

Introduction

This chapter presents the research findings from participant interviews using a

phenomenological method. The experiences and testimonies recounted in this chapter

demonstrate a wide range of lived experiences involving pastoral care and worship, as one might

anticipate, given the diversity of denominations and locations. As mentioned in Chapter 1, the

study has become significant by showing how these elements of worship give shut-in individuals

spiritual satisfaction and a form of community. The need for worship in an individual's last

phase of life is important to allow them to finish strong spiritually as a worshipper of a great

God. As mentioned in the Statement of Purpose, the services, sacraments, and practices offered

to these individuals by their church leadership and fellowship impact their spirituality and motivation in their final phase of life.

The individuals interviewed participated voluntarily, and their responses to the interview questions are delineated into subsections to understand and answer the research questions thoroughly. Responses are studied from three basic perspectives: demographics and how they influence the outcomes; perspective and how each individual perceives the ministry supplied to them; and spiritual needs and whether they are met, as well as how they are received. The research was gathered in an intentional way not to sway the perspectives of the individuals being interviewed. Whether received or not, the perspective of ministry is just what it is—their perspective. The ministry needs of these individuals are important from their perspective and based on the fundamental worship needs of the individual. As previously mentioned, all Christians are created to be individuals of worship unto God, with that purpose extending to the end of life, not just until they become shut-in and unavailable to attend a worship service.

The individuals interviewed shared their testimonies. All professed faith in Christ at an early age and have had extensive life experience within the church fellowship. Worship in each aspect mentioned here is not foreign or strange to any of these individuals. They each shared moments of ministry in worship with these elements and discussed at length the impact they have had on their lives to this point. These discussions are organized and relayed through the topics mentioned below. The findings intend to show the need for these worship elements in the lives of shut-ins, especially those who are in the latter days of their lives.

<center>Demographics and Backgrounds</center>

In the interviews, it was important to document the demographics and church background of each individual interviewed. The demographics and church history of the individual laid the

groundwork for understanding perspective and reasoning for individual thought. Even within similar denominational backgrounds, every church is just as diverse as the individual attending it, or in this case, being ministered to from a distance. The primary demographic material was age, gender, denomination, location, and employment status of ministry staff. Location was divided into three subcategories: urban, suburban, and rural. The rural and suburban churches in the research have bi-vocational pastoral staff, while the urban church has full-time pastoral staff. All individuals fall within the categories of three age groups: 70s, 80s, and 90s.

Table 1. Demographics of Participants

Participants	Age	Gender	Religious Affiliation	Location of Church	Pastoral Leadership
1	91	Female	Southern Baptist	Urban	Full-Time
2	73	Male	Non-Denominational	Rural	Bi-Vocation
3	88	Male	General Baptist	Rural	Bi-Vocation
4	92	Female	Missionary Baptist	Rural	Bi-Vocation
5	75	Male	Missionary Baptist	Rural	Bi-Vocation
6	82	Male	General Baptist	Suburban	Bi-Vocation
7	81	Female	General Baptist	Suburban	Bi-Vocation
8	83	Female	Non-Denominational	Rural	Bi-Vocation
9	79	Female	Southern Baptist	Urban	Full-Time
10	80	Male	Southern Baptist	Urban	Full-Time

The gender of the participants was equally balanced between male and female. Though the majority of individuals interviewed fall into the overall category of Baptist, the denomination was broken down further into subcategories of Baptists, with two individuals falling into the non-denominational category. The Baptist subcategories include Southern Baptist, Missionary Baptist, and General Baptist. All three categories are prominent throughout central Kentucky, where the interviews occurred. In looking through the responses in the interviews, the Southern

Baptist participants also come from an urban area with full-time pastors. The General Baptist individuals are members of suburban churches with bi-vocational pastors, like the rural Missionary Baptist churches. The denominational differences fall along the lines of location and leadership job status. These denominational differences become less of a factor than the location and job status of the pastoral leadership.

Fundamental findings within the research point to a logistical element in the pastoral staff: the status of the pastoral leadership being full-time or bi-vocational. Time constraints that befall the pastor, worship pastor, or any other staff member who serves bi-vocationally can impede the time available to minister to those in the congregational fellowship. Participants One, Nine, and Ten all expressed how their pastoral leadership had visited regularly, provided insight into the fellowship, and prayed with and for the individuals. All three individuals had pastors who were full-time in ministry, with part-time worship leaders. These same individuals attended churches in urban locations, relatively close to their homes. The pastor or worship pastor more easily stopped by to visit with these individuals regularly or as needed.

<center>Perspectives</center>

Perspective is an important factor in forming an individual's perception of ministry. The researcher defines perspective as how someone views or comprehends a situation, thought, or event based on their unique background, beliefs, values, and personal experiences. Past experiences with a ministry, whether favorable or unpleasant, influence an individual's viewpoint. Individuals' mental and emotional health might also influence their views about ministry. When shut-in with possible health issues, one's perspective can impact how the ministry is perceived and received. Understanding and appreciating diverse perspectives is critical for effective ministry and building meaningful relationships with shut-in individuals.

The participating individuals show the cultural impact that H.L. Jernigan mentions, as seen in Chapter 2. What a person believes in their formative years carries them into the remainder of their life and sets the tone for the end of life. It is this cultural perspective on how they see how ministry is handled and whether they think it is right. A shut-in individual's perspective is the primary perspective of importance in this study. For example, in the discussion of communion and if it is offered to them as a shut-in individual, seven of the ten spoke to never having communion elements offered to them as someone shut-in. Three participants claimed to have partaken of communion by way of church leadership visiting every time it is offered at their home churches. Those particular home churches are urban and have full-time pastoral staff. The churches that do not offer communion to shut-ins are rural or suburban, smaller congregations with bi-vocational pastors and often times volunteer worship leaders. Though the sacramental elements of communion are an ordinance of the church and a memorial to the sacrifice Jesus made on the cross, the rural churches mentioned in the study that do not offer communion to shut-ins only offer communion once or twice yearly. It is often a missing element of worship to offer to the shut-in individuals because it is limited in how often it is celebrated.

Beyond the three individuals who received communion elements as a shut-in, four of the seven missed that component of worship. Three of the remaining seven did not miss it because it was not a significant part of their home church's culture. Those churches only partake of the communion elements once yearly at Easter. Once again, it is reflective of the unique local culture of each autonomous church. Participant One mentions their early life living in a large metropolitan city up north and going to a local Southern Baptist church. She mentions how the perspectives, personally, were similar, but corporately they were the minority in the big city. This is different compared to the central Kentucky area she lives in currently where there are

mostly small and medium Southern Baptist churches. She understood when perspectives on

church were different socially. Now, there is a similarity for her in seeing church from a different

perspective personally in her individual situation.

Table 2. Aspects of Church Attendance Missed the Most

Participants	Corporate Worship/ Singing	Ordinances (Communion & Baptism)	Sermons & Corporate Prayer	Fellowship	Sunday School
1	●	●	●	●	●
2	●		●	●	
3	●		●	●	
4	●	●	●	●	
5	●		●	●	
6	●	●	●	●	
7	●	●	●	●	
8	●		●	●	●
9	●	●	●	●	●
10	●	●	●	●	●

Table 2 shows particular missing items from the participants' viewpoints. These are the

ministry areas in which shut-ins would like to participate. The exception to the desire to engage

is the possibility that these believing individuals have been frustrated or depressed to the extent

that they have lost the drive to participate. Nonetheless, spiritual motivation and encouragement

comes through an encouraging and motivating factor, namely an individual who seeks to

minister to these individuals in their state of being shut in. Pastors, layleaders, and volunteers

who bring worship elements to these individuals and others like them provide a service, as Jesus

proclaims (Matthew 25:40, English Standard Version). The chart reveals the desire for worship

versus the actual offerings of worship to these individuals.

Also on Table 2, one could notice that Sunday School is an element that is greatly missed. Sunday School has several social aspects that make it appealing to many churchgoers. The small group feel makes it easy to grow fond of the time there. Social aspects are more important when one spends much of their time alone. Therefore, the church's social events are missed the most. In Chapter 2, Kenneth J. Rodrigue is quoted as discussing older adults and the feeling of loneliness when the church gathers and they cannot.[2] Sunday School, though structured for biblical education, is still another social event. Churches should be cautious in putting less emphasis on Sunday School. Though culture can dictate the importance one places on certain spiritual items, it cannot dictate the needs.

As for the ordinances of the Lord's Supper, or communion, and baptism, there were unique perceptions concerning these items. For all denominations represented, these ordinances are foundational. However, the cultural stance of the rural church members, with the exception of one participant, were not used to a regular recurring act of communion. It occurred once a year by a few, and quarterly by the remaining. With all of the participants professing faith in Christ, they can celebrate anyone getting baptized upon hearing of the good news. The focus of the ordinances then is on the act of communion as it is participatory in nature.

For Participant One, Nine, and Ten, the explanation was that they miss taking communion with the fellowship of believers gathered in the sanctuary. However, they have pastoral staff that bring communion to them at their homes, pray with them, and partake of the Lord's Supper. This service allows them some form of connection to the in-person service. Participant Four is a church member that only takes the Lord's Supper once yearly at Easter.

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[1]Kenneth Rodrigue, "Shut-Ins Who Feel Shut Out: Increasing Ministry to Homebound Congregation Members Through Lay Visitation and In-Home Bible Study" (Master's thesis, Wisconsin Lutheran Seminary, 2018), 4.

Because of this, there is only a significant emphasis placed on it for this one day. Therefore, it is an afterthought for the pastoral staff to provide communion for shut-ins and terminally ill individuals as Easter is such a busy time for a bi-vocational pastor.

All participants share a common emphasis on the importance of singing or music in worship, preaching the Word, and fellowship. However, the perspectives of urban participants delve deeper, placing additional emphasis on the foundational ordinances and the importance of Sunday School. Participant Eight stands out as the only rural church member, emphasizing her sense of loss over Sunday School, primarily because she used to teach the children's class. She lovingly recalls her time educating children and takes delight in their development into successful adults.

With all of these individuals, there were small groups or pockets of friends they were used to spending time with, and simply doing life together. The church was a natural place for those relationships to grow and become more like family. Missing out on the church activities and fellowships have seemingly impacted all of these individuals. While staying in touch via phone or text is still good, it is a lifestyle change from what they experienced before. Each spoke of friends that had passed away, making communication and fellowship with those who remain now so much more important to them. This distance can be a major contributor to the loneliness they feel and the impact it has on their spiritual well-being. Every time another close friend passes away makes the time remaining that much more important. Fellowship is a part of worship done together. Worship together is important to the life of the church; thus, gathered worship should be addressed for these individuals who have expressed the need for fellowship with the church body.

faith community. They also struggle with a sense of disconnection from their church family, which may exacerbate feelings of loneliness and isolation.

Proverbs says, "Trust the LORD with all your heart and do not lean on your own understanding. In all your ways acknowledge him, and he will make straight your paths" (Proverbs 3:5–6). The final days of a believer's life typically include surrender and believing in a greater authority. Worship allows individuals to express their issues, anxieties, and wishes to God while respecting His sovereignty and wisdom. Worship enables Christians to express their faith and place their lives in the hands of God, finding peace and assurance in His perfect plan.

When speaking with each participant, there were elements of their spiritual lives that were in deficit, and they felt a need to fulfill those areas. Are there ways to fulfill these needs despite limited ability and mobility? Yes, with special effort from the church body and church staff. Participant Three has limited mobility to his home yet is very social. This leads to a spiritual loss as he thinks about the fellowship of believers. Realizing this need, his pastor coordinated with the participant's family and the congregation to have the church members journey to the participant's front yard, where the participant would sit on the front porch and listen to the church body sing hymns and share the message. It was a special time for this shut-in individual to feel a part of the congregation again. It does not change the daily loss of social connection, but it does allow for a moment on occasion to regain church fellowship. This is only possible because the participant lives in a rural area with space to host such an event. This method does not always work in every situation; however, it is an example of a pastor thinking creatively to reach a congregant in need.

As Allen Ross was quoted in chapter 2, there is every reason for the church to evaluate everything they are doing to see how they can do it better.[2] Church evaluations like this allow for creative ways to reach those in need. It is a reminder of the biblical account in Luke 5:17–26 where some men tried to get a sick friend to Jesus and creatively found a way to get him to the Lord through the roof. This is the kind of creativity needed to get those who are shut-in or sick to the point of being unable to attend the fellowship to Jesus. When the church loves like Jesus, they find ways to be creative and meet the needs of the congregation throughout the fellowship. Spiritual needs can be found throughout the church membership, whether present or shut-in. Those not present can be easily overlooked.

Table 3. Are Spiritual Needs Being Met?

Participants	Visitation	Prayer	Digital Access	Religious Texts
1	●	●	●	●
2				●
3	●	●	●	●
4	●	●	●	●
5		●		●
6		●	●	●
7		●	●	●
8				●
9	●	●	●	●
10	●	●	●	●

Religious Texts are the Bible, plus Sunday School Materials, Bulletin, Study Materials, etc.

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[2] Allen Ross, *Recalling the Hope of Glory: Biblical Worship from the Garden to the New Creation* (Grand Rapids: Kregel, 2006), 470.

What efforts are being made to meet the spiritual needs of these people? Only half of the ten people interviewed could confirm that they receive visits, prayers, digital access to church services, and access to key resources for studying the Word of God, such as Bibles, Sunday School literature, and study guides. These four factors are critical components in ministering to individuals who are shut-in or have a serious medical condition that prevents them from attending church services.

Visitation

Visitation is an essential aspect of social connection, providing shut-in individuals with the opportunity to engage in direct contact with church members. Regardless of their circumstances, visiting emerges as a critical component of ministry for all churches, symbolizing a time-tested tradition. The notion of visitation originates in the example given in the Garden of Eden (Genesis 2–3). According to the biblical account, God Himself paid repeated visits to Adam, exhibiting compassion to his needs and eventually taking action to address them. This foundational act of visitation resulted in the creation of Eve, a moving tribute to the transformational power of attentive care. Visitation serves as a beacon of light, highlighting the needs that are frequently veiled by seclusion. Visitation goes beyond mere observation to encouraging direct, hands-on interaction, with compassion. Visitation, whether providing spiritual counsel, practical aid, or just listening, is a visible reflection of the church's commitment to comprehensive care and support.

Not every participant received a good visitation experience. Participants Two and Eight both speak of how the pastor had little to no support staff and was running a second business while serving. This was the explanation given as to why the pastor had not been to visit them, nor anyone else from the church, to offer any form of worship experience to them. The difficulty

potentially runs deeper than simply not visiting. Participant Two mentions how the church had

lost members, and the numbers had been down, the last he had heard. There was not enough

financial benefit for the pastor to commit solely to the church, and he had to take on a second

and, at one point, a third job. When the church cannot afford to hire needed staff, nor can they

afford to pay the pastor, this creates a vacuum of cyclical issues, and the ones feeling the

bluntness of the issue are those who cannot do for themselves. This participant, who once served

in ministry and often helped alongside this pastor when he was able, is now feeling the effects

that come with bi-vocational ministry in a church that struggles financially.

As mentioned in Chapter 2, fear of missing out (FOMO) is a real experience of social

pain, feeling that they are missing out on social connectivity, special moments, and memorable

events while they are left out. These feelings of loss and alienation can lead to relationship

devaluation, according to Geoff MacDonald and Mark Leary.[3] William Breitbart and his

colleagues discuss how these emotions of hopelessness and depression can lead to destructive

activities.[4] Often, these emotions lead to a desire to hasten death to escape the feelings of

loneliness and FOMO. Visiting church members can keep them encouraged as members of the

body of believers, strong worshippers of God, and a valued part of the congregation. This is all

part of them finishing the life race strong in the Word and their faith.

<div align="center">Family</div>

Within the discussions, family came up many times. Every participant has a close

relationship with their children and grandchildren, and some with their great-grandchildren.

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[3] Geoff MacDonald and Mark Leary, "Why Does Social Exclusion Hurt? The Relationship Between Social and Physical Pain," *Psychological Bulletin* 131, no. 2 (2005): 202–23, https://doi.org/10.1037/0033-2909.131.2.202.

[4] William Breitbart et al., "Depression, Hopelessness, and Desire for Hastened Death in Terminally Ill Patients with Cancer," *JAMA* 284, no. 22 (2000), 2907–11, DOI:10.1001/jama.284.22.2907.

Participant One lives with her daughter and son-in-law, while the others live somewhat close to their children with the furthest being only an hour away. These are valuable relationships, serving their elders, with love and honor as a family should. Participant Four's daughter lives next door and spends a great deal of time meeting needs while working in a full-time career. Participant Two lives an hour from his son and daughter-in-law who help care for him as often as possible. His son's career is quite extensive, along with having two teenage children. The participant spoke of them fondly, wishing he had more time to spend with them. This participant has several medical issues and it is difficult for his son to be at every appointment. When asked if the church family ever steps in to help transport him to doctor's appointments, he said that he had not heard from his pastor in several months, nor anyone else from their church.

Participant Five has a wonderful relationship with his daughter and his son and daughter-in-law. They transport him whenever he needs to go to an appointment or meeting of any type. Though he never takes his pastor up on the offer, he has a backup plan for those moments. This participant's son is also a preacher. He serves pulpit supply as often as needed and travels some with his job. When he cannot be there for his father, his sister or niece step in to help. Participant Five said that he hates to be a burden, but he sure enjoys spending time with each of them. They work together to make sure someone is there when needed. However, this individual does not mind sitting alone when he has to.

Participant Eight lives just down the street from her daughter and only a few miles from two granddaughters. Her other children live in southern Indiana, and they come pick her up for major doctor's appointments there. This participant has many medical issues and sees several different doctors for different needs. Though she has spent many years in church, her children do not attend as regularly as she once did. When she feels up to it, she watches church on television.

When asked about her needs she said her daughter comes to take her where she needs to go and picks up whatever she needs. At one time she liked to read, but now her eyesight has faded and she doesn't read like she once did. As for her children picking up any materials for her, she said it would be useless now. If she reads, she reads her Bible. She does live with her husband, who also has several ailments and cannot be the transport for her except in emergency situations. She said if there was an emergency, she would just call for help and not stress him out.

All of these participants spoke highly of their children and grandchildren, how they are proud of their accomplishments and how they miss them when they are not there. This contributes to the idea of their loneliness becoming more acute immediately after they have spent time with their families. Worship with family then becomes inconsistent.

<div align="center">Prayer</div>

The conversation with Participant Eight turned the discussion towards prayer. Her comment was about how she would mention a need or a situation she or her family was going through to a pastor or other church member, and their response was simply, "We will be in prayer about it." It was not that she was looking for someone to take care of the need, but the connection of prayer could have happened right there in the moment instead of a thought of praying later. This type of ministry connection is important to the shut-in who sees little to no effort of ministry from others.

As seen in Chapter 2, Levin provided a study that has highlighted the power of prayer, which has documented healing capabilities (James 5:14–15, Hebrews 11:11). This is not always physical healing, though it has taken place. Prayer has healing capabilities physically,

emotionally, and socially.[5] A church member, lay leader, deacon, or pastor stopping to pray with someone who is shut in reveals a Christ-like character within. As Bob Kauflin mentions, prayer helps bring to remembrance what the individual praying cannot do, it opens eyes to God's great purpose, and it cultivates care for others.[6] For those participants in the study who received prayer, not just on a prayer list, but by someone calling or visiting them, there was a sense of thankfulness and encouragement. They felt they were a valued part of the church community and, most of all, loved.

Participants One and Four kept a list of events and individuals needing prayer. One way they felt most effective in their Christian walk was to pray for individuals and events as they would arise. This gave them purpose in the church's life, by praying for God to bless and heal, touching heaven on the behalf of others. This gave them self-value and motivated them for everyday life. Though they cannot be there in person, they were still a part of the overall church life and others in the church knew they were praying for them.

<div align="center">Digital Access</div>

The online revolution had already had an impact on society, but with COVID-19 beginning in 2020 and repeated shutdowns disrupting normal routines, its importance in the church grew much stronger. The transfer to virtual platforms became a hot subject among the participants, with seven out of ten choosing online means to connect with their church services. Some even went so far as to listen to multiple services on Sundays. The remaining three persons who did not embrace online involvement were indifferent, with one expressing clear opposition

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[5] J.S. Levin, "How Prayer Heals: A Theoretical Model," *Alternative Therapies in Health and Medicine*, no. 2 (1996): 66–73.

[6] Bob Kauflin, *Worship Matters: Leading Others to Encounter the Greatness of God* (Wheaton: Crossway, 2008), 219–20.

to the notion of online church. Notably, all three lacked home internet connection and used flip phones instead of smartphones. Additionally, none of them sought out televised church broadcasts. The experiential difference between virtual and in-person encounters was stated as the key reason for their unwillingness to participate in online or televised services. They all agreed that the social component of fellowship, which is innate to in-person attendance, was severely absent in online environments. It is worth noting that none of these three people remembered receiving any contact from their church, despite being committed members who had gone frequently until their physical constraints prohibited them from doing so. Only one of these three had phone conversations with the pastor and got prayers from both him and the congregation's prayer list. This lack of continuous pastoral outreach and assistance for these individuals is a troubling discovery, exposing a potential flaw in some church's pastoral care programs that needs to be addressed and corrected.

Of the seven who watched online, they communicated well with the pastoral staff and stayed updated on what was happening in and around the church. Most of them also receive visits from the church leadership or members. The online service is not a complete fix, but it helps to hear the Word of God preached, participate in singing worship, and celebrate moments of salvation, baptism, and other special moments in the service. It puts the individual's "eyes on the familiarity of the sanctuary," as one participant mentions. Five of the seven watch the online service on an iPad or laptop, while the others watch on their iPhone. Of those who watch their home church service online, all have occasionally watched another church service online from a different congregation, whether for a special service or to join in as other church services take place at a different hour than their home church.

With all the participants, there is a strong desire to be with the congregation in person rather than digitally or any other method. Participant Ten mentions how he used to be one of the individuals who helped duplicate CDs and even cassettes for shut-ins a few years ago. He comments that it is "funny how time has allowed him to be one of the people he was trying to minister to just a few years back." Shut-in ministry is not a new ministry. However, with the onset of COVID-19, this new digital revolution met a desperate need within the church. Participant Seven mentions how thankful she was that the church invested in online church service streaming. She went on saying that she didn't realize that in only a few years' time she would need such a service to stay connected to the church.

As mentioned in chapter 2, there is emerging evidence that elderly people have a good attitude toward technology and are eager to incorporate it into their lives. Of the ten participants, some have technology that is friendly to online church participation, whereas some have older technology and cannot stream the available church services. The chart below shows what technology is available (see table 4). When discussing the technology they use, the two biggest frustrations were the cost of the technology on a limited budget and the need to learn new technology. As Participant Two says, "It is hard to teach an old dog new tricks." Spending the money for the high cost of technology can possibly cause more stress on the individual than expected. Participant One mentions how early on, when she was first sick, there would be individuals from the church who came around on Sunday afternoons and brought a large iPad to share the church service with her. It was such a blessing that her daughter bought an iPad just so she could have consistent access.

The overwhelming majority of the participants were very welcoming to the technology. It seemed to open the connection to the church regularly, and they felt like they knew what was

going on while also hearing and participating in the worship services. While this is a definite

positive in caring for the church's shut-in individuals, nothing can take the place of authentic

fellowship and personal connection needed to completely fulfill the individual's spiritual needs.

However, a church committing personnel to hosting as an online presence or making an effort to

check the status of those who participate online regularly would help keep the focus of the

ministry at the forefront. Making this an initiative is one part of the resolution. The other

initiative is actually making physical contact, possibly checking on the technology needs of the

individuals.

Table 4. Available Technology

Participants	Church Online	Social Media	Email	Text	Type of Technology
1	●			●	iPhone
2					Flip Phone
3	●	●		●	iPhone
4	●				Flip Phone
5				●	iPhone/Laptop
6	●				iPhone/iPad
7	●	●	●	●	iPhone/iPad
8					iPhone
9	●	●	●	●	iPhone/iPad
10	●	●	●	●	iPhone/iPad

Participants Two and Four do not have the technology to observe church services online.

While Participant Four could watch online when her daughter would come by with her iPad or

laptop, it was not every Sunday. She tried to use the *new to her* technology but found it difficult

to understand how to use it. Participant Two does not have the technology to watch on an iPhone

or any other device, nor does he have the internet at his home. The lack of ministry from the

church, added to the lack of understanding of how to use technology to receive the many different church activities, is more common than not. Table 4 shows that though many receive the main church service, some are unsure of social media and email. This is representative of many individuals who are placed in this quandary.

Overall, digital access depends greatly on the understanding of the available technology, the usability of the device and service provider, and the capabilities of the church to provide online service. Participant Two has never had to use a computer or any advanced technology. The comprehension of such technology is very new and he has no desire to learn such technology, nor does he want to invest in such technology. He is on a restricted budget, as all of the participants of this study are. The ability to afford the needed technology can set an individual back financially. Participant Four could afford it, but is in her nineties and finds difficulties in how to understand the new technology. She even mentions how she struggles to use her smart television and has to have her daughter come to reset or adjust for her. Though technology is available to several of these individuals, it is not necessarily something they are able to handle without assistance. Providing aid with technology and patient fellowship with these individuals can minister to them, allowing them to worship more freely as they may not have been able to for a long while.

Religious Texts

When discussing the Bible and other materials, all the individuals mention they have a Bible. Some struggle with reading the print, even large print. While most have readable Bibles, the remaining groupings of Sunday School materials, other Bible study materials, and even the bulletin from the church they attend are nearly absent among the participants. Participant Four is the anomaly as she has a daughter who brings her materials and shares study materials with her.

She does not receive a bulletin because her church does not print church bulletins. She is very knowledgeable about what happens in and around the church through phone conversations, and her family keeps her informed. According to Participants One, Nine, and Ten, the importance of these materials is that if supplied, they can be somewhat self-sufficient for much of their spiritual journey. The issue is that those three individuals have much support from their urban churches. The church leadership and congregation need to see how vital these materials are to these individuals.

The simplicity of a church bulletin provides a key lifeline for shut-ins, allowing them to keep up to date on the church's continuing activities and projects. Despite their inability to physically attend the announced events, they take comfort in being able to pray for these occasions and provide important discussion topics for any guests who may come their way. This small offering is simply one component of the larger social support network provided to shut-ins through ministry activities. Recognizing the inherent significance of strengthening community relationships with shut-ins, there is an unwavering determination to preserve these relationships through novel and creative means. While these materials are important to all believers, they are especially important to shut-ins and the terminally ill, as they provide sustenance and spiritual nourishment until they can return to the congregation in person or until their next visit, when additional materials are delivered to them. Such kind and inclusive acts help to ensure that no member of the church family feels alone or forgotten, regardless of their physical limitations or abilities.

Participants One, Four, Seven, and Nine, all female participants except for one, read books and study regularly. Often, their families give them new books as gifts. Participant Four reads every day. She mentions hearing the pastor talk about books he has read and would like to

read the same books. Participant One asks for new reading material on a regular basis.

Participant Eight used to read a lot but, in more recent months, has not felt good enough to begin

anything new. She mentioned that at one time, she read more than she watched television. This

cements the need for more materials for the shut-in individuals.

Table 5. Religious Texts

Participants	Bible	Is Bible Readable?	Sunday School Book	Other Study Material	Receive a Bulletin?
1	●	●	●	●	●
2	●	●			
3	●	●			
4	●	●	●	●	
5	●				
6	●				
7	●	●			
8	●				
9	●	●	●	●	●
10	●	●	●	●	●

Survey Results

The anonymous survey was sent to fifty individuals, all shut-ins or terminally ill

individuals suggested by pastors in central Kentucky. Of the twenty-two who responded, the

areas that show the most need are *participating in religious activities*, *the fellowship of church

family*, *communal worship*, and *a sense of belonging*. These sentiments are shared with those

who were interviewed. All surveyed have been unable to attend worship for a minimum of two

years, so the sentiments relayed through the survey are not new to them. For the majority of

these individuals, access to the online experience of church is very accessible and they utilize it

often. Of those unable, they do not have internet service in their home or facility, or they do not

know how to use it. Many have received visits from church members and pastors, but only two say they have participated in communion while being limited to their homes. One particular comment was that the pastor comes to visit occasionally but does not stay long and sometimes leaves without praying. This is obviously an important factor for this individual.

The majority of these individuals read their Bible on a regular basis, however, most do not receive other literature like Sunday School material or devotionals. The biggest impact to their spiritual well-being is the sense of loneliness and lack of church fellowship. These individuals match up with the details of the interviewed individuals' results, confirming the needs mentioned.

Service in Light of Needs

Each of these individual participants has specific needs, both health and spiritual. They each seek a way to stay balanced in both realms of health and spiritual need, leading to their personal feelings of worth in both areas. They regularly meet with doctors, which was experienced by the researcher as some had to reschedule their interviews due to doctor's appointments. While some were very self-sufficient in personal spiritual health, others needed assistance to keep their spiritual journey at the forefront. They seek the comfort of the visitor. For most of these individuals, loneliness is the biggest adversary. One particular participant spoke of a special moment when the pastor brought a youth group and a few adults to his house. Knowing it would be an intrusion for many people to enter, the pastor made sure the individual could make it to the front porch. When he did, they began singing hymns of the church and sharing testimonies. This individual spoke of that moment as being so special to him. For a moment, he did not think about his physical situation but soaked in the moment while remembering other special moments with the congregation. He went on to say the church has

done this a couple more times since he has been confined to home. Each time, it becomes a little more special. This is a unique moment where the church body used worship to impact the life of a shut-in individual. They also utilized church leadership and crossed generational lines by having the youth to serve in such a unique way.

Several of these individuals interviewed openly discussed their situation, knowing they were in the final phase of their lives. They have accepted their physical limitations and understand life is just different now. The loneliness factor has become the elephant in the room with them. It's not the fear of being alone, but the fear of going through essential moments in life alone, as well as the fear of missing out on special moments. These emotions were evident in the seriousness of the conversation about loneliness.

The Unexpected

Throughout each interview, the talks grew into surprisingly long exchanges, inspired by the interviewees' excitement to participate in meaningful discussions. These interactions exceeded initial time estimations, thanks mainly to the mutual emotion produced by reminiscing about their early years in the church family. They shared memories of their upbringing, reflecting on the critical roles that their parents and the church had in shaping their lives as children. Tears of delight frequently accompanied the recounting of their personal stories of salvation, highlighted by pleasant memories of previous pastors who had left permanent marks on their spiritual journeys. Each individual shared intimate stories about the circumstances behind their conversion experiences, as well as insights into their life journeys. They included essential occasions such as meeting their spouses, traveling to various destinations, and navigating distinct occupation paths. Layers of complex sentiments and life experiences were embedded in their stories, emphasizing the unpredictability that their lives encountered. Despite dealing with health

issues and unanticipated moves to a shut-in lifestyle, many voiced doubt in their current situation, maintaining unmet hopes of enjoying a few more good years. Nonetheless, a common emotion surfaced across all participants: a firm belief in God's benevolence, which served as a strong anchor in the face of life's uncertainties.

Among those who participated, two outstanding individuals are notable for their resilience in spite of advanced age, both in their nineties. Despite dealing with various physical issues, they exude an incredible feeling of well-being and vitality, which they attribute in large part to their unwavering devotion to prayer and their undying love for their local church. Their lives have been marked by unexpected twists and turns as they have witnessed the passage of time through the coming and going of fellow church members, as well as the loss of loved ones from both their families and their church families.

They reflect on the profound cultural changes that have occurred over the years, managing these adjustments with grace and adaptability. While both individuals strive to embrace technology as a method of keeping connected, they openly recognize that it presents obstacles, especially when compared to the younger church members. Nonetheless, they acknowledge the critical role that technology plays in supporting their relationship with the church. Whether through social media platforms or online worship services, the online presence serves an essential purpose for shut-ins. Despite the learning curve associated with technology, they remain persistent in their commitment to being involved with their respective churches using digital tools to bridge geographical boundaries and create connections despite physical restrictions.

Disconnection

When looking at the data, most of these individuals find themselves disconnected from the congregation. While most of their churches offer an online version of church, some cannot connect with it. Less than half of them can connect with social media because the majority are not on any social media platform. While just over half of them can text through their cell phone, the majority do not email, meaning they do not receive a digital newsletter or update as to what is happening in the church. This does not mean they do not receive an update; they just do not receive a digital one. Less than half of the individuals receive Sunday School literature or discipleship material of some sort, and even fewer receive a bulletin from the church with service details and announcements of upcoming events. When these connections are not made, it becomes most important to have a personal connection with any and all shut-in individuals.

As previously stated, these individuals miss the opportunity to interact with the entire church fellowship. This includes worship elements and church ordinances. When asked what they missed the most, the majority said preaching, singing, taking communion, and celebrating baptisms. These individuals rarely get to participate in these ordinances, and celebrating away from the church is difficult. All have said they wish they could connect more to the congregation, with most feeling disconnected from the pastor. This does not entirely fall on the pastor's shoulders, as deacons, elders, and other staff are also called to serve all people.

Terminology previously mentioned in Chapter 1 plays out here in the disconnection. *Social pain* describes a particular emotional response to feeling left out of wanted connections or desired relationships or groups. When the church has limited time and attention for these individuals who want a deeper relationship with the church, especially when dealing with worship, they feel the social pain of the experience. The rest of the congregation also struggles

without these individuals who have historically been leaders and now are not regular attenders. The struggle they feel is accurate, and oftentimes, it simply leaves the individuals sad and lonely, and it leaves the church with a void. No matter the desire, there is a disconnect. This should motivate church personnel and church membership to stand in the gap and minister to those who are still a living and breathing part of the church and who desire to worship in spirit and in truth.

Relationship devaluation refers to feeling less appreciated as a relationship partner. When the church does not connect with these individuals, they feel devalued and underappreciated. It is essential to recall the words of Christ when he says, "I am the resurrection and the life. Whoever believes in me, though he die, yet shall he live," (John 11:25). The phrase "whoever believes*"* holds no preferences of age, gender, race, or ability. The rest of the church should value the relationship with these individuals. Ministry planned and valued by the church for these shut-in and terminally ill individuals, creatively providing worship avenues for them and letting them know they are valued and loved, is of the utmost importance.

Research Question and Sub-Questions

This study seeks to provide an answer to the research question: What are the lived experiences of terminally ill and shut-in individuals under the care of select Protestant Christian ministers and pastors? This is broken down into the sub-questions as follows:

What physical limitations have kept the believer from worshipping

through the last days of their life?

Physical constraints can clearly have an influence on an individual's capacity to participate in conventional forms of worship, but the degree to which these limits affect someone's ability to worship varies tremendously depending on the type and severity of their ailment. Participant One is age 91 and has several age-related ailments. Sitting for long periods

of time on church pews, as well as walking very long distances, can be trying on her legs and back. She now lives with her daughter and son-in-law, dependent on their time and availability to take her to doctor's appointments and other places. Participant Two has had three strokes, a light heart attack, and a brain bleed. His mobility is greatly impeded and often his speech is not clear. He is a retired pastor whose career was cut short by physical disability. He is able to drive if an emergency arises, yet it worries him. He has issues with balance and falls often, needing help to get back up off the floor. Participant Three has had major surgery for cancer that has limited his ability to sit comfortably or ride very far. He lives at home alone. Though he can get around, driving worries him, and so he waits for his son or daughter to take him where he needs to go.

Participant Four is 92 years old with neuropathy in her legs and hips. She has had both hips replaced twice, making it difficult to sit for long periods. She can drive but prefers for others to take her places. She attends church on occasion, but it is difficult to sit or stand for long periods of time. She formerly worked in housekeeping at the local hospital, constantly on her feet.

Participant Five is recovering from a series of illnesses that keep him close to a bathroom and his medicine. He struggles with hearing and sight, while years of hard construction and concrete work have taken a toll on his body. He still lives at home. Participant Six has issues with sight and hearing, as well as a fear of falling, which he does all too often. He lives at home. He is facing the early stages of dementia. He formerly owned his own business, which was nationally known. Participant Seven has had a stroke and many issues with her legs. She lives at home with her husband, but she struggles with mobility and sitting for long periods of time is painful. She also has issues with falling, which worries her when thinking of leaving the house. Participant Eight has many ailments within. She barely weighs eighty pounds and just returned

home from the hospital when she agreed to be interviewed. She is considered terminally ill. She once worked at a sewing factory for many years. Mobility is a struggle, and she fears leaving the home. Participant Nine is a little more mobile than most of the others, but she suffers from several minor medical issues that collectively keep her at home. The interview had to be rescheduled because of a severe nosebleed. Participant Ten also struggles with multiple medical issues that collectively keep him homebound. It is important to each of these individuals for others to understand the seriousness of their physical ailments. They do not stay homebound because they do not want to get out. They are shut-in because they physically cannot participate in worship the way others do.

What elements of worship have historically been used in the pastoral care of shut-ins and terminally ill believers in your church?

When asked about what the church and pastoral staff had historically done for the pastoral care of shut-ins and terminally ill believers, almost every participant reminisced about when they volunteered or served in the church. The times when they visited the shut-ins and helped to serve them through conversation or prayer were special moments in their own lives. The fellowship components were significant to them. Participant Two spent many years as a pastor, to which he mentions how serving those who were elderly and shut-in were his favorite people to minister to. He shares how their conversations were often teaching points for him. Their insights into biblical truth from years of reading, study, and teaching carried over into his ministry. For him, ministry to these individuals was ministry unto himself in so many ways. For others, they saw the ministry to shut-ins as their responsibility as a church. Participant Four mentions Acts 2:42–47 as the foundation for why they served these individuals. They were seen

as important individuals in the life of the church in her younger days, and through respect for all they had done, she felt it was only right to help take care of them now as well.

As far as what they did, most involved visiting and fellowship time with these individuals. They also would bring plates of food to them whenever there was a potluck or fellowship meal of any type. Holidays were especially important to making connection, bringing fruit baskets, providing information from the church activities, and simply spending time in conversation. These elements of ministry to the shut-in and terminally ill people of the church were historically what took place at their respective churches. For some, it still happens. For others, not as much. For a couple, not at all.

How can a worship pastor better meet the worship needs of a shut-in or terminally ill individual and keep them connected to your congregation?

When asked what could be done to better the situation, a common theme arose: to teach the younger generation the importance of ministering to these individuals. Participant Two was adamantly vocal about this. He mentions how today's generation seems interested in what they can physically see in front of them and tangibly hold in their hands. They do not see the benefits of spending time with someone with lots of life experience. He mentions how he wished he could talk to more young pastors to share with them how church life used to be so they could learn from his wins and failures.

They all mention how important it is to spend time with the younger generation and wish they would see more value in spending time with them. Each of them would love to see pastors and leaders encourage the younger generation to spend time in fellowship, study, and possibly even surprise them with singing or some other form of worship. Participant Three mentions

multiple times how the youth and children coming to his front yard and singing was such a special time. It lifted his spirits, and he felt like he was still a part of the church.

Salvation Experience and Church Life

Each individual shared their salvation experience. They all took their time sharing the place where they made their profession of faith, the church they were part of, and the pastor of that church. The majority shared the influential person in their salvation experience, telling how they were influential in pointing them to the cross. All participants grew up in church except for Participant Two. He went some with his grandparents, but his interaction with the church was sparse and inconsistent. It wasn't until after he was married that he found salvation with influence from his wife's family. He is the only participant who felt a calling to be a pastor, which he served faithfully until his massive stroke in 1994. He shared how his background of not having faith until later seemed to push him in his ministry, pastoring several churches and preaching many revivals over the twenty years of ministry he served.

Others shared how their salvation experience led them to serve in the church as well. Some served as Sunday School teachers, church treasurers, and Sunday School superintendents. The influence these individuals had on their churches was remarkable. Even those who did not fill a staff position in their church were consistently serving the church in some capacity. They were all involved in serving the church beyond the concept of being an attending member on Sunday morning. Church was more than a routine one or two days a week. Rather, the church was a vibrant part of their lives. They now live somewhat apart from what they once knew as normal church life, which is a struggle. Participant Four especially feels at a loss as she served as church treasurer for over fifty years. She also cooked for many events in the church, participating in most every event the church held for most of her life.

For these individuals, church life was a life of service unto God and to the fellowship of believers. The dramatic change of life now being unable to serve leaves an empty place in their hearts and minds. They search for ways to stay informed and involved but often have found little response. The church struggles with the volunteers to serve the way they once served. It is a new generation and a new culture in the church, as busy or busier than the previous generation. They worry about who will fill their place and serve the church.

Finality

As one participant mentions, they have more days behind them than ahead. Half of the participants mention having preparations made for the end of life. Some have those preparations on file at their choice funeral home. Some have those plans held by family members. For these individuals, a conversation has already taken place with their pastor or the minister they want to carry out the service. Some have not made those preparations, partly because they have a very limited relationship with their pastor. For others, no one has had a conversation with them about these plans. These plans take pressure off the family for when that time comes. This is an area that does not overstep the family decisions, but it is a moment where spiritual guidance is essential.

Summary

Shut-ins are valuable members of the church community who, for a variety of reasons, are unable to attend services. Recognizing their membership in the church and their spiritual needs, it is the combined obligation of church leadership and members to provide pastoral care, worship, and support to these individuals. These shut-ins frequently experience physical discomfort, impairments, and the extent of decline, emphasizing the importance of the church's

need to perform compassionate outreach. It is critical for families to work with pastoral staff to develop tailored care plans that take into account each individual's specific needs and abilities. Pastors face their own set of challenges in carrying out their pastoral duties efficiently. Individuals interviewed for this study gladly agree that pastors are frequently stretched thin, especially when balancing other vocations to support their families. Balancing pastoral responsibilities with personal commitments stresses the significance of comprehension and compromise on both sides. Reflecting on the research findings, it is clear that the constraints of ministering to shut-ins are primarily dependent on the availability and motivation of pastoral staff and volunteers. Questions arise: Is the pastor or worship pastor accessible? Are there any determined volunteers or leaders eager to step up? Importantly, the burden is not just on the shut-in individual but on the entire community of believers and their readiness to rally around individuals in need.

In essence, there is a compelling need for ministry that spans all aspects of the church's outreach to people who are homebound or have physical restrictions. The collective body of believers must actively participate in fulfilling these needs, recognizing the biblical obligation to provide care and support to such people. This obligation for the whole church is deeply rooted in sacred scripture, which expressly commands believers to honor the elderly and shut-ins who have spiritual gifts to still offer the church (Ephesians 4:11–16), to fulfill caring for the elder widows who cannot care for themselves (1 Timothy 5:8), and to provide compassionate care for widows (James 1:27). Even in Moses day, the Lord told him to tell the congregation to show reverence for the aged and infirmed (Leviticus 19:32). Furthermore, Proverbs 23:22 emphasizes the significance of listening to the elderly and those who are shut in for wisdom. The older generation has much wisdom to offer the younger generations as is found in Titus 2:1–5. When

looking at spiritual gifts, 1 Peter 4:10–11 states, "As each has received a gift, use it to serve one another, as good stewards of God's varied grace: whoever speaks, as one who speaks oracles of God; whoever serves, as one who serves by the strength that God supplies—in order that in everything God may be glorified through Jesus Christ. To him belong glory and dominion forever and ever. Amen." Spiritual gifts push an individual to serve others, in this case the shut-in and terminally ill in the church family of believers. Spiritual gifts begin with God and end with God. He gives the spiritual gift, and it is returned to him in worship through celebration, prayer, worship elements of baptism and communion, mission, study, and fellowship as is seen in Acts 2:42–47.

Obedience to these biblical commands not only adheres to a moral obligation but also strengthens the fabric of the church community. By accepting these principles, the church may foster an inclusive environment in which every member feels appreciated, encouraged, and spiritually nurtured, exemplifying the essence of Christian compassion and unity. Organizing the church to view ministry in this capacity is biblical and allows for more thorough ministry throughout the body of believers.

Chapter Five: Conclusions

Introduction

Chapter 5 provides an overview of the study's findings, conclusions, implications, and future studies. The findings are presented and related to the primary and sub-research questions, as well as previous research. Phenomena that have evolved from the data outside of the research objectives are presented, followed by limits of the study and recommendations for further research. The fifth chapter finishes by outlining the implications of the study's findings for those responsible for shut-in or terminally ill care. It is important for pastors and worship leaders to understand the dynamics of worship when it comes to the experiences of shut-in and terminally ill individuals. This chapter emphasizes the research's practical impact, providing valuable insights to help design more effective and compassionate interventions for churches seeking to facilitate worship practices for those who cannot attend the corporate gathering. Despite the logistical problems of ministering to people in such circumstances, it is critical to recognize their intrinsic worth and spiritual dignity. By expanding pastoral care initiatives to include residents of nursing homes and assisted living facilities, religious groups may ensure that no one is forgotten or denied the spiritual support they desire and deserve.

Summary of the Study

In Chapter 1, the study highlights the necessity of a focused examination into providing worship options for shut-in and terminally ill believers. It highlights the value of open communication with caregivers, family members, and healthcare professionals to personalize worship experiences to specific needs. The study uses a qualitative phenomenological approach

to conduct interviews with shut-ins to get insight into their experiences of spiritual care and worship practices.

The study has sought to investigate the ethical and spiritual components of end-of-life worship, including its function in providing comfort, preparing for death, and addressing existential issues. The goal is to use this data to provide practical advice for religious leaders, caregivers, and communities participating in end-of-life care, therefore broadening understanding of customs and practices in this setting. The study continues by emphasizing the persistent dilemma of restricted worship opportunities for terminally ill believers and suggesting areas for future research to address this issue comprehensively. Overall, it emphasizes the need to add worship initiatives to comprehensive end-of-life care to seek to provide spiritual satisfaction and peace for Christians confronting terminal illnesses.

In Chapter 2, the text highlights the significance of worship in both youthful living and end of life, claiming that humans are designed to worship God regardless of their life stage or circumstances. Psalm 29:2, English Standard Version, as well as Paul's remarks in Romans 14:8, emphasize the idea that both living and dying should be acts of devotion to the Lord, who deserves to be worshipped. The concept is supported by the belief that worship leads to godliness, a goal for all believers. The text also discusses the difficulties that elderly believers experience in remaining connected to religious communities. One such area is the "worship wars" that can be divisive within the congregation, often segregating the older generation and leaving them with an emptiness in their worship from what was once familiar. When an individual becomes shut-in and unable to attend the familiarity of the fellowship, they have already experienced changes within the approach to worship. The findings emphasize the

significance of making worship available to everyone, including the elderly and shut-ins who may feel lonely or detached from faith communities.

Likewise, the study examines the spiritual and mental well-being of shut-ins and terminally ill patients, emphasizing evidence that indicates how spiritual care improves their quality of life. It pushes for broadened worship practices and outreach so that everyone, regardless of physical ability, can engage in worship and receive spiritual nourishment. The text also discusses the role of technology and modern ways in supporting worship for believers who are unable to attend in person, implying that they can assist in maintaining a feeling of community and connection for those who are homebound.

Finally, the central theme emphasizes the transcendent significance of worship in human existence. Though the pastor and worship pastor bear the greatest load of providing worship for shut-in and terminally ill individuals, church membership also become a critical component in ensuring that worship is accessible to believers, including the elderly and disabled, promoting a lifelong feeling of connection to faith and community. Recognizing worship as a fundamental component of human existence emphasizes its inherent importance beyond physical limitations. It acts as a light of hope, consolation, and spiritual sustenance for Christians from all walks of life. In this aspect, the church serves as a light of compassion, accepting its members' different needs and offering assistance to individuals with mobility issues, age-related disabilities, or other types of incapacitations. By providing worship opportunities that fit a variety of skills, limitations, and situations, the church demonstrates its commitment to the spiritual well-being of all members. The church guarantees that no one is left behind on their spiritual path by adapting service forms, providing pastoral care, and cultivating an inclusive culture. In essence, the core

message is that worship has no boundaries and that every individual, regardless of physical condition, deserves to experience the transformational power of worship.

Chapter 3 describes the methodology used in this qualitative phenomenological study, which dives into the spiritual well-being and worship experiences of shut-in and terminally ill Protestants who are unable to physically attend church. The study's major goal is to investigate how worship activities and spiritual support for those with substantial mobility constraints or reaching the end of life may or may not be fostering spiritual contentment. The research's central focus is a thorough examination of this demographic's distinct spiritual experiences. The study is designed to gather individual views, deeply held beliefs, and emotional responses to worship rituals using a mix of in-depth interviews and well-constructed questionnaires. Using a hermeneutical approach, the study seeks to explore the layers of meaning present in participants' narratives, revealing the complex interaction between spirituality, personal convictions, and the desire of peace in the face of life's most fundamental challenges.

Participants, chosen for their varied experiences and inability to physically attend church, were encouraged to offer their insights through in-depth interviews and well-developed questionnaires. The highest goal was to protect trust in the process and ensure voluntary involvement, building a culture of trust and openness conducive to genuine discussion. Through this rigorous methodological framework, the study's aim was to shed light on the intricate dynamics of spiritual fulfillment and the transformative potential of worship experiences tailored to the specific needs of individuals facing profound physical limitations or nearing the end of life.

The data collection and subsequent analysis have been methodically staged under the careful supervision of a researcher with experience in both pastoral care and worship education,

to expose the complicated spiritual needs of shut-ins and those facing terminal illness. The main goal was to get important information that helps to expand and enhance ministry efforts aimed at this vulnerable group. The study effort was based on an commitment to ethical standards, with safeguards in place to protect the rights and privacy of all participants. Ethical concerns take priority at all stages of the study, ensuring that participants' autonomy and dignity are respected and protected with the highest degree of sensitivity. These findings can be used to considerably advance the awareness of the spiritual processes at work among persons who are excluded from typical church fellowship due to mobility limitations or end-of-life circumstances. The study's findings shed light on the subtle complexities of spiritual hunger and satisfaction in such situations, giving the opportunity for families and churches to consider, evaluate, and be more effective in their attempts to serve this demographic.

Finally, the research recommends a paradigm shift in how to minister to those who have been disconnected for a long time or are dealing with the existential truths of death. It emphasizes the need of personalized worship experiences and specialized spiritual support systems that resonate strongly with the individual needs and ambitions of persons in the twilight stages of life's journey. The research aims to make meaningful advances in the field of spiritual care by creating an awareness of worship opportunities for all Christians, regardless of their physical circumstances or stage of life.

Chapter 4 reveals that elements of worship music, preaching, and fellowship provided spiritual satisfaction and a sense of community for shut-in individuals. Each of the churches represented aimed to meet their worship and spiritual needs, while most participants found methods of engagement with worship music, preaching, and fellowship. Participation in other elements like Sunday school and communion varied depending on the church's culture.

Visitation from church leadership or members was necessary for social connection and understanding of shut-ins' needs. Access to digital church services, study materials, and prayer support benefited shut-ins spiritually, but not all churches offered such a method. Some did, but the individual, in some cases, had no access to the technology it takes to view services online.

Church leaders must acknowledge the critical necessity of frequent contact, resources, and a sense of inclusion for the well-being of shut-ins, as it is impossible to replace the true fellowship found in human connection. Effective care requires open communication within the pastoral staff and congregation, as well as a willingness from all believers to support and include shut-in and ill members in some way.

Response to the Research Question and Sub-Questions

Research Question

What are the lived experiences of terminally ill and shut-in individuals under the care of select Protestant Christian ministers and pastors?

The demographic information collected from the interviews is the foundation for analyzing the participants' backgrounds and affiliations with different churches. Exploring aspects such as age, gender, denomination, and geographic area reveals repeating patterns and influences that shape individual perspectives and lived experiences. Fundamentally, each participant's story is based on a continuous faith in God, even as they face dramatic transitions in their later stages of life. Their testimonies demonstrate an undying love for God and inner perseverance. These individuals are more than just passive recipients of pastoral care; they are active, devoted members of their local congregations, with some previously holding leadership responsibilities within them. Thus, their current situation, in which they are confined to their homes and unable to participate in collective worship, is an unanticipated and, at

times, challenging disruption to their previously independent lifestyles. Many people considered

attending church to be as common and necessary as going food shopping or going to work.

Significantly, variations in pastoral leadership status (e.g., full-time versus bi-vocational)

and church location (urban versus rural/suburban) emerge as critical components potentially

determining the quality and extent of pastoral care received by shut-ins. As pastors and ministry

caregivers navigate their roles in serving the church community, it becomes clear that deliberate

focus must be given to this group of believers. Shut-ins' lived experiences encompass not just

their religious journeys but also the ministry they receive—or do not receive—from their

different churches. Worship, at its core, is more than just musical expression; it includes every

act that exalts and glorifies God. These individuals strongly yearn to worship and connect with

the divine regardless of their physical restrictions. Thus, giving personalized ministry to

individuals serves as an outlet for improving their lived experience. However, just half of the

interviewees indicated satisfaction with the level of meaningful ministry they received,

underlining the urgent need for churches to examine and enhance their pastoral care efforts for

shut-ins.

Sub-Question 1

What physical limitations have kept believers from worshipping through their last days of life?

Physical limitations offer substantial problems for shut-ins, preventing them from fully

participating in conventional worship rituals owing to a range of health concerns ranging from

chronic diseases to sensory impairments and natural aging. These limitations not only prevent

their physical attendance at religious services but also influence their sense of inclusion and

involvement within their faith community, resulting in feelings of isolation and spiritual

detachment. Physical limitations go beyond mobility into sensory issues and chronic pain and

fatigue. The following are the limitations each participant faced on a daily basis and the reasons for their circumstances. Age-related ailments, neurological conditions, post-surgical limitations, recovery from illnesses, sensory impairments, fear of falling, terminal illness, physical debilitation, and persistent medical issues keep all of these individuals from living the average life. They have adapted to a home-confined lifestyle with the exception of certain components. One significant imperative is the spiritual needs that often require guidance and pastoral care from the pastor, worship leader, or volunteers interceding on their behalf. Physical limitations can impair the individual from providing for their own worship needs.

Recognition of the extent and range of these limitations is critical to properly understanding the various barriers that prevent shut-ins from participating in worship activities. It emphasizes the necessity for the development of specialized pastoral care efforts, as well as the discovery of novel techniques to create inclusiveness and unshakable support for Christians facing these tremendous challenges. Though there are several components that can be generalized to help assist, some individuals need personalized attention. One interviewee mentions how the use of the iPad allows her to turn the message up louder. The use of technology can allow for a clearer message, which can more easily be understood. This is one way volunteers can assist these individuals with implementing technology to the advantage of the shut-ins and terminally ill individuals. This is just one instance where personalized attention can be addressed. These items must be checked by the volunteers as an extension of the pastor and worship leader.

These individuals, like many others in similar physical situations, realize how much their physical limitations impact their spiritual journey. One component leading to a solution is communication. When the worship leader sits down with the individual and possibly a family

member to openly discuss how the worship experience can be made better, a plan can be developed that is personalized enough to impact their spiritual walk. Including a volunteer in the discussion can allow the individual to make a connection. This goes back to Acts 2:42-47, where the community was involved in taking care of each other's needs. This biblical standard applies to the shut-in and terminally ill community beyond physical needs to spiritual needs.

Sub-Question 2

What elements of worship are historically used in the pastoral care of shut-ins and terminally ill individuals?

An examination of historical pastoral care practices reveals some fundamental components of worship essential for caring for shut-ins and terminally ill patients. Despite their historical relevance, these characteristics frequently reveal discrepancies and gaps in implementation, raising concerns about the effectiveness of existing systems and requiring additional review of pastoral care solutions. Prayer is an essential component of pastoral care, providing spiritual comfort and establishing a feeling of community for shut-ins and people facing terminal illnesses. However, prayer may not be routinely included in pastoral care procedures. As a result, it is critical to reconsider how prayer can be more successfully used to bring genuine support and consolation. Personal visits by pastoral staff or church members are critical for preserving social relationships and providing emotional support to shut-ins and those facing terminal illnesses. Nonetheless, variances in the frequency and quality of visits highlight the need for a more systematic and planned approach to ensure these contacts are consistent and effective.

The distribution of religious literature, such as the Bible and other study materials, is an essential way of encouraging spiritual growth and enrichment among shut-ins. However, access

to these resources may be inconsistent or limited, emphasizing the need to provide their availability and use in pastoral care activities. In recent years, the use of digital platforms for worship, such as online church services and virtual community engagement, has grown more common. While digital formats have the potential to improve inclusivity and accessibility, they may not be widely embraced or available to all shut-ins. As a result, more studies are needed to investigate how effective it is and enhance its implementation to better meet the needs of this group. Some shut-ins used social media to connect to the worship service taking place. Social media, according to some shut-ins interviewed, is not easy to maneuver, and it is something some individuals are hesitant to try. For those who did use social media to connect to their service, it was a family member who helped them. Training volunteers to assist with showing senior adults how to connect to the worship service will allow them some interaction with the familiar church family they have missed. Following up with visits and discussion on the music, the message, and prayer can keep these individuals connected to the church community. Encouraging church members to connect with these individuals through a social media platform can start conversations and potentially inspire in-home visitations that normally would not have taken place.

The conventional aspects of worship used by the churches where these individuals attend range from prayer and occasional visits to the use of religious texts and modern online platforms. However, a recurring challenge occurs since these features are frequently inconsistent and, in some cases, completely lacking for shut-in members of the church. Communion, fellowship, and even baptisms are often missing. As Participant Three enjoyed the fellowship of the young people of the church coming and singing in his yard, fellowship can be creatively applied to several situations. Fellowship connects the individuals to congregants who are actively in the

church service. Whether it is one-on-one or a small group, fellowship gives social life to individuals who cannot regularly participate. The ordinances of the church, baptism, and communion can be creatively applied. The use of technology can bring individuals into the service. For communion, having a volunteer deliver the elements to be used during the live-streamed service allows for active participation. Creative methods can be personalized through communication with the individual and the pastoral staff to enhance the worship experience.

Ultimately, improving shut-in ministry necessitates a comprehensive approach that moves beyond rigid structures and embraces the dynamic essence of the church community. Pastors and church members can form important connections and provide invaluable support to those who are unable to physically attend regular worship gatherings by embracing flexibility, cultural sensitivity, and an inclusive spirit. The goal is a level ground of ministry where everyone can experience effective church ministry and worship collectively.

<center>Sub-Question 3</center>

How can a worship pastor better meet the worship needs of a shut-in or terminally ill individual in their family and keep them connected to the congregation?

The worship pastor is primarily focused on music and ministry to the worship team. The pastor is the lead worshipper for the entire church. Together, they care for the worship needs of the congregation. This study presents the need for the worship pastor and the pastor to look at the planning of worship and investigate the recipients of their efforts. Creating an atmosphere in the sanctuary is only one aspect. With the onset of online worship and realizing there are individuals like the participants in this study means there is a need for preparing for worship for those outside the church building. Their needs are still the same; they want to worship the Lord alongside their church family. The pastor and worship pastor must find a way to create a

worshipful experience for these individuals. Realization of the need is the first step to finding a solution as each person and each congregation situation is unique.

To effectively address the challenges of ministering to shut-ins and terminally ill believers, it is critical to have a thorough awareness of the dynamics and intricacies of every setting. Each church community should be viewed as a living organism with a diverse membership and different customs, cultural sensitivities, and skill levels. Recognizing this variability highlights the significance of adjusting pastoral care practices to the needs of various persons and groups within the congregation. To improve pastoral care processes and better meet the spiritual needs of shut-ins and those facing terminal illness, the church must be willing to embrace innovation and adaptation. This readiness to grow and try new techniques means that every community member gets the help and community they need on their spiritual journey. By being adaptable and attentive to its members' changing needs, the church can develop a sense of inclusion and belonging, ensuring that no one feels alienated or unsupported during times of difficulty and adversity.

Effective communication is essential in all pastoral settings within a church community, beginning with discussion among the leadership team and progressing to engagement with shut-in individuals and their families. It is critical to do a full review of the current ministry and field of needs to establish the scope of necessities and the best approach for effective ministry. This evaluation serves as the foundation for creating a strategic plan that addresses the specific needs of shut-ins and their families. Pastors can collaborate to discover resources, analyze available support systems, and develop targeted interventions to meet the different needs of congregation members who are unable to attend regular services. This is advanced by encouraging open communication channels within the leadership team as evaluations develop the bigger picture.

Furthermore, participating in meaningful discussions with shut-ins allows for a better understanding of their unique situations and how the pastoral team can better meet their spiritual needs for worship. This approach allows pastoral caregivers to provide personalized guidance and encouragement, establishing a sense of connection and belonging in the church community. Ultimately, strong collaboration at all levels of pastoral leadership creates the framework for developing a compassionate and proactive ministry that prioritizes the overall well-being of all members, including those who are physically unable to actively participate in church life.

All pastors are called to serve where the need is. Understanding how this can impact the whole church is important. From children to youth, from choir to deacons, everyone in the church, especially the leadership, can offer worship space and elements to the shut-in and terminally ill friends and members of the church. These worship offerings are from the heart of the church and show the true nature and character of the fellowship. If the pastor can encourage and motivate the congregation, a movement can be mobilized to assist in worship care for these individuals. Building a rotation of ministry areas with specific tasks from each group could provide anticipation on the part of the recipients. For instance, children traveling to shut-ins' homes and singing a couple songs, much like what is done when groups go Christmas caroling. However, this could be done year-round with hymns or worship songs.

<div align="center">Time</div>

Time is an element many shut-ins or terminally ill individuals do not have much of left. It is important to make the most of every opportunity. For pastors, worship pastors, and anyone working in church ministry, the most valuable aspect of ministry is time. Time management is a top priority in ministry. For the worship pastor and the lead or senior pastor, planning is essential. Making time for study, for those on the team, for mentoring and developing the staff,

then acting upon the plan takes time. When the shut-in and terminally ill congregation are included in the plan for ministry, then these needs can be addressed. Finding the right individuals to volunteer, finding the time to visit, and preparing ministry for those individuals takes time. When it becomes a priority, time will be made to address the needs.

It is important to be consistent while caring for shut-ins. Frequent communication—via phone conversations, in-person meetings, or written correspondence—helps build reliability and consistency. It is comforting for the shut-in that this regularity breaks up the monotony of their daily lives and provides them with something to look forward to. It also demonstrates commitment and care, confirming that their church community truly values them. Making time for them is loving them like Jesus would love them.

Understanding significant dates and times of the year may significantly increase the ministry's influence. Encouraging shut-ins to celebrate religious holidays, anniversaries, and birthdays helps them feel part of the community. Shut-ins may experience loneliness at these times, so a well-timed visit or gift can provide them much needed happiness and emotional support. Another crucial factor is scheduling adequate time for listening. Shut-ins may not have many opportunities for in-depth conversation and frequently feel lonely. Ministry to shut-ins should involve listening to their stories, concerns, and feelings in addition to conversing with them. This process demands patience and a desire to take one's time, which shows that their thoughts and experiences are honored.

It is necessary to be flexible and sensitive to the fluctuating needs of shut-ins. The time and type of the ministry may need to be adjusted due to changes in their circumstances and state of health. Consistently evaluating their circumstances and upholding transparent lines of contact guarantee that the ministry stays relevant and helpers remain encouraging. Spiritual timing is the

ability to discern when shut-ins could be more receptive to spiritual guidance and conversation. This could occur at reflective periods of time, following a life-changing experience, or just when they show signs of needing spiritual support. Acknowledging and addressing these instances can strengthen the spiritual bond and offer significant support.

<div align="center">Family</div>

Family is something valued by each of the participants in this study; however, family can be easily burned out or miss on certain aspects of life. They need ministry as well. Finding ways to assist families with the needs at hand is important and should be a priority of the church family. Stepping in and assisting with transportation or spending time with the individual and their family for ministry purposes is key to seeing authentic worship. Pastoral care to the family as a whole can be impactful. With simple coordination, the pastoral staff can provide a communion service to the individual and their family all at once, like the first-century house churches that existed. This gives a sense of belonging to the fellowship once again, and it is still family, so it becomes special in a new way. Creating moments with the family is a very special time and gives the pastoral staff a chance to serve the constituency of the church in an intimate setting.

<div align="center">End of Life</div>

The seriousness of the subject suggests that it remain at the forefront of the conversation, and it was handled with the right degree of gravity. A few individuals publicly discussed their end-of-life planning, sharing predetermined arrangements that were safely stored by funeral homes for when the inevitable moment arrived. Participant Two, a former preacher, addressed the subject with a slight sense of humor, admitting that time slows down for no one. For people of faith, death is not the end but rather a passage to the next life. Many individuals had

previously made detailed plans, knowing that such preparations may provide consolation and peace of mind, lessening the load on their loved ones and assuring readiness for meeting the Savior face-to-face.

The biggest concern for the pastor is in knowing the wishes of the individual. If there is a relationship with the individual enough to know their testimony and that they have peace with God, then asking about their final wishes should not feel like an awkward conversation. The idea of having peace in the final days of life on earth gives way to a peaceful time of worship and walking with the Lord to the very end. If the individual does not have end-of-life plans, walking with them through their wishes along with a family member could be a special time of worship. When the pastor is in the know along with the family, the individual can rest easy knowing everything is in order, and the transition from this life to the next is a peaceful one.

Religious Texts

Providing literature such as Sunday School material, Bible studies that are being done in small groups, and other reading material can boost the moral and spiritual well-being amongst those in a homebound state. This can provide community by including these individuals in small group studies where an individual visits them to study together or through an online platform. This reading material keeps individuals connected by allowing them to study, drawing closer to the Lord.

One interviewee would take notes in her Bible as she would read. She had already filled five Bibles with notes as she would study. She had a Bible to give each of her children when she passed so they could see her thoughts and study notes. This was her way of passing on her legacy to the next generation. Religious material assisting with study allows for activities like this to take place and gives these shut-in individuals a purpose for every day.

Response to the Survey

The survey results are very similar to those of the individuals interviewed. They show similar interests and needs, even commenting along the same lines of desired interest in fellowship and religious reading materials. The survey confirms the needs and suggests a follow-up by church leadership to seek ways to assist this people group in their worship activities. Though they may have specific practical needs because of physical limitations, their needs as worshiping individuals remain and must be addressed.

Limitations

The phenomenological study has inherent limits since it focuses on the lived experiences of a specific set of people in a particular situation. Expanding the scope of the study might provide new dimensions of lived experiences, thereby improving the research findings. Furthermore, using a hermeneutical circle implies that the interpretation of these events is in light of the overall context. Considering the cultural variations associated with various geographical areas complicates the research even further. While the present study focused on persons in Kentucky, expanding the study to include participants from other areas, such as California, might result in opposing viewpoints molded by different cultural backgrounds and social situations. This regional diversity may provide valuable insights into how cultural influences impact the lived experiences of the persons under consideration. Interestingly, despite the possibility of varied opinions from individuals in diverse regions, the researcher believes that the study's primary conclusions will likely stay constant. The study's central focus is on studying the experiences of shut-in and terminally ill believers who face difficulties in regularly visiting local churches, which is unlikely to be considerably influenced by regional differences. As a result, although noting the possible benefits of including a larger sample from other cultural

settings, the researcher maintains that the primary focus should remain on addressing the target demographic's unique needs and experiences.

Recommendations for Future Study

Using the phenomenological study technique through a Christian perspective provides for a thorough assessment and review of all ministries to determine their efficacy in serving the needs of their intended population. Exploring the common issue of isolation and loneliness faced by shut-ins and terminally ill believers reveals that another neglected group has comparable challenges: those imprisoned.

Incarceration

Individuals imprisoned have a restricted opportunity to access regular church services and participate with congregations due to their incarceration. While many churches try to preach to the jailed through specific prison ministries, people inside face considerable impediments to participating in religious activities. Access to online church services, social media platforms, updated religious literature, and regular communion with other Christians is sometimes limited or unavailable in prisons. This parallel emphasizes the importance of providing pastoral care and spiritual support to everyone, regardless of circumstance or location. It emphasizes the need for innovative ways to minister that might bridge the gap between imprisoned individuals and their faith communities, establishing a sense of belonging and connection regardless of the restrictions of incarceration. Addressing the unique needs of this demographic allows churches to aim for a more inclusive and comprehensive approach to service, expressing the Christian faith's teachings of compassion, solidarity, and salvation.

Facilities

Believers who live in nursing homes, retirement communities, or assisted living

facilities face unique challenges when seeking pastoral care. While the study's scope may be

limited in assessing their capacity to grasp or interact with ministry, it is important to recognize

that many residents, just like shut-ins, place a high value on pastoral care. Within these

community settings, residents frequently have physical and cognitive limitations that prevent

them from actively participating in regular church services or pastoral relationships. Nonetheless,

it is critical to acknowledge that their spiritual well-being is important. Regardless of their

circumstances, those shut-in or terminally ill individuals may feel alone, long for spiritual

connection, and seek consolation by means of faith-based practices and pastoral assistance.

Understanding and addressing these spiritual needs can profoundly impact the quality of life and

emotional resilience of residents in these care settings.

Additionally, the dynamics of assisted living institutions and retirement homes differ

significantly, including people from various origins, ideologies, and levels of cognitive

functioning. While some residents may actively seek pastoral care and participate in devotional

activities, others may require more individualized approaches to accommodate their specific

circumstances and preferences.

Denominational Trends

The issue addressed in this study crosses denominational lines. No matter what name or

belief is over the doorway, every church at some point must deal with the lived experiences of

the aged who are shut in. A complete comparative analysis across faiths could be conducted to

investigate differences in shut-in persons' experiences based on theological and liturgical

traditions prominent in their respective denominations. This study intends to shed light on how

theological differences influence pastoral care practices and worship experiences for shut-in church members. This study digs into the aspects of shut-in experiences in similar but varied denominational contexts. It tries to understand the intricate relationship between theological ideas, liturgical rituals, and the provision of pastoral care services suited to the needs of shut-in believers from different denominational traditions. The denominations represented are the more commonly seen across central Kentucky.

This involves examining the theological foundations that impact the understanding of pastoral care responsibilities and the development of worship traditions within each denomination. Furthermore, this analysis sheds light on the significance of liturgical traditions in influencing the worship experiences of shut-ins and terminally ill individuals. It investigates how various liturgical styles, rituals, and ceremonial practices contribute to the spiritual health and sense of connectivity that shut-in members of their religious communities feel. Focusing on these experiences, it hopes to raise awareness of and respect for the various ways religious traditions connect with the real-life situations of shut-in members in the context of worship and spiritual care.

Likewise, delving into this study could also reveal similar experiences and how ministry can cross denominational lines to help those in need. Combining resources can create more community among churches and pastoral staff. Worship leaders can potentially network to meet the needs of individuals and families facing similar challenges in new and innovative ways by creating lines of communication. The potential of pastors and worship pastors collaborating and sharing strategies can give insight to better meet the needs of these individuals.

Effectiveness of Digital Platforms

An evaluation of the effectiveness and accessibility of digital worship platforms in meeting the worship needs of shut-in individuals could be considered. This type of study could investigate the role of digital worship in developing a sense of spiritual belonging and settling into the larger faith community, as well as its function in ensuring a meaningful worship experience for shut-ins despite their physical constraints. It could also investigate how efficiently these platforms engage shut-in folks in worship activities, considering their ease of use and ability to allow active participation. This research considers a variety of aspects, including accessibility, inclusiveness, and the impact of digital worship on spiritual connectivity and community integration. Finally, it could examine how digital worship projects meet various demands, providing inclusion across demographics and accessibility requirements.

Innovative Pastoral Care Models

Investigating innovative pastoral care frameworks, such as tele-chaplaincy and virtual support networks, that expand the breadth of pastoral assistance beyond traditional face-to-face contacts would be an option to research. Seeking out new technological efforts to assess the feasibility and effectiveness of various techniques in meeting the diverse needs of those shut in would fall closely in line with online church services, only direct and personally engaging. Tele-chaplaincy uses technology to provide spiritual direction and counseling remotely, transcending physical distance obstacles. Similarly, virtual support groups can be considered as platforms for building community, offering emotional comfort, and allowing shared experiences among those who are shut in. A closer look into the feasibility and impact of these creative pastoral care models using empirical investigations, considering criteria such as accessibility, participation,

and participants' spiritual and emotional well-being, may open up a new and creative avenue for communication with shut-in and terminally ill believers.

<div align="center">Ministry to Families Dealing with Disabilities</div>

The families who deal with a family member who has a severe disability and cannot attend church normally are in a very similar situation as those in this study. The possibility of working through a similar strategy could reveal the worship needs of such families and the impact it could yield by creating a unique plan for each. It could also reveal the need for a special needs pastor if many fall into this situation. These individuals are uniquely different because their needs are different and often severe. The focus may not be on the individual with severe disability needs but rather on their family members who are limited to how often they can be absent from the home.

<div align="center">**Implications for Practice**</div>

The principal application of this study is the importance of continually assessing ministry needs within the community of believers. This raises an important question: "What additional steps can a pastor, worship pastor, pastoral staff, and church members take to effectively minister to those who are physically unable to attend regular services?" Shut-in and terminally ill members are the most critical concerns in this study, as they serve as important focal points for ministry outreach. Indeed, the spectrum of ministry includes numerous aspects that appeal to all believers, regardless of their age or physical capacities. The findings of this phenomenological study, which are derived from the fabric of Protestant Christian ministry, highlight the critical significance of the needs of shut-in and terminally ill believers and the adaptability and proactive engagement in providing pastoral care to them. The primary goal of this research is to shed light on the lived experiences of shut-in believers who receive pastoral care from Protestant Christian

pastors, worship leaders, and other Christian leadership. Digging into the complexities of their everyday lives reveals the fundamental importance of pastoral assistance in developing their faith, particularly in the context of worship expression. The inquiry focuses on the various aspects of worship, such as communion, prayer, visitation, and digital access to church services, which are examined using focused sub-questions. These components emerge as critical pathways for meeting the spiritual needs of shut-ins and cultivating a sense of connection despite physical separation.

Additionally, the demographic data gathered by this study provides insights into how factors such as age, gender, and religious affiliation influence the viewpoints and experiences of those who are shut in. This deep understanding is a guidepost for pastors, worship leaders, and ministers, allowing them to adjust their pastoral care practices accurately and sensibly. Crucially, the study emphasizes the importance of including shut-in folks' viewpoints in the evaluation of ministry success. It explains how cultural differences and denominational affiliations influence views and responses to ministry activities, encouraging pastors toward more inclusive and pastoral care practices relevant to the local culture. The study emphasizes the collective responsibilities of church leaders and members in ministering to shut-in and terminally ill believers. It echoes the biblical requirement to honor and care for the elderly and disabled, underlining the church's joint responsibility to actively participate in fulfilling this sacred duty.

It is critical that the value of these individuals be acknowledged and incorporated within the ethos of ministry and worship. A part of the issue is making time to minister to these individuals, as well as other areas of the church that have specific needs. Looking into time management practices for pastors who have church members with specific worship needs is important. Finding the right volunteers to assist in places where pastors are limited on time or

limited on personnel could present a solution for many pastors drowning in ministry tasks. Ministry often involves unexpected needs. Being willing to change a schedule in response to changing circumstances and assessing and updating plans frequently helps pastoral staff keep on track with priorities, especially when dealing with individuals whose needs may change. Also, including other pastoral staff, deacons, and volunteer, or lay leaders can keep the pastor or worship leader from feeling the pressure of being overworked while giving others the opportunity to serve this group of individuals. This provides more community and fellowship for the individuals. It also gives them differing perspectives of church life as they connect.

With the idea of having volunteers to assist with the delivery of reading material, Sunday School material, and recordings of the Sunday service, it is easy for someone to entice the needed help by ensuring they can drop off and go quickly without actually staying to visit. This promise of quick help misses the point of the ministry. This is for the spiritual well-being of the individuals unable to be in the service. A quick bypass of dropping materials off could easily be followed up with some time spent providing fellowship to these individuals. Understandably, everyone is busy, but spending time with these individuals as often as possible provides a sense of belonging and a continued part of the church life. Ministry takes time. Investing in those who cannot attend is as important as investing in those who do. Finding good volunteers to assist can be very valuable to the church's overall ministry. Ministry demands patience as well. Being available to serve those in need is important and should be handled with the care needed to be adequate and above.

Possible Solutions

There is a need for ministry, both practical and spiritual, for shut-in and terminally ill individuals. Taking time to consider those who once were vibrant in the fabric of the church

fellowship but can no longer participate as they once did is as much a need for the church as it is for the individuals. The years of wisdom, love, and prayer these individuals can offer should represent something every church desires. This is where youth and children's ministries could participate and show love to a generation in need.

<div style="text-align:center">Counselors</div>

With several shut-in and terminally ill individuals dealing with the emotions and stress of their situation, there is a need for personal counseling.[7] Many large congregations prioritize their members' well-being by regularly hiring Christian counselors on staff. These trained professionals serve a critical role in providing emotional encouragement and assistance, especially for older individuals and their caregivers dealing with complex issues. Their expertise spans a wide variety of important skills geared at assisting people in managing interpersonal difficulties, reducing stress, and dealing with residual feelings like guilt or frustration. By creating a secure and empathic atmosphere, these counselors promote emotional recovery and a greater feeling of peace among the shut-in community that's part of the church family.

Including these counselors in ministry to the shut-in and terminally ill can open the door to the end-of-life discussions, helping to deal with the emotions and depth of conversation needed to take place. The end-of-life discussion needs sensitivity and patience, collaborating with pastors. When professional counselors are not available or accessible, the pastoral staff then becomes the counselors. Preparing the pastoral staff to be able to do some counseling is essential for professional development.

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[7] Randy Thornhill, & Nancy Wilmsen Thornhill, "The Evolution of Psychological Pain" in *Sociobiology and the Social Sciences,* ed. R. Bell, (Lubbock: Texas Tech University Press, 1989), 73–103.

Senior Adult Ministry

There are a rising number of Christian congregations embracing the idea of offering daytime care and enrichment programs designed exclusively for seniors. This creative project comprises transforming specified rooms or suites on church grounds into a thriving center. Seniors experiencing loneliness, physical restrictions, or cognitive impairments will discover a friendly environment in which to spend their days engaging in exciting activities and socializing with others.

This program's core exercises are meant to enhance memory, improve physical well-being, and cultivate spiritual development. Participants engage in a range of exciting activities, such as memory-stimulating games, armchair exercises to preserve mobility, creative crafts, and flower arranging. There are further possibilities for valuable Bible study discussions, special celebrations, and even fascinating field trips to explore the larger community.

These churches' comprehensive approach to elder care demonstrates their commitment to supporting dignity, friendship, and vitality in aging persons, as well as building a feeling of belonging and purpose within the church family. These programs give senior adults more than something to do, but something to look forward to. Participation can provide social interaction that is needed and desired by so many who feel lonely.

Collaboration

The collaborative partnerships formed by church clergy, medical professionals, and social service agencies constitute a powerful synergy aimed at improving the complete care and assistance offered to shut-ins. This collaborative, multidisciplinary approach goes beyond typical care approaches, recognizing that shut-in folks' well-being includes not just spiritual but also physical, emotional, and social needs.

By adopting this cross-disciplinary approach, churches may help shut-in people live with dignity, purpose, and a feeling of belonging, improving their overall well-being, especially the spiritual well-being. These combined efforts create a strong support network that goes beyond traditional care facilities, ensuring a continual system of aid and service. As with any collaborative work, being courteous and confidential with individual information is always best practice.

One of the best collaborations is with family. Understanding the overall family dynamics and needs can allow for ministry to be more effective. After discovering that many families are stressed and even broken over the situation, a confidential approach to addressing these issues can bring peace. The gathered data showed several individuals state that they do not want to be a burden on their family, yet need their family for assistance. Fully grasping the severity of the physical needs through the family can allow for a clearer understanding of how to meet the individuals' spiritual needs and worship requirements. This plan can then be addressed and adjusted with the worship pastor or volunteers providing worship assistance.

Online Ministry

Senior adults who are technologically savvy can participate in multiple ministry avenues. Providing digital access to worship has become increasingly essential for churches to serve members who are unable to attend in person for a variety of reasons, including distance, health difficulties, and mobility. Providing an effective online ministry would mean possible upgrades to the church's technology, someone designated to make sure the streamed service is of quality, and a realization that the audience is more than just the church members but a global audience. The upgrades are more than just cameras and microphones. It also includes lighting and complete sound, ensuring the balance is high. The service order must extend to the global

audience as well, making sure the message is thorough and easily understood. Consideration of other possible events in church life being live-streamed helps to build the community of believers who are not able to attend while also expanding the church's digital presence to the world.

Providing iPads that can be loaned out or taken weekly to individuals to watch online church service can benefit those who cannot attend. Church volunteers can go to these individuals in rotation, carrying with them the iPad, and a way to connect. This gives the shut-in individual a way to watch church service and have some form of fellowship during that time as volunteers share in the moment with that individual. This is an activity that can take place after the designated church service by rewatching later or on a different date.

This digital presence is an incredible avenue for ministry. This method of connection opens the church up to eyes that want ministry. Using discernment to make effective decisions on what and when to broadcast is critical to the message and the nurturing of the church who is unable to attend. For this study, the digital presence offers a method of bringing some connection to those individuals unable to attend because of health or mobility issues.

<center>Online Ministry Precautions</center>

A major precaution is the idea that digital methods can resolve the issue completely. Pastoral staff should be careful not to disregard shut-in individuals who can simply watch the service online. This is a factor that can easily be overlooked with the unintentional mentality of "out of sight, out of mind." As has been seen with some of the interviewees, the connection to a pastor or worship pastor can be quickly lost when these individuals are not readily attended to.

As much as the digital revolution in church worship has connected so many, it can also be a broken bridge to some who need spiritual attention. Direct communication is the best

method to make sure there is no loss of connection. Through direct contact from the pastor or worship pastor, or through the use of volunteers to keep a regular connection, there should be an update regularly to the needs of these individuals. The use of deacons or elders is a biblical model option to help with this situation (Acts 6:1–6).

Alternative Methods

Ministry to elderly individuals who cannot attend because of medical or mobility issues goes beyond the spiritual. There are physical elements of ministry that address the needs of these individuals. Many individuals who are older have budgetary constraints that prevent them from employing professionals to fix their homes. Fortunately, many modest repair chores may be successfully completed by knowledgeable and resourceful members of the church community. Church members can often be available to assist with minor repairs and upkeep tasks. These folks, who have the necessary skills and an eagerness to help, may provide significant assistance by addressing a variety of domestic repairs.

On the other hand, for more extensive repairs or improvements that exceed the capabilities of individual volunteers, the church might develop an organized assistance plan. One such strategy is to organize a monthly offering, particularly to offer benevolent aid to older members who require assistance with major property maintenance or improvements. The plan displays the congregation's dedication to caring for the elderly and ensuring their living circumstances are stable, pleasant, and suitable for their well-being. By collecting resources and organizing community support, the church creates a culture of kindness and real help, allowing the elderly to preserve their possessions and dignity with real support.

Respite Care

Creation of a dedicated group of caring church members ready to provide respite care to full-time caregivers in their residences allows them to take a much-needed break, recharge, and deal with personal concerns. Volunteers would agree to spend a couple of hours, a couple of times each week, aiding caregivers in caring for their personal family and loved ones. During these breaks, volunteers provide companionship, supervision, and support to care recipients, ensuring their welfare and security while allowing caregivers to take a break and take care of their own needs.

By developing this volunteer group, the church displays its commitment to assisting caregivers in the community. This project not only fosters compassion and solidarity but also improves the general well-being of both caregivers and individuals cared for. Through united efforts, the church develops a culture of care and support, ensuring no caregiver feels overwhelmed or alone in caring for loved ones.

Along these same lines, volunteers can assist with the travel needs of shut-in individuals to doctor appointments and medical engagements. Some individuals have specific travel needs, making specific arrangements necessary. However, many simply need help getting in the vehicle and someone to drive them. This allows for travel companionship, conversation, and fellowship they do not normally receive. Assisting with travel needs can give assistance and ministry in a unique way.

Within this opportunity to minister to these individuals resides an opportunity for youth and children to be involved. Finding ways for the younger generation to share, sing, and serve this group of people with their youthful energy almost always lifts spirits. This is a wonderful way to build a bridge over the generational gap and show how the entire church can love and

care for each other. This is a reflection of the experience of Participant Three and the young people of the church singing in his yard. This is the church more fully living out Acts 2:42–47 and replicating these moments can have great impact.

<div align="center">Communications</div>

Improving connections between pastoral staff, congregation members, shut-ins, and their relatives is crucial. Consistent and open communication, which includes regular updates, prayer requests, and frequent pastoral visits, is essential in developing a strong feeling of connection for individuals who are confined to their homes due to a variety of reasons. Pastoral staff may keep shut-in folks up to speed on church activities, sermons, and community efforts by sending regular information by newsletters, phone calls, or emails. This effort allows them to stay involved and connected despite their physical constraints. Additionally, communicating prayer requests is an effective instrument for compassion, allowing both shut-in believers and their families to receive spiritual support from their church community. Incorporating these prayer requests into congregational prayers not only promotes the value of unity but also emphasizes the importance of intercessory prayer in the life of the church. It reflects the church body's consistent encouragement and understanding for people suffering from challenges, as well as the conviction in the power of communal prayer to inspire and sustain persons in need.

Finding a way to resolve communications with shut-ins and terminally ill can begin by simple phone calls for those who can receive them. Churches can recruit several dependable individuals from the congregation to take turns making regular check-in calls to the elderly. These friendly volunteers are essential in building connections and support for elderly members. They provide a warm greeting, check about any health news or prayer requests, and engage in pleasant conversations. These calls function as a lifeline, giving not just material aid but also

emotional support and a sense of belonging. By maintaining frequent communication and care

benefits, the links of fellowship are deepened, and dedication to each member's well-being is

sincerely expressed.

Reading Material

The female participants of the study shared how much reading they currently do or used

to do. They enjoy studying the Bible and reading books by Christian authors. Finding ways to

share from the church library, or possibly starting a book donation drive in the church to build up

a collection of Christian authors would create a resource for the shut-ins invested in continuing

to study. Combining this with technology could create an online book club and kickstart a book

sharing network. This is a way to keep fellowship and study at the forefront of the ministry to the

shut-in population of a church. Digging further into Sunday School literature can bring forth

other print materials that carry great benefit for all Christians, but especially for those who are

shut in.

There are factors that need to be considered in this matter. Many ministry candidates'

eyesight is not the best, so providing large print reading material, even a large print Bible can be

beneficial. The men who did not read much stated it was because they cannot read the small print

in their Bible. This can be the factor that brings them back to Bible study. Devices such as an

iPad or a Kindle can adjust font sizes to allow for better reading experiences. Keeping these

digital options simple to use with volunteers offering direction can provide a positive option.

Some shut-ins may consider using the reading material to mentor younger Christians in their

homes on a one-on-one basis. This keeps them involved as leaders and investing in the younger

generation of believers. The wisdom these individuals share is an invaluable and often untapped

resource the church has access to. Whether in their home or utilizing online tools, these individuals can have a great impact on the future of the church.

Prayer Ministry

One of the greatest needs of shut-ins is one of the easiest offerings, that of prayer. Having pastors and volunteers trained to conduct a pastoral visit with time to listen and pray about the concerns of the sick or shut-in person can encourage these individuals. Listening and responding gives the pastoral staff the knowledge of the spiritual state of the individual and how to better serve them. Offering their needs up to the Lord should be a primary approach in assisting those shut-ins and ill individuals no matter the level of need that exists. Prayer is a mode of worship, communicating with God for self and on the behalf of others. As a worship element, the pastor and worship pastor have the need to communicate with and pray for these individuals along with the rest of the congregation, even if they are not the person visiting. Reports given to the pastoral staff keep them abreast of the individual needs of those congregants unable to attend church.

Finality

Planning a funeral for a loved one may be emotional and difficult. Creating a funeral plan in advance helps save stress and uncertainty for the remaining family members while also ensuring that a late loved one's preferences are respected. This advance funeral planning is a process that can be assisted by the pastor in collaboration with the individual and family. Caring for the individual in their last days can be stressful enough. There can be peace of mind when the individual has everything prepared and ready. For those who have not made pre-need plans, a pastor and worship pastor can have a conversation with the individual. This can help them make the plans they want, file them at the church or the local funeral home of the individual's choice, and understand their perspective to see how they can best serve the person in life and in death.

Documentation

Spending time with shut-in and terminally ill individuals is important for the ministry to provide for their spiritual needs. Every pastor, worship pastor, and volunteer should realize how valuable this ministry is to themselves and the overall congregation as well. The wisdom provided by these individuals can inspire stories and influence for years to come. Documenting these stories, testimonies, and conversations can also bring peace to a family hurting from loss. These stories can be shared with the family, and the testimony of faith can be shared with the church family. These conversations with the elderly who have been around the church for many years can give historical context for the ministry and even provide a foundational statement for the future of the church. Time with these individuals should be documented and studied for the context of their life, their walk with the Lord, and the life of the church, allowing them to return the ministry to their church family. This legacy can live on for generations. Worship practice can look back through the eyes of these elder shut-in individuals to see how worship once was and document the progression through the years.

Conclusion

The study's findings highlight the critical significance of continuous reflection, adaptation, and development of worship practices within pastoral care methods, particularly in meeting the changing needs of shut-ins and those facing terminal illness. By creating a culture of understanding and resourcefulness, pastoral caretakers may guarantee that every member of the faith community receives the spiritual support and worship assistance they require to be able to worship, especially in the face of physical limitations. Looking ahead, it is critical that pastoral leaders, congregations, and pastoral care providers work together to evaluate and renew, or create, worshipful moments in pastoral care practices to shut-ins and terminally ill individuals.

Together, they must work to facilitate a more inclusive and supportive worship atmosphere for shut-ins within faith communities. This means finding unique techniques to foster a worshipful environment, even in the middle of life's closing chapters. With unwavering devotion and broad compassion, the church can ensure that no one falls behind and that every member of the faith-based world, regardless of physical circumstances, has the opportunity to worship God. This helps those individuals find consolation and strength in their spiritual path as they near the end of their earthly journey.

Fostering an inclusive culture means creating circumstances in which shut-in believers and Christians with terminal illnesses feel fulfilled in their worship experience, and welcomed by their faith families. By instilling a feeling of belonging and purpose in persons dealing with physical limits and terminal diagnoses, it becomes possible to ignite flames of hope, resilience, and spiritual strength. In essence, adopting a comprehensive strategy for pastoral care—one characterized by adaptability and innovation—lays the groundwork for environments in which shut-ins and terminally ill Christians receive the consistent care, spiritual nourishment, and opportunities to worship needed for their overall well-being and growth, especially as they approach death. A vision of inclusive and transformational pastoral care may be fulfilled via collaborative efforts and forward-thinking goals, providing consistent support to every member of the church, regardless of physical conditions. Faith communities that cultivate a compassionate culture may serve as pillars of support, accompanying individuals on their journeys of faith and resilience. In such settings, every shut-in person is appreciated by the church, preparing every heart for the final leg of their journey, knowing that when they close their eyes in death, they will open their eyes to eternity in the presence of God. This is how

authentic worship can be cultivated, by worshipping throughout life until they worship in the presence of God.

It is critical to realize that these people are vibrant and devoted worshippers of the one true God. They have the same fundamental mandate as all professing Christians: to love God with all of their heart, soul, mind, and strength, and to love their neighbors as themselves (Luke 10:27). From the moment a person understands the fundamental nature of God and recognizes the need for saving grace, until the moment they take their last breath, they are to be committed worshippers. It is the church's responsibility to function as a catalyst and facilitator, nurturing this continual act of worship.

This carries on until the person is laid to rest. The final planning for a funeral and burial can be as important to an individual as their life, as it is a worship service dedicated as a memorial. Giving these individuals peace of mind can allow their final days to be lived out with less stress and more focus on themselves, their family, and ultimately, the Lord. The final days are just as crucial as all the rest.

Christian worship is simply giving worth to and loving God, as well as loving each other. Within the community of shut-in individuals and those terminally ill, the church is responsible to reach out and love these as Christ loves them. The congregational family can show them the church cares for them and they are not forgotten. The family of believers can ensure that these individuals feel the love of God through the hands and feet of those who are called to worship alongside them as one body of believers.

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Appendix A
Recruitment

Dear Potential Participant,

As a doctoral candidate in the School of Music at Liberty University, I am conducting research as part of the requirements for a Ph.D. in Christian Worship degree. The purpose of my research is to examine the spiritual needs of a shut-in and/or terminally ill patients whose physical limitations keep them from participating in a corporate church fellowship. It will reveal what spiritual needs are met and what spiritual needs are not met. I am Jamie Lawrence, and I am writing to invite you to join my study.

To participate, participants must be considered shut-in or a terminally ill patient who cannot attend church on a regular basis. Taking part in this research project is voluntary. Participants will be asked to take an anonymous survey and take part in a one-on-one, video or audio-recorded, in-person interview. It should take approximately 15 to 20 minutes for the survey and an hour for the in-person interview. Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed.

To participate, please complete the attached survey and return it by contact me at ▮▮▮▮▮▮▮▮ ▮▮▮▮▮▮▮▮▮▮▮▮ If you meet my participant criteria, I will work with you to schedule a time for an interview.

A consent document is attached to this letter to you if you meet the study criteria. The consent document contains additional information about my research.

Because participation is anonymous, you do not need to sign and return the consent document unless you would prefer to do so. After you have read the consent form, please complete and return the survey. Doing so will indicate that you have read the consent information and would like to take part in the study.

If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Sincerely,

Jamie Lawrence
Doctoral Candidate

▮▮▮▮▮▮▮▮▮▮▮▮

Appendix B
Follow-Up Letter

Dear Potential Participant,

As a doctoral candidate in the School of Music at Liberty University, I am conducting research as part of the requirements for a Ph.D. in Christian Worship degree. Last week a letter was sent to you inviting you to participate in a research study. This follow-up letter is being sent to remind you to complete the survey if you would like to participate and have not already done so. The deadline for participation is [Date].

Participants must be considered shut-in or a terminally ill patient who cannot attend church on a regular basis. Participants will be asked to participate in a written survey that will take no more than 15 to 20 minutes, then participate in an in-person, audio-recorded interview that will take no more than 1 hour. This will include a video recording of the interview. If uncomfortable with a video recording, an audio recording can be utilized.

Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed.

To participate, please complete the attached survey and return it by contacting me at ███████ ████████████████████████ to schedule an interview. If you meet my participant criteria, I will work with you to schedule a time for an interview.

A consent document is attached to this letter to you if you meet the study criteria one week before the interview. The consent document contains additional information about my research.

After you have read the consent form, please complete and return the survey. Doing so will indicate that you have read the consent information and would like to take part in the study.

If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Sincerely,

Jamie Lawrence
Doctoral Candidate

Appendix C
Letter of Permission

[Date]

[Recipient]
[Title]
[Company]
[Address 1]
[Address 2]
[Address 3]

Dear Jamie Lawrence:

After careful review of your research proposal entitled "Worship in Life, Worship in Death: Elements of Worship in a Believer's Final Days," I have decided to grant you permission to conduct your study at _____ Church.

Check the following boxes, as applicable:

☐ I will provide our membership list to Jamie Lawrence, and Jamie Lawrence may use the list to contact our members to invite them to participate in his research study.

☐ I grant permission for Jamie Lawrence to contact our shut-in and terminally ill members to invite them to participate in his research study.

☐ I will not provide potential participant information to Jamie Lawrence, but we agree to provide his study information to our shut-in and terminally ill members on his behalf.

☐ The requested data WILL BE STRIPPED of all identifying information before it is provided to the researcher.

☐ The requested data WILL NOT BE STRIPPED of identifying information before it is provided to the researcher.

☐ We are requesting a copy of the results upon study completion and/or publication.

Sincerely,

[Official's Name]
[Official's Title]
[Official's Company/Organization]

Appendix D
Consent

Title of the Project: Worship in Life, Worship in Death: Elements of Worship in a Believer's
Final Days
Principal Investigator: Jamie Lawrence, Doctoral Candidate, School of Music, Liberty
University

| **Invitation to be Part of a Research Study** |

You are invited to participate in a research study. To participate, you must be considered shut-in
or a terminally ill patient who cannot attend church on a regular basis. Taking part in this
research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in
this research.

| **What is the study about and why is it being done?** |

The purpose of the study is to examine the spiritual needs of a shut-in and/or terminally ill
patients whose physical limitations keep them from participating in a corporate church
fellowship. It will reveal what spiritual needs are met and what spiritual needs are not met.

| **What will happen if you take part in this study?** |

If you agree to be in this study, I will ask you to do the following:

1. First task/procedure: Participate in a written survey that will take no more than 15 to 20
    minutes.

2. Second task/procedure: Participate in an in-person, audio-recorded interview that will
    take no more than 1 hour. This will include a video recording of the interview. If
    uncomfortable with a video recording, an audio recording can be utilized.

| **How could you or others benefit from this study?** |

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include the opportunity to look at the distinctive and subjective aspects of
worship for shut-ins and terminally ill individuals, focusing on their perceptions, beliefs, and
emotional responses. This method will reveal the needs of said individuals, what ministry has
been practiced by ministers, and the issues that need to be addressed.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.
[I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.]

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer, with hardcopy data stored in a locked file cabinet. After five years, all electronic records will be deleted, and all hardcopy records will be shredded.
- Recordings will be stored on a password locked computer for five years and then deleted/erased. The researcher and members of his doctoral committee/the study team/etc.] will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Jamie Lawrence. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at ▮▮▮▮▮▮▮▮▮▮▮ ▮▮▮▮▮▮▮▮▮▮▮ You may also contact the researcher's faculty sponsor, Dr. Lori Danielson, at ▮▮▮▮▮▮▮▮▮▮▮

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record or video-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

Legally Authorized Representative Permission

By signing this document, you are agreeing to the person named below participating in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I agree for the person named below to take part in this study.

☐ The researcher has my permission to audio-record or video-record the person named below as part of their participation in this study.

_____

Printed Subject Name

_____

Printed LAR Name and Relationship to Subject

_____

LAR Signature   Date

Appendix E

Survey on Worship Experiences and Spiritual Needs for Shut-Ins and Terminally Ill

Patients Who Cannot Physically Attend Church

Thank you for taking the time to complete this survey. The goal of this research is to get

an understanding of the viewpoints of shut-ins and terminally ill patients who are unable to

attend church services due to physical restrictions. Your feedback is crucial in assisting us in

better understanding what you miss about church and what you require in your spiritual path

during this trying time. Please answer the following questions truthfully and completely.

Please keep in mind that your replies will be kept private and anonymous. The information

gathered will be used strictly for research purposes.

Section 1: Demographic Information

- Age: _____

- Gender:

  o Male

  o Female

  o Non-binary

  o Prefer not to say

- Religious Affiliation (if any):

  _____

- Ethnicity (enter N/A if choosing not to reveal):

  _____

- How long have you been unable to attend church services? [Open-ended response]

  _____

  _____

  _____

Section 2: Missing Church Services

- What aspects of attending church services do you miss the most? (Check all that apply)

  o Communal worship and singing hymns/praise songs

  o Participating in religious rituals and sacraments

  o Listening to sermons or religious teachings

  o Connecting with fellow church members

  o Receiving prayers and spiritual support from the community

  o Feeling a sense of belonging and unity

  o Other (please specify): _____

- How has not being able to attend church services impacted your spiritual well-being?

  _____

  _____

  _____

Section 3: Spiritual Needs

- What specific spiritual needs do you currently have? (Check all that apply)

  o Access to religious texts, scriptures, or literature

  o Receiving prayers from others or with others

  o Engaging in personal or private worship practices

  o Virtual or online church services or religious gatherings

- o   Spiritual counseling or guidance

- o   Receiving visits from religious leaders or volunteers

- o   Opportunities to engage in acts of service or giving back

- o   Other (please specify): _____

- How important is it for you to fulfill your spiritual needs while being unable to attend church services? (Scale: 1 - Not important at all, 5 - Extremely important) _____

Section 4: Coping Mechanisms

- What coping mechanisms or practices have you found helpful in maintaining your spiritual connection during this time?

  _____

  _____

  _____

Section 5: Support and Resources

- Have you received any support or resources from your religious community since becoming a shut-in or being diagnosed with a terminal illness? (Yes / No)

  If yes, please briefly describe the type of support you received.

  _____

  _____

  _____

Section 6: Additional Comments

- Is there anything else you would like to share about your experiences or needs related to worship and spirituality as a shut-in or terminally ill patient?

_____

_____

_____

Conclusion:

Thank you for completing this survey. Your participation will contribute to our understanding of the challenges and spiritual needs faced by shut-ins and terminally ill patients who cannot attend church services. The insights gathered will aid in developing better support systems and resources to enhance the spiritual well-being of individuals in similar circumstances. If you have any further questions or wish to participate in follow-up interviews, please provide your contact information in the space below (optional).

Contact Information (Optional):

Name: _____

Email: _____

Phone: _____

Appendix F

Interview on Worship Experiences and Spiritual Needs for Shut-Ins and Terminally Ill

Patients Who Cannot Physically Attend Church

Thank you for taking the time to participate in this interview. The goal of this research is to get an understanding of the viewpoints of shut-ins and terminally ill patients who are unable to attend church services due to physical restrictions. Your interview is crucial in assisting us in better understanding what you miss about church and what you require in your spiritual path during this trying time. Please answer the following questions truthfully and completely. Please keep in mind that your replies will be kept private and anonymous. The information gathered will be used strictly for research purposes.

Section 1: Demographic Information

- Age?

- Religious Affiliation?

- Tell me about your church experience growing up.

- How long have you been unable to attend church services?

- When was the last time you attended a church service?

Section 2: Missing Church Services

- What aspects of attending church services do you miss the most?

- What part of church life did you spend the most time? (Teach, worship, committees, etc.)

- Do you get to watch the church service through video or on TV?

Section 3: Spiritual Needs

- Discuss your salvation experience.

- How has not being able to attend church services impacted your spiritual well-being?

- What specific spiritual needs do you currently have? (Access to religious texts, prayers, worship, distance participation through virtual variations, counsel, giving, etc.)

- How important is it for you to fulfill your spiritual needs while being unable to attend church services? Discuss this answer.

Section 4: Coping Mechanisms

- What coping mechanisms or practices have you found helpful in maintaining your spiritual connection during this time? Explain these and how they help.

Section 5: Support and Resources

- Have you received any support or resources from your religious community since becoming a shut-in or being diagnosed with a terminal illness? If yes, please briefly describe the type of support you received.

Section 6: Additional Comments

- Is there anything else you would like to share about your experiences or needs related to worship and spirituality as a shut-in or terminally ill patient?

Conclusion:

Thank you for participating in this interview. Your participation will contribute to our understanding of the challenges and spiritual needs faced by shut-ins and terminally ill patients who cannot attend church services. The insights gathered will aid in developing better support systems and resources to enhance the spiritual well-being of individuals in similar circumstances.

Appendix G
Flyer

Research Participants Needed

Worship in Life, Worship in Death: Elements of

Worship in a Believer's Final Days

If you are:

- a Protestant believer who has regularly participated in church services, or

- considered shut-in or a terminally ill patient who cannot attend church on a regular basis

The purpose of this study is a focused inquiry into providing worship components to Protestant believers who wish to complete their lives before the Lord effectively. The data will give insight into the needs of these individuals from a firsthand perspective, confirming the need for effective ministry to shut-in and terminally ill individuals.

The study is being conducted in the central Kentucky area.

Jamie Lawrence, a doctoral candidate in the School of Music at Liberty University,

is conducting this study.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

Please contact Jamie at ███████████████████████ **for information.**

Appendix H: IRB Information

<div style="background:#1a75bc; color:white; padding:10px;">

Date: 12-2-2023

</div>

IRB #: IRB-FY23-24-540
Title: Worship in Life, Worship in Death: Elements of Worship in a Believer's Final Days
Creation Date: 9-30-2023
End Date:
Status: Approved
Principal Investigator: James Lawrence
Review Board: Research Ethics Office
Sponsor:

Study History

Submission Type	Initial	Review Type	Exempt	Decision	Exempt

Key Study Contacts

Member		Role		Contact	
Member Lori Danielson		**Role** Co-Principal Investigator		**Contact**	■■■■■
Member James Lawrence		**Role** Principal Investigator		**Contact**	■■■■■
Member James Lawrence		**Role** Primary Contact		**Contact**	■■■■■

[External] IRB-FY23-24-540 - Initial: Initial - Exempt

do-not-reply@cayuse.com <do-not-reply@cayuse.com>

Fri 12/1/2023 4:01 PM

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

December 1, 2023

James Lawrence
Lori Danielson

Re: IRB Exemption - IRB-FY23-24-540 Worship in Life, Worship in Death: Elements of Worship in a Believer's Final Days

Dear James Lawrence, Lori Danielson,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(ii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information sheet and final versions of your study documents can also be found on the same page under the Attachments tab.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office