

In the desert far from God: Leaning into the abandonment of not being healed

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*“When slowly the naked face
turns from staring backward
and looks into the present,
the eye of winter, city, anger,
poverty, and death
and the lips part and say: I
mean to go on living?
Am I speaking coldly when I
tell you in a dream
or in this poem, There are no
miracles?
(I told you from the first I
wanted daily life,*

*this island of Manhattan was
island enough for me.)”*

Adrienne Rich, from
Twenty-One Love Poems,
poem XIX, p. 34, *The
Dream of a Common
Language*, Norton, 1978

There is a disquieting silence in not being healed; a sense that one has been abandoned by God. Without the regeneration of healthy cells and the succulence of growing and developing, the human spirit finds an aridity that drives it out of the brink of living into the land of mere survival. It feels itself not only alone, but a pariah and an outcaste—one who is caught in the divine cross-hairs.

What despair does such a man, such a woman feel when their prayers go unanswered,

unheeded, or perhaps even far more horrific—denied by God? Who will tend them? Who will draw nigh when they have been marked—as such—for death?

What seems to be connected to the underlying cause of such existential dread at the end-of-life when a person is not healed by God (even when they plead so passionately to be made whole), is a connection to the unresolved spiritual apparatus of dealing with loss, not getting one's wishes met, and why bad things happen to good people? Although “strong and ardent” believers of any faith (even hopeful agnostics and atheists) may experience a cursory dip in hope and feel flashes of existential dread. Their ability to have mediated these issues throughout life in other situations tends to feed their ability to aright

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their capacity to hope even though being denied healing amid dying.

If they have been able to resolve these conflictual moments in spiritual formation in the past, they most often will “course-correct” in their angst and regain hopeful footing after an initial process of coming to terms with being left terminal against their wishes. That is, that once a spiritual person has had some time to deal with the denial, anger, bargaining, depression and acceptance¹ associated with such news, they are right in their disposition because they have done this countless times in the past.

The difficulty at end-of-life emerges when an individual has not used spiritual direction and formation as a part of their normal coping and resilience methods and attempts to approach spiritual direction and formation as a means of coping with imminent death. They have not routinely utilized faith throughout the whole of their life and so have no relevant infrastructure in place now to help make sense of this crossroads in life.

For the lifelong and episodic faithful person, working through normal grief responses with a chaplain, clergy-person, or therapist takes normal course based on their interior and emotional strength. They will deal with instances of abandonment and despair, but will rebound with a steady and ongoing discussion of the issues in approximately the same time frame as they

would in a non-terminal status when dealing with major loss.

It is the person who has not had a lifelong or episodic connection to faith who seems most likely to get stuck in despair and isolation. A clear assessment and inventory of what has helped them to cope with loss in the past will enable them to regain a more solid footing in the arena of attempting to ameliorate existential dread at end-of-life. Utilizing the matrix of that belief in the place of the Divine Matrix in the life of the faithful person.

And so, while the end-of-life therapist may explore feelings of isolation and abandonment at first—within a spiritual context—enabling the process of moving beyond despair can begin only when the patient is able to return to what has helped in the past. It is like trying to learn a new language at end-of-life and then expecting to understand and have at your disposal a comprehensive knowledge of what everything means and implies in that new language. It is outside of the scope of what is reasonable or expected.

Work with the patient (in whatever modality the end-of-life therapist is steeped) at end-of-life is still centrally mediated by exploring attachment and aversion to the grief and loss process¹ of:

- Denial
- Anger

- Bargaining
- Depression
- Acceptance

Remembering that the process is not dependency based in its iteration; that is you do not need to complete the first stage in order to go onto the second stage. One may go through any of the pieces of the response to loss in any order and degree. It is most common to experience each of the five “stages” of Kubler-Ross’s model at some level and some frequency in multiple areas of one’s life depending on the relevant issue being explored.

For the person that has had an abiding connection to faith prior to the terminal diagnosis, the therapist will explore practices of belief currently built into the patient’s life and utilize them to remediate the stages of grief and loss. For the person who has not had an abiding connection to faith in the past, the therapist will acknowledge that the patient has had other means of resilience in the past and that these should be used to remediate these current stages of grief and loss. Failure to enable this transition for the patient may foster the patients’ getting stuck in feelings of isolation and abandonment.

Reference

(Kubler-Ross)

Light From the Moon

The light rays
hidden behind the clouds
come down to me in cool,

grey reflection
lighting the snow
at my feet,

making a path
for me to walk.
a call from
the woods gives
me pause to wonder
how do we survive
against all odds
and lean into the
frozen banks
of snow
the frozen banks of
places in our lives
that have become
like ice—
able to preserve
us and keep
us until a thaw
is possible,

until a thaw is
attainable.

I remember
pain that was
too great to bear
that with the safety
of days and weeks
emerged to be
felt—

when a clearing around
the swift
onset
had been made.

A family slowly
coming undone,
a doctor telling
us there was nothing
left to do,
a father lying still
and alone on a
hospital table—

waiting to be
identified.

These spaces that grow
around pain are
sometimes missed,

The light that

exposes them is subtle.
it is a great gift
to be the subtle light
illuminating the stillness
and a place to come
undone, in the
safety of friends
and love.

It is this light
that often saves us.

It is this light
that is our true selves,

the self that
illuminates,
suffuses,
and merges
with all it touches –
with all it reveals.

(*Entering the Stream:
Poems about Union*,
Johnson-Medland,
Wipf and Stock,
pp. 87 – 89, 2011)