

On the Journey

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When I went into Ted's room I knew what to expect. The social worker and I had been talking about his case in light of some new developments, and we both felt confident that Ted had begun the journey — his final journey in his body.

It had been only an hour before that we had received the message that Ted was not doing well. He had become severely weak, listless and was fading in and out of consciousness. At one point he had sprung up in his bed and proclaimed, "They have taken my car and my clothes." That was the tell. That small statement opened us to the fact that Ted had begun the journey. He was looking for a way to leave.

In hospice work, it is often the small signs that give us the most clear directions. When our patients begin to withdraw into themselves and begin to use the language of birth or traveling, we know they are getting ready to depart.

Many people say, "He is not making sense anymore," or, "She is talking to people who are not here." What some caregivers do not know is that the patient is making total sense and they are talking to people who are there. The sense they are making; however, belongs to their own singular journey. They are making sense, but it is from within the framework of their own lives — their own past, present and future — not ours.

In the process of dying, a person begins integrating all of his



life into a short span of time. In crisis deaths, we talk about watching our lives pass before our eyes. Well, yes that does happen, and it happens in slower deaths as well. Life passes before the eyes of the dying. The dying try to make sense out of all they have experienced and try to make peace with those experiences. Actually, we all are trying to do this.

The mind plays back all the tapes of past experience (as well as present experiences), in order to resolve all that it has been through. The mind is trying to bring some unity to a life lived. What onlookers see and hear from their position, is a person making peace with their whole lifetime. What we see is the mind making some closure for itself.

In death, the life of a person is going to be transformed. It is as if all of life has to be drawn back in, compressed and pushed together, so the person may squeeze through the passage into death — so the person can make the journey. These moments of isolated incidents that we experience as the "person being out of sorts," are really moments when the patient — through the full capacity of his mind — is re-collecting his life and trying to sort through it to bring closure and resolution.

Later that day, Ted was able to tell me that he "needed her to go and get the coupons." Everyone in the family was sure he was talking about the bank deposit slips, and

they instantly began scurrying about looking for them. However, I knew he meant *tickets*. He was going on a journey, and he needed a ticket. There was no need for him to make any financial deposits at the time. He was speaking from the inner world of feeling, and metaphor. It is a world we often speak from when we do not hold so tightly to the filtering and controlling mechanisms in our minds. The old "Freudian slip" is an example of information sneaking past our inner toll booths.

I was able to pick up on the communication he was giving because I recognized the sound of an uncontrolled response. I am around them all the time. Most families are not prepared, or because of the grief, they are unable to hear the inner messages given by their loved ones. It is a difficult time. In most cases, it only takes reminiscing with the family: "He is going on a journey," for them to become aware of the content of the inner messages.

Ted asked me if I had change. He could "not make the change" that he "needed for the thing." Normally, people would have said he was hallucinating. He was making a journey, a great change, and did not feel he had what it took to get through the turnstile to buy a ticket. I told him that I knew the change was difficult, but that he had done a lot of work to prepare him for it, and I thought it looked as if he were ready.

Before I left, I told him, he should go when he was ready to go. I told him his family had plenty of support and they would make it. He needed to go on his journey when he was ready.

He said, "She is here to take me home now."

As I was leaving, I told the family what he had said and prepared them for the fact that he was getting ready to leave. He was going on a journey. Two days later, Ted died. He made the journey. Took the trip.

Generally, this kind of perception for the worker is only opened after years of working with, listening to, and feeling amidst the lives of people "on the edge" — people in a position of change and transition. The phrases that seem to come from nowhere are really belches from the deep self that are there to help those who are being attentive. Sometimes, the patient is able to hear these cryptic and laconic phrases, and understand them for what they are. Most often, the deciphering of these messages requires the assistance of a trained "midwife of the soul" ... a birther of the inner world, someone who has seen these things, heard these things, and felt these things before.

This is the role of the pastoral caregiver in the work of death and dying — of any soul work. The pastor must work with the stories of each individual's life, and retell them in such a way as to provide the distance necessary for the patient to understand the ebb and flow of their own tale. This gift comes from working with the stories again and again.

I had met with Ralph six times in the two weeks before he died.

He had been unable to speak more than a short sentence at a time during those meetings. As his health left him and he turned more into himself, he began to widen his eyes and focus on things just over my shoulder — things I could not perceive. I asked him what he saw. He answered, "whatever!" I knew the sightings were important for him, as he began to reach for them, first with one clasp hand, and then with two. I knew Ralph was beginning to experience the arrival of heralds. Something was coming to help him get on the path. As he reached and smiled and then reached some more, I knew I would not see him again. Ralph died that night.

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I come to expect these experiences. I know that if I am present at the end stage of my patient's lives, I will be present at these glorious and sacred mysteries. I see my role as comforting the patient with words of assurance — "that these experiences are normal and a part of dying" — and helping the families recognize that what is happening to their loved ones is not so much about them, but about

the patient's need to get ready for the journey that they will take by themselves (that is, without the family). This is normal. This is necessary.

Often, if I feel the patient is approaching end stage, I will share such stories with the family, to help them recognize the end and affirm its normalcy. Many people believe the dying person is losing his mind when these things happen, but I like to think they are not so much losing their minds, as experiencing the *transformation* of their minds. Transformation of the mind, includes the re-equipping of the mind with the ability to perceive the spiritual; something that is all but buried in our "contemporary, living world."

It takes practice to not misinterpret the rather simple communications our patients make prior to these experiences of transition. We can easily become too zealous to witness the awesome mysteries of transition, and hear wrongly what is being said.

All in all though, listening to what our patients tell us, and believing it, is the basis for any pastoring we do. As we are more and more in the midst of the process of dying, the process itself will teach us how to interpret what is being said, how to believe it. We will make mistakes, and we must learn to exist within a mercy that allows for missing things, or being too late to understand. In the greater continuum, if we are there to hold the hands of those that are dying, we will gain a feel for the process that is unfolding. This will become our heart.

