

I. PATIENT DATA

Chaplain – Robert Baral

Patient – YZ, 60+ year old female, divorced

days in hospital – 6; length of visit – 120 minutes

Unit – medical/surgical;

Religion - Catholic

Significant Others – sons x 3

Theme – “A Mother at End of Life to Her Sons:

I Don’t Want to Leave You. Redeeming The Time We Have Left.”

II. FACTS OF THE CASE

Patient is a 60+ y/o female who was diagnosed with gallbladder cancer some months ago, has had surgery for same and has suffered recurrence of abdominal wall cancer since. She was admitted with gross abdominal distention due to fluid collection related to liver failure, pain, nausea and vomiting. The patient is now readmitted for pain and symptom management. Catholic. Old divorce with bitter family aftermath between the patient and her ex-husband. She has 3 sons, all present and involved.

I had seen the patient alone on 2 days prior. She was then in great physical distress. Her abdomen was grossly distended. She was in severe pain, was fully lucid and was vomiting dark colored vomit. She was moaning, fearful and crying at the time. She was then able to only briefly share about her illness with me. I held her hand, prayed and quietly chanted PSALMS as the Nurse cared for her. She eventually quieted down and felt reassured. She was not able to talk much at the time, but expressed deep thanks for the pastoral support and openness to further Chaplain visits.

III. ADDITIONAL BACKGROUND INFORMATION

Today I am called by the Nurse to arrange for Mrs. Z to receive The Sacrament of The Sick on request of her sons. I arrived to find her 3 sons standing in the hallway outside their Mom’s doorway and visibly agitated. One son was tearful. They were going in and out of the room. They spoke rapidly. They told me they wanted their mother to receive Anointing from a Priest. I reported to them that I had just arranged for this and that our hospital Priest was on his way up now. The sons decided to take a break and asked to meet with me in the family room shortly thereafter.

I met the hospital Priest at Mrs. Z's bedside with the Nurse. She is vomiting small amounts of dark colored vomitus on and off. I hold her hand. She can only manage a "Hi" and repeats my name, "Chaplain Bob." She is groggy and drifting in and out of wakefulness, sitting in a bedside comfort chair. There is a narcotic intravenous pump running. The Nurse is administering more medications. Mrs. Z is very pale. Her hands are cool. When she vomits, she awakens and becomes agitated, then drifts off again. She is a picture of suffering and approaching death.

The Priest advises me that Mrs. Z has already received The Anointing of The Sick. He says a brief prayer over her. I sit with the Mrs Z for about 10 minutes, holding her hand and quietly reciting a PSALM. Her vomiting passes. She closes her eyes, does not talk further and drifts off to sleep. I then report back to her 3 sons as they requested to meet with them.

IV. PATIENT-FAMILY MEMBER'S EXPRESSED CONCERNS

The family is immediately concerned 1. that the patient receive The Sacrament of The Sick, which they refer to as "Last Rites;" 2. that I act as their intermediary with the patient to elicit what she wants re burial versus cremation for her funeral. The family's deeper concerns are 3. facing the reality that their mother is dying; 4. how to make best use of the time they have left together with their Mom; 5. pastoral support to facilitate their own decision making for their mother's end-of-life and decedent care.

V. YOUR SPIRITUAL ASSESSMENT

This is a broken family from a painful old divorce that has drifted away from their Faith tradition of Catholicism. However, the 3 sons seem to be close to one another. They are now focusing on funeral arrangements, rather than spending time together at their Mom's bedside in her last hours, because this seems easier than truly facing that their mother will die shortly. They wanted to make sure their mother received "Last Rites," but could not bear to see her receive The Sacrament directly with their own eyes. There are further deep individual and family wounds around their parents' old divorce, magnifying their emotional and spiritual pain now.

This focus on decedent care may allow them to 1. keep a sense of control over the uncontrollable; 2. make them feel that they are doing something for their mother in the face of feeling powerless; 3. avoid having to consider what their family and lives will be like without their Mom until the last moment of reality; 4. allow them to avoid longstanding family issues and divisions just a little bit longer; 5. avoid facing their own feelings surrounding the pending death of their beloved mother.

VI. PASTORAL SPIRITUAL CARE PROVIDED

1. obtained permission to visit; 2. assured family that the patient received The Sacrament of The Sick as sons had requested and advised them of same; 3. listened empathetically and in a non-judgmental manner; 4. reflected back to the sons to assure that I was hearing them correctly and to let them know that they were being heard; 5. provided the religious care desired; 6. offered an alternative perspective on the question of the patient's wishes for her funeral to facilitate the sons' own decision making; 7. provided information and calming support to the sons, enabling them to gather together at their mother's bedside as she passed on; 8. stepped aside but remained present when other staff visited to support the family.

VII. OBSERVED OUTCOME

1. The family felt free to share their concerns with me. 2. They affirmed that I was correctly hearing them. 3. Religious care provided to patient and family was of comfort and helped open a door for the family to begin addressing concerns more deeply. 4. The sons found the alternative perspective offered them helpful and became less agitated. 5. The sons were reassured to know more clearly what to expect and that they would be supported as much or as little as they wished. 6. The family was visibly more at ease in the midst of their struggles by the end of pastoral care provided. 7. They were able to gather in greater peace together at their mother's bedside as she passed on.

VIII. INITIAL OBSERVATIONS

I approached the room from the forward Nurses' station. I see 3 middle aged men, casually dressed. They are darting in and out of the patient's room. One is tearful. They appear clearly tense. I take time to shake each one's hand with a firm grip and make good eye contact. I speak slowly and clearly. As I then enter the patient's room, I see Mrs. Z is sitting in a comfort chair facing the doorway by the window. The other bed is empty. She is nodding in and out. She vomits small amounts, which drips down her chin. A small basin is at her side filled with dirty tissues. A Nurse is giving intravenous medications to give greater comfort.

IX. THE VISIT

S = The sons; C = Chaplain

S1 – [I approach 3 middle-aged men standing in the hallway outside doorway of Mrs. Z's room. I make eye contact.] Are you Chaplain Bob?

C1 – Yes. My name is Chaplain Bob Baral. Are you the family of Mrs. Z?

S2 – Yes. We're her sons. [I shake hands briefly with each son. They introduce themselves to me by their first names. They are visibly upset.] We need a Priest for our mother.

C2 – We are always happy to page the Priest whenever he is needed. I was able to meet with your mother a few days ago. I recall she was having a difficult time then. What's happening today?

S3 – She's dying. We want her to get Last Rites. [Sons wonder in and out of room to hallway as we speak. Patient is sitting facing doorway in bedside comfort chair. Nurse is at her side. I can see Mrs. Z is vomiting. She looks very pale. She rocks slightly forward and backward in the chair with her eyes closed]

C3 – I will be happy to arrange for your mother to receive The Anointing of The Sick from the hospital Priest, if that has not already happened.

S4 – Also, she won't tell us if she wants to be cremated or be buried for her funeral.

C4 – [I am taken a little aback.] I see.

S5 – Maybe if it comes from you, she'll tell you, and you can tell us.

C5 – [I think to myself, is this a hidden agenda that the family wants to use me for? If so, here it is in the open. Or are they focusing on this because it's easier for them than to be with their dying mother?] It sounds like all of you are going through a very difficult time right now. May I make a suggestion?

S6 – Sure.

C6 – Let me page the hospital Priest to come to your Mom’s bedside now. We can also talk about your concerns in the family room in a more private area. Can you give me 15 minutes, and I will meet you there? I will call our Priest and he can meet us at your Mom’s bedside.

S7 – That’s a good idea to talk privately. But we’re going to take a short break now. [Family leaves for a break.]

C7 – [I meet our Priest at Mrs. Z’s side. Father reports Y has already received The Sacrament of The Sick several days ago. Our Priest offers words of comfort and prayer to Y. I sit with her thereafter as the as Nurse gives her intravenous medications to make her more comfortable. I wipe Deborah’s mouth as she continues to vomit small amounts dark colored vomit. She is very pale, rocking slightly and moaning. Her hands are cool. She looks like death is not far away. This is a very scary sight for her sons. I say a prayer and a PSALM. Mrs. Z falls asleep after about 10 minutes. As I then pass by the family room and join the 3 sons.]

S8 – How is she?

C8 – I met Father, our hospital Priest, at your Mom’s bedside. She has received The Anointing of The Sick. The Nurse was giving her some medications to make her more comfortable. I sat with your Mom and prayed for her until she fell asleep.

S9 – Thank you, Chaplain Bob.

C9 – You are very welcome. Would you like me to spend some time with you now to talk?

S9 – Please. Yes, this is okay.

C10 – [I shake each son’s hand again. I sit among them. They look tired. I realize that I am also tired. I sit for a moment. They look up at me. I think to GOD silently, LORD, this will be a tough one.] You were sharing with me about your other concerns for you Mom...

S10 – She never talked with us about what her wishes are for her funeral, if we should have her cremated or buried. And she won’t tell us now what her wishes are. We were hoping maybe you could ask her for us, and then tell us what she wants.

C11 – You are concerned about what to do for your mother after she dies. But you haven’t been able to talk to her about these things.

S11 – That’s right.

C12 – You’ve shared with me that your family is Catholic. I wonder if you have a Pastor that you might be able to talk to about funeral concerns?

S12 – Our mother is what I'd call a "Cafeteria Catholic." Since the divorce, she hasn't been a regular member of any one Church. She goes to 2 local Churches a lot. For me, I would say I'm an agnostic now. I wouldn't know who to call. Maybe you can help us on who to call?

C13 – I will be happy to get you the phone numbers for your Mom's Churches. [Short pause. I shift my eye contact between the 3 sons. Good eye contact with each.] I hear that these questions about giving your mother the funeral that she would want are important to you. [I am thinking that it's easier for the sons to focus on this funeral question, rather than face that their Mom is dying before their eyes and suffering a lot. Very human. I think back to my own family's struggles as our father was dying many years ago.] Have you been able to talk about these things with your father?

S14 – He won't be coming. He can't help us. If he came, our mother would go ballistic. She wouldn't want him here. [Silence. I give it some time. Sounds very painful. I know what it's like to be in the middle of such divorced parents. I've spent a lifetime there.] We know she will die soon. She says, "I don't want to die."

C14 – You see your mother approaching her end of her life. But she doesn't want to leave you. And it seems it's difficult for you to see her in this situation. On top of this, you have this deep gulf between your parents. And it adds to the difficulty of the situation for you.

S15 – Yes. So who should we call? We don't know what to do when she dies.

C15 – I promise without fail to give you the phone numbers for you for the Churches that your Mom Y attends. I think either Pastor would likely be open to helping your family as much as they can. And when your mother does pass on, the Nurse will call for a Chaplain to help your family through that time. We will take care of the paperwork with the Doctor and the Nurse. We will provide you with a list of local funeral homes. And we will be happy to offer as much, or as little, emotional and faith support as you want.

S16 – So a Chaplain will be here when we need one. Will it be you?

C16 – I don't know. But if I'm on duty, I will do as much as I can to be with your family when that time comes. Whoever it is, I am confident they will do the same for you.

S17 – So can you ask her the question for us about her funeral?

C17 – [They are very persistent. I feel myself getting a little frustrated. I think to myself, it's time to 'meta-communicate.'] I am thinking two things. First, I can be with you if your mother is well enough to talk to you later, but I think that's a question that would be better coming from a family member.

S17 – If you could be with us when we go back in...

C17 – I would be happy to. And second, I am thinking that maybe it's okay that your mother doesn't answer your question. Maybe she is not well enough to talk. Or maybe she is not feeling strong enough inside to answer that particular question because she doesn't want to face having to say good bye to you. And maybe your family will have to make those decisions together yourselves after-the-fact without your Mom's input. And maybe that's okay for her and for you to not force her to talk about that if she doesn't want to. [I suddenly feel relieved to say outright what I'm feeling.]

S18 – That makes sense. You think we shouldn't force the question?

C18 – That's not for me to decide for you. But I can see you are very concerned for her. She loves you all and doesn't want to leave you. Maybe she is avoiding the question about funeral choices because of that. And now she is more groggy from the medications to make her more comfortable. She may not be able to have that conversation now for both reasons.

S19 – [The sons shift their attention from me to one another. I sit silently among them and listen attentively.] If she's going to die soon, we should spend the time we have left with her and not worry about this right now.

[They talk between themselves for several minutes...]

S20 – This is so overwhelming. We have someone from Hospice coming to talk to us. Our Mom was having a really hard time. You say she fell asleep?

C19 – Yes. The Nurse was giving your Mom some medicines to make her more comfortable. I sat and prayed with her, as did Father. She nodded off quickly.

S21 – Thank you for praying with her. I know that helped her a lot. She was always praying... [Conversations end abruptly as a Chaplain from Hospice arrives. I get up, shake his hand and give up my chair to him. I move to a peripheral chair. After several minutes, I can see the sons are doing better. The Hospice Chaplain is giving them the rundown of what to expect and what they will do to help them. I think to myself, it's just like us men, we all need concrete 'doing' and control in times like this. The sons are relieved. I breathe a sigh of relief. I think silently, Thank You LORD!]

S22 – [I interrupt the conversation and excuse myself.] You're coming back, right Chaplain Bob? [I shake each son's hand and promise to return later with the Church phone numbers.]

C20 – Yes, I will be back as soon as possible with the Church phone numbers you asked for. [I leave Mrs. Y’s 3 sons in the care of the Hospice Chaplain. I return in an hour to give them their Mom’s Church phone numbers. The Hospice Chaplain has left. They are calmer and more at ease. The sons thank me again and shake my hand. I think they’ve done all the talking they needed to do for now with me. They need time now to talk among themselves and be with their Mom. I return several hours later to be with the Mrs. Z and her 3 sons at her side as she passed on quietly. I prayed with them as they requested. The Hospice Chaplain relieves me thereafter.]

X. PATIENT/FAMILY – THEOLOGICAL QUESTIONS RAISED

Patient – GOD, where are you in my suffering? The patient is not able to talk much to me today. What I surmise is that she has continued on in her Faith life alone after her divorce. Her sons report there is great animosity between her and her ex-husband. Her sons do not worship with her. They do not know the phone numbers of the 2 Catholic Churches her mother attends, nor the names of the Pastors there. The patient is not a member at either of the 2 Churches she attends.

Yet the family report that her Catholic Faith is very important to her. The patient was thankful to receive The Sacrament of The Sick and prayer from the hospital Priest and prayer from myself. She calmed markedly, at least in part, in receiving religious care. The patient does not want to die, but wants to continue to have more time with her family. It seems likely that the patient has been in a state of denial. In the face of her great suffering and approaching death, the patient may feel a fearful sense of betrayal by GOD, as in The Words of The Psalmist from PSALM 22:2 that our Lord quoted on The Cross, “My GOD, my GOD, why have You forsaken me?”¹

GOD’s answer seems to have come in the form that day in the prayers of the Priest and then myself with her; the presence and support of her sons; the medical-nursing care rendered by the staff at the bedside. In various ways, The Grace of GOD’s Peace eventually at least made the patient visibly more comfortable. ISAIAH 54:10, “Though the mountains leave their place and the hills be shaken, My Love shall never leave you nor My Covenant of Peace be shaken, says The LORD, Who has Mercy on you!”²

¹ 1, NAB, PSALM 22:2; MATTHEW 27:46; MARK 15:34.

² 1, NAB, ISAIAH 54:10.

Family – GOD, where should we turn to, and what should we do, when our mother dies? The family is turning to GOD, to The Catholic Church and to The Sacraments on behalf of their dying mother and on behalf of themselves. The Catechism of The Catholic Church states, “The dying should be given attention and care to help them live their last moments in dignity and peace. They will be helped by the prayer of their relatives, who must see to it that the sick receive, at the proper time, The Sacraments that prepare them to meet The Living GOD.”³

The family was successful, albeit with understandable agitation, in lobbying the Nurse to work at the bedside to reduce their mother’s suffering. Nursing worked diligently, compassionately and eventually effectively to do so. To this end, they have chosen to place their mother on in-hospital Hospice. They strove to make sure their mother received The Sacrament of The Sick, which they called “Last Rites.” Although 1 son identified his Faith as “agnostic,” they all expressed thanksgiving for knowing their mother received The Sacrament and prayers, which gave them further peace.

The Catechism gives further direction, “The bodies of the dead must be treated with respect and charity, in faith and hope of The Resurrection. The burial of the dead is a Corporal Work of Mercy;⁴ it honors the children of GOD, who are temples of The HOLY SPIRIT.⁵ ...The free gift of organs after death is legitimate and can be meritorious. The Church permits cremation, provided that it does not demonstrate a denial of Faith in The Resurrection of the body.”⁶

³ 2, CCC, # 2299, “Respect for The Dead.”

⁴ 3, Kosicki “I Demand Deeds of Mercy,” p 13. “Spiritual Works of Mercy:” admonish sinners; instruct the uninformed; counsel the doubtful; comfort the sorrowful; be patient with those in error; foster forgiveness as The Lord forgives us; pray for the living and the dead. “Corporeal Works of Mercy:” feed the hungry; give drink to the thirsty; clothe the naked; shelter the homeless; visit the imprisoned; visit the sick; bury the dead.

⁵ 1, NAB, I CORINTHIANS 6:19-20, “Do you not know that your body is a Temple of The HOLY SPIRIT within you, Whom you have from GOD, and that you are not your own? For you have been purchased at A Price. Therefore, glorify GOD in your body.”

⁶ 2, CCC # 2300-2301.

The family anticipates their mother's funeral. Their present struggle on how to best honor their mother after her death is within the context of Faith and Love. The family has not talked with the patient about her impending death during the course of her cancer illness. This is a state of denial of the patient's terminal condition by herself. The sons hesitated to further press their mother on her wishes for her funeral, and initially sought my agency to glean this information from her on their behalf.

They may feel that doing so would injure her desire to continue to fight, causing her needless additional stress and hindering her will to live. They did not feel they could talk to her about these issues earlier, possibly related to the longstanding painful divorce between their parents. Although their mother's Faith life was active within The Church, theirs were not. This may have led over the years to some distance, preventing the sons from talking about such issues with their mother in advance.

Chaplain – GOD, how do You work through The Sacrament of The Sick? Saint James declares for us in JAMES 5:14-15, "Is anyone among you sick? He should summon The Presbyters of The Church, and they should pray over him and anoint (him) with oil in The Name of The Lord, and the prayer of faith will save the sick person, and The Lord will raise him up. If he has committed any sins, he will be forgiven."⁷

The Catechism offers, "...just as The Sacraments of Baptism, Confirmation and The Eucharist form a unity called 'The Sacraments of Christian Initiation,' so too it can be said that Penance, The Anointing of The Sick and The Eucharist as Viaticum [Food for The Journey] constitute at the end of Christian life 'The Sacraments that prepare for our Heavenly Homeland' or The Sacraments that complete the earthly pilgrimage."⁸

⁷ 1, NAB, JAMES 5:14-15.

⁸ 2, CCC, # 1525, "Viaticum, The Last Sacrament of The Christian."

There is the receiving of the peace of The LORD, which passes all understanding. This is “a particular gift of The HOLY SPIRIT” that brings The Grace of Divine strength, peace and courage, which “renews trust and faith in GOD, and strengthens against the temptations of the evil one, the temptation to discouragement and anguish in the face of death.” The result is healing to the soul, quietness to the mind, and if it is GOD’s will, restoration to the body. ⁹

There is the healing union with The Passion of CHRIST. “By The Grace of This Sacrament, the sick person receives the strength and the gift of uniting himself more closely to CHRIST’s Passion...” This Sacrament consecrates us to The Lord, offering up our suffering in CHRIST, giving meaning and purpose. Therefore, “suffering, a consequence of Original Sin, acquires a new meaning; it becomes a participation in the saving work of JESUS” for the redeeming of souls and creation. ¹⁰

There is the building up of The Church, The Body of CHRIST, by the free uniting of the sick or dying through This Sacrament, and the joining of The Church on earth and in Heaven with the cry of the sufferer. “By celebrating This Sacrament, The Church, in The Communion of Saints, intercedes for the benefit of the sick person, and he, for his part, through The Grace of This Sacrament, contributes to the sanctification of The Church, and to the good of all men for whom The Church suffers, and offers Herself through CHRIST to GOD The Father.” ¹¹

There is the preparing of the dying for the final earthly journey of the soul’s entrance towards Heaven. This is also The “Sacramentum Exeuntium (The Sacrament of Those Departing).” If Baptism seals us into new life in CHRIST, and Confirmation strengthens us for life’s combat, then This Sacrament is a “...last Anointing [that] fortifies the end of our earthly life” as we near “the final struggles before entering The Father’s House.” ¹² Therefore the conveying inwardly by The HOLY SPIRIT of The Graces that The Sacrament signifies outwardly.

⁹ 2, CCC, # 1520, “The Effects of The Celebration of This Sacrament” of The Sick.

¹⁰ 2, CCC, # 1521.

¹¹ 2, CCC, # 1522.

¹² 2, CCC, # 1523.

XI. PSYCHOLOGICAL ANALYSIS USING ERIKSON'S STAGES

Erik Erikson talks of an “Intimacy versus Isolation” stage of psychological development¹³ of young adulthood and the need for close relationships: “Young adults need to form intimate, loving relationships with other people. Success leads to strong relationships, while failure results in loneliness and isolation.”¹⁴

I wonder if there is some relationship distance between the sons and their mother, perhaps related to family wounds due to the old divorce of their parents, competition for allegiance and intimacy between the patient and her ex-husband over the sons, and lack of forgiveness. I wonder how close the sons actually are to their mother now. The unresolved absence of their father as their mother is dying is deeply wounding.

Each son is old enough to be in a difficult transition stage of midlife, where they have been previously able to live as young adults with both of their parents alive and involved in their lives, but had not yet needed to face the day when their own parents would die. Suddenly that day, under which they had happily lived in denial of its inevitable arrival, was upon them. And they were not prepared to face it.

This previously oblivious state – living in the luxury of having both of your parents alive and part of one’s life as a middle aged child – may have been encouraged by the difficult old divorce between their parents. It seems the sons have not been able to ask difficult family questions of their mother, and perhaps their father.

¹³ 4, Wagner, “Erikson’s Theory of Psychological Development.” Stage 1: Trust vs Mistrust - Infancy - Birth to 18 months – Feeding; Stage 2: Autonomy vs Shame and Doubt - Early Childhood - 2 to 3 years - Toilet Training; Stage 3: Initiative vs Guilt - Preschool - 3 to 5 years – Exploration; Stage 4: Industry vs Inferiority - School Age - 6 to 11 years – School; Stage 5: Identity vs Role Confusion - Adolescence - 12 to 18 years - Social Relationships; Stage 6: Intimacy vs Isolation - Young Adulthood - 19 to 40 years - Close Relationships; Stage 7: Generativity vs Stagnation – Older Adulthood - 40 to 65 years – Work and Parenthood; Stage 8: Ego Integrity vs Despair - Maturity - 65 years to death - Reflection on Life.

¹⁴ 4, Wagner, “Erikson’s Theory of Psychological Development,” Stage 6 - Intimacy vs Isolation - Young Adulthood - 19 to 40 years - Close Relationships.”

The patient seems stranded between incomplete older adulthood life work of Generativity vs Stagnation, of not being able to resolve her family divides, nor of handing on her Faith to her adult sons.¹⁵ She has not been able to enter the final stage of Ego Integrity, but is mired in Despair as she reflects on the close of her life.¹⁶ Thus not being ready to leave her beloved sons and steadfastly avoiding questions of her own funeral arrangements with her sons.

XII. SOCIO-CULTURAL ANALYSIS COMMON TO CHRISTIAN MEN

“Be a man. Buck up. Real men don’t cry.” I hear these words as I recall these sons, who were at times tearful, but never actually crying. The Words recorded by Saint Paul to The Church at Corinth come to me here from I CORINTHIANS 16:13-14. In The King James, “Watch ye, stand fast in The Faith, *quit you like men*, be strong. Let all your things be done with charity.”¹⁷ In The Old Catholic, “Watch ye, stand fast in The Faith, *do manfully*, and be strengthened. Let all your things be done in charity.”¹⁸ In The New American, “Be on your guard, stand firm in The Faith, *be courageous*, be strong. Your every act should be done with love.”¹⁹

¹⁵ 4, Wagner, “Erikson’s Theory of Psychological Development , “Stage 7: Generativity vs Stagnation – Older Adulthood - 40 to 65 years – Work and Parenthood.”

¹⁶ 4, Wagner, “Erikson’s Theory of Psychological Development, Stage 8: Ego Integrity vs Despair - Maturity - 65 years to death - Reflection on Life.

¹⁷ 5, KJV, I CORINTHIANS 16:13-14.

¹⁸ 6, DRA, I CORINTHIANS 16:13-14.

¹⁹ 1, NAB, I CORINTHIANS 16:13-14.

In GOD's Word, to "quit ye like men," that is to "do manfully," is to "be courageous." To stand courageously in The Faith in all things is to live in love of GOD and others, as The Two Great Commandments say.^{20 21} "To show one's self a man" as a Christian is to "be brave."²² But the world in our culture holds up a picture of what it is to be a man, especially in crisis, that can impose unhealthy restraints on men. Namely, that men do not show tears in front of others under any circumstances – especially in front of strangers in public - and that feelings are to be kept under tight control.

I embrace the expectation of that traditional society, that men need to be strong for others, especially in a crisis. But there is room for putting this aside at times as well. The sons of this dying patient found it difficult to share their heartfelt feelings in the face of their mother's impending death. Focusing initially on the mechanics of their mother's funeral wishes allowed them to avoid facing and sharing their feelings directly, but still express their love for her. Part of this avoidance I suspect was related to learned social expectations.

XIII. ANALYSIS USING MESSAGE ASSOCIATIONS

A. KEY MESSAGE ASSOCIATIONS

We feel relieved they heard us!/Let's focus on Mom!

We want a Priest/Let's talk

We're worried about the funeral/Your mother is dying now

I hear your worry/We want to do it right.

You call/No, you call

You're scattered/We'll refocus on being with Mom

Let's take a break/We can't bear to see this now

They don't get it/Somehow we got it

Hospice is here/This isn't happening!

²⁰ 1, NAB, MATTHEW 22:36-40, "Teacher, which Commandment in The Law is the greatest?" He said to him, "You shall love The Lord, your GOD, with all your heart, with all your soul, and with all your mind. This is The Greatest and The First Commandment. The second is like it: You shall love your neighbor as yourself. The whole Law and the prophets depend on These Two Commandments."

²¹ 1, NAB, DEUTERONOMY 6:5, "Therefore, you shall love The LORD, your GOD, with all your heart, and with all your soul, and with all your strength." NAB, LEVITICUS 19:18, "...You shall love your neighbor as yourself..."

²² 7, Strong's Data, 407 - ἀνδρίζομαι - andrizó. Meaning: 1) to make a man of or make brave; 2) to show one's self a man, to be brave.

B. FREE ASSOCIATIONS

A yoyo up and down

Tug of war

Bumper cars

A red car darting in and out of traffic on the freeway

The sky is clearing and the sun is coming out

Lens of camera coming into focus

Head banging and light bulbs coming on

The Mass drowned out by sirens of sorrow

Eating The Lamb on Passover and being ready to flee

Sand in the gears

C. STORIES & NARRATIVE ASSOCIATIONS

Cool Hand Luke in 1967 movie, “We have a failure to communicate here!”

Moses throws down The Commandment Tablets, “They just don’t get it!”

Children of Israel, “Let’s take our father Jacob’s body back home and bury him in Caanan”

Barbara Strisand and movie, “Mirror With Two Faces.”

A personal story, “I’ll be dead – do what you want with my funeral!”

The Grand Inquisitor – Fools with Truth for benefit of ignorant people.

People find salvation anyway!

JESUS, come and help us! Stories of Bible, “Bid me to walk on the water!”

A song, “Not Being Able to Say Goodbye.”

Beatles song, “You Say Good Bye!”

D. THE BIG QUESTIONS ASSOCIATIONS

Why is everything related to death so horrifying?

How do we survive without our parents?

How does the child within me let go of my dying mother?

How can so many views of life & death be helpful? Where is the convergence?

Do you really believe there is life after death?

How does prayer really work?

When exactly will I die? And how?

Will GOD leave us comfortless?

Can I really be resurrected if I’m cremated and not buried at death?

Can I be okay with leaving people where they are?

What’s more important – The Appearance of Anointing? Or The Anointing?

Why does death come when we can’t explain it?

How as pastoral caregivers do you sit with death and it’s many faces?

I can't see what's in you until I see what's in me.
How will I react when my parents are dying?
How will I meet death when it's my turn?
Redeem the time together, for it is precious. But how?
How can I stay in the moment with them when it's so horrible?

XIV. SELF ANALYSIS AS THE CHAPLAIN

I hold in common a somewhat similar experience with the sons of this dying patient. My stepmother and I had to make the decision to withdraw life support for my father many years ago. We had never clearly discussed his wishes, either for life support in the face of a hopeless situation, or his burial wishes. My stepmother had said out loud when my father first became ill, "GOD, I don't care how long it is, or how sick he is, just let him live and I will take care of him at home!" My Stepmom is a saint.

We did have a clear sense of his love for an active and fulfilling life. So several days later, when we were told his condition was hopeless for recovery, that he would remain vegetative from the stroke he had suffered, the decision to remove him from the ventilator was clear. We shifted to comfort care and he died several days later with us at his bedside. I was thankful that my Stepmom did not have to care for my Dad for the rest of her life, and that her prayer was not answered in that way. The daily burden of such a Cross would have crushed her.

As to his funeral, we never talked to him about that either. My father was not an observant Jew. My stepmother is Orthodox Greek Christian in Faith. It was important to my brother that our father be buried in a Jewish manner in a Jewish cemetery. And so we let him handle and arrange these matters, knowing it was a comfort to him. As a Christian, I feel assured that GOD's Mercy had allowed for the eternal rest and salvation of my father, thanks in part to the fervent prayers of a Christian loved one at the bedside. My Dad died in The Grace of JESUS CHRIST as a result.

So I felt the connection with these middle aged men suddenly confronted with the approaching death of their beloved mother, and the care decisions facing them. They made the decision for Hospice when the situation called for it. When their Mom was suffering, they lobbied for more comfort care for her. And they made sure she received "Last Rites." I connected deeply with the patient and her family around these signs of Love.

I felt somewhat distant to their worries re funeral arrangements, but saw clearly what they were struggling with underneath this issue. And so I was able to be a compassionate presence in The Lord's Name with them, without needing to try and direct the course of events for them. I met the patient and her sons where they were. I facilitated their own decision making. I provided for a Priest visit, information, supportive listening, affirmed feelings, reframing and prayer. I was able to help this lady and her sons spend the remaining time together at greater peace with each other. And for all these things, to be one of GOD's instruments of His Peace for them for a time, I was very grateful.

XV. REFERENCES

1. "New American Bible." Bible Works 7. Bible Works, LLC. Norfolk, Virginia. 2006.
2. "Catechism of The Catholic Church." United States Catholic Conference. Doubleday of Random House, Inc. New York, London, Toronto, Sydney, Auckland. 1995.
3. "I Demand Deeds of Mercy – How JESUS Called St. Maria Faustina to Live The Works of Mercy." The Reverend George W. Kosicki. Marian Press. Marians of The Immaculate Conception, Stockbridge, Massachusetts. 2000.
4. "Erikson's Theory of Psychosocial Development - Psychosocial Development in Infancy and Early Childhood." Kendra Van Wagner. About.com. Retrieved 10/20/2008.
<http://psychology.about.com/od/theoriesofpersonality/a/psychosocial.htm>
5. "King James Version [Bible]." Bible Works 7. Bible Works, LLC. Norfolk, Virginia. 2006.
6. Douay-Rheims American Edition 1899 [Bible]." Bible Works 7. Bible Works, LLC. Norfolk, Virginia. 2006.
7. "Strong's Data." Bible Works 7. Bible Works, LLC. Norfolk, Virginia. 2006.