Bending down to look into the waiting car at the airport, I see my brother Paul sitting in the back seat. As our eyes meet, I say, “How’s Dad?” He slowly shakes his head and turns the other way averting his sad, red, puffy eyes. Standing back up, my own eyes are caught by a beautiful, deep, magenta pink lining the horizon of the now black late October sky. As I am getting into the car, the unexpected post card beauty has a line written in my thoughts, “this is where Dad is in the sunset of his life.”

That picture sits in the album of my heart in a defining moment of my own firsthand experience of death coming so close nearly six years ago. The paradox of that snapshot memory has never been lost on me. The dark, frightening night of dying, death, grief, and loss broken through by light so imbued with the rich color of living, life, faith, and hope which lines everything we are about in this mysterious journey. The paradox of paradise, if you will.

Last week I buried my friend, Stephen, who left this world at the age of 38 leaving behind his wife, three small children, parents, siblings, relatives, and friends. His grandmother touched this paradox when she said, “Funerals are not supposed to be beautiful, but Stephen’s funeral was beautiful.” Indeed his funeral was beautiful, as was his life, and dare I say, aspects of his dying.

Stephen died a good death. Heroic in his courage—grace and dignity, actually—as he fought the good fight during a horrific series of losses, one upon the other, in a two and half year old siege by a relentless brain tumor. The suffering and anguish were terrible. But he died a good death.

Dying a good death is what Bill and Judith Moyers are addressing in a four-part, six-hour PBS special entitled, On Our Own Terms: Moyers on Dying, which premieres Sunday, September 10. This critical opportunity for education is so necessary in our still present reality of a death-denying culture. As chaplains, we can, and hopefully are, taking leadership in providing reflection time for our communities using this series as a centerpiece for conversation. We know firsthand the good deaths and the bad deaths. And there are still far too many of the latter.
Companioni of Stephen and his family and friends, I learned once
again the difficult stumbling blocks along the way of persons who are
struggling with terminal illness. The journey is always an upward
climb, but it need not be done alone. And yet, so many of our
patients, clients, and parishioners tell us that in fact that is one of the
most painful aspects of the journey.

Isolation then is the first stumbling block to good living, good dying,
and a good death. It would seem that we need to keep the three in
tandem when trying to understand the final journey, for we are living
even as we are dying and right up to the moment of our death. That is
why a cardinal rule for those of us who care for the dying person is
that she or he is still that person and no matter how dim the
consciousness, we speak and act as if the person can hear and see
everything.

But isolation is as painful as the leper ringing his or her bell outside the
towns in our biblical stories. Only the terminally ill are not ringing the
bell to stay away, they are ringing a bell saying, “I am here, don’t
forget me.” Stephen was blessed with many faithful friends who came
often during the course of his illness. But at one juncture, his mother
got on the phone and called his friends and told them, “He needs to
see you.” The resounding excuse we know so well, “I don’t know
what to say.” There is nothing to say, and yet there is everything to
say. How do we help people with their helplessness?

And once Stephen’s friends came back and befriended their own
helplessness, they realized that it wasn’t so bad being close to this
very ill friend, and in fact, they could still laugh, tell stories, live—and
when an unexpected moment of tender sharing occurred—even look
together at the loss, the losing, the dying, and speak a word that
would break the silence around the lurking shadow of death.

I learned all I needed to learn about the art of pastoral care from two
nurses when I was in the seminary. Marybeth, a lifelong friend, and
her nursing school classmate Christine were caring for Christine’s
dying mother, Mary. I went over to visit Mary one day and I clearly
remember my own fear, helplessness, and awkwardness. But then I
watched Marybeth and Christine tend to Mary like she was
“normal.” They moved with ease. They touched her, laughed with
her, tended to the smallest detail of her care with grace. I watched
closely and I learned that day the literal “hands on” of pastoral care
that no textbook or even CPE unit could more graphically teach. You
treat people like they are “normal.” You act “normal.”

Isolation physically leaves people, patient and family, shut away in a
room or in a house away from the normality of everyday living. Showing up—literally—clears away the stumbling block of isolation. You just go there. You just be there. Sometimes it is only a few minutes, but presence is not measured in hourglasses.

The second stumbling block that seriously ill and dying persons experience is insulation, the emotional distance when people don’t show up, with their hearts. Emotions, or rather emotions, energies in motion, are physiological, psychological, and spiritual forces that move. These emotions have to go somewhere. And so the room is filled with these energies and so often people insulate themselves and others from what they are experiencing. The energy moves in and out and all around and in the awkwardness and self-protectiveness people avert their eyes (“the windows to the soul” says the poet, Coleridge), change the subject, make small talk, do anything rather than address the living presence of the heart seeking voice in the room.

Insulation wraps people in tight and all the energy sinks within. That is why so often when a person is depressed, a part of the way out is the release of the emotion in expressing what she or his feeling in the moment.

Part of the reason Stephen had a good death—good living, good dying, good death—was that he and his wife Karen, along with other family and friends, worked hard at working to communicate the feelings that they were experiencing. And sometimes we need the help from skilled individuals to learn to do these things. The worse thing Stephen and Karen had to do was to sit down and tell the children, ages ten, eight, and five, that Daddy was not going to get better. A social worker met with them and told them exactly what to say, how to say it, what to expect (age appropriate) from each one, and how to facilitate ongoing conversation.

What a gift these children had when so often Stephen would start to cry and tell them how much he loved them. They would come and hug their Dad and for a moment neither parent nor child was insulated from the raw pain, but likewise tender love, of the energy in the room.

And finally, ignorance itself is a huge stumbling block. Dying persons will tell us what we need to know if only we can listen. People are unaware how hurtful their actions can be. Karen was so angry at one of Stephen’s closest friends who was not showing up. When she called to tell him that Stephen wanted to see him, his response was “I just can’t deal with it right now. I am not in good space.” Eventually
he did come, but for a long while he didn’t.

In conversation with one of the local priests he said to me, “I want to go and see them, but I just don’t what to say.” Another priest did visit but in his awkwardness he asked Karen and Stephen to pray for him because he believed that dying persons were close to God and could give certain graces. Karen called after this visit and asked me, “Why did he say that? I found that to be weird.” Both are good men, but are they aware of how their words and actions isolate or insulate the person who is ill and in his family who are suffering from the illness too?

Ignorance is cured by education. This is why the Moyers special is such an opportunity to help people have good living, good dying, and a good death in the midst of the real, profound suffering that disease and terminal illness wreak upon a person and his or her widening circle of family, friends and community. We will have an opportunity to listen to the voices of these women and men moving into the sunset of their own life journey. Not a one of them is still alive. But their pictures and voices and stories are there for us to see and to hear this September.

It is not too late for each of us in our own setting to plan some way of gathering people to view this program, offer time for discussion, questions, sharing, theological reflection, and prayer. If you are in a health care institution, how about reserving the auditorium or a conference room with a television and putting up a notice that staff are invited to come and watch the special, and facilitate discussion, offering light refreshment, and a brief prayer?

If you are in a parish, how about asking people to open their homes for neighborhood gatherings, listing the host houses in the bulletin, and then training leaders with a simple guide of questions for discussion?

Later, it would be interesting to ask our members who did take some institutional or community leadership to write up what they did, how many persons showed up, and what were the themes concerns that surfaced. This research could offer us some insights into where we still need to go in educating the public.

Isolation, insulation, and ignorance trip people up on the most significant and often most treacherous walk in the life journey. If only we could lean on the words of truth uttered by the psalmist, “from the rising of the sun, to the setting of the same, may the name of the Lord be praised” (113). We rejoice in the rising, can we not also find joy, even beauty, in the setting? ♦