Margaret's Room

Florence Gelo

My first visit as the hospice chaplain came only days after her admission. Margaret was receiving regular visits from her pastor, who was also a close friend, but she asked if I would visit once a week as well.

Margaret enthusiastically shared stories about her life but was reserved in speaking about her illness. She refrained from any reference to the suffering caused by her rapidly deteriorating health. She claimed instead to be coping well. She acknowledged that her time left was very limited and was forthright in stating she did not want any extraordinary care. Her only wish was to see her nephew and grandnephew before her death.

During one visit, as Margaret looked toward the setting sun, her first words were spoken in a whisper. I told Margaret I could not hear her. Without turning, she again spoke softly, saying that she was afraid of death. "I've been thinking about heaven and hell and afterlife. I'm not afraid of dying, and I have no fear of hell, but I am afraid of death." When I asked what it was that she feared, she exclaimed, "Even though I don't believe in it, I'm afraid of reincarnation, I might be born again in a country where people are very poor, tortured, imprisoned and oppressed. I have spent my life protesting the inequalities in this world—the poverty, suffering and death in third world countries."

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But what if I come back again and am born into that kind of life?"

Surprised by the unexpected nature of Margaret’s question, many thoughts flashed through my mind. I asked myself, why would a Christian be thinking about reincarnation? Yet, isn’t reincarnation linked with karma? Was Margaret verbalizing only half her concern? Was she struggling with feelings of guilt, real or imagined? Facing the unknown and the uncertainty of the afterlife, was Margaret pondering the ultimate life mystery of the roll of the dice, puzzling about life’s characteristic randomness? Was Margaret telling me that the pain in her life was so great that she could not conceive of a life more difficult than the one she had lived? Or was this an experience of the transcendent, the existential tragedy, when one realizes that one’s life work towards a paradise on earth has come to an end and will never be fulfilled?

The quality of pastoral care at the end of life is dependent on many variables; the health of the patient upon admission is a critical one. The illness may be too far along for patients to begin new relationships. At best, chaplains have a brief time with patients, which affects the ability to establish trust and intimacy. Additionally, patients often do not have the strength and clarity of mind to engage in conversations, to review life, and to meet the challenges of life closure.

What is the role of the chaplain with respect to the many questions that may arise with severely ill or dying patients, conundrums which we have neither the talent nor the time to address? When questions and concerns are profound, how should a chaplain respond? Prompted by personal need, time constraints, or patient expectation, the chaplain’s first impulse may be to “do” or “say” something. My first impulse was to console Margaret and to offer her reassurance. I did not do this because reassurance is most powerful when expressed in the context of an established and trusting relationship. An impulsive response might have heightened her fear or have had a negative impact on the emerging pastoral relationship. I also am aware that existential questions of this magnitude are complex and elusive. Superficial or inauthentic answers to Margaret’s question most likely would have been incomplete and unsatisfactory.

Instead, I encouraged Margaret to talk, trusting that in doing so, she might construct and reconstruct a more meaningful and potent answer to her own life questions. Rather than attempting to solve a mystery, together we, as chaplain and patient, entered into the futility, sorrow, pain, loss, anger—the myriad thoughts and emotions that can be a part of life’s ending. This is a thoughtful and more reverent posture towards ultimate questions.

Margaret and I met weekly for nearly two months. Though I encouraged her to talk, I did not probe. I did not direct our conversations to her fear of reincarnation, however curious I was about its origins. My intention was to communicate acceptance through a willingness to allow her to prioritize what was important for her to discuss. Margaret decided what we would talk about and once she believed that I had no other purpose than to visit and to listen without judgment, she continued her own exploration of her fear. Together, we celebrated her collection of life’s joys, mourned life’s losses and challenges, while acknowledging the complexity, uniqueness, and sometimes the “strangeness” of our faith journeys.

During the weeks of our visits together, Margaret raised the question of reincarnation occasionally and only briefly. As a constant and reliable presence, I mainly listened. When I spoke, my words were meant to encourage further conversation. In the end, it was not my words, but our relationship, that proved to be healing—a relationship affording the holiness of those questions that arise as we reflect upon our life journeys.

Though Margaret did not find absolute comfort, consolation or peace of mind, drawing upon the power of the most radical aspects of her faith, she found solace in the promise of forgiveness and in the assurance of neverending love.