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Religious maturity in the midst of death and dying

Xolani Kacela, MDiv, MBA

Abstract

Healthy religious experience is defined by certain qualities of expression. In an effort to explore the concept of mature religious phenomenology, this article includes descriptions of two encounters from personal pastoral experience. The first encounter shows how a person with an unhealthy religious experience faces death. The second encounter describes an expression of mature religious experience in the face of death and how a pastoral caregiver can facilitate its outcome. This is followed by a pastoral theological response.

Key words: pastoral theology, dying, spirituality, religious caregiving

Introduction

Constructing a paradigm of mature religious experience is an enormous task of significant import. A definition that is too narrow inevitably fails to capture the complexity of human experience; whereas a definition that is too universal fails to recognize the limits of human experience. Somewhere in this continuum lies a fertile ground of experience that stirs human

imagination as it searches for an adequate description of what happens when humanity at its best achieves transcendence. I wish to explore this and illuminate our phenomenological and theological understanding of mature religious experience during the end-stage of life.

By opting to examine mature religious experience in this context, I recognize the risk of excluding other valid contexts. So rather than making the exclusive claim that religious experience only occurs in this context, I want to be clear that I consider the context of dying only one aspect of religious experience where we can glimpse at what it means to be religiously or spiritually mature. Certainly other contexts exist that provide equally valid insight and description. But for me, as a pastoral theologian, I choose this context because it is here that I feel my experience is most authentic and reliable. My choice also reflects my assumption that, in general, we mature as we grow older. Exploring religious characteristics of dying persons, therefore, provides us with the unique opportunity of learning from persons when they are potentially at their most mature state of being.

As a pastoral theologian, I view this as congruent with the gospel theme of discipleship. In Mark's gospel, Jesus relates discipleship to dying when he says to a crowd and his disciples, "For

those who want to save their life will lose it, and those who lose their life for my sake, and for the sake of the gospel, will save it." (Mark 8:35) From this perspective, giving up oneself is the pinnacle of religious experience—living for Christ. While one need not die in order to experience the richness of life in Christ, those who are dying often have the greatest chance of maturing to the point of being willing to lose their life for the sake of the gospel. Inasmuch as we can learn about dying, we can also glean what it means to be a mature disciple of Christ. What follows is the deconstruction and reconstruction of an actual case (the names have been changed) in order to construct what I consider the elements of mature religious experience.

A difficult Christian experience of dying

Visiting Teresa for the first time, I immediately begin sensing her pain and anguish. She is sitting upright in a living room chair with her head suspended by a metal device known as a halo because the vertebrae in her neck can no longer support her head. She has end-stage lung cancer that is advancing rapidly. As a chaplain and spiritual caregiver, my role is to assess Teresa's spiritual needs and offer pastoral support.

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This can be a positive pastoral encounter depending on the ability to connect and explore Teresa's faith resources and how these might help her cope with her illness. At 59, she professes to be a life-long Christian who has always been active in her church. But one quickly surmises an unhealthy element in her religious construction:

Chaplain: *"Teresa, tell me how you feel about your illness."*

Teresa: *(in a gruff voice) "I've turned it over to God."*

Chaplain: *(With hopeful expectation) "You've put it in God's hands!"*

Teresa: *(Solemnly) "Yeah, all that I can do is pray."*

Chaplain: *"Can you talk about what you pray for, Teresa?"*

Teresa: *"That God will heal me—that I will get better. Prayer changes things and God has the last say in this matter. Man [sic] might think he has the answers (referring to her hospice prognosis), but only God knows the future."*

From this point on, Teresa becomes defensive and fairly hostile as I engage her on the meaning of healing. In response, I retreat from this line of conversation. Intuitively, I realize my analogic communication¹ is going in the wrong direction. Despite the tense conversation, by the end of our visit, Teresa invites me to come back any time. This dialogue continues in the same vein for my second visit. Teresa becomes more entrenched in her range of responses. She states that she is really sick, but will not admit to having cancer or a terminal illness. Nor is she willing to open up to her family and discuss her feelings and fears.

Later I learn that although two of her sisters have had cancer, including one that succumbed to the illness, she chooses not to engage the surviving sister on their shared experience. I perceive stiff resistance² and begin to wonder if Teresa will ever share her feelings about dying or open windows that might reveal insight into her interior life.

Signs of unhealthy religious development

In my judgment, Teresa's behavior and response have the characteristics of a faith journey that is closed to the full experience of God as she grieves her illness. Her image of God, unwillingness to explore her thoughts and feelings as she approaches death, and her manner of cutting off significant relationships during an important life transition shows signs of unhealthy religious development.

A finite God

Teresa expresses religious values that reflect her views and assumptions about a father-God that is all-powerful, authoritative, and beyond questioning. For her, this is how God works in the world. As a pastoral theologian searching for congruence or discontinuity between a person's problem-saturated story and the Christian narrative,³ listening to Teresa's story, I begin hearing discontinuity. More specifically, I sense a break in the thread of religious maturation, which prevents her from staging a dialogue between herself and God. Like a child that doesn't question a parent, Teresa has grown into a Christian whose assumptions about God prevent any second-guessing God's involvement in her situation. Furthermore, she assumes to know what God intends for her. God is one-dimensional, or finite, with limited capacity (only healing) to respond to a person's needs. I wonder if she has room for reimagining God's range of response. While God seeks human trust, a trusting

response does not override God's sovereignty and freedom to respond in ways that might be contrary to human desires.

Teresa's religious posture suggests a faith that lies in the infantile past of the individual, in the periods of terrifying helplessness that were relieved by the protective love of the stronger father.⁴ Rather than evolving in her religious beliefs, Teresa has adopted an unhealthy, maladaptive religion which inhibits a person from maturing psychologically.⁵ Wayne Oates⁶ employs the term "sick religion" to describe scenarios where people suffer major failures of functioning in the conduct of their lives because of religious preoccupations and stumbling blocks. In the context of death and dying, a more functional or healthy way of being would permit the person to reflect on the stages of dying⁷ as a mature adult rather than as an adult stuck in infancy. In its unhealthy religious state, the "new creation" (2 Cor 5:17) fails to evolve.

Lack of thickness

Coinciding with the father-child relationship, there is another dimension of unhealthy religion that I describe as the lack of thickness. Here, thickness refers to the full expression of one's life experience. According to Ryan,⁸ "It is in part a product of traditions, associations, and identifications that make up 'where we have come from.'" For me, this means that describing myself as Christian carries with it a range of beliefs, values, and experiences that constitutes my make-up. An example of my beliefs includes my conviction of salvation through faith in Christ. What adds thickness to this belief is my experience of living out my conviction. As my experience of faith has deepened, I have learned to trust God more. While I cannot predict with certainty what God will do, I can be certain that God is acting on my behalf. My challenge is remaining open to a variety of possibilities (thickness) of

God's movement. Lacking thickness, I would close myself off to a range of God's action and efficacy during a period of illness and insist that God has only one plan in mind for me.

Thickness also speaks to feelings and emotions (joy, anger, frustration, etc.) that one is able to articulate through language. It is also about the mystical in life—that which defies complete understanding. Thickness has both depth and breadth. One could argue that the context of dying is one experience that brings out much of this. As persons begin contemplating their own death, they create room for exploring and reflecting on what it means to die and face the end of life experience. My experience with dying persons often highlights the heightened capacity for such reflection. Persons with terminal illness, for example, frequently want to discuss the nature of suffering and the direction their life has taken despite their attempts to live healthily, ethically, compassionately, and with integrity. That they are dying in a way that is contrary to preparation elicits feelings, emotions, and a sense of mystery that are difficult to resolve. Unhealthy religion is devoid of such thickness and, therefore, results in a thinner expression of religious experience.

Minimal intimacy with self and others

The final element of religious experience that needs exploration has to do with the self in relationship. On subsequent visits, it became clear that in the process of holding on to a limited image of God and healing, Teresa was also forsaking an important part of the religious experience of dying: being in relationships with significant persons. Though it is possible that Teresa may have been engaged in introspective work or even a mystical form of communing with the Spirit, on the surface, it appeared as though she was unwilling to share her prognosis with important family members, such as her sisters, brothers, and other persons who cared for her. Instead,

she acted as though she had a minor illness that would soon pass. She also chose to only minimally interact with her hospice caregivers. By doing this, she cut off valuable coping resources. Her construct of religious experience failed to take into consideration that healing is not just a local event within the person, but between persons.⁹ Through the "expanded awareness of other people," says Oates,¹⁰ "the knowledge of God tends to break forth, shattering the dead forms of the past and becoming intimately real in the present." Unhealthy religious expression denies the resourcefulness of others and the divine Other, insisting instead upon superficial relations. In the end, this is not the preferred way to go.

Looking ahead: Pastoral theological reflection

Reflecting theologically on this case and looking forward, I view mature religious experience as involving both vertical and horizontal relationships. Symbolically, it can be imaged as a cross-shaped dynamic. The vertical bar represents the relationship between the divine Other and the individual. Martin Buber termed this as the I-Thou relationship. God's extension of love and grace is followed by the human response of faith and belief. The horizontal bar represents the relationship between self and others (family, friends, caregivers, and community). As the mature individual grows in the capacity and ability for theological and psychological reflection, the self grows and expands. This cross lies at the heart of Christian experience. Yet, more than symbolism, it points to the fullness and richness of Christian experience—relationship between self, others, and Other.

A more mature way of approaching death

I will now explore another way of living out end-of-life religious experience. This way of approaching death,

dying, and the grief process, in my judgment, has the qualities of a mature religious experience. These elements include self-reflection, how to be, and openness to others.

Self-reflection: Engaged in the cycle of grief

It is my experience that persons in advanced stages of dying inherit an enormous capacity for reflection. This inheritance has a couple of sources. The first source is heightened ability to see the finality of one's life journey. Here, the metaphor of an elevator is helpful. Early in life,⁴ one imagines the horizon of possibilities with seemingly endless options. At this stage, the view is as from the first floor, with a limited view of what realistically lies beyond. As a person ages, the elevator rises and the view of life's possibilities expands, accordingly. More of life's road comes into view, but the end is still not in sight. In the latter years of life, the person rises and the elevator provides the broadest view possible. The end is now in sight. It is here that many people begin seriously reflecting on death and dying.

The second source of one's capacity for reflection during end of life is the new reality that often faces persons squarely in the face when they realize that they are going to die. My experience is that dying persons become more willing to look back on their lives and review what they expected from life in its early stages and compare it with their actual accomplishments, failures, and those tasks that are left undone. In my judgment, the spiritually mature choose to make this comparison in a spirit of honesty, while the spiritually immature choose to ignore, deny, and disconnect from reality. For the spiritually mature, this period of reflection can yield enormous dividends.

Challenging the finite God

As people grow in the capacity for

reflection, they also assume increased freedom to challenge beliefs and values that have been problematic guideposts for living. Among these problematic beliefs and values is the idea of a finite God. A religiously mature person's image of God evolves over time. Experience shows that God does not remain parochial and fixated on functioning in unidimensional ways. God's image becomes multidimensional with unlimited capacity for being. In this framework, God's range of response to human need expands. For example, dying persons may experience a transformation in their understanding of healing and begin to reconcile earlier beliefs with the present reality in different ways. God's will for healing may not involve a cure of the dying person's illness. By relinquishing the belief that the only healing is curative, images of a finite God may also heal, thereby expanding the visible realm of God's intentions. As a result, God's character assumes a more well-rounded, or transfinite, personality. Arriving at this point in personal development is an indication of spiritual maturity.

Making room for the transfinite

Transfinite refers to the capacity of seeing and imagining the world beyond the here and now. It refers to the capacity of expecting life to present possibilities that are unforeseen, yet within the realm of a future reality where God continually creates and calls people in. Andrew Lester¹¹ provides the concept of transfinite hope, which refers to a person's capacity to maintain hopefulness in the face of what appears to be limited possibilities (i.e., physiological sensibility in the material world). Mature religious persons are endowed with a sense of the transfinite possibilities of God's movement and action in creation, in their lives, and God's freedom to act in ways outside the framework of human desire. It is my contention that persons caught in the stages of grief or dying

have, as a gift of their circumstances (if they choose to use it), the ability to experience the transfinite as a consequence of their heightened capacity for reflection. According to John Shea¹²:

At times, self-reflection may come through contemplation, through a walk in the woods, or through some other way of quietly being with the self. At times, self-reflection may come through contemplation or some form of deep interpersonal exchange. Whatever its different modes, self-reflection is essential to living as an adult self; it is really an indispensable way of adult being.

In Teresa's situation, a pastoral counselor could work with her as she faces her illness and help her understand alternative images of God. The pastoral caregiver might facilitate more self-reflection on Teresa's part as she looks back on her life and as she contemplates her life as a person with faith anticipating death. As this process transpires, both pastor and parishioner can find ways of making room for the transfinite.

How to be: Finding depth in religious experience

Marks of mature religious experience include openness to encountering the thickness of life, relationships, and the capacity to be. As mentioned earlier, thickness refers to one's ability to draw fully from what life has to offer. This entails being open to varieties of embodied and emotional experiences and to below-the-surface existential meaning in life. I agree with Gisela Labouvie-Vief,¹³ who argues that life is at its fullest when we live in the realm of emotions and deeply felt experience. Persons facing terminal illness and the real possibility of dying, whether young or old, have a whole body of life experiences to draw

upon that theoretically offer a range of thought, emotions, and experience. When one seeks ways to be in the midst of dying, searching for depth in one's life events is one way of moving towards mature religious experience.

As a chaplain, I have observed persons on their deathbed who seem to use all their might to fight the forces of illness that are impinging upon their longevity. Persons engaged in this intense life-and-death struggle inevitably cut themselves off from many levels of religious experience by clinging to the hope of beating death at its own game. While sheer will and medical technology may, indeed, prolong life, the two never win out. Life succumbs to death. Persons who embrace the inevitable frequently find that levels of richness still remain available for them to experience. By opening themselves up to feelings and emotions, such as grief, sadness, anger, or despair, they frequently find that such emotions do not hasten their deaths. In other words, thinking and reflecting upon death does not hurry dying. Rather, this opening up to the depth of life may ease the anxiety and loss of control that dying persons so often feel are pulling them into the grave. Once this happens, the dying person may learn to be in ways that invite others to share their grief in community.

Self in relationships: Openness to others

As a hospice chaplain, I have grown accustomed to being in relationships with people in the context of imminent death. All of my parishioners have a prognosis of six months or less. About 25 percent of my patients will outlive their prognosis, some by six to 10 months. As a general rule, I expect all of my patients to die, with the exception of those who terminate hospice care. Outliving the prognosis is not always good or desirable. As a patient continues to outlive

his or her prognosis, there is typically a corresponding decline in the person's (and frequently the caregiver's) quality of life. People who maintain relationships with caregivers can offset the grief and anxiety associated with imminent death.

When I reflect upon the "good" deaths which I have had the privilege of being a part of, the component of religious experience seems to have more intense moments of transcendence when the relationships in the room are close and connected. By close, I mean persons have established deep levels of intimacy with the dying and each other that exemplify love, compassion, honesty, and, importantly, openness about what is happening and how they feel about it. By connected, I mean interpersonal relationships are characterized by healthy attachment that respects individuality. Relationships have more flow and, rather than closed and rigid, the boundaries are permeable like the membrane of a living cell.¹⁴ As this occurs, the dying and their caregivers are able to complete the cycle of differentiation, that is, accept that the dying person is a different self from those who are being left behind.

Paradoxically, separating from others enables greater closeness. Harvard psychologist Ruthellen Josselson¹⁵ describes the process:

The capacity to embrace difference in relationship enlarges the self, expanding the repertoire of representations that we carry of people who inhabit the world we share, both sharpening the boundaries of self and connecting the self in deeper ways to others.

As I impose my understanding on this quote, "others" refers to both human relationships and relationships with the divine. Therefore, as persons let go of each other, they also let God intervene. Pastoral theologian Marie

McCarthy¹⁶ says, "This openness to otherness opens us to the possibility of encounter with the Other." It is my experience that when approaching death, spiritually mature persons are open to this type of encounter.

In Gethsemane, Jesus as divine Other illustrated this self-giving in his relationship with God. Rather than clinging to life as he knew it in the human form, he let go of it choosing instead the transcendent life with God. Preparing for his imminent death, and in prayerful relationship with God, he said, "My Father, if it is not possible for this cup to be taken away unless I drink it, may your will be done" (Matthew 26:42). One might argue that this expression of Jesus is the ultimate act of openness. By articulating his willingness, or openness, to follow God's call upon his life, Jesus illustrates what it means to be a mature disciple of God, and foreshadows what is to come on the cross. With this in mind, when I hear dying parishioners and their families express an authentic desire to adhere to God's will, I feel as though I am in the presence of the spiritually mature.

What a way to go: An example of mature religion in the wake of death

Now, I would like to present an overview of a healthier, more mature approach to grief, death, and dying that encompasses the ideas just presented. Mrs. Strong, 79, is a very pleasant woman that has been diagnosed with pancreatic cancer. She is very weak from her illness; today is not a good day. After a brief visit with me, she retreats to her bedroom to rest. Her son and daughter-in-law (her primary caregivers) tell her story.

She has raised the family in the church. They are all of the Baptist faith, except a granddaughter who recently joined the United Methodist Church. Their witness speaks highly of their deep faith and trust in God.

Heightened capacity for reflection

The patient's son reflects on the death of his father, which was rather sudden. He died at a young age, 59, and fought to the end. "Dad died with many dreams unfulfilled," he said. The family has learned from that experience and is trying to be more open and honest about their feelings regarding Ms. Strong's illness and what it will mean to lose her. Persons willing to reflect often take advantage of such an opportunity, choosing to embrace impending death.

Better ways to be: Seeking the transfinite

Ms. Strong is strong-willed and defies everyone's expectation for living. She wonders about her ability to hang in there and fight the illness. However, she says that she is not afraid of death; she seeks to be within God's will for her life. They all ask the question, "How does she continue to live?" But concurrently they realize that God is the ultimate creator of life. The patient interprets her thriving as an indication of God having a purpose for her life. Concurrently, her family begins reflecting on how they will spend their remaining time together. The chaplain encourages more reflection of this nature.

Close and connected relationships

The daughter-in-law says she has cared for the patient for about the last three years. Their closeness and pending separation is the source of intense sadness for her. She discusses the new power dynamics between the two of them. She recognizes the fragility of the patient's dignity as a result of her inability to take care of herself. As such, she tries to honor the patient's dignity and loss of freedom and mobility. She confesses her struggle to maintain this balance.

The patient and family welcome their pastor's visits and frequent calls. Mrs. Strong was a Christian missionary and

has friends all over the world who write and pray for her. There are also many local friends that are supporting the family through prayer and telephone calls.

More thickness and acknowledged grief

The caregiver cites concern for the granddaughter, who is in college and very close to her grandmother. This is the closest death she'll experience. Last October, they lost a nephew to suicide. He had struggled with drug and alcohol abuse. It was a difficult grief and mourning period for the family, especially the children who were the nephew's age, including the granddaughter. Her parents reflect on their own pain and how the pending death stirs up old feelings.

The funeral arrangements for Mrs. Strong are complete, in advance. The family is making arrangements for other siblings to come home to establish closure with her. They report that they have taken time for serious reflection both individually and collectively as they do with me. Their continuous prayer is to accept God's will as it manifests during this period of grief and mourning. I consider this family's preparation illustrative of persons who approach death and dying with an attitude of religious maturity.

Pastoral theological reflection

While the definition of mature need not reflect a person's age, I have encountered religious maturity most frequently in people who are in their 70s or 80s. Occasionally, I encounter younger persons who are religiously mature, but their appearance on my spiritual radar is infrequent. As a pastoral theologian, this signifies to me that the process of religious maturity takes time. Human beings need time to experience the world more fully, to discern the ways of the world and, most importantly, to grow into selfhood and relationship with God.

Pastoral counselor Reggie Marra¹⁷ asserts:

Life consists of learning to live on one's own, spontaneous, free-wheeling: to do this one must recognize what is one's own—be familiar and at home with oneself. This means basically learning who one is, and learning what one has to offer to the contemporary world, and then learning how to make that offering valid.

Marra's understanding of life informs us that life is a learning experience. Similarly, religious experience is a learning experience that, for most of us, has a steep learning curve that includes many detours. Corcoran¹⁸ validates this assertion saying, "it is unrealistic to expect [parishioners] to mature at a faster rate than possible for their age and developmental level." Religious maturity comes in its own time.

Pastoral theologians have a marvelous opportunity of mapping out pastoral care by exploring what it means to be religiously mature. My experience dictates that Christians often want to experience God with as much of God's glory and majesty as possible. Accompanying this goal is the desire to grow towards more mature levels of spirituality. By broadening our understanding of mature religious experience, we provide models of Christian living (discipleship) that persons may aspire to as they grow older. Our capacity to join persons as they encounter the Other in their own way is a mark of our own religious maturity. In the context of death and dying, I believe this awareness is vitally important. As religiously mature caregivers, part of our task is helping a person go out the way they want to go. We do this best when we are able to recognize that as caregivers, we too are on an ongoing journey to mature religious experience. When it's all said and done, I believe this is a better way to go.

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