

IN THE MYSTERY'S SHADOW

In the Mystery's Shadow

*Reflections on Caring for
the Elderly and Dying*

Susan H. Swetnam



LITURGICAL PRESS
Collegeville, Minnesota

www.litpress.org

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1 2 3 4 5 6 7 8 9

Library of Congress Cataloging-in-Publication Data

Names: Swetnam, Susan H., author.

Title: In the mystery's shadow : reflections on caring for the elderly and dying / Susan H. Swetnam.

Description: Collegeville : Liturgical Press, 2019.

Identifiers: LCCN 2018050953 (print) | LCCN 2019014582 (ebook) | ISBN 9780814663868 (eBook) | ISBN 9780814663622 (pbk.)

Subjects: LCSH: Church work with the terminally ill—Catholic Church. | Church work with older people—Catholic Church.

Classification: LCC BV4460.6 (ebook) | LCC BV4460.6 .S94 2019 (print) | DDC 259/.4—dc23

LC record available at <https://lcn.loc.gov/2018050953>

To Dr. LaVonne Mills,
to the staff at Heritage Health Services, and
to those whom I've served as a hospice massage therapist,
especially Wanda, Betty, Ina, Geri, Jack, Ned, and Natalie.

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Introduction

Each period of life has its own purpose,” writes Joan Chittister in *The Gift of Years: Growing Older Gracefully*. “The task of [the later years of life] . . . is not simply to endure the coming of the end of time. It is to come alive in ways that I have never been alive before.”¹

A conviction that my own life should “come alive” in new directions led me to a bedside one November afternoon in 2014. Seeking a sense of fresh purpose and daring to imagine that I felt a new calling, I’d retired eighteen months previously from thirty-five years as a university English professor and trained for a second-act career as a massage therapist, hoping to serve not only “regular” clients seeking relief from muscular pain and tension but also the elderly and the dying. After I’d received my new Idaho state massage license (at age sixty-three), a geriatrician much respected in our community had invited me to work as an independent contractor with her clients, and I’d shivered at the apparent evidence of vocation confirmed.

That autumn afternoon on the third day in her employ, however, I felt not happy fruition but panicked doubt. The woman on the bed—nearly a hundred years old but at least fifteen pounds short of that benchmark in weight—stared with bright, mad, darting eyes. Her cheek bones protruded through sunken flesh. Her skin was yellowed, veined,

transparent. Her white hair spiked at random angles. Now and then she muttered incomprehensible words; often she whimpered.

I'd seen women like her on the streets of big cities, but she was not homeless. For the past year (and whatever might be left of her future) she'd come to rest in a stark nursing home room whose tightly closed blinds shut out a bright winter day. The walls held photocopied photographs Scotch-taped in place. They depicted long-ago family gatherings, images of a much younger woman heartrending in her resemblance to this one, a baby in the arms of a man I knew to be the woman's now-deceased son. A vase of plastic roses perched on a table next to a tiny tube television; a teddy bear lay face down in a corner.

More cheerfully, a pink rose print dotted my patient's rumpled nightgown, perhaps registering that she'd once had a girly streak. The kindly Presbyterian ladies had donated a Project Linus sewing bee blanket adorned with perky pastel kitty cat faces in pansy shapes. Someone had painted eyebrows on the woman's face, but the effect was garish and surreal, suggesting a nightmare Betty Grable after weeks of scavenging in a bombed-out 1946 German city.

I caught a glimpse of myself in a little oval wall mirror, bending over that fragile and uneasy form in a space that smelled more than faintly of urine, gently kneading the impossibly cramped muscles around her shoulder blades, softly circling the tips of my fingers along her bent neck, attempting to warm her hands between mine. *What in the world are you doing here? What made you believe you could comfort the dying?*

Perhaps the noises meant that the woman disliked my touch; conceivably my very presence was making her uneasy. Or maybe the touch wasn't registering at all. Perhaps there

was nobody home in an essential human sense in this body, despite the twitches and noises.

I began contriving excuses to flee. If any one of those imaginings was true, surely this session might be cut short. The geriatrician wouldn't want me to continue treatment uncomfortable for the recipient. Another woman in another bed waited a mile away for the next appointment. Perhaps she'd be more responsive.

I'd talked myself into an escape, lifted my touch from the woman's shoulders, and started to straighten when her fingers darted from under the blanket to clutch and squeeze my wrist. She turned toward me, and with great effort her eyes stabilized on mine.

"God bless your hands, dear," she said with perfect clarity, and smiled.



With ten-thousand baby boomers turning sixty-five every day and eighteen percent of the population projected to be over sixty-five by 2030, providing care for the elderly has become an urgent concern in America.² According to *US News and World Report*, on any given day in 2016 1.4 million people resided in nursing homes, the vast majority of them elderly.³ The hospice movement—a multidisciplinary palliative care initiative pioneered in its modern form by Dame Cicely Saunders in London just after World War II—has expanded exponentially.⁴ As of 2008, 900,000 people each year were enrolled in hospice care in the United States, including more than a third of dying people.⁵

End-of-life care is in fact already a major occupation, whether unpaid or paid. A 2015 AARP study identified thirty-four million family caregivers in America (people

whom the Centers for Disease Control calls “informal” caregivers, a term that will seem misleading to those who discover that such labor consumes their lives).⁶ Millions of professionals work in elder care: geriatricians, RNs and LPNs, CNAs, psychologists, social workers, physical and occupational therapists, chaplains, and others (including my own comparatively rare breed, hospice massage therapists). More than 400,000 volunteers supplement family and professional caregivers’ work in the United States.⁷

I’ve been both an “informal” and a professional end-of-life caregiver. My initiation into the realm of palliative care came in 2001–2002 as I tended my husband, Ford, who was dying in his late fifties of prostate cancer—the experience that inspired me to become a hospice massage therapist and ultimately led to this book. As the following pages will describe in more detail, during the last months of Ford’s illness a nurse who was also a kind neighbor provided Therapeutic Touch massage (a modality in which the practitioner’s hands send healing energy to areas of pain). Though skeptical at the outset I saw how it eased my husband’s pain and discovered to my amazement that I was capable of offering such comfort with my own hands.

In the first months of widowhood massage again demonstrated its power after my back froze from the physical pathology of grief. Jolts of debilitating electric pain, apparently random in their onset, coursed from my hip down my leg and up my back. To bend forward, even a little, courted becoming stuck in that position. Running and mountain hiking, habitual go-to tension relaxers, became impossible. Medication, physical therapy, acupuncture and acupressure, chiropractic treatments, psychotherapy, and yoga proved ineffective. Only massage helped me regain the flexibility that made moving around the world in a viable way possible. I now recognize what ailed me as classic piriformis

syndrome, but back then it seemed a curse, a punishment, and its abatement at the therapist's hands became a life-changer in more ways than one.

As the spasms and jolts and frozen posture eased and then disappeared I turned back to work, avocations, and friends, slowly settling into a revised way of being that eventually felt like home. Even in the most comfortable of the new normal years, however, I never forgot how touch had helped in the darkest time. An idea began to whisper around the edges of consciousness: when it was time to retire I might make some good from the experience of Ford's death by offering the relief of compassionate touch to other sufferers.

To lay healing hands on strangers in the state of Idaho (and in most others, thank heavens) one has to be certified through education and testing, but the path to that end was fortuitously made straight. The university that employed me offers a massage therapy certificate program in its College of Technology, and I began tentatively, taking career exploration and prerequisite classes during the twilight years of my first-act career, amusing myself and my friends by simultaneously inhabiting roles as University Director of Composition/Unclassified Vo-Tech Student. The fall semester after retirement I began a year of full-time clinical study, followed by a summer internship. So quickly, it seemed, I found myself the sole owner and proprietor of a new one-woman S-Corp, Balsamroot Massage, transformed from a senior full professor in the humanities to an entrepreneur in a minor (some would say marginal) healthcare discipline.



On the whole this second-act career has proven a very good fit. At this writing I've provided thousands of massages, both therapeutic sessions for regular clients in my

studio and outcall hospice appointments as an independent contractor. Currently I do at least fifteen massages every week and have offered as many as thirty-six in five days.

While everything about this transformation from knowledge worker to manual laborer still seems unlikely to many who knew me in my previous incarnation, it is the hospice component that inspires the most puzzled remarks.

“Isn’t it horribly depressing to work with people who are so sick and so weak?” people ask me. “Why would you want to do that when you retired?”

I always resist what seems to me now an obvious answer—*why wouldn't you want to do that?*—and make some general reply about the satisfaction of comforting vulnerable people. Yet four years on I truly do have trouble imagining how someone could *not* find this work absolutely compelling. Yes, it’s physically, psychologically, emotionally, and spiritually taxing, pushing the caregiver to offer more than she could imagine and tempting her to offer more than she *can* give without injury to herself. Serving the elderly and the dying can wear down even the most dedicated in burn-out, causing a practitioner to glide numbly from task to task. Exhaustion can trigger irritability and impatience with the very people whose suffering one seeks to abate and/or with fellow workers, and such responses can inspire recurring doubt about one’s own capacity to love, one’s own essential worthiness.

I’ve certainly experienced my share of all of the above. I’ve also learned, though, that this work of serving the aged and dying offers numerous and varied rewards. Central among them is the altruistic satisfaction of making a difference for someone else. Also compelling is the joy of evolving craft, and the reassurance that one is living as one should, productively and being of service to others.

Less obviously, perhaps, this occupation also offers gratifications of a more philosophical kind. People doing other kinds of work may be able to ignore the oldest questions: What is the purpose of an individual life and the meaning of its particular duration? How can our lives ever matter, given our flawed nature and the awareness of mortality that threatens to blight our days? Those of us who care for the elderly and people approaching death, however, find them perpetually before us.

Thanks to such inevitable gravitas, the work of elder- and hospice care can feel more like a ministry and an invitation to spiritual journey than like a mere job. We work, one might say, in the very shadow of the divine “Mystery”—a term I’m borrowing from Catholic writer Fr. Richard Rohr, founder of the Center for Contemplation and Action, who uses this term for God to acknowledge the ineffable depths of the divine, the holy that cannot be neatly explained by the human mind.⁸

Once upon a time, when “ministry” was defined as the responsibility of those formally ordained for liturgical service or as catechists, using the term in this context might have raised eyebrows. That changed in the Catholic Church, however, when Vatican II affirmed the laity’s obligation to be “true living witnesses to Christ.” Work in the everyday sphere that served a holy purpose was acknowledged as a realm in which the faithful were called to be “light to the world.”⁹

While it is inappropriate for those of us employed in secular healthcare contexts to evangelize for particular creeds, we can still be that light, testifying by actions rather than words to the spirit of what we believe. When we do not shrink from the ravages of disease, we affirm that the decline of the physical body does not diminish essential, innate human dignity, that the soul is always a glowing thing.

When we serve people suffering from dementia, the handicapped, and the aged with attention and respect, we give the lie to cultural devaluation of people who have “outlived their usefulness” and fold them back into community. When we pick ourselves up and begin again after moments of stumbling, we affirm our acceptance of a grace that reaches to all people despite their imperfections. As we show those we serve by our calm presence that we do not fear death, we demonstrate our abiding hope in eternal life, our trust in what we cannot see.

Most centrally of all, as we caregivers embody love in tending to those who need it most we implicitly witness with our lives that love is inherent in the way humans have been made. We affirm that love is the very essence of the power that created us and guides us always, even when we feel abandoned, even when we do not think about its presence.

“Let all the brothers preach by their works,” wrote St. Francis of Assisi on the power of example,¹⁰ a sentiment that might serve as a motto for caregivers.



This book invites those who care for the elderly and the dying (and those considering taking up such work) to view such work through the lens of ministry. It begins with two chapters that establish contexts fundamental to what follows. The first considers end-of-life care from the perspective of vocation in the spiritual sense, reviewing the implications of that term and tracing the various trajectories that such a calling can take. Chapter 2 reviews current attitudes toward aging and dying and argues for a more healthy paradigm, one that affirms the dignity of those nearing the end of life

and suggests that they might embrace their later years as an opening rather than as a constriction.

The book's second part, "Practice," consists of eight chapters, each of which considers some particular aspect of elder- and end-of-life service common to caregivers be they family members, volunteers, or professionals. All eight include narrative examples; information from published sources including research-based reports and experts' and spiritual leaders' thinking; and my reflections, which are intended to spark the reader's own meditations rather than being anything like last words on the subject. Topics include the importance of small gestures, the challenge of communicating when patients' cognitive faculties decline, incongruous moments of humor, guilt and burnout, patients who are difficult or who inexplicably seem like soul mates, and uncanny situations where the mystery seems particularly close. The book's final chapter considers that central question voiced early in this introduction: how those of us in end-of-life care can persist in peace and hope in work that reminds us always of human mortality.

The stories and examples recounted are all true, drawn from my experiences and the experiences of the many caregivers interviewed for this book, to whom I offer deep gratitude. Names have been changed and details altered in all cases to protect privacy. While I'm giving acknowledgments, I must also thank Barry Hudock, formerly of Liturgical Press, who encouraged me to write this book and whose faith in my abilities as a writer have sustained me through to its completion.

Obviously this is not a practical how-to book that provides detailed instructions for sickroom techniques or practitioners' self-care; many such resources already exist, some of which are referenced in the pages that follow. Nevertheless,

I hope that both those new to this calling and those who are seasoned professionals will find things in its pages that support their efforts practically, emotionally, and spiritually. In addition, I hope that people who have not previously considered caring for the elderly and the dying, or those who have just begun to imagine doing so, might be inspired by these words to entertain the possibility more seriously.

“Yours is a holy calling,” the US Conference of Catholic Bishops advised caregivers, reassuring them that the God who has drawn them to that vocation is always watching over them.¹¹ Such is the premise of the pages that follow.



PART 1
CONTEXTS

CHAPTER 1

Saying Yes to a Vocation in End-of-Life Care

Ask a professional caregiver who works with the elderly or dying about how he or she got into the business, and you're apt to hear a story about destiny. "I just always knew this was what I should be doing," a young hospice nurse told me, recounting how as a girl she accompanied her grandmother (a woman locally famous as a healer and comforter) when the calls came. "She wasn't formally trained," Lani explained. "But everybody in the little town where I grew up knew her, and everybody in the countryside around." When Lani was eight her grandmother had sensed that she held a gift and made her an apprentice; the little girl spent many nights at bedsides observing, then helping as she grew older. "I loved being a part of that, learning from her," Lani remembered. "I've never wanted to do anything else."

A similar story came from Sarah, a long-time nursing home administrator. "I never thought to wonder why I wanted to follow my mother around when I was little," she said, smiling at the memories. "It just seemed part of who I was. Like taking care of older people was in our genes, or something."

“I’ve always loved talking to older people,” a hospice volunteer proclaimed.

“I’ve never been afraid to be around people who were dying, and that’s why I specialized in geriatrics,” a social worker said.

“Because I can,” another nurse told me. “That’s what I say when people ask why I work with people who are close to passing.” The “can” in that sentence, she emphasized, didn’t refer only to the skills she’d learned in formal training, essential as they were, but to some capacity for empathy that seemed, well, inborn. When she initially entered nursing school, she briefly thought that she wanted to specialize in sports medicine (“it seemed so glamorous to me at that age, and our trainer had helped me so much when I was in high school sports”). On the first day of geriatric care practicum, however, she instantly felt a clear sense of being in the right place. Though other students teased her “about being *Morticia*” that sense of inevitable mission didn’t go away. “This is what I’m supposed to be doing,” she told me. “I was given this capacity for a reason.”

As this book begins I think it’s important to come clean and emphasize that my origin story regarding this vocation is distinctly different from all of these, not a tale of inborn inclination but an account of a come-lately and on the surface highly unlikely metamorphosis.

In youth and middle age I worked by disposition and choice as a university professor guiding young adults, people on the verge of life rather than nearing its end. I had no idea during my first six decades of how to talk naturally to elderly people. I was phobic about both illness and hospitals. I certainly didn’t spend time thinking about my own decline and death or anybody else’s. Probably someday, I believe I would have granted (though I don’t remember any

such perusal), such things would have to be coped with, but that was a bridge to be crossed only when one was forced to come to it.

All I can say is that the Mystery certainly seems to have a sense of humor.



The term “vocation” has come in everyday terminology to mean something like an employment or occupation to which a person is drawn to because it feels very suitable. In the language of faith that “suitable” takes on a weighty and precise implication: a vocation is a divine calling to a particular kind of service. Each of us is endowed with the talents and disposition to serve in a particular way, formed to advance God’s agenda. The apostle Paul famously uses the metaphor of the human body to express this concept. As the body consists of many parts with different functions, Paul explains, so too are we each fitted for a specific contribution. “Since we have gifts that differ according to the grace given to us,” he writes, “let us exercise them: if prophecy, in proportion to the faith; if ministry, in ministering; if one is a teacher, in teaching; if one exhorts, in exhortation; if one contributes, in generosity; if one is over others, with diligence; if one does acts of mercy, with cheerfulness” (Rom 12:6-8).

“Each one of us has some kind of vocation,” Thomas Merton affirms in more modern terms in *No Man Is an Island*. “There is only one thing necessary: to fulfill our own destiny, according to God’s will, to be what God wants us to be.” Discerning vocation, Merton suggests, is necessarily a co-creative process. The divine provides the gifts and the calling, and, “perfectly confident of being loved by God,

the soul that loves Him dares to make a choice of its own, knowing that its choice will be acceptable to love.”¹

As a young person such words would have struck a chord with me, for I definitely felt the pull of vocation . . . though not a vocation in geriatric healthcare. My destiny was words. Writing and making a life as a teacher of writing and literature had appeared from childhood as much of an imperative for me as becoming a hospice nurse had for Lani. I don't remember learning to read; I just could. At age three I incurred my mother's disapproval by filling in an hour every page of a jumbo drawing tablet she'd assumed would occupy me for days, adorning the pages with looping swirls as I pretended to write. I was that uber-serious little girl who always had her head in a book that was supposed to be too advanced for her. A major highlight of my childhood was discovering my father's college literature text (the classic Louis Untermeyer *Modern American Poetry*) tucked in the family bookshelves. The volume became my constant companion, and I still know many of the poems it contains by heart.

Going to college as an English major felt like waking up to who I was supposed to be. After I ran out of graduate degrees to earn I settled down to make a career at a state university in Idaho and married a man who worked beside me, a poet and Wordsworth scholar. Every aspect of the work delighted me. I published articles and books not from obligation but because doing that felt as natural, as inevitable as breathing. I found pleasure in running programs and chairing committees, strange as that might seem. I happily taught general education students, English majors, masters and doctoral students; I taught teachers how to teach. I taught out-of-school adults, too, participating in so many literature and history continuing education programs in far-

flung Idaho communities that the state humanities council started calling me its “Road Scholar.”

For more than three decades such was my occupation, and it prospered. *I’m exactly where I’m meant to be*, I thought often during that period, feeling the sense of rightness with a palpable warmth.

Then in 1999, twenty years into that career and fourteen into our marriage, my vital husband—flourishing himself as a teacher, writer, and public humanities scholar—was diagnosed with stage four prostate cancer, a rare aggressive viral form that had not made itself known during his PSA the previous year. The idyll dissolved, and at age fifty I found myself “called” to a new role as a family caregiver, an imperative for which nothing had prepared me and that I regarded with utmost apprehension.



At the time the very apprehension itself made me feel guilty, as if I were lacking in some essential feminine (or human) instinct for tending others. Now that I’ve stepped into hundreds of homes touched by serious illness, however, I’ve come to understand that most family caregivers share such feelings.

Fortunately for those they serve, many of them overcome initial trepidation and discover in themselves rich resources of resilience, courage, and selflessness. “Oh, I just put one foot in front of the other, one day at a time, and do what has to be done at the moment,” one woman remarked when I admired her patience with a mother fretful and demanding with dementia. “What else is there to do? You might as well be cheerful—being hard on her doesn’t solve anything.” She did apologize for looking tired, explaining that so far

that day she'd already cleaned up what sounded like a desperate bathroom mess, soothed a panic attack and spoken on the phone with the doctor about adjusting medication, and called a repairman to address a break in the freezer's icemaker waterline that had sent torrents gushing onto the kitchen floor. The appliances, she remarked, always seem to lie in wait to get you when you're down.

"It is hard when you can't go out even to run errands," the wife-caregiver of another of my patients admitted. "At first, I wasn't sure I could take it, being so isolated, so confined to the house. But I love Neil so much, and he's always been so good to me. This is what I'm supposed to do now, to take care of him for better or worse. Well, Parkinson's is certainly worse, but I'm going to do it right." Back in the living room she adjusted her husband's pillows, made sure his water cup was full, and assured him that he should say something if he became uncomfortable, then settled gratefully onto a bench for a caregiver massage. As I soothed her shoulders her husband reached out to touch her hand, beaming up and smiling at me, nodding in obvious delight at this treat for her.

It is one of the great sorrows of my life that I wasn't able to foster such an atmosphere of ease and reassuring comfort for my own husband. Stunned, I pinballed back and forth between anguish and denial, when I might have been manifesting what caregiver manuals call a "healing presence" for him. Luckily for both of us not much actual nursing was required. Since Ford remained outwardly unimpaired and independent my duties consisted largely of being companion, comforter, provider of food, then toward the end house manager and medical liaison. My husband continued teaching at the university during the first of the two years he lived after diagnosis; he drove himself to radiation and chemotherapy. Even as he tired and began spending most of his

time in bed he saw a book of poetry through to publication (it won a posthumous prize). He left drafts of new poems composed during his last month of life. Only during the last week of his life was our bedroom an intensive caregiving space, and then professionals came to do the heavy lifting associated with active dying.

As the introduction to this book suggested, however, I did manage to acquire at least one clinical skill when, on a February afternoon in 2002, a neighbor-nurse offered to come to our house and provide Therapeutic Touch, drawing on “healing energy that’s around us all the time” to ease my husband’s pain. We were dubious, I’ll admit—it sounded so new-agey. But she was a highly respected RN, a down-to-earth military reservist and full professor who had helped form generations of nurses at the university. “It can’t hurt,” Ford said. “Let’s see about it.”

Within moments it became clear that our neighbor knew what she was about. With quiet concentration she moved confidently to a succession of spots on Ford’s back and hip. “That’s amazing,” he told her. “It doesn’t hurt anymore.” A serenity descended on the room that calmed even me.

That ease abruptly vanished, though, when she turned in my direction. “Now you try!” she offered with cheerful conviction.

I demurred—I came from a family that did not touch much. I had absolutely no aptitude for this sort of thing.

She insisted, however, and almost at once my hands did indeed sense something, a distinct heat and pulsation on Ford’s thigh. The only glitch was that he’d never reported any pain there. Tears of impotency and shame blurred my eyes. “I’m not going to be any good at this,” I apologized. “This spot feels funny, angry, but it’s not right. It’s a false positive. I’m so sorry.”

The wonder and sadness in Ford's gaze brought me up short. "Actually, Susan," he said, "I *have* been hurting there a lot recently. I didn't say anything because I didn't want to worry you about bone metathesis."

"You see?" Our neighbor gently touched my shoulder, and I shivered with the sense of having been used, enlisted, in the service of something beyond my ken.



I don't know how I managed to miss all the myriad iterations of "Thy will and not mine be done" I must have heard during a lifetime as a Christian, but I obviously did. I turned fifty as a woman who believed that it was up to her to shape her own destiny, that her own fingers had to grip the wheel if things were to get done, that she had to plan and anticipate every moment of every day.

Ford's death, however, forced the lesson of resignation home. For a long time I felt anger and betrayal. Eventually, though, I granted that unless I wanted to spend the rest of my life in fruitless self-absorbed misery I'd have to agree to let the whys go and face a future that seemed emptied-out and blank. All I could do was to trust that the Mystery did indeed have something in mind for me.

I'm not sure I could have made peace with such surrender without the *Magnificat*, a New Testament passage that became a central supporting text in my early widowhood. "Behold, I am the handmaid of the Lord," Mary says to the angel who comes to tell her that she will carry God's son. "May it be done to me according to your word" (Luke 1:38). In popular parlance this sentiment becomes "Let go and let God," but I persist in affection for the defenseless sense of having "it done to" you, for that's how the whole

thing felt as I took the initial steps on that frightening path to whatever came next.

Something changed in me with that setting-out. While I never questioned continued academic vocation—indeed, the faces of students in classrooms and the flow of words on pages went a long way toward enabling me to continue after Ford’s death—I began to feel different, set apart from rationalist colleagues who so firmly believed in their own agency. The self-determined can-do “little guided missile” (as Ford had affectionately called me) had vanished. The woman who stood in her place began to learn to make her peace (mostly) with things she could not control, to ask, “Okay, what’s next?” with trust. She learned that “hunches” and “accidents” could lead to the most perfect, life-giving moments.

My affect became more vulnerable, softer. As a university professor I’d never been one to draw the sisters of tragedy, those students who bring to office hours tales of personal suffering and beg for counselor-style advice, support, redemptive inspiration. After I was widowed, though, they flocked to me, the undergrads confessing to unwanted pregnancy, spousal and/or drug abuse, depression; the graduate students agonizing over crises in teaching vocation. A suicidal young poet came in tears one afternoon. “Help me,” she begged. “Teach me what you’ve learned about how to live.” I began to imagine myself as a soul-sister to Nathaniel Hawthorne’s Hester Prynne in *The Scarlet Letter*, a woman wearing a visible sign of her suffering. Mine was not a literal “A” inscribed on my dress but a less tangible “G” for “grief” inscribed in my spirit, an emanation that seemed to beckon to those struggling with their own private pain. Though I’d always considered myself brisk and impatient, it was now easy to sit quietly in empathy, asking, listening, counseling.

Despite such experiences I entered massage therapy training inwardly dubious about my aptitude for ministering to strangers—especially uncongenial strangers—and continued to question well into the first semester. The night that changed my mind finally arrived four months along, on a November night in student clinic when I drew a self-described “like totally stressed out” young undergraduate woman, one of those pert, disorganized, cliché-ridden, apparently silly girls who had always driven me crazy when they appeared in my classrooms, the ones who habitually asked “will this be on the test?” and “are we going to do anything in class today?” *Oh boy*, I thought as she took forever to settle on the table, fidgeting with superfluous energy. *How are you going to be able to calm somebody who’s making YOU so nervous?*

To my surprise the young woman went to sleep a few minutes into the massage, and I felt suddenly wrapped in compassion, breathing it through my hands as I worked, wishing her peace.

As darkness fell I gazed out the classroom window at the year’s first snowfall drifting down through the lights of a four-story dormitory across the way. I imagined the other young people behind those windows worrying about their classes, their capacities as students, whether or not anybody would ever love them. I thought of them struggling with decisions about short- and long-term paths, about failures, about what would “be on the test.” My heart opened of its own accord, and I spontaneously breathed peace to them too, and even greater comfort to the girl on the table. With a rush of quiet joy my own mind and body relaxed as the certainty came: *This is going to be all right. You can do this.*

And that was how the Mystery nudged/guided/dragooned this life-long head-worker into becoming a hand (and heart, and soul) worker.



If you're a reader of contemporary self-help literature you'll probably have encountered the contention that embracing vocation (also known as "following your passion") will inevitably lead to happiness and success. "Three Signs You Are Following Your Passion: 1. Joy, 2. Love, 3. Ease" proclaims a meme along this line that one of my Facebook friends shared recently.

If only it were so easy, so consistent. Naturally if what you're doing always makes you miserable it's probably a sign that you're in the wrong business, but in reality practicing even a true vocation can be hard, discouraging work. This isn't new news: both the Old and the New Testaments are full of examples of people who are mortally unhappy about the paths to which God has called them and/or the twists and turns that those paths take. Moses protests to God, "Who am I that I should go to Pharaoh and lead the Israelites out of Egypt?" He gripes about the recalcitrance of said Israelites during the pilgrimage to the promised land ("What shall I do with these people?" he cries when they demand that he give them nonexistent water) (Exod 3:11; 17:4). Jonah attempts to run away from the obligation to preach at Nineveh (look where that gets him). Prophets and apostles are reviled and/or killed while doing what God has called them to do. Jesus himself expresses anguish on the cross ("My God, my God, why have you forsaken me?") (Mark 15:34).

Stories told about Catholic saints reveal that some also struggled with their callings. St. John Vianney is said to have become so exhausted that he tried to flee the thousands who came to him for confession. St. Frances Xavier Cabrini insisted repeatedly to her superior (though in vain) that she was meant to be a missionary in China instead of in the United States. Elizabeth Seton (my patron, a widow and

educator) suffered depression even after she'd succeeded, against great odds, in establishing the first (and flourishing) Catholic girls' school in America. "Here I go," she wrote in a letter to a friend during a period when friends and relatives were dying and she was exhausted, "like iron or rock, day after day, as [God] pleases and how he pleases; but to be sure, when my time comes, I shall be very glad."²

I find such stories comforting because, frankly, they reflect my own admittedly as-yet imperfect acquiescence. You're not required always to like the hand that God has dealt you, they suggest. You're not failing if you can't adopt a perfectly ego-free, angelically smiling prostration. What you are asked to do is simply to persist in faith even when that faith makes no sense to human intellect.

As generations of wise ones have emphasized, cultivating such surrender—perfect or not as it may be in any given moment—is good for us in many senses. It fosters dependence on God. "You have understood who is the Artisan, do not be curious as to how; you have understood who is the sculptor, do not ask questions about the work," proclaims a fourth-century homily on the Annunciation by Pseudo-Chrysostom.³ "We must put all speculation aside and, with childlike willingness, accept all that God presents to us," writes early eighteenth-century French Jesuit Jean-Pierre de Caussade.⁴

Taking Mary as a model can also help free us from the trap of self-absorption, a lesson I learned on my own the hard way, as noted above. Contemporary Jungian psychologist David Richo explains that when the Virgin proclaims, "Let it be done to thee according to Thy will" at the annunciation, she demonstrates that humans can transcend selfish ego and embrace a higher self that is aligned with the divine. "In mature spirituality," he writes, "we do not pray for the conditions of existence to be different but for the

grace to say yes to them without protest or blame of God or humanity . . . when control disappears, God appears.”⁵ Once we move beyond ego into grace, we are free to find the purpose for which we were born. “The vocation of each one of us,” Thomas Merton writes, “is fixed just as much by the need others have for us as by our own need for other[s] . . . and for God.” Saying yes to a particular calling represents “an act that gathers up all the powers and capacities of our being” and offers them in trust to the divine will.⁶



Early in my massage career a woman who has since moved to another state came to my studio seeking weekly massages for what she termed “regular maintenance and pampering.” To all appearances and in her medical records she appeared quite healthy for her sixty-two years. She reported daily walks, a healthy diet heavy on plants and light on red meat, acceptable bloodwork numbers and weight. She described a “stress-free” life as a retiree whose husband continued to earn a very comfortable living.

Yet she was miserable, prone to unexplained back aches and headaches, her sleep uneasy, her blood pressure tending high. From the first appointment she talked incessantly, compulsively, recounting the plays she and her husband had seen, the concerts they’d attended, her visits to friends in distant cities, their past and upcoming trips to Europe, the extensive redecorations of kitchen, bathrooms, and gardens she’d orchestrated. She spoke endlessly about friends’, children’s, and grandchildren’s accomplishments.

At first such recitals struck me as bragging and put me off, but soon I understood that pity would be a more appropriate response. This woman had no one else to talk to;

she was terribly bored. “Oh, I sleep in late!” she proclaimed. “After all, I’m retired. Just drinking coffee and reading the newspaper can take all morning!” She took walks and puttered while her husband worked, went shopping or sat in the sun reading “fun” books. After dinner (usually takeout or delivery; after a lifetime of cooking, she said, she was tired of that) they watched Netflix.

As our time together extended she grew more confessional, and one afternoon she began to complain about how much her husband worked, how imperious and oblivious to her he could be. “You don’t know how it is, to be taken for granted,” she said. “You have this business, and people depend on you. But with the kids gone, for me it’s just Tom. And so often he seems to be somewhere else, even when he’s there. I feel like I’m not real sometimes, like I don’t exist.”

Had she ever thought of volunteering? Anyone could be trained and serve an hour or two a week visiting hospice patients and the elderly. There was nobody to whom presence mattered more than such people, and if she had time on her hands and wanted to be warmly appreciated, that was the perfect opportunity.

“Oh no, I could never do that.” The reply was instant, emphatic. “I’m not that kind of person. I’m sensitive; I couldn’t take blood or suffering or being around dying people.” So what about volunteering at the library, or tutoring kids in reading at the elementary school near her home, or taking a look, just for fun, at the “volunteers needed” column of the weekly newspaper? No, no, and no. “I worked all my life, and I’ve earned a rest!”

That week I’d already provided more than twenty massages, with one additional, even-more-crammed workday to go. Thus “I’ve earned a rest” struck my ears with seductive import. *Why not me, too?*

But after she left a cancer survivor came in for a lymphedema massage, and then a man who had lost his wife six months earlier, and at the day's end I spent half an hour in a nursing home with a courtly gent in his eighties who ceremonially kissed my hand in greeting and again in farewell.

I drove home at six-thirty smiling at those immediate memories, the hour making me remember that Lani was just beginning her work day, a full night on call for emergencies. I imagined Sarah sitting at the bedside of an occupant of her nursing home, and the wife-caregiver I'd seen earlier that week fixing a loving dinner for her husband with Parkinson's. I anticipated the morrow's round of hospice massages, the smiles at my appearance, the hands reaching to squeeze mine, the contagious peace.

And I allowed myself to imagine, for just a moment, what life might have been like at that moment if Ford had died and I'd come to a retirement that included only relaxation. What unimaginable grace it was to have been granted the courage to say yes, to surrender in trust to this most unlikely vocation. What a gift to have been led, even through suffering and loss, to this blessed, still-evolving path.