



Caring for the Transitioning Soul

By Deidree Ann Curci

As a physical body is undergoing the inevitable and ultimate transition into death, the need to address the pain of the soul or spirit becomes increasingly significant. There is a hunger to reconnect body, mind and spirit for the person undergoing the process of “deathing” to see their body, mind and spirit not as separate, but as companions in the journey of life. Our spirit travels within our body, and our mind and body thrive when our spirit is acknowledged and supported. As a community invested in living human life, we must reach the body, mind and soul of those who are suffering in order to render comfort for both the physical and spiritual transition. This depth of healing can only be achieved if we take the time to learn the lessons of dying.

My own experience with the transitioning soul has been my six years of holding mindful and compassion-filled vigil for the dying. My education began with my own mother as advancing congestive heart failure made her aware that she was in the process of dying. Her candor and trust in me allowed me to assist her in the exploration of the depth of her faith and her acceptance of death. My mother's process of dying had a powerful impact on me. She helped me understand the significance of this final human act and what an awesome privilege it is to travel alongside those who are at the crossing place as they leave this earthly plane.

Six months after the death of my mother, my father-in-law died in a hospice facility. From him I learned how death could be ushered in with dignity and respect with stories shared, amid laughter and tears. Then, a year later, my own father completed his journey on earth in an Alzheimer nursing facility. This experience taught me how to “see beyond the disease” and how to speak without words. It was here that I began my journey with hospice as a spiritual care coordinator.

These precious transitioning souls were my teachers in my study of the mystery of death. These storytellers of life bore witness to the struggles of dying, specifically the many mini-deaths of letting go in their preparation for the great, ultimate letting go. These travelers allowed me to enter deeply into their souls' journey and to share their experience. It was my privilege to discover, through them, the essence of living and dying.

More than any spoken word, their eyes impacted my heart the most. Their eyes danced with joy as they told stories of their life. Tears washed over faces, creased and etched with age, as they shared the pain of dreams that would not be realized and wounds that needed the healing balm of forgiveness. Their eyes revealed fear as they wrestled with their own guilt and unanswered questions. They expressed regret for things undone, and each wondered if their life had mattered. For all, the only response to fear was love – only love.

I observed their sadness and indifference to the daily stream of “doers” who came into their room. These were people who were not engaged in the process, not really seeing them, only doing for them. This web of unintentional indifference trapped not only the dying person but the caregiver as well. Because caregivers have precious little time to consider the timeless, unmeasured reality of the souls' pain, it is often undiagnosed, unaddressed and even exacerbated. This “forgetting of the spirit” has a great impact on the body's ability to cope with its physical and emotional pain.

While I have many stories illustrating the benefits of tending to the needs of the transitioning soul, I have chosen to share my journey with Mary. Her story is particularly poignant and demonstrates how loving intention is a powerful healing force.

Before meeting Mary, I had little information about her. She was diagnosed as paranoid/schizophrenic and was dying of ovarian cancer. She complained of constant pain despite being given increasing dosages of pain medication. In addition, her relationship with her son had been fractured for many years.

When I first went to see Mary, she would not look at me. In fact, she preferred to look at the wall. Initially, our brief times together were filled with long silences. When she did speak, she was often abrupt. I sensed she was testing my ability to remain undaunted by her terse manner. With each visit, I offered a prayer of gratitude that she had allowed me to stay for a time.

One day, after weeks of slowly gaining her trust, as I neared the door to leave I was suddenly inspired to turn around and blow her a kiss. In that instant, for the very first time, her face lit up with a great smile and she raised her hand to her mouth, returning the kiss. From that point on, Mary's trust and sense of safety grew. The nursing home staff reported that they were able to decrease her pain medication despite the advancing disease. Mary also became more accepting of the caregivers and began to interact verbally with them.

Not long afterwards and close to the end of her life, I met Mary's son. Privately he shared the pain of his youth, the struggle between loving and not loving his mother, and his desire to convey to her that she mattered to him. I gently encouraged him to open his heart to her. It was an opportunity for him to unmask and compassionately accept and love her as she was. When I next saw him, he shared the healing that had been made possible for both of them. He cried as he told me how she had reached out to him before she died.

In the presence of the angel of death, there is no time to waste on pretenses or excuses. If we continue to hide from and fear death, we cannot learn from it. We must have the courage to become students of death so that we can become compassionate caregivers to the living. This commitment will lead to a greater dignity and respect for both the living and the dying.

When this shift occurs it will cause a ripple that will go through health care systems around our world. Today's re-emergence of adjunct therapies in the medical community supports a growing desire for better pain management. These therapies are gaining the attention of the researchers who are documenting the health care benefits of music, Reiki, art, guided imagery, prayer/meditation, aromatherapy and sacred ritual, to name a few. When delivered with deep compassion, of truly seeing the other, these therapies hold true promise.

We truly need a collective effort from all health care workers to recognize that the care of the soul is not relegated to only a few; it is the responsibility of every single person. If we face our fear of the unknown and trust that we have purpose while living wisely and courageously with laughter and tears, we will not need pills that deaden our senses and consciousness. We will regard the end of life as a passage to be honored, not feared.



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