“No More a Stranger, Nor a Guest, But Like a Child at Home”: Hostility and Hospitality in a “Non-Religious” Pastoral Encounter in Hospice

Heather Wise

With gratitude for the space-making oxygen she generates for so many as a blooming evergreen, for the tender care with which she as a gardener waters and prunes all her plants, including me, I offer this clinical essay for this festschrift in honor of my beloved advisor and doktormutter, Ann Belford Ulanov. Ann’s focus on applied or depth theology as an “eschatology of presence,” which fosters the God-given integrity and freedom of the person in relation to the divine, sets apart...
her writing and teaching.\textsuperscript{3} Depth theology is “faith” in the psyche, which in turn is “part of the flesh in which the Holy incarnates,” and, as she demonstrates, opens onto faith in God as experienced through the psyche, conscious and unconscious.\textsuperscript{4} For theology and psychology today, Ulanov’s work, which employs a “rigor of the heart” that demands heart, soul, strength and mind work together as advised in the \textit{shema}, opens new vistas to receiving all of ourselves and others, and like Mary, to receiving God among us in the flesh.\textsuperscript{5}

\textbf{INTRODUCTION}

In the summer of 2013, I served as a hospice chaplain at two hospice residences in the Bronx, New York, and visited hospice patients at a nursing home and in pediatric homecare. \textit{Hospice} comes from the French and means both “host” and “guest.” Once a waystation for travelers and the underprivileged, hospice today denotes not only a \textit{place}, but also a \textit{service}, which seeks to provide holistic end-of-life care in a homelike setting and in people’s own homes. However, how much is hospice like home? Who is the host and who is the guest? What about patients for whom having a terminal illness and coming to live at a hospice residence is one of the only times in their lives they have had a stable place to call home, and yet, if they are “doing too well,” they can be discharged from the facility and sent back onto the streets to be homeless? Dying, and pastoring dying patients, can bring up fear and hostility in the face of a deep longing to experience, and provide, hospitality and home at the end of life.

A close reading of the roots of the words hospice, hospitality, and hostility reveals common ground and a place to start for approaching patients as a hospice chaplain. Hospice and hospitality share the Latin root \textit{hospes} which means not only “host” and “guest,” but also, “stranger.” A root of \textit{hospes} comes from the Latin word \textit{hostis}, which means “stranger” or “enemy,” which refers to the word “host” as in “an army,” and is the basis of the word hostility. Another Latin root related to \textit{hospes} is \textit{hostia}, which means “sacrifice” or “victim,” in other words, the receiver of the enemy’s hostility. \textit{Hostia} also refers, in Christian tradition, to the body of Christ as “the host” eaten at the Eucharist, the communal meal in which we give thanks to God for taking the death and destruction of the world—includ-

\textsuperscript{5} Thank you to Priscilla Young Rodgers for this phrase. Ann Belford Ulanov, \textit{Spiritual Aspects of Clinical Work}, (Einsiedeln, Switzerland: Daimon Verlag, 2004), 82. See Deut. 6.4–6; Matt. 22.37, Mark 12.30, Luke 10.27.
ing our hostility—upon God’s self on our behalf. Hostility and hospitality are related in the depths and engaging them both can lead to transformation.

This clinical pastoral essay tells the story of my relationship with R., 66, a formerly homeless, Irish non-practicing Catholic and Vietnam veteran whose vacillation between hostility and hospitality towards himself and others demonstrates the threshold between our ability to love and simply be loved, the limits of self-acceptance and the abundance of grace. I consider what it means to approach another person, including the other within, as a stranger, without making assumptions, and to willingly live on the edge of the strange, the unknown, the uncanny, that which requires and calls up risk and danger. In Richard Kearney and Kascha Semonovitch’s edited volume Phenomenologies of the Stranger: Between Hostility and Hospitality, several authors take up various aspects of what it means to welcome the stranger, to be a host and a guest at the same time. As one contributor, Christopher Yates, puts it, “…it is not we as hosts who are masters of the scene, but we who are very much in question in a provocative way.”

R. felt very much in question in the face of his impending death and his possible expulsion from the residence due to the fact that he had been there for over a year, which is a rare, long stay for hospice, and a new doctor to both hospice and this residence thinks because he is ambulatory and “seems fine” he should immediately be decertified from the program. But if R. is decertified, he will probably return to being homeless as he formerly lived in a dumpster and in the Staten Island Ferry Terminal. He is an alcoholic son of an alcoholic who regrets passing up many opportunities for advancement in life, due to his tendency to run away just when he is doing well. He ran away from the residence some months ago and is considered at risk for doing so again. Yet R. lets himself get close to me in our pastoral encounter and remains open to questioning himself and being questioned, to being in relationship, which is revealed as he and I dance between the roles of host, guest and stranger in our three-month work together.

As the pastoral caregiver, I am very much in question along with R. and ponder how much my semi-conscious desire to “save” people had to fall by the wayside in hospice, how much I had to remember the source of my own being is God in order to be a witness for God’s saving grace. Even as I learned to let go in hospice and confronted my own hostility and avoidance thereof, I still wanted to save R. Perhaps that desire and the failure to stop trying to save people points to human limits and a savior God who both affirms and transcends them. R. struggled with not feeling at home at the residence and I struggled with wanting to keep him safe

---

8 Hospice requires recertification every six months for insurance purposes. Each time a doctor must certify that if the disease progresses “normally,” the patient is expected to die within six months.
at home. A kind of home arose between us, a temporary shelter prefiguring the possibilities of home while reinforcing their limits.

In this paper, I trace my relationship with R. through a series of visits and briefly reflect upon theories of depth psychology and theology as they arose for me, and informed my thinking, in ministry with him. Theory is only a guidepost to consult for direction, relativized by traveling the land with people who guide us to their healing. In the last pages, I share what it means that we are all “icons of God” and offer an “account of hope” for spiritual healing in receiving and being home, for ourselves and others.  

A Pastoral Encounter

This being human is a guest house
Every morning a new arrival.
A joy, a depression, a meanness
Some momentary awareness comes
as an unexpected visitor.
Welcome and entertain them all
Even if they are a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.
He may be clearing you out
for some new delight.
The dark thought, the shame, the malice,
meet them at the door laughing and invite them in.
Be grateful for whatever comes,
Because each has been sent
as a guide from beyond.”

—Rumi, “The Guest House”

9 1 Peter 3.15: “Always be prepared to give an account of the hope that is in you.”
**RELIGION AS RELIGARE**

The morning I arrive at the residence, my onsite supervisor introduces me to R. while they laugh and joke together in the hall. Influenced by our first encounter, I expect my next interaction with R. will be jovial. But when we officially meet a week later, I knock on his door and discover him trying to sleep. I try to leave R. to rest, but he invites me in and I apologize if I have bothered him. I introduce myself as a new chaplain at the residence and R. barks that he is not religious, does not need to “talk about those topics,” and never will need my services. As I have read his medical chart before the visit, I know he has had many meaningful visits with my colleagues in pastoral care. I offer to come back to visit another time and, again, he rebukes me. I wryly observe that perhaps if we bump into each other in the hall we can have a conversation then. He says, “Sure, ok, that would probably be fine.” We exchange good-byes and I close his door.

When I consult with a supervisory resident who has an ongoing pastoral relationship with R., he describes his encounters with R.’s hostility as prominent to their relationship. I realize to provide pastoral care to R., I will need to meet him where he is and will use C. G. Jung’s sense of religion as *religare*, Latin for that which “binds one back” to oneself, as my guiding theory. I will listen for R.’s symbolic communication, for what his “religion” is unconsciously, what his life actually revolves around. Jung frames religion as not only our consciously professed traditions, but also our unconscious religious experiences communicated through the psyche (Gk “soul”). For Jung, if we do not have an actual experience of the spirit in the soul, our faith is only “outward form.” With R., in addition to considering his Catholic background and “non-religious” affiliation, I can listen, for instance, to what his hostility signifies in the psyche, for what it is trying to communicate.

For Jung, the way the psyche communicates to us is through the conversation between the ego and the Self, which happens via what he calls the contrasexual element, or the anima in men and the animus in women (Latin for “soul”). The ego represents the part of us of which we are conscious, that we call “I,” while the Self includes the ego as well as the unconscious that stands behind and beyond it. The psyche is body-based (always connected as psyche-soma), which includes instincts and mental processes, and communicates in images. Ulanov calls the contrasexual element a contrasexual bridge as it does not contain fixed content but functions to transmit personal, communal, and archetypal images from the Self to

---

11 R.’s medical diagnosis is congestive heart failure.
13 Jung, *CW* 112, 12. “So long as religion is only faith and outward form, and the religious function is not experienced in our own souls, nothing of any importance has happened. It has to be understood that the mysterium magnum is not only an actuality but first and foremost rooted in the human psyche.” (12)
the ego and the ego to the Self. Relating to these images brings us into contact with more of ourselves and in relationship to actual others, as it is how we relate to the “other” within and to the ultimate “Other,” God.

Jung considers the archetypal image of God as the psyche’s highest image of the Self. Ulanov clarifies that the Self is not God, but the part of us that knows about God. She asks the question, “What is the Self engineering?” or how is the psyche arranging us toward healing? For Christian theology, the question would be “What is God doing?” through the psyche, as the psyche is part of the flesh into which the incarnate God comes to us through Jesus Christ. The pastoral task is to attune to the depth levels of knowing—psychological and theological—and attend to what the Self is engineering and what God might be doing through the Self.

In Christian tradition, what God is doing is not limited to “religious” patients or “religion” as a practice. In the New Testament, “Not all have faith, but God is faithful.” It is not up to us to create faith in ourselves or others. God acts for the reconciliation of all people, not just those who call the name, “Lord, Lord.” When I present a draft of this paper to colleagues and supervisors, someone says R. is an example of what God is not doing. I disagree. Just as for Jung and Ulanov the psyche keeps after us, pressing us to become who we are, God does not abandon us, no matter how abandoned we may feel. Jesus felt abandoned by God on the cross, and asked, “Why have you forsaken me?” From a depth psychological standpoint, honoring that feeling of abandonment, or our other feelings, takes us on a path to discover what meaning wants to be lived through us, and can lead to an experience of healing, or to one’s own “decisive experience” of the Self that Jung calls our “indestructible foundation.”

16 Jung, CW 12, 11, 14, 18–19.
17 Ulanov, The Unshuttered Heart, 230.
18 Ibid., 187–208.
20 2 Thessalonians 3.2b–3.
21 See Christopher Morse, Not Every Spirit: A Dogmatics of Christian Disbelief (New York: Continuum, second edition 2009), 288–314. Matthew 7.21: “Not everyone who says to me, “Lord, Lord”, will enter the kingdom of heaven, but only one who does the will of my Father in heaven.”
22 Jung, CW 8, 444 and CW 12, 5. “…there is in the psyche a process that seeks its own goal independently of external factors…” (5) See Ulanov, Theology After Jung, 65–66.
23 Matthew 27.46 and Mark 15.34.
24 Jung, CW 12, 27.
Soon after our first meeting, R. and I run into each other in the hallway near the elevator. Though he seems guarded at first, we start to banter back and forth. R.’s way of testing connection is not only through hostility, but through pushing boundaries with humor, which is its own transgressive act. Sarcastic humor can serve to protect, a way to be hostile while being open at the same time. R. asks me out on a date and immediately rescinds the offer, apologizing. I ask “where are we going?” He replies, “dancing.” I say, “Oh, good, because I am a good dancer,” and briefly demonstrate my tap-dancing skills. He seems surprised and delighted that I can actually dance. He calls me Ginger Rogers and says he wants to be my Fred Astaire. I tell him there is only one thing: what should I tell my husband? “Don’t tell him anything!,” R. admonishes. Then he slaps his hand with his other hand indicating to me that he has crossed a line for himself, or perhaps expects to be punished, so literally beats the other person to the punch, or slap, in this case. I wonder to myself about why he is doing this and how it began.

Here, I start to recognize two important factors in him, in me, and in our nascent relationship. First, I experience how R. sees me as an anima figure, what Jung called the feminine side of a man. His asking me out on a date and calling me Ginger (and saying he wants to be Fred) reveals his projection upon me. Psychological projection simply means that we first discover who we are by experiencing what we love and hate in others through images we “cast out” onto them. I wonder whether he will be able to see me beyond the image he has of me and whether my being in this role for him will help or hurt his reception of pastoral care. I focus on being conscious of the ways in which I carry his anima and the ways in which I can differentiate from his projections. For instance, this is why I mention my husband as a testing of reality and setting boundaries with R. while also tap-dancing and bantering with him, which are forms of play.

Transference is when we project onto the analyst or pastoral caregiver unconscious aspects of ourselves, transferring or locating the dynamics of previous relationships (which have become internalized, i.e. how we related to a parent) to the person with whom one is working as if they pertain to this new situation or relationship. One way to understand and use the transference follows Hans Loewald, who elucidates Sigmund Freud’s theory to show it is not just the analyst’s

25 See Jung, CW 9, 54–72.
26 There are many theories of psychological projection, starting with Sigmund Freud who sees it as a defense. For how projection functions psychically, I find particularly helpful D. W. Winnicott’s four ways to understand projection. See Ann Belford Ulanov, Finding Space: Winnicott, God, and Psychic Reality (Louisville, KY: Westminster John Knox Press, 2001), 33, 92–106. “In projection, we cast live images outside ourselves to get rid of them by believing they belong to others and not to us.” (33)
27 Many theorists take up play as a subject for understanding how healing happens. In particular, see D. W. Winnicott, Playing and Reality, (New York: Routledge, 1989), 53. See also Ulanov, Finding Space, 40–41. Ulanov writes, “The analyst, as Winnicott shows us, must find space to play in treatment.”
ego but the field of relationality in which the transference helps transform the structure of the psyche of the patient. From the ego standpoint, Freud envisions the psyche as id, ego, and superego (it, I, and super-I) and he writes, “where it was, there I shall become.” Loewald sees that this means the ego gets renewed by what the id or “it” continually brings to it, and in turn the ego or “I” develops the id or “it.” For instance, one’s hostility could be transformed into higher uses and also be the fuel that pushes for transformation.

Loewald says the field of transference is not “objective,” and the analyst is not just an “object” onto which the patient projects for discharge of libido, or affect (emotional energy). The analyst is a subjective person engaged in holding open the possibilities for psychic growth for the patient that are just out of the person’s current conscious reach. I would add, neither is the patient merely an “object” for the countertransference of the caregiver, but a subjective person striving to become more conscious of that which the person is not yet conscious. The analyst functions as if at a higher level of functioning, which signifies for the patient that which is dawning on the person, and, as Loewald writes, relates to the patient “from the viewpoint of the future.” This helps the patient develop this higher functioning for himself, within his own psyche.

From a Christian theological standpoint, I call this “putting on the mind of Christ.” In Christian theology, eschatology, or the study of “the end” means what is “not yet,” what is coming from the future, is promised as nothing less than God through Jesus Christ for salvation “now here.” Following Jürgen Moltmann, Christian theologian Christopher Morse differentiates between “the future” as futurum and adventus. We live the future forward to which applies the word futurum, while God dawns on us, into our experience and world, in a new and coming future as adventus. Pastoral caregivers can “put on the mind of Christ,” listening for what is dawning on the person, and, as Morse writes, “persevering in the very way of the Cross by currently showing hospitality to strangers” and engaging, not evading, “the sufferings of the present.”

With R., I will use both his sense of me as his anima in the transference and my animus countertransference back onto him in order to help influence his making his self-hostility conscious and to make room for self-acceptance and hospital-

---

30 Loewald, Papers on Psychoanalysis, 221–256.
31 Ibid, 230.
33 Ibid., 47.
ity, as well as “put on the mind of Christ” to hear what new, dawning embodiment enters into his suffering.

**Finding Space for Hostility and Grief**

When I ask R. if he wants to go back to his sitting room to chat, he exclaims, “Sure, why not!” We go down to his suite at the end of the hall and sit on firm couches that face one another at an angle in his lovely shared sitting room with windows and light, a kitchenette, a small, round table with two chairs in the corner and a small mirror above the table. R. immediately says he is angry at the staff for not waking him up when his suitemate D. died at 2am the night before. D. is the only person of the six people who have died in that room since R. came to the residence whom R. got to know. He describes D. as an intelligent, kind man and excellent conversationalist. R. made D.’s coffee everyday and notes that the coffee cans are still there. He wonders if D.’s son, whom he met once, has come to get D.’s stuff and forgot them.

We sit together in this time of anger and grief for R., in his hostility toward the staff, and his tender regard for his neighbor. When he hits himself for “talking too much” about it, I reflect back and validate his feelings and suggest it is hard to talk about such upsetting, angering, and saddening experiences. R. periodically interjects an apology to the staff, that he knows it is “not their fault” that no one woke him up. But then he returns to blaming them and expressing hostility toward them. Upon subsequent conversation with the staff, I discover that R. was drunk and slept through D.’s death and this may be what contributes to what seems to be R.’s self-blame or self-hatred.

R. changes the subject to questions about me, to other niceties. He wants to go deep and then skim the surface in an ebb and flow, getting to know me as a stranger to him as well. He wishes he knew more languages, and when I note the fluent exchange he has with a janitor in Spanish, he dismisses it as “nothing.” We eventually talk about his love of theatre, literature, the arts in general, trips in France and Germany, time spent flying helicopters in Vietnam, what he saw in war, the horror of war and the injustice of it. We share how sorrowful it is that there is so much injustice in the world. He says this is why he cannot believe in a God, “no offense.” I tell him I am not offended as “God does not need a defense attorney.” He laughs, and I observe him relax, which indicates to me he is starting to see I might not be “religious” in the sense he hates.

In this conversation, I am trying to provide for R. what Donald Winnicott calls a holding or facilitating environment. It seems that he has not had space for himself—to be angry, to express grief—without having to apologize, and this

---

34 The same could be said of R.
35 This quote is from H. Richard Niebuhr. Christopher Morse, class notes, 2012.
manifests, in particular, in his repeated hitting of his hand and self-condemnation. In *Finding Space: Winnicott, God, and Psychic Reality*, Ulanov articulates that we need to find space to be able to experience all of our feelings—particularly our human destructiveness, which we can experience as part of us without fearing we have destroyed the other person. For Winnicott, when the mother or caregiver does not retaliate against our destructiveness, but holds the space open for us to experience all of ourselves, we begin to trust there is a limit to our destructive aggression. We experience ourselves more fully able to integrate our anger, grief, and hostility into the rest of our life, and this allows us to be more deeply in touch with our own inner resources and creativity.

**ART AND IMAGE AS SPIRITUAL RESOURCE**

Later, I admire what I call R.’s “art garden” that lines the windowsills and ask him to tell me about it. He says, “What?! This old junk?!” He describes the colored water he has in vases with flowers and greenery comes from a trick his mother taught him and when I ask him about her, he remembers her and her flowers fondly, but declines to say more. I recognize this is not something he is ready to talk about and let him set the terms. He explains each metal, wood, and stone piece he found near the residence and how he “just put them how they should go together.” I reflect back to him that he is a curator and his art garden a truly artistic show of skill and eye. At first he deflects, but then receives my compliment and says he has always loved art and art museums.

Front and center of his art garden is a picture of a woman that looks painted onto a rectangle of wood as if an icon. I ask him about her. R. gets very excited and while he dismisses he painted it, he seems thrilled to have “fooled” me. He asks me to wait and goes into his room to produce another copy. He hands me a page ripped from the cover of *The New Yorker* dated January 14, 2013. R. wants me to have the picture and insists, against my objections, that I take it. I realize this is a gift of who he is, and is a picture of his anima, or soul. I accept this wonderful, evocative picture, knowing it conveys something of our budding pastoral relationship. When I ask him to tell me more about her, he says he just loves how she looks, the vibrant colors. I feel her come alive in him.

Behind the icon of the woman is a plant with a card propped up next to it that R. wants me to read. It is from two nuns thanking him for helping their sister nun while she lay dying at the residence. He stayed in touch with the nuns for a while, but has lost touch. He becomes emotional when connecting the nun’s death

---


38 Ibid., and 56, 117. Winnicott, *Home is Where We Start From*, 39–54, 80–89. For Winnicott, we have both excited and quiet love and the two, aggression and eros, must be fused together in order to fuel us for living creatively and so that our destructive aggression does not get split off and acted out. See Ulanov, *Finding Space*, 49–66.

39 See top left, first page.
with D.’s death from the previous night. He says his most emotional time at the residence was when the nun died and he wishes he “could feel more emotion now.” I note he is feeling emotion, but that it seems like he wants to be able to feel more deeply and to express it. He agrees. He returns the card to the plant and asks me to look at another plant given him by the “house mother” at the residence, which he describes as his pride and joy. R. says all the other plants that were delivered to the front office at the same time as this plant had died, but this plant is still living, even if barely hanging on and it looks dead. He says this plant expresses hope to him. I see this plant as him.

He shares his anxiety about his upcoming meeting with the hospice doctor, about whether he will be discharged from the residence. He tells me he is afraid he will have nowhere to go and that he once lived in a dumpster. I gently probe his experience, but he does not want to elaborate further and becomes self-effacing again, saying that he will manage and be fine, and should stop complaining. He feels he has had his lovely suite for too long, that everyone else is dying and he should be gone by now, too. I mirror back that he has experienced a lot of loss and ask what it feels like to remain. He says he fears he has “overstayed his welcome.” I inquire as to whether he wants to be at the residence or not. He says he really loves being here, loves the suite, and though he does not feel he deserves it, he admits he will not run like last time. I try to reassure him that, if he has to leave, the social worker will help him find a place to go.

R. does not need “religion” if it is not working for him when he has a deeply profound spiritual connection to art and hope through his own creations, including his evocative woman, who I see as another anima figure for him, even a spiritual icon. I feel this is the place to strengthen him and uncover his own true spiritual connection, which is what I begin do in this visit. His curated art garden stands in the room like an altar, and I feel his depth of feeling, his connection to others (the nuns, his neighbor D., the house mother, the residence). He wants to feel more, and reveals he can, but something holds him back. At least in part, that something is the existential threat of having to leave the residence while dying. Almost all the staff believe that if he leaves the residence, he will become homeless again and drink himself to death. I cannot bear the thought and start to feel the need to protect him or “save” him. Following Winnicott, I focus on being a mirror for R., allowing him to see and experience himself as psychically seen and held.

I am using “spiritual” here to denote that which enlivens the human spirit and connects to Spirit. For more on art and religion as spiritual connection, see Ulanov, Spiritual Aspects of Clinical Work and Finding Space. For how to “test the spirits” (1 John 4.1) in relation to depth psychology, see Wise, “Depth Psychology and Dogmatics: Testing the Spirits in the Soul and the Tradition.” Playing and Reality, 111–118. For Winnicott, it is not the interpretation but the experience of being that makes the difference for the patient.
I meet R. in the hallway the morning of a visit from a group of colleagues and supervisors, led by the supervisory resident. R. says he might cancel and I say he can if he wants to but it should be fun. He agrees to stick with it, though he is nervous. The resident seats me next to R. and I observe him with the group of mostly rabbis-to-be. R. expresses hostility to a female supervisor. While he reacts to both men and women with hostility, I consider the feminine “mode of being” receives more projection through his missing anima/soul, which denotes being qua being, as Ulanov says. We are all born of a woman and the fear of the feminine and of being is at the root of discrimination against all people being able to be themselves, and women and some men as carrying the projection. He quickly apologizes, but I note he cannot house this “other” part of himself, and therefore has a hard time relating to it when projecting it onto “others.”

R. brings up the question of “the void” and declines to elaborate. He tells a story about a rabbi who visits him with bear hugs, which he loves. I offer him a hug at the end of the session and he says, defensively, “I knew you would take that seriously!” Later someone says he “tricked” me into hugging him. I disagree. While not all pastoral caregivers hug, and one needs to discern whether it aids the person’s growth or substitutes for it, R.’s unconscious admission of vulnerability and the need for holding indicates to me his deeper need for self-containment, for hospitality for his hostility. I see he tries to connect with the rabbis in the room by “hugging” them through telling his story about the rabbi, perhaps to relate and at the same time defend or protect himself from going deeper into his own experience and fear of the void. My offering a hug helps to make his projections conscious and at the same time I scour my own motives in the countertransference for whether I am trying to “save” him and make that conscious.

As R.’s hostility seems to decrease in relation to our work, mine seems to increase as conflict escalates in interdisciplinary team meetings regarding his status at the residence. The social worker, who plans for discharge, cannot communicate with the doctor, who evaluates patients. The former wants R. to be evaluated further and the latter thinks he should be immediately discharged and expresses anger that she has been “screaming for weeks” and “yet he is still here!” All staff members are divided on what should be done. I offer spiritual reflections at staff meetings on moving from hostility to hospitality using Phenomenologies of the Stranger as a starting point to talk about and normalize the hostility we as staff members feel helping people in the dying process. I note R.’s anxiety about meeting with the doctor is founded in external reality.

The social worker seeks my help speaking with R. about his possible discharge. R. is at first defensive, insisting he will not need help figuring out where to live. I ask him to reconsider, which he does. He mentions flying helicopters
in Vietnam and returns to the question of the “void.” He answers the latter by saying God, and/or whatever people find as spiritual, helps us with the unknown, which is the void, as everything else can basically (though not fully) have a rational answer. R. expresses his gratitude to us for helping him. At the end of the visit, I tap-dance to lighten the mood after a heavy session in which good work has been done. Later I note, unlike our early visit in which tap-dancing arose spontaneously, here tap-dancing is a defense.

The next week, the resident visits and R. asks of God, “Where the hell is he?” The day after their conversation, I visit with R. who, in marked decline, returns to the question of the void. He is sweating in air-conditioning and short of breath, starting to lose words in conversation, and having trouble standing up and sitting down. He says he hopes his eyes do not go first because he loves to read and curate his art garden, but will rely on hearing as his next best sense if he must. He engages in life review, with family history and life philosophy, including his father’s alcoholism. R. discusses the void as regards the dying process, his sense of the coexistence of blessings and curses, and his concern about the unknown as regards what lies after death.

In *Phenomenologies of the Stranger*, Kearney and Semonovitch write of facing the stranger as the evocation of “the uncanny,” they summarize Martin Heidegger’s understanding of it as

> “…an ontological reckoning with our own nothingness—the void of not being ourselves now and no longer being at all in death. The anxiety that provokes this sense of not-being-at-home is a mood that comes neither from the inside, nor the outside, a mood that rises in between—between self and other, guest and host, door and exterior. In short, at the threshold.”

The doctor, social worker, R. and I all manifested aspects of this anxiety of nonbeing in the face of R.’s situation. The social worker split off from it and projected it onto the doctor. The doctor tried to master it by using logic to try to remove R. from the residence. R. tried to both avoid and face his existence and coming non-existence by vacillating between defensive techniques and letting down his guard. I sublimated my anxiety into persuading, helping R., and tap-dancing to let off the steam of the encounter, which later seemed a defense. Not one of us alone was carrying the anxiety, but it arose at this threshold of life and death, and a true grappling with one’s own nothingness, which could not precisely be attributed to any one person.
Reveries and the Gap

Just as anxiety cannot be attributed to any one person, neither can healing, but to the relationship between persons. I notice I practice what Thomas Ogden calls “reveries.” By paying attention to reveries one has when one’s mind wanders, one receives unconscious communication between the analyst and the patient. A reverie leads me to suggest R. might like to read the novel *The Song at the Scaffold* about a nun whose (unconscious) loyalty to her fear makes her the lone witness as her fellow nuns mount the gallows during the French Revolution. I wonder to myself whether R. is called to be loyal to his hostility, and in the face of witnessing so much loss and death. While he takes the book on the conscious level and muses he had a Carmelite nun as one of his aunts, I realize the communication is for me to be loyal to my desire to “save” him.

In another visit, R. says he hates the bible because it is used for violence in the world, as if “the stuff in it really happened.” I say, like many people of faith, he does not think the bible should be taken too literally. He agrees saying his bible is the dictionary. I have a reverie that in Christian tradition, the Word as God incarnate through Jesus Christ speaks through the words of the bible and the Word could speak through the words of the dictionary to him. R. clarifies that he does not care about the bible, but about reality. I think, but do not say, that the bible in its best understanding might point to the same reality to which he refers. As Christopher Morse notes, the New Testament contrasts “religion” as human practices to get to God with “revelation,” what God does to dawn on or get to us, which does not remove practices of faith but puts them in relation to God as ultimate. I tell R. I believe in reality, too.

Someone in my group of colleagues and supervisors asks if I want to find R. and I believe the same things. I do not, but I notice my desire to “save” manifests as using my training and background to try to build a bridge across the gap of R.’s religious experience, when, as Ulanov writes, only God can bridge the gap between us and God. I want him to have another interpretation of faith which might be alive and could possibly square with what he believes. Knowledge can be a defense, a way to shore up one’s position in order not to face the uncertainty and discomfort that *being in question* raises in the pastoral situation. When I refer to “saving” him, I do not mean converting him, but helping him experience healing, hospitality, and home by being that for him. The irony is that I am providing

this for him, but not primarily through words or “correct” positions on religion or theology, not by convincing him, but by being myself, and this being does not preclude his own discovery of his ownmost way, but fosters it.

Humor, Eternity, and Limits

R.’s love of words influences many discussions of articles and newspaper clippings on everything from drone strikes to cartoons. He circles my name on a headline from *The New York Times* sports page, “Finding Mirth in the Wind and the Heather,” and writes definitions and associations around it: “mirth: Gaiety and gladness, esp. when expressed by laughter!” and “Earth, Wind, and Fire!” Our relationship, in which we share a lot of humor and play on words, ignites these aspects of his anima. Humor here is not a defense, but a healing agent, a spontaneous creativity between us, and for him, an extension of his heart and art garden. One article he shares, “The Llama Is In,” describes a therapeutic relationship between the animals and their caretakers: through intuition and instinct the llama “listens” and the person feels peaceful and can tell his or her secrets.49

In our next visit, I notice R. is not dressed as well as usual. He wears green hospital pants, searches for words, and moves much more slowly. After detailing his work history, R. brings up several promotions he was offered—in the military, in a civilian job—which he was about to take each time, but then ran away before he could accept the positions. We investigate together the meaning of this action throughout his life and in specific situations. He does not understand why he has done that and it causes him great sadness. He links it to life-long struggles such as his alcoholism and to “always being that way” and reveals a depressed affect when speaking about it.

A week later, R. seems more agitated, but warmly receives my visit. I observe him to be struggling to hold the tension between his belief, as he puts it, that “eternity is here and here is all there is,” and his hopefulness that the goodness of life and people goes on. We discuss fate, destiny, predestination, the meaningfulness in seemingly meaningless situations and coincidences. R. brings up a childhood friend whom he visited everyday after school for four months when the friend was sick with a contagious disease. I remark that he has incredible empathy for others.50 He dismisses my comment, but lovingly details the story. Later, he says he reconnected with this friend in “the service” and tells of their adventures and how he left college to go into the military. He raises his family’s reactions (and objections) to his choices and I gently probe further into family relationships. He speaks some about his family, but then stops and deems further conversations on the topic private for now.

50 R. and I often discussed his interest in differentiating between “empathy” and “sympathy,” and he repeated looked up the words in the dictionary.
While R. talks about his childhood friend, he says, “I don’t know why I am telling this” and “I am probably boring you.” I notice I feel unusually sleepy and wonder what reverie has been activated between us. It is as if we sit together in the yawning gap in his experience, in the unknown, the “void.” He “goes to sleep,” or unconscious, around his alcoholism, his hostility, and even his hospitality, and the lack of empathy he has received. Choices and their consequences, sickness, death, contagion, and trouble mark his story, as do his own resources and goodness that goes on. He wants his life to have mattered, needs it reflected back as he collects his own missing pieces in the face of death. Death is a limiting container that allows him to find a home he has not been able to find. Private memories of his family prove the only real limit in our conversation.

Later R. drops off a note for me of a Calvin and Hobbes cartoon, which he loves, that defines and raises a question about Calvinism. Meanwhile, the social worker finds the rules about hospice recertification and shares them with the doctor who examines R. and determines he is declining and belongs in hospice. R. is not going to be asked to leave the residence for the time being. I find myself relieved he does not have to leave, and sad he is declining. It means that no longer can I fight for him, or worry about his leaving as a distraction from the fact that R. is going to die. I dream about him dying and wonder what will happen to him, for him, when he dies. I have been sick and unable to visit, up against my own limits, and having to let go.

**Host, Guest, Stranger: At the Threshold**

R. calls himself a visitor in our meeting today. He does not feel at home, but he does feel a certain gratefulness for what he has been able to enjoy at the residence, the lovely sitting room, being well cared for, having wonderful visitors and conversations, and he shares that he would not take nearly as good care of himself if he were on his own on the streets. He says he would not take his medication because “he doesn’t care” and is living on borrowed time. When I clarify with him what he means, he says he does care, but I observe him to be struggling on the threshold between life and death. He remarks that he is an “acceptivist,” has accepted he is going to die, but really does love life and is enjoying it. R. seems confused and conflates the nun he helped at the residence while she lay dying with a volunteer who has recently had to stop coming to visit him, saying she reminds him of the woman in the icon. I inquire with him about his death.

In our second to last visit, R. says he feels at home at the residence. This change surprises me, as he vacillates from not feeling at home in the previous visit to resting in the fact that he is living in what, for him, has become a home. I feel an openness in R. to the depth of our relationship and what it has meant for both of us. It is as if the space between us has allowed him to find when he feels like a visitor, when he feels at home, and provides a container for him to just be as he is at any given time, a frame for him to hold his hostility and befriend it. This seems
right for a man who is wrestling with his dying, and living up until death with such verve and love of life.

In our final visit, R. says he does not feel at home. I feel sad that part of his feeling may have to do with the fact that I am leaving and will no longer get to share these visits with him, or even know what happens to him. I tell him I feel a bit sad about our relationship coming to an end. He barks, “A bit sad?! I feel awful!” I realize my timidity does not fit the circumstance. I amend my statement, “Yes, I know. Me, too.” At the end of our conversation, we walk together down the hallway to the elevator and tearfully bid one another goodbye as he heads down to the lobby for his evening smoke.

**BEING HOME AND LIVING GRACE: ICONS OF GOD**

“This being human is a guest house….be grateful for whatever comes…each has been sent as a guide from beyond.” In Rumi’s poem, he suggests we “welcome and entertain” our feelings in being human, “treat each guest honorably,” even “the dark thought, the shame, the malice”—those emotions in ourselves and others that can prove difficult for us to accept. Paul Tillich preached a well-known sermon in which he encouraged each person to “accept that you are accepted.” While some people have a talent for self-acceptance, for others of us to receive and live grace in our vulnerable places is one of life’s most difficult tasks, even as, paradoxically, it is not something we can create in ourselves or anyone. To accept and provide hospitality, even to hostility, invites seeing a true home for it, not only when, or if, it is changed, but as it comes and goes when one resides in its midst.

Throughout our pastoral relationship, R. and I learned new ways of being home. R. hit himself more and less as he explored the limits of his self-acceptance and pushed the boundaries of being accepted. Sometimes he hit himself and I called attention to it and he stopped. Other times, he said it did not hurt and repeatedly hit himself. Toward the end of the summer, he mostly stopped hitting himself—apologizing to me, then himself, for doing it. I thought this meant he made great strides toward self-repair. On several occasions he asked me to forgive him for being hostile to me in our first visit. We discussed what that meant to him each time he brought it up: I asserted I was still here and he confirmed he wanted me to be there. I understood R. reaching Winnicott’s “capacity for concern”—the ability to see what one’s destructiveness has done and creatively make reparations for it. I practiced holding the space for him.

The root of the word salvation is salvius, “to heal,” and as healers and human beings we can continue to make “whatever comes” into our guesthouse conscious, not to be rid of it, but to relate to it and open further to what the Self is engineer-

---

52 Paul Tillich, “You are Accepted,” in *The Shaking of the Foundations* (New York: Charles Scribner’s Sons, 1948), 153–163.
ing and God is doing, in us and in our patients. I discovered more fully how grieving losses and limits, for ourselves and with our patients, provides a more foundational place of grace from which to be present. R.’s hostility found a home, a container to house it, and my desire to “save” found its true home in the proper order articulated in Ephesians: we are saved by grace, through faith, for works. God does the saving, of all people, and through God’s faithfulness to us, we are activated by grace to serve others. Having an experience of this in our pastoral encounter became for me that “indestructible foundation” posited by Jung.

We can approach what is unknown, what is strange, what we are just learning or what is dawning on us—in ourselves, others, in God—with awe and reverence and hospitality. This hospitality we offer to ourselves and others comes as a “guide from beyond,” what Christians identify as coming from God. In the icon on the top right on the first page, one I carried with me in hospice, which is called “The Hospitality of Abraham,” three strangers come to Abraham and Sarah’s house and they welcome them and treat them hospitably. In Christian Trinitarian theology, these strangers are seen as the Holy Trinity prefigured in the Old Testament or Hebrew scriptures. In other words, in their humanity, Abraham and Sarah welcomed and hosted God.

While not unique to hospice, the hope that arose in this pastoral encounter between R. and me, that which points to possibilities for spiritual healing, was that, at base, we are all icons of God. Being icons of God means as we live our humanness as fully as possible, we radiate that being for other people to see God through us. This is what God has come to save us for: to transform the inhumanity we would visit upon ourselves and others and restore us to our true humanity. We find when we approach people as strangers, yet guests who are our hosts, each of them is an icon of God, made in the image of God, an imago Dei.

Just as R. felt the woman in The New Yorker cover, what I called his spiritual icon, reminded him of the nun he loved who evoked emotion in him, and provided a connection to his anima, or his own feminine side or “other” within, R. is an icon of God, too. Each one of us, created in the image of God, has something to teach just by being. I realized that was my role, too. Icon: image of healing.

Icons are meant to convey materiality, the body, that which God comes to save. John McGuckin notes that icons are not God, but convey the incarnation

54 Ephesians 2.8–10.
55 Genesis 18.1–8.
56 In Eileen McGuckin’s version of the Rublev icon, shown here, she has restored Abraham and Sarah as human figures that Rublev omitted.
57 “Icon” is Greek for “image.” As Ulanov quotes Jean Luc Marion, the icon is not an idol, “does not result from a vision but provokes one.” Ulanov, Finding Space, 63. Jean Luc Marion, God Without Being trans. T. A. Carlson (Chicago: University of Chicago Press, 1982), 21.
to us. Because God first received us, it is our reception of our own being in the body that allows us to be icons, or images of God, for one another. Ulanov writes,

“One way, then, to interpret the meaning of being made in the image of God consists precisely in our ability to be a holding environment for someone else. Like the God who first loved us, we then love one another with the love first given us. Out of this bestowal of an antecedent supply, we can offer ourselves...for others. Witnessing to the true self of others, we pass along the gift of being persons...”

To be a person is to be home. Winnicott said being comes before doing and “home is where we start from,” where being an “I am” allows us to foster that in others. There is nothing we have to do to earn or create this being or healing, and yet like the paradox in Ephesians, we are called to receive it and joyfully live in service of others.

In pondering and experiencing what it means to be guest, host, and stranger in this pastoral encounter, I find, ultimately, one must recognize that the goal, if there is such a thing, of pastoral care with hospice patients, or any patients, is not to change them or “save” them, but allow them to find their own integration and peace, to help them live as fully as they are able, right until—and through—death. Death is the ultimate limit with which each of us must contend. This is why approaching one another as strangers—being present to everything that arises in relationship—while it can call up hostility and fear and takes gumption and risk, is the very thing needed when we are faced with the end of life and helping others to face it in the way that feels most meaningful to them.

While we may not be able to move from stranger to host/guest to feeling at home, or move anyone else through these fluid stages, we can witness the home that God holds for each one of us and seek to offer shelter from the storm for those passing through. God is our hospice, our shelter, our hostis, the stranger, hostia, the sacrifice, the one willing to be “very much in question in a provocative way” to make sure that each one of us makes it home. The “account of hope” that this

59 Ulanov, Finding Space, 48.
60 Winnicott, Home is Where We Start From, 25, 28, 39, 42, 73, 55–64.
pastoral encounter engendered in me can be summarized by the words of Psalm 23 as sung in the folk hymn *My Shepherd Will Supply My Need*:62

The sure provisions of my God attend me all my days;  
Oh may Thy house be mine abode, and all my work be praise.  
There would I find a settled rest while others go and come;  
No more a stranger, nor a guest, but like a child at home.