

Casting Out Demons

Category: Stories

written by Jef Gamblée | December 26, 2014

Jef Gamblee

As I stand beside the bed in Mr. Jerome's living room, his pit bull puppy sniffs the body bag lying on a stretcher nearby. His cat curls up on the bedside shelf.

"That dog gonna be a problem?" asks Jude, one of the crematory guys.

"She might get underfoot," says the neighbor, whose name I can't remember. "But she's a lover, not a fighter."

Jude and Chuck are here to pick up Mr. Jerome, who died of prostate cancer today. His body lies on the bed—the wasted husk of a once lively, athletic man who had taught history in a New Jersey middle school.

I'm a hospice chaplain; Mr. Jerome was my client. I'd known him for about six months.

I work with a team of physicians, nurses, social workers and volunteers who care for people at the end of life. Along with another chaplain, I offer spiritual support to our clients and their families. Knowing that a cure is off the table, we work to bring them healing in any way we can—through life review, prayer, touch, music, conversation and, most of all, active listening.

People do experience healing, but the process is far from dramatic. *Hospice chaplaincy is a low-key ministry*, I often reflect.

That's what made my experience with Mr. Jerome so different.

When he first came onto our service, he wanted nothing to do with chaplaincy. Then he began to have nightmares. His hospice nurse, Susan, provided sleeping potions, but these didn't work; his well-being deteriorated.

"Look, I know you don't want a chaplain," she told him. "But I think you'd benefit by it."

"No way," he snapped. The nightmares continued. Finally, after a few weeks' more suffering, Mr. Jerome asked to see me.

Driving the tree-lined streets to his home, I felt uncertain of my welcome.

I wonder how I can help, I thought. I don't know anything about nightmares, except that I don't like them—and what does he have against chaplains that it took nightmares to change his mind?

Epictetus' adage floated through my mind: "We have two ears and one mouth so that we can listen twice as much as we speak."

Okay, Mr. Jerome can talk, and I'll listen, I thought. If he wants me back again afterwards, fine. And if not, fine.

On the doorstep, I paused to center myself, remembering that the mystery flows best when I surrender myself to it. Then, per Susan's instructions, I knocked on the door and let myself in.

The house smelled of cigarette smoke. A pit bull pup approached, tail wagging. The living room held a hospital bed, a flat-screen TV, chairs and a couch. A cat slept on the bed. On the couch sat Mr. Jerome, a bottle of Coors and a pack of Camels on the coffee table nearby.

"C'mon in," he said. "The dog is Daisy; she won't hurt you."

He motioned me to a wooden rocking chair. The armrests felt furry, as though they hadn't been dusted.

We began with the usual guy stuff: "What did you do for work?...Travels?...Military service?"

After a bit, Mr. Jerome began to speak of Tam, his wife of fifty years. She'd died a year earlier.

He described their life together. Two kids. Trips. Five grandkids on the West Coast, and how much he missed them. As he talked, his eyes filled with tears.

Hers had been a difficult passing—a long, grueling physical deterioration coupled with the loss of memory and self-awareness.

When she was near death, the doctors had suggested that he bring her home from the hospital to die in her own bed.

Mr. Jerome had refused. His prostate cancer made it impossible for him to care for her, and he had no illusions that she'd know where she was.

She lingered. He visited every day.

She spiked a fever, and the physicians wanted to begin antibiotic therapy.

He'd thought it over and decided that enough was enough. He would not help to prolong the life of the woman who in essence had left long ago.

Tam's death certificate read "Profound dementia secondary to aspiration pneumonia."

But his nightmares accused him of killing her.

Telling me this, he wept.

"Did I do the right thing?" he asked.

I said nothing.

"Did I do the wrong thing?" He wiped his nose.

"Does your faith call you to act in loving ways?" I asked.

"Yes," he said. "I've been a Methodist, more or less, all my life. I believe God is love and calls me to, uh, love or be loving."

I thought for a moment.

"Which is the more loving gesture," I asked. "Making profane efforts to prolong her body's breathing for a few more days, or allowing the infection to bring your beloved Tam face to face with God?"

Again, he wept.

"I loved her," he said. "That was no life."

"Was this the last loving thing you could do for her?"

He nodded.

Daisy had been chewing on a ball; now she went over and poked her nose into the cat on the bed. The cat swiped at her, then leaped to safety.

Smiling at their antics, Mr. Jerome said, "Well, not the *last* loving thing. I gave her a pretty good funeral."

Our visit was about up.

I closed with a prayer, offering thanks for our meeting and for the blessing of Mr. Jerome's life with Tam. I asked that the peace of God which passes all understanding be with him and comfort him as he struggled with the decision he'd made.

Two weeks passed, and I heard nothing from Mr. Jerome. I decided to stop by again.

He looked happy to see me—and his first words came as a shock.

"You know, the nightmares stopped after your visit."

"Really?" I said, stunned.

"Yeah, your visit gave me peace with Tam's death...I can't tell you how grateful I am. Will you keep coming by?"

"Of course," I said.

So for about six months I visited Mr. Jerome every couple of weeks. We talked about the weekly bridge game he attended almost to the day he died. We discussed the challenges of teaching middle-schoolers.

He never again mentioned the nightmares, or his wife.

This afternoon, I received word that he'd died.

I drove to his house, thinking that there probably wouldn't be a memorial service, as no relatives had been involved in his care. (He'd hinted at estrangement between himself and his children, but never said more despite my gentle invitations.)

When I arrived, the next-door neighbor was there. I offered prayers for the dead and prayers of commitment. When I recited the Lord's Prayer, the neighbor (Linda? Leslie? Lori?) joined in.

Now, Chuck and Jude, the crematory guys, have come in. They set to work. The neighbor grabs Daisy's collar.

As the cat watches from her perch, Chuck and Jude roll the bed, with Mr. Jerome on it, away from the wall. They pull up the fitted sheet to create a hammock for his body and transfer him to the body bag. Daisy is fine.

As they drive away, the neighbor says, "I'll get the cat carrier. I told him I'd take care of his animals if they ever got to be too much for him."

She reflects, then says, "You know, I think that dog and cat were good for him—especially the last six months or so. He just seemed calmer."

I smile to myself. *Six months? That's how long I've been stopping by to see him.*

"I'm glad he found peace with the animals," I say. "I hope that you can enjoy them as much as he did."

I thank her, wish her luck, then head out the door.

Hospice chaplaincy is a low-key ministry, I reflect. Not earth-shaking, and often hard to measure—but every now and again, I'm given the gift of seeing its impact.

About the author:

Jef Gamblee, a Unitarian Universalist minister, is a chaplain for Life Source Services Hospice in Paramus, NJ, and also serves the First Universalist Church in Southold, NY. "I've been involved with end-of-life ministry since 2002. Combining end-of-life ministry with congregational ministry offers both incredible rewards and incredible challenges, and I am grateful for the opportunity to carry out this dual ministry."

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