Tending the soul of the terminally ill

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Introduction

Jean Vanier once said, "Death is inscribed in our life. We are losing 100,000 cells in our brain everyday. Life and death are married together and I welcome my life and death, which are my masculinity and my femininity" (Vision TV, Jan. 22/05). Buddhism, in a similar vein, attests that a human person begins to die as soon as he/she is born. Being rather self-contradictory in nature, we seem to be moving simultaneously towards dying and living. Having said that, why do we get so terrified when we are told that death, caused by an incurable disease, is imminent? Are we not always on our journey towards the end of life? Isn't this movement towards an end happening everyday? Is the reality of death completely foreign to that of our life? What is it that really makes us frightened and horrified?

Death is often considered an unthinkable thought and an inescapable confrontation (Gonda & Ruark, 1984) which means the loss of a known world. Our journey to the unknown coincides with our fear of the unknown world (Dobinal & William, 1984). What makes a human person most apprehensive is the total loss of existence itself which otherwise could be the foundation for all actualization of values (Attig, 1979). The dying people are on their way to a final journey filled with "doubts, fears, regrets and loneliness" (Lancaster, 1997).

From the perspective of aging and spiritual growth, there is no total death. Only the body dies, and the spirit is eternal. Kübler-Ross (1975) suggests that a human person moves through a series of psychological transformations in the process of facing death; from shock to denial, to anger, to hope, to isolation, to bargaining, to depression and eventually to acceptance. It also has been found that positive attitudes and full self-awareness towards death are pertinent to cope with the psychological distress of death (Smith, et al., 1983-4). For Kübler-Ross, dying is considered the final stage of growth to eternity (Kübler-Ross, 1975). This position begs the question, "Can a human person live a life until death, then?", which, no doubt, derives from accepting the reality of death as part of human journey. In addition to that, it points to another question, "How can we make death meaningful" when death is inherent and inevitable in human existence (Frankl, 1978)? Confronting the end of life elicits the human spirit's defiant power to look for a meaning. A human person is ultimately concerned about his/her being and meaning

(Tillich, 1951). Spiritual growth in the journey towards the end of life, in this sense, is intimately tied to a choice to live and to search for meaning (Frankl, 1976).

Woman in Darkness
The researcher was introduced to Mrs. Erickson in her residence (a nursing home room). Walking into her room, the researcher found a Bible and an old radio on her bedside table and a cross on the wall. Not many of her belongings were present in the room. Her room looked tidy and institutional. She was a woman of medium stature with a voice of authority and confidence. No personal picture was possible in her room, especially since she had become blind. The phone became a significant means for her to communicate with people outside her residence.

Mrs. Erickson is a 72-year-old woman who lost her husband years ago. She used to have three brothers, but one had passed on. She had eight children in all and lost two; one of them was killed in an accident. According to Mrs. Erickson, she used to be very independent until she had three major strokes and several minor strokes, one of which left her completely blind. Such was the way the darkness, like a thief, slipped into her life. Since then, darkness has slowly and gradually become a reality for her to battle with. Telephone conversations became a very significant part of her life. She became blind a year ago and moved into the nursing home. A doctor said that another stroke might cause her death. No one knows when this could happen. Moving from her home to the nursing home came as another big transition. Mrs. Erickson has been walking her journey towards the unknown and living between two realities, life and death. Without knowing when death will arrive, Mrs. Erickson lives each day to the fullest as much as she can.

This present study seeks to uncover the journey that Mrs. Erickson has been experiencing especially since she became terminally ill.

Review of the Literature
Abundant literature is available with respect to the importance of spirituality to the aged (Kimble, 1990; Thibault Ellor & Netting 1990; Berggren-Thomas & Griggs, 1995; Clark & Heidenteich, 1995; Bower, 1996). Some of the literature considered aging as a part of spiritual growth (Gross, 1985; Clements, 1986; Birren, 1990; Heriot, 1992; Sherman & Webb, 1994; Chinen, 1996; Simmons, 1998; Ai, 2000; Mackinlay, 2001). Saussy renders aging a spiritually developmental process. Following James Hillman's Jungian analysis of aging, Saussy suggests a three-step process of faithful aging. The first step is associated with appropriating an unusable past by means of engaging in life review. This process evolves out of grieving unresolved losses or past disappointments and coming to terms with them The second step is envisioning a positive future story and dealing with choices and decisions about the desired future experience. The third step entails clarifying and sorting out the values that are worthwhile to pursue and express in the present so as to live more fulfilled (Saussy, 2001).

Some of the literature holds that spirituality and spiritual care are essential parts of care, both for the chronically ill and for dying patients (Grey, 1994; Narayanasamy, 1996; Hamilton, 1998; Dom, 1999; Bogin, 2000; Storey, 2001; Purdy, 2002; Walter, 2002;

Holt, 2004). Other research outcomes signify the recognition of spiritual pain as an ignored element to hospice patients (McGrath, 2003).

Literature directly related dying acknowledges that spirituality is important to terminally ill patients (Taugher, 2000; Friedemann, Mouch & Racey, 2002). The literature in this category indicates that for those who experience fatal disease, spirituality is found to be a bridge between "hopelessness and meaningfulness in life" (Fryback & Reinert, 1999, 1). Spirituality consists of three categories: "1) belief in a higher power (church attendance/religion, spiritual beliefs, transcendence), 2) recognition of mortality (appreciation of life, appreciation of nature, living the moment), 3) self-actualization (self-love/acceptance, finding meaning/purpose in life and disease)" (Fryback & Reinert, 1999, 2-3). This particular article suggests that those who found meaning in their disease came to the realization that they had a better quality of life now than they had before their diagnosis and this in turn made those patients refocus on the little joys of everyday life (Fryback & Reinert, 1999, 1). The findings with hospice patients who deal with impending death show that it is very likely that people become more spiritual as they face their own mortality. Further, those patients see the spiritual world not as a possibility, but as a reality. Spiritual growth means "remembering, reassessing, reconciliation and reunion" (Derrickson, 1996). This research has discovered many facets of spiritual growth such as "deciphering the meaning of cancer for me," "realizing human limitations" and "learning to live with uncertainty" (Halstead & Hull, 2001). Cancer patients engaged in "attempting to maintain coherence using old and new ways," "asking difficult questions and letting go," and "redefining meaning, identifying spiritual growth, reintegration, and facing the possibility of recurrence" (Halstead & Hull, 2001, 1536-1540). Stout also argues that growing into death involves "letting go at our deepest level of being and giving into what may be sensed and felt only by our hearts" (Stout, 1992, 73). Dunbar, et al. pursued research on women living with HIV (34 confirmed HIV-positive women) and how they achieved spiritual growth over time (Dunbar, Mueller, Medina & Wolf, 1998).

Data Sources and Purpose of Study
For this study, various databases have been searched, such as, AARPAgeline 1978-2004, CINAHL 1982-2004, Medline 1966-1995, 1996-2004, and PSYCHOINFO 1985 to 2004. Keywords used to capture the data were pastoral care, pastoral counselling, aging, physiological aging, spiritual counselling, spiritual therapies, palliative care, attitude to death, terminal care, terminally ill, growth, transformation or reconciliation or spiritual healing and attitude to death, spiritual growth, spiritual well-being, older adults, growth or development and dying. All English studies were included in the literature review. Only 15 out of 368 (4.7%) data collections were found to be relevant to the themes of spiritual development at the end of life. While spiritual care is viewed as a core element of quality care of the terminally ill, little guidance is available to practitioners in this area. The findings of this study, accordingly, are intended to help therapists, chaplains and other medical professionals to provide a better quality of care, by accompanying the terminally ill patients, reaching the end of their life, and undergo spiritual, psychological and emotional turmoil in this journey. The purpose of this study, thus, is to explore Mrs.

Erickson's journey towards the unknown and to understand how she sees the end of life and how she is growing into fullness in this journey.

Method and Data Analysis
To discover the participant's journey towards the end of her life, a phenomenological approach was chosen. The nursing home's administrative office gave its approval for the study and the measures taken to ensure informed consent, confidentiality, anonymity and that no harm be caused to the participant. Prior to the data collection, the administrative office reviewed the interview questions used in this study.

The phenomenological approach is a discovery-oriented qualitative approach and is one of the qualitative methodologies used in Marriage and Family Therapy. This methodology is rooted in a philosophical understanding that knowledge is relative (Sprenkle & Moon, 1996). This approach to research assumes that people perceive a phenomenon different ways and, accordingly, develop different meanings with respect to the phenomenon.

The phenomenological approach is based on seven philosophical assumptions. First, knowledge is socially formed and thus is partially tentative in nature. Truth is therefore relative. Second, researchers and the phenomenon are not considered separate. The researcher's interpretation of data is aspired to his/her own values and beliefs. Third, art as well as science are a means for knowledge. The mode of expression is a representation of an agent's own reality and truth. Fourth, bias is indispensable in all research. At the outset of the research, the researcher is encouraged to share his/ her beliefs and values. Fifth, it is acknowledged that everyday knowledge concerning family worlds is epistemologically noteworthy. Sixth, the family's language is a source of information and is rich in meaning. To gather the data, it is recommended that families be visited at times other than when they are in need of professional help. Seventh, objects, events or situations that signify a variety of things to the individual's various interpretation of the chronic illness should be observed. This is because the same objects and events can mean different things to different families (Sprenkle & Moon, 1996, 85-6).

Within in the context of this philosophical background, the phenomenological approach is used to speculate on the lived experience of the participant's implicit motives of an act. This study explores Mrs. Erickson's own lived experience. From the perspective of phenomenology, this research methodology is perceived more like a conversation than an intervention. The therapist-researcher is interested in stories and co-constructing meaning while listening to the participant's lived experience. The emphasis of the research does not, thus, lie in problem solving, but in constructive meaning making (Sprenkle & Moon, 1996, 90-1).

The phenomenological approach is designed to explore the complex nature of the participant's lived phenomenon, than to generalize the participant's lived experiences (Sprenkle & Moon, 1996, 92). The phenomenological approach used in this study will not seek to verify or generalize participant's end-of-life lived experience, but rather to understand the participant's lived experience from her own point of view, that is, an emic

approach (understanding from the interviewee's perspective) and not an etic one (understanding from the researchers' perspective).

In a phenomenological approach, the researcher shuns pre-determined questions. This is because the methodology is keen to invite the participants to define the phenomenon rather than to define the experience for them. The main research question we seek to investigate in this study is, *How does the end of life journey look like to an older terminally ill resident?* This research question is an invitation for the participant to share her journey towards the end of her life. Research findings as well as implications of the study are presented.

In a phenomenological approach, it is essential that the researcher help the participants describe their lived experience without directing the discussion. The interview questions, thus, should be open-ended. Accordingly, the open-ended questions allow the researcher to follow the participants' direction as it unfolds. During the interview, the researcher may help the participant explain things in detail (Streubert & Carpenter, 1995, 43). In so doing, the interview gives the researcher an opportunity to enter into a participants' world. The researcher's role is to closely track a participant's words, ensuring that the dialogue flow where the participant leads and her explanations are discussed in detail. This does not mean that the interview is non-directive, but the researcher has a responsibility to help the participant focus on themes and patterns, because the phenomenological approach seeks to co-construct the reality.

Interview questions used in the data collection were:

> 1. On a scale of 1 to 10, with 10 being an extremely difficult experience, one being positive experience and five being neither good nor bad, how would be rate your experience?
>
> 2. What is it like for you to be in the journey towards at the end of your life?
>
> 3. What is most challenging for you?
>
> 4. How do you cope with the challenges?
>
> 5. What has been the most helpful?
>
> 6. Can you tell me about the changes or spiritual growth that has happened to you in this journey?
>
> 7. Is there any image, metaphor, symbol or music that captures your experience?
>
> 8. What gives you meaning at this time?

The interviews were audio taped and transcribed verbatim. The tape was repeatedly reviewed for the purpose of verifying the wording on the transcripts. Data analysis began

with data collection. In other words, data analysis actually occurred while the data were being spoken (Cohen, et al., 2000, 76). As multiple readings of the data continued, the repetition of writing occurred. Once the overall text had been comprehended, phrases in the text were underlined and themes and patterns were coded in the text's margin. In doing so, the data were examined line by line and the tentative themes were sorted in accordance with the themes and patterns.

The process of writing and re-writing occurred. This process was essential to the phenomenological approach, since "the movement from identification and comparison of themes to a coherent picture of the whole" takes place during the process of writing and re-writing. This was the time when the researcher gained an insight into and a tentative understanding of Mrs. Erickson's lived experiences as they were conveyed through the themes, patterns and other means (Cohen, et al., 2000, 81). In order for the researcher to avoid and reduce my bias and assumptions, she continued to review the audiotape. The data were analyzed and a coding system was developed based on eight themes. In the excerpts that follow, P is Mrs. Erickson and C is the researcher.

Findings and Data Interpretation

Theme 1: Movement from hell to acceptance: psychological movement
The data reveal that Mrs. Erickson rated the beginning of her experience a 10 and then she moved to the stage of acceptance, which she rated a 4. This change emerged four months' after she became blind by her illness. The intensity of her emotion moderated as she moved to the stage of acceptance:

> P12: In the beginning 10, very difficult to accept. Now, I'm starting to accept it, so now 4.
> P15: It's hell! Not being able to see anything. It's very very difficult and it's very emotional, And I think I am from believing in God and He is at me……
> C16: When did that change happen to you?
> P17: Probably, four months ago.

Mrs. Erickson's acceptance took her to a rating of 4, which meant that she gradually found a way to be at peace with herself. As she described it, her faith in God helped her calm down. In four months' time, her psychological transformation took place and was positive in terms of her moving towards acceptance. Kübler-Ross's psychological transformation is reflected in Mrs. Erickson's transformative lived experience. According to Kübler-Ross's stages of psychological movement, Mrs. Erickson has moved from anger to acceptance, which is the last transformative stage.

Theme 2: Coping mechanism: immediate expressions of emotions and feelings, family support, cooperation of nursing home staff, volunteer work at church, persistence and resilience and faith in God.

During her transition from light to darkness (blindness) and her transition from her house to her present residence, Mrs. Erickson accounts for the factors that helped her through this process:

> P27: Sit in the corner cry sometimes….and other times, ...grin my teeth and do it!
> P31: Cooperation with the staff. The encouragement from my family……….My family is my lifeline.
> P37: If I am really down, my daughter will come from work……….Otherwise, she talks to me on the phone and calms me down and even gets me laughing.
> P43: ….never ever giving up………
> P49: No..no..Fr… The priest said that once you stop coming back to church….It doesn't take you eyes to greet…….Or to go on a different committee….or…better to do not sit one the committee…so There's another encouragement…the church.

Mrs. Erickson dealt with her challenge by expressing emotions (crying alone at times), by forcing herself to move on and by overcoming her challenges. This image appears similar to Sisyphus rolling the rock up the hill. She is the figure who keeps rolling the rock up the hill. How resilient she has been in this experience! She has been greatly helped by her family members and she also found the staff's cooperation helpful in this journey. Finally Mrs. Erickson's priest encouraged her not to fail to do what she has been doing in the church. On the other hand, Mrs. Erickson's soul was open to the priest's advice. This element affirms the finding of a positive correlation between religion and health (Koenig, 1997).

Theme 3: Image, metaphor, stories and others embedded in Mrs. Erickson's experience.

Mrs. Erickson kept reminding herself of a simple sentence, "never, ever give-up," and this kept her moving forward. It seemed that the simple sentence worked like a mantra. In practice, she continued to be a greeter at the church and this participation did not cease even though she became blind:

> P43: .. Never ever giving up. I'm able to take my place in the church. I'm Anglican and take an arrangement that the church to pick me up every Sunday and take me to church. ……….I am a greeter there, because I have a big bounce and I can greet chat to them.

John of the Cross' (1541-1591) dark night of the soul spoke to her and informed her that she was able to see more than the dark side of herself, and she thought that this story resonated with footprints. She continued to articulate the reason that she was able to see more than the dark side of herself in the story:

> P79: It (the story of dark night of the soul) tells me that I can see more than dark

>
> side of myself.
> P81: It reminds me of footsteps. You know………
> C82: Footprints?
> P83: Yes.
> P85: You don't see the prints, because He's been carrying you.

In her recollection of the anecdotes of footprints, Mrs. Erickson realized God's presence in her life's journey and her trust in God's guidance was illuminated in the voice of her witness.

When Mrs. Erickson felt down, she thought of an image of Jesus standing by a tree, near the Holy Water, who rescued the lost sheep that was her, and this image gave her great comfort:

>
> P51: When I am really down and I want an image…Um…I picture Jesus
>   at…tum….standing by a tree, near water Holy N-------- and that's to me a
>   beautiful image.
> C52: So…what is Jesus doing there?
> P53: He's rescuing the ram that's lost and that's me.
> C54: How does it make you feel?
> P55: Comforting…cause He is the great Comforter!

Theme 4: Mrs. Erickson's Jesus with *homoousion*
Mrs. Erickson's Jesus had a beautiful image. Jesus, to Mrs. Erickson, was, indeed, alive in her life and He showed an existence with two natures in one substance (*homos* (same) + *ousia* (essence)). She did not often use the word, "God", in describing the Divine during the interview. For Mrs. Erickson, the human Jesus was helping her by accompanying her and sharing her struggle and the Divine Jesus was eternally present even though she at times fell into her dark side:

>
> C86: Um……so I guess when we go back to what you have said…when you are
>   angry, you don't let Him come close to you.
> P87: But He carries me anyway.

According to Mrs. Erickson, Jesus was always present even though she was enslaved by her anger, especially in her knowing that He cares her. It was her blindness that she could not see. The Divine Jesus let her be faithful to her emotions and feelings. This was not because He did not care for her, but because He loved her:

>
> C88: Does that mean that He lets you cry and He lets you angry?
> P89: Ummhmm…He has all those emotions Himself in His human form.
> P91: Well, knowing that I haven't gone through anything that he has gone
>   through….despair, anger, loneliness…..
> C92: So… am I hearing that despair, loneliness and anger would be your dark side
>   of yourself?
> P93: Yes….

For Mrs. Erickson, Jesus was divine as well as human who went through human desperation as we humans go through, which accordingly she shared with Him. She identified those human moments with her own dark night.

Theme 5: How Mrs. Erickson transformed her dark night: the process of Mrs. Erickson's spiritual growth
It was the devil who erected the barrier (the dark night), according to Mrs. Erickson, and she forced herself to break through it. This was analogous to a beautiful picture that St. Teresa used in her writing. Mrs. Erickson did not specify whether the devil existed externally or if the devil was the manifestation of her ego. Yet the devil, to Mrs. Erickson, was identified with the negative force that prevented her from meeting Jesus. When the dark night came, she had to search for Jesus. She had to make efforts, as John of the Cross made a very lonely and risky journey to realize that his darkness became darker, as the Light became brighter:

> C94: So…when you confronted, …how do you find Jesus in here? When the dark night comes…?
> P95: I have to search….for Jesus, because dark night,……. devil whatever puts a barrier…and you have to   break down that barrier.
> C96: And how do you do it?
> P97: Um…by pushing…in other words, pushing myself feel better.
> C98: So, the Light eventually comes in…….?
> P99: The Light soooo shine came in………

Mrs. Erickson confronted the devil and did not let the devil destroy her spirit. Instead, she took her Heroine's journey to search for Jesus (Campbell, 1968). As Mrs. Erickson embarked on her Heroine's journey, her battle with darkness (blindness) and desolation emerged. In this process, the devil played the major role of putting up stumbling blocks, by making her unable to see the ever-present Jesus (the Light). In her tremendous efforts, the Light eventually overcame Mrs. Erickson's dark night. This picture coincided with St. Teresa's anecdotes of tending the soul in the garden of her soul. The nature of cultivating her soul through trials had a reflection similar to St. Teresa's four steps of meditation required to reach the degree of contemplation; "from watering the garden by hauling the water from a well in a bucket; to watering by means of a water wheel; to watering the garden naturally from a nearby stream or spring,; to watering the garden with the rain" (May, 2004, 114-5). Mrs. Erickson's endeavours, in seeking Jesus during her dark night, presented the image of cultivating (nourishing) her soul by means of watering in different ways. This image depicted Mrs. Erickson's inner strength in her relentless spiritual yearning. Her choice to search for Jesus in her darkness bore fruit and this whole journey was her faith*ing* and depicted her spiritual growth. Mrs. Erickson is the person who lived her life until her death and she lived out her faith, in the pursuit of her own meanings of the challenges she faced as Frankl claims (Frankl, 1976). Her defiant spirit to choose life each moment was clearly mirrored in her statement:

> P29: Cause I am not dead!. I want to…and I think there's more to life than just

being fine.

Passive and merely receptive living did not give Mrs. Erickson life and, for her, living life meant doing something meaningful and worthwhile for herself as well as for her community. This meant active participation in life and was reflected in her on-going church participation and her willingness to learn new experiences (brail, knitting, baking and others).

Theme 6: Music as an element that gave Mrs. Erickson life
The music that made Mrs. Erickson feel alive was Beethoven's symphony No. 9 and this music made her feel upbeat, happy and lively:

> P101: I think of classics in religions. Beethoven's night…just a quiet music... the hymns.
> C102: How does it go? Can you sing it?
> P103: I can't…One…I am not a singer. Two….I can't remember the words, but I know the feelings that it   gives me. OK. What's the title again?
> C104: (Pause) …….
> P105: Birds are singing…………(Singing together…). It's all-upbeat!
> C106: So… how does it make you feel?
> P107: Upbeat.
> C108: Anything else?
> P109: Happy….
> C110: Lively?
> P111: yes.
> C112: Does it give you life?
> P113: Yes.

Music of her choice was vivacious and full of energy. The researcher witnessed during the interview that Mrs. Erickson became alive when she was singing the hymn and her gesture and voice indeed spoke of her love for life. Other qualities of the music that Mrs. Erickson felt drawn to were peace, quietness, happiness and uplifting nature, and those were indeed of positive energy.

Theme 7: Mrs. Erickson's meaning of life: family
For Mrs. Erickson, family plays a huge role in this journey. Especially after the blindness, her listening has become acute. She is fond of talking on the phone with her family. She finds encouragement, motivation and meaning in her family at this time. In her relationship with her family members, mutuality and a dialogue are present. Her daughter as her prime caregiver provides her with all the support she needs at this time:

> P31:….The encouragement from my family. I've had to sell my house and so that I can live here with the assistance living. I've had my dogs put down, because there is no place to live here for them. It was all very very emotional. My family is my lifeline.
> P37: If I am really down, my daughter will come from work. She works in the hill

> and sits with me. Now this has only happened only once…….Otherwise, she talks to me on the phone and calms me down and even gets me laughing.

P117: Again. My family….My family gives me meaning…I know that I am unconditionally loved by them as I unconditionally love them. We have moment that we disagree, but everybody does. It's over and done with. We talk it out and don't bring it up again.

C118: And they listen to you?

P119: I listen to them.

Theme 8: Will to live until death: a continuous journey of spiritual growth with transformation

Mrs. Erickson experienced serenity after her son died. She went through dark nights of her soul years ago when she lost her son in an accident. The journey to the end of life was, for Mrs. Erickson, not taken as a completely separate reality from living, and was a continuous journey of spiritual growth. After the sudden loss of her son, she experienced serenity, which, for Mrs. Erickson, came from God:

> P126: Well, just blindness. But I had a spiritual growth before…years ago. Where I had been in the hospital, because my son had been murdered and I ordealed…Not become…Only God, …I know that….But I just wanted to go to sleep…cried myself to sleep…but when…so… there was one night…If you ever ordered…where in the hospital…you do not ask for sleeping pill…So there was one night…I was looking out in the window…in the morning…It was about one thirty in the morning…I couldn't sleep…And there was bush out there…I have affinity for trees, flowers and bushes………I looked down…all of a sudden, I had this quietness that only happens once in a long while. And I said You are out there and You do care what happened to me. And I was looking in this bush now…It wasn't a burning bush or anything……just a beautiful quietness…….

This experience of serenity was, for Mrs. Erickson, a sheer gift from God. With her experience of serenity, she felt comforted by the realization that God cared what happened to her. This experience was very profound and transformed her life. Her depression left her and she was touched by the reality of God's Love. Her transformative experience was holistic:

> C129: That experience changed you?
>
> P130: Yes. Very much…I was supposed to be in a hospital in three and four weeks, and I was there another week.
>
> C131: How did it change you?
>
> P132: Well…It made me feel yes, God is there no matter what…And He is the One who gives you unconditional Love.
>
> C135: With this experience, I guess that what I am hearing from you is that you continue to change and grow. Is that what you are saying?
>
> P134: Yes…..yes…

Mrs. Erickson's experience with serenity seemed like an inflow of God into her soul, as John of the Cross portrayed it (May, 2004, 95). With the tragic loss of her son, and her soul's growth towards God, and the challenge of the dark night with her blindness and her small strokes, she seemed to be on a continuous journey to spiritual growth. She accepted all of these challenges with an open heart. Now, being on the journey towards the end of her life, she continued to cultivate the garden of her soul everyday by watering it with new learning (knitting), activities (baking and others), church participation, family life and others. By tending to her soul through trials and errors, Mrs. Erickson seemed to find her dark night as part of her ongoing relationship with the Divine, and this relationship deepened.

Discussion
In her time of difficulties and darkness, Mrs. Erickson seemed to have been sowing seeds and nourishing them in the garden of her soul. Her life itself was indeed a sacred living document resonating with *the Gospel of John*,: "Very truly, I tell you, unless a grain of wheat falls into the earth and dies, it remains just a single grain; but if it dies, it bears much fruit" (John 12,24, NRSV). Her lived experience of the dark nights reflects theological hermeneutics in her openness to the life as a sheer gift of God and her own positive *I-God* meaning-making in her narratives of terminal illness. It seemed as if the Divine was speaking His/Her story in light of her narratives of terminal illness, by teaching me the lessons. In her lived experience, there was an authentic participation in pain, suffering and resurrection and such was the way she wrote her sacred stories as she moved towards the end of her life. For Mrs. Erickson, those steps were steps forward. In this journey she continued to grow.

By embracing new experiences through learning and continuing to work in the church as a greeter at the door, she did not waste her moment, but lived her life fully. In brief, she transformed her hell into a place to live in. She changed the reality of hell into that of living. This transformation had already begun as she experienced God's numinous reality in the loss of her son. Now, the two realities, hell and the place to live in, were not as contrasted as before, and have even become close friends. The nature of her hell was transformed through her deepening relationship with the Divine God, whom she searched for in her dark nights. The researcher could not find a better explanation of her experience at the end of life than the soul's journey in Dante's *Divine Comedy*. This whole process of transformation spoke of her spiritual journey of growth.

In the process of her spiritual nourishment, she did not disregard her emotions and feelings and she did not find them inadequate. On the contrary, she accepted her inner turmoil and dynamics as part of her journey. She still wailed at times, whenever the whole experience upset her. This was the time, according to her, "when Jesus let her cry and be angry." Her despair still, for Mrs. Erickson, cannot be compared to what human Jesus had to go through. In such a way, she owned them and possessed them, and at the same time she did not let those negative feelings enslave her. She has indeed continuously moved towards freedom, the freedom of love.

Mrs. Erickson's lived experience presented itself as both an aging journey and a dying journey. In this movement, she danced in transformation. She was a soul who answered Victor Frankl's question affirmatively, "Can a human person live until death?" The discovery of her lived experience certainly affirmed this, "Yes, indeed!" Even her terminal illness could not stop her from growing into fullness. Dying, therefore, was not a dead end. It lead to eternity and her journey was a continuum. She still participates in her church as much as she used to and, further, she gave witness to people in her faith community.

As she was sharing her journey, the researcher instantly began to weave with hr a sense of hope. She had already planted seeds of hope in the garden of the researcher's soul. With Mrs. Erickson, the researcher felt a solidarity in finding her own dark nights through the sharing. Mrs. Erickson and the researcher met each other in the dark nights, as the Divine meets us in that reality of Love, the dance of Love. In my dark nights, I would not be as lonely as before and I hope to be as creative as I can, as Mrs. Erickson's defiant spirit took her journey to search for human Jesus in the Holy Water. Mrs. Erickson taught the researcher not to give up even if she had all the reasons for despair; in the deep desolation, Mrs. Erickson taught the researcher to choose life by searching for Jesus who is human, as well as divine.

This study began with the research question, "*How does the end of life journey look like to the older, terminally ill resident?*" Eight themes were found in answering this question. The discovery of Mrs. Erickson's lived journey to the end of life implied that in spite of her illness, she lived her life to fullness everyday. In choosing to live life, she continued to grow spiritually. For Mrs. Erickson, it seemed, as Jean Vanier asserts, life and death were married together. Mrs. Erickson, nevertheless, continued to make efforts to transform the reality of her terminal illness into living, by tending her soul.

The findings strongly indicate that factors such as family support, church participation with the priest's encouragement, staff support, music and faith in God are found to be significant factors in her journey to the end of life. Most of all, her strong will and resilience served as an avenue for her to meet with the Divine, and it truly was a road to her spiritual growth.

Though hard to generalize, given the fact that its size is small, this study, nevertheless, suggests that an individual's choice to weave hope in the time of life-threatening challenges (illness) and to make a choice to spiritually grow, make the end of life journey more livable and an individual's spirituality continues to grow through transformation and loving relationships when the human and the Divine meet each other. She also left the researcher with a life-giving ripple effect by teaching the lesson to open up to the future's possibilities no matter what, and to accept the reality of terminal illness not as the opposite of life, but as a continuum of life and a gift to fully grow to God's Love.

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