

August 8, 2010
Luke 12:13-21
First Parish UCC, Brunswick
© Mary E. Baard

Soulful Listening

This past Thursday morning I dropped my car off at the garage. The guy who gave me a ride back to church commented on how for him growing up in the Brunswick the church was always a landmark. He then chuckled and confessed that one Halloween, soon after the floodlights out front were installed, he put a batman outline on the lights so that the image projected onto the tower.

This led to a conversation about today's youth, which we agreed were so involved with technology they are less likely to come up with such outdoor antics. Noting that today's youth, including his 15-year-old, are mostly hooked up to their cell phones and computers, he commented with that age old lament of parents, "They don't listen."

We live in a very plugged in era, but are we really listening? In this morning's Portland Press Herald in an article about communications in the age of cell phones, it said there was a recent New Yorker magazine cartoon that shows two older balding men, sitting at a bar. The caption reads: "I used to call people, then I got into e-mailing, then texting, and now I just ignore people."

"People don't listen," is a complaint heard in many contexts. True listening doesn't just happen. It is an art that we develop. Communications experts often speak of at least three different kinds of listening:

- 1 Competitive listening, where the person listening is already developing their counter response.
- 2 Passive listening, where we hear the words and assume we know what the person means.
- 3 Active listening, where we reflect back what we heard to be sure we understand what the other person is really saying.

I want to suggest we add to that list

- 4 Soulful Listening, where along with active listening to one another, we are also listening for God's voice in the interaction between us.

In today's parable, did you notice to whom the rich man listened in deciding what to do with his abundant harvest?

The rich man thought to himself. Then he said to himself. Then he said to his soul.

To whom did he listen? Himself, and himself only. No checking in with his family using their cell phone family plan. No texting with his friends. No appointments with his therapist. No time on his knees with God. He's a rugged New England individualist.

He's a successful entrepreneur. He's a self made man. He simply tells himself about the dilemma. He comes up with a solution that works for him. Then he pats himself on the back, "Soul, you have ample goods laid up for many years; relax, eat, drink, be merry."

But then we hear another voice. In the only parable in the New Testament where God speaks directly, it turns out, God has something to say, "You fool! This very night your life is being demanded of you. And the things you have prepared, whose will they be?"

Ernest Hemingway, once wrote "Fear of death increases in exact proportion to increase in wealth." Following Hemingway's thinking, the rich man's storing of many things may have been a reflection of his fear of death.

At any time, and maybe at all times, our lives are being demanded of us. And we know that the time will come for each of us when our souls will indeed face the end of our lives. Or sometimes the even more difficult reality is facing the death of someone we love.

Many of our congregation's families have known this grief in recent months, and we collectively have known the grief of saying goodbye to so many of our friends. It is to the need for soulful listening at these times of our lives that I want to focus our attention today.

In my experience I have noticed a significant shift in the last twenty-five years concerning what happens between families and the medical community at the end of life. When I first began in parish ministry the challenge was often to get the medical community to really listen to what the patient and the family were asking for. Typically, the medical community wanted to do everything possible, even if the family didn't. This led to the development of living wills and other mechanisms to force the medical community to listen to the spiritual needs and values of the patient. They have heard and are paying increasing attention to palliative care.

The ongoing development of hospice is one of the very best results of this dialogue. One of the things I value greatly about the work of hospice these days is the way they pay attention to the whole person – emotionally, socially, spiritually, as well as physically.

Today my experience is more often that the challenge lies with the patient's family which sometimes has trouble really listening to the person who is dying.

Let me tell you a story about a woman I knew whom I'll call Hannah. Hannah was a woman to be reckoned with. She was the kind of person who would prefer to do the task herself rather than work with a committee. And she would get things done. She was high energy and efficient. She was used to being in charge of her life. She had always been healthy.

Then in her mid seventies she suddenly became very ill and found herself in the hospital. After doing many tests the doctors explained to her that they did not think she had long to live. Her body was already significantly compromised. They could give her

chemotherapy but they didn't think it would improve or lengthen her life.

The day I went to visit her after she had received this news, she was grieving but resigned. She was deeply touched by all the cards she had been receiving from people at church as she told me over and over again. "I never knew so many people cared. I never knew this would mean so much. I've sent cards for years, but I never realized how much they could mean to someone."

She told me that what she really wanted was to go home, sit on the patio among her plants, and enjoy the time she had left visiting with family and friends. I offered my support for this vision of what she wanted for her life and her death.

Two days later when I went back to visit Hannah she appeared more closed in on herself. She told me with a clenched jaw that she was going to have the treatments- that she was going to do everything medically possible. When I asked what had changed her mind, she said, "I talked with my family, and we decided to do the treatments." When I asked if she would like help talking with her family about her desire to go home, she said with determination, "No, WE decided to do the treatments."

I wish I had a happy ending to this story, but I don't. Hannah was in the hospital for the rest of her days. She had the treatments, which were harsh and brutal to her body. In fact, I think the medical personnel would tell you that in reality the treatments killed her, even though the disease would have eventually. She wasn't able to spend time with her friends. The treatments left her vulnerable to an insidious infection, which required all visitors - which now were restricted to family - to wear gowns, masks, and gloves. She died in an isolation room.

This is not an easy situation or a simple story. Hannah's family are good people. They loved her and cared about her deeply. They didn't want to let her go. They were struggling with their own demons of grief and fear. They were caught in the lure of a long shot cure. They were unable to listen soulfully to what Hannah really desired. They were stuck in their own trauma of not wanting her to die. They wanted to be able to say to themselves that they had tried everything. And Hannah, not wanting to disappoint them, agreed to the medical treatments.

Soulful listening about the deepest matters of the heart, about the deepest matters of life and death, is not something most of us practice often. Yet, without practice the capacity for such listening is unlikely to suddenly appear in the midst of great stress and trauma.

With the development of more and more medical technologies the decision making process is becoming more and more complex. In retrospect the wisdom of the decisions gains clarity, but along the way all you can do is your best. Yet is crucial to remember that the decisions are not just medical decisions, they are even more soul decisions. What are our deepest values about our lives and our deaths? How do we understand God's presence in our living and our dying?

So I encourage each of us to practice soulful listening with our loved ones, especially

with our loved ones who will be responsible for making end of life decisions with us or for us, or for whom and with whom we might have to make such decisions. Having such conversations is stressful and is often best done in small doses. But let us not be fools. It is good for the soul.