


by J. SCOTT JANSSEN

ING-ING-IN THERE

Hitting an inside curveball



NOTHING CUTS THE EARLY MORNING SILENCE like a pager going off. When you're a hospice social worker, the sound is an electronic SOS. Someone's in trouble! I'm instantly awake. A telephone number flashes on the pager display, giving the room a pale green luminescence. I dial the number, adrenaline racing, wondering what I'm about to walk into at this hour.

"Scott? Is that you?" I recognize our on-call nurse's voice. Usually, she's as calm as a field of untracked snow, but tonight she sounds nervous.

I draw in a deep breath, hoping she'll do the same. "What's going on, Rita?"

"It's horrible. . . . She's bleeding to death."

She gives me the patient's name and a quick rundown: a 35-year-old woman with throat cancer, receiving home hospice care, who has a husband and two kids, ages 8 and 10. A week or two earlier, the tumor broke through the skin on her neck. An hour ago, it tore her carotid artery. Now blood is trickling out, and there's no way to stop it. Rita says she thinks the woman may live another 30 minutes, 45 tops—just enough time for me to get there.

The night air is cold as I walk to my car. I can see my breath rise into the autumn darkness. The stars are beautiful—pinpricks of light through a black canvas. As I start the engine, I think of a story I once read about a Native American people who believed that each star was a footprint left by a soul on its journey into the heavens.

It's tempting to try to distract yourself when driving into situations like this. With the heat cranked up, I roll down the window just enough to hear the whirr of wind streaming into the car. Somehow, it's soothing. It can be scary showing up on someone's doorstep at 3:00 A.M. as they struggle with emotional pain, knowing that all you can offer are words, shared silence, a listening ear. Maybe the most important thing I can offer is the willingness to sit beside them without flinching as thoughts and feelings, however intense, tumble out. I can bear witness. I can trust that, however desperate things seem on the surface, underneath, each second is full of meaning and possibility.

My mind drifts to a conversation I had years ago with a clinical supervisor who said, "Ninety percent of this work is having the guts to show up and look at what's happening without changing the subject." She'd assured me that the other 10 percent would fall into place over time, and she was right. Knowing what kinds of questions to ask and when and how to ask them, knowing something about crisis de-escalation and trauma, knowing how to reframe or recontextualize an internal narrative—these are all good skills to have, but in some ways, they're just window dressing.



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Showing up in the midst of a crisis with kindness in your heart, listening without judgment, gently asking questions, or knowing when to sit still without asking—it all sounds simple, but it isn't. Few things are more difficult and, on some level, few things are more frightening.

The roads are empty tonight. Street lights and my car's headlights slice through the darkness. I fumble for directions. *Right on Cortland, go about 10 miles, and then turn right on Seminole Drive.* Inexplicably, a baseball field is lit up by floodlights as I drive by. *The neighbors must love that at this hour!* I smell the damp earth from the freshly tilled infield and the scent brings a flood of memories: the weathered rawhide of a well-worn glove, fresh grass stains ground into the knees of a blue-and-white uniform, the clatter of wooden bats in an old army surplus duffle bag, the excitement of sprinting to first base and seeing the base coach wave me on to second.

I grew up playing baseball. Its rhythms and metaphors are familiar to me. Part of me would rather be trying to get a hit right now than having to make a crisis visit with a family I've never met. Compared to working with people who are dying, the pressures and dramas that used to seem so monumental on the field seem benign and inconsequential. It's just a game. That's all it ever was, but any events—even the ones on a baseball diamond—can seem gripping and intense when you're in the middle of them.


My mind returns to one particular game when I was a sophomore in high school. It was the first time I'd ever seen a curveball up close. Despite all the blustery talk about forkballs, knuckleballs, and sliders, most pitchers in high

school simply reared back and delivered. Only a few had mastered the art of throwing a curve. I came to bat late in the game. We were behind by seven or eight runs, so I wasn't expecting anything fancy, just garden-variety fastballs and maybe an off-speed pitch or two. With the count two balls and two strikes, the pitcher threw an inside curve.

I learned instantly that in the second or two that it takes for a ball to travel from the pitcher's mound to the batter's box, it's impossible to tell whether it's actually going to curve. Hitting an inside curveball—one that looks like it's going to hit you before it curves across home plate—is as much an act of faith as the result of any intention or volition. In a split second, you've got to decide to stand firm, lean in, and swing, no matter how much the ball might hurt if it hits you, or how loudly your mind screams “Duck!” In this game, however, I was long on self-preservation and short on faith. With the ball coming right at me, I backed away just as it curved across the plate for strike three.

The pager goes off again. *I wonder if she just died.* When I get Rita on my cell phone, she's calmer. She says she just wants to tell me the patient's mother has arrived, and looks panicky. *Of course she does; her daughter is bleeding to death!* I tell her I'm 10 minutes away.

No use getting keyed up. I let my mind go back to baseball. I can still hear the coach's words during that first practice after my inglorious showing against the curveball. “Just stand there. Don't swing. Don't back up. Just stand there and breathe.” He had me standing close to the plate as the pitching machine fired 70-mile-an-hour fastballs close enough to graze my shirtsleeve.



You've got to learn to stand still in the batter's box, even when something's coming right at you. Ninety percent is just showing up and standing still.

"Now, step back a little," he said after five or six minutes of the drill. "Start leaning into the ball like you're going to swing, while I turn the machine up to 75. But don't worry—my Granny throws faster than that." *Every coach I ever knew had such a mythical granny. "Just relax, breathe, and lean in." Breathe and lean in. The rest will take care of itself.*

It seemed like a pointless exercise at the time. The odds of seeing many more curveballs that year were low, and besides, so what if I did? I'd just hit one of the other pitches. A few games later, our team went up against a pitcher known for throwing curveballs and, true to form, he threw one during my first time at bat. With the ball coming right at me, I stood my ground and didn't flinch. I leaned in, didn't swing, and it curved in for ball one.

That moment was a step on my path toward becoming a hospice social worker. The pitch could've turned out to be a fastball that had gotten away from him. It could've hit me. (There's always that risk.) I could've taken a swing and knocked it down the third baseline. The possibilities were endless, and, in some ways, beside the point. I'd shown up and stood still as an object the size of a small cannonball zoomed past my chin.

There it is—Seminole Drive. I feel a tingling in my spine as I roll down the lonely street. A house at the end of the street is lit up like a flare. That's got to be it.

I saw just one other curveball that year. It was the same pitcher who'd surprised me the first time. I was hop-

ing for a high fastball, but ready for a curve. When he threw it, I was sure it would hit me. *Stay still, breathe, lean in.* My weight shifted from back to front. I stepped forward and uncoiled the bat, which collided with the ball and sent it into right field for a single—a humble accomplishment on the surface, but in context, one of my finest moments at bat.

Walking into the middle of someone's pain and distress with the intention of helping has things in common with hitting an inside curveball. Both acts require focus, stillness, balance, and a willingness to risk getting hurt. When something is coming at you that may cause pain or self-doubt, whether a 70-mile-an-hour baseball or a 10-year-old child who doesn't understand why her mother has died, it's natural to want to duck out of the way. Learning to be still, lean into another's suffering, and hear their unanswerable questions, rather than run away, takes practice. Baseball is just a game, and it doesn't really matter who wins and loses. But at 3:00 A.M., the stakes are higher. Rather than getting hit with a fastball, you may get hit with and absorb another's sadness. Rather than face the awkward embarrassment of getting tripped up by an off-speed pitch, you may have to face those awkward spaces where no words seem to console, and all you can do is bear witness with love.

As the years have gone by, my trust has grown. Be kind, be patient, listen without judgment, care. I've found it valuable to have studied different models of psychotherapy and crisis intervention, and to have read some of the "best practice literature," but when sitting in the middle of the night with a family whose hearts are breaking,

90 percent of what I do really comes down to showing up and having the guts to look at what's happening without changing the subject. People have incredible strength and creativity in dealing with suffering; what they don't always have is someone who'll listen in a way that allows them to connect with this strength and remember where their solidity resides.

I pull up in the front of the house, careful not to block the driveway or leave myself susceptible to getting blocked in. The funeral home will need the driveway later, and you never know who else is going to show up. I remind myself to trust that whatever struggle the people I'm about to meet are having, underneath is an invisible substrate of endurance and calm. *Trust, be still, breathe, and lean in.*

A woman has seen me drive up and is looking out the window. I guess it's the patient's mother. Before I'm halfway up the walkway, she's coming toward me, pulling her sweater tight and fighting back tears. She knows I'm the social worker.

"What can we say to the children?" she asks. "What can. . . ?" It's all she can manage before she's sobbing. As I gently reach out my hand to her, I can almost hear a voice whisper, "*Batter up.*" ■

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