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WALKING THE 'SACRED LANDSCAPE' WITH A HOSPITAL CHAPLAIN: At the Crossroads of Spirituality and Medicine

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I have never been very good at visiting people in the hospital. I am unsettled by the smells of disinfectant that do not quite mask the sick-room odors of medicines, and of the cloying, private aromas of the human body. I seem, always, to get lost in the maze of hallways. The sight of blood makes me dizzy.

You might think that I would be the *last* person to 'shadow' hospital chaplains in their daily patient rounds, and an even more unlikely person to visit with patients and family members on a big-city hospital's Intensive Care Oncology Unit. Maybe so, but as a master's student embarking on an independent study of my own design, my fears and anxieties – especially, my own spiritual uncertainty – quickly took a backseat to the amazing displays of compassion and faith that I witnessed there.

My plan was to observe hospital chaplains with patients, to learn how ministering to people's spiritual needs may or may not affect health outcomes. Throughout the semester, I sat in on many of the chaplain residency training sessions. These involved didactics, as well as 'clinical' presentations or 'verbatim,' in the parlance of Clinical Pastoral Education (CPE), where residents described their interactions with patients and family members.

I spent many hours with staff chaplains and new residents. I learned each of their stories, and asked especially about their motivation for opening heart and soul to the endless river of sickness and grief that coursed through the trauma bay or the ICUs in which each ultimately served.

And I felt myself, quite literally, a 'shadow,' an imposter of sorts, as I followed them into sickrooms and family waiting areas. I ponder, still, the depth and complexity of the connections that so frequently sparked into being.

My research to this point had been purely theoretical, yet this course of study was directed by a motivation quite personal: a yearning for connection to something larger than myself. I wasn't wrong when I thought that I might find that here. Seeing the chaplains at work, I realized that my own striving was, indeed, just one, small length of the single thread – a universal desire common to each of us.

Needless to say, the paper that I set out to write, an 'objective' view of the intersection of spirituality and medicine, could never describe what I so often felt after these encounters. Looking back at my notes and journal entries, I now understand so much more deeply the ever-present tension between intellectual curiosity and the unsettling emotions I would need, somehow, to process. I sensed the dichotomy

between the academic – the systematic gathering of data – and the slow and rarely anticipated birth of inner wisdom.

In taking on this project, I strove to understand, *experientially*, how compassion could bring about healing. Perhaps I would also learn something more about myself and how I was connected to what I envisioned (albeit somewhat diffusely!) as ‘God,’ ‘Nature,’ or ‘Universal Spirit.’

It all started with Kava Schafer, a gifted, interfaith chaplain at the University of Pennsylvania Hospital. The first day I showed up at Kava’s office, a woman with short, putty-colored hair and pink-flushed cheeks opened the door. Kava and I had met several times before, but sitting in her tiny office filled with religious icons from around the world and stacks of papers and books, I got the distinct feeling that she was having second thoughts about me tagging along.

I was not surprised when she said, somewhat gingerly “I should tell you, I’m not quite comfortable...”

“Oh, no, please don’t do anything out of the ordinary,” I urged. “Try and pretend I’m not even there.” I assured her I would remain as unobtrusive as possible.

As we got used to being around one another during rounds, Kava’s initial discomfort and my own misgivings soon melted away. Sometimes patients were just too sick for my visits, so while Kava donned sterile gown and gloves, I waited outside and caught up on my notes.

Other times, I was welcomed into a circle of prayer, hands joining across bedclothes, with medical equipment beeping and whirring in the background. The slow warmth of faith, summoned at these most vulnerable moments, spread soundlessly through Kava’s blessings. And I, the observer (a self-described ‘seeker’ though not quite a ‘believer’), felt something powerful wash over me as well.

The day we visited with ‘Miguel’ and ‘Gabriella,’ though, is one I will never forget. Kava knocked gently on the heavy door, then pushed it open slowly. Gabriella motioned us in.

Miguel smiled when he saw Kava, his warm, brown eyes holding hers amiably. Like the rest of the patients on this unit, Miguel’s cancer was ‘non-responsive.’ The next steps – the steps of last resort – would likely be a bone marrow or stem cell transplant.

That day, though, Miguel sprawled comfortably in a high-backed chair, tethered by an IV line that dripped a powerful antibiotic into his bloodstream. His gray, fleece sweatshirt and checkered, flannel pants looked soft and cozy. Through the window, I saw the snowfall that had been blanketing the city since early morning.

I noticed that Miguel’s hair had begun to grow back since his last round of chemotherapy. Little tufts of soft down sprouted from his scalp, making this big man seem as vulnerable as a baby bird.

Gabriella reached for Kava’s hand and the two women embraced silently.

“Do you mind a visit?” Kava asked, turning to Miguel.

“Please, please,” said Miguel. “Please sit.”

As we talked, Miguel’s carefully pronounced English soon melded into a melodic Spanish. Gabriella seamlessly translated.

“It is up to God,” said Miguel. “He guides our choices now.”

“Yes,” said Gabriella.

Then the room was quiet and I wished I hadn’t known Miguel’s glum prognosis.

"Shall we say a blessing?" asked Kava.

Both Miguel and Gabriella nodded their agreement.

"What shall we pray for?" asked Kava. "What is in your heart?"

"We pray the new treatment to go well," Miguel whispered.

As we prayed, I thought about how beautiful Kava's blessing was in the way her words so perfectly reflected the Rivera's faith, acceptance and patience.

Several days later, Kava told me that Miguel had passed away.

"We, I mean... the hospital didn't fix him," I stammered.

"No, but we helped the Rivera's *to heal*, to make peace.

Thinking of Miguel and Gabriella's heads lowered in prayer, I then understood what they had known all along.

I remember clearly a small workshop on bereavement that Kava led. She began by asking the group of CPE residents, "Are you able to sit for a moment with your own death? Notice," she said, after a long pause, "when you are turning away from the thought. The ability to attend to a person has a lot to do with where *you* are."

While my notebooks filled with stories generously shared by the staff chaplains, residents, and patients, I realized that I had given little thought to where I was on this spiritual continuum. In the midst of so many believers, what was it that I believed? I envied the faith I had witnessed here, the moments of spiritual grace achieved in illness and in loss. Was I a seeker, deserving of this comfort as well?

"I am not a religious person," I felt compelled to interject before conducting each interview. I wanted, I suppose, to make clear my secular stance, yet I silently wondered whether perhaps my longing for a spiritual core had brought me to this particular place and to these kind people for a deeper reason.

In my work, I had been experiencing a constant tug, a resistance to the Western paradigm of medicine that was, I felt, too steadfast in its reliance upon empirical data, in its reluctance to view patients as 'whole' beings. At the medical center, where I was editor for our faculty publication, I had written much about the experiences of doctors and patients, about medical research, and medical school training. Yet something was missing.

I can now only vaguely articulate this missing element as the 'sacred connection' that David Aldridge (2000) so eloquently explores. Here Aldridge addresses the concept of human suffering and surveys the hypotheses of scholars from a broad range of disciplines, each exploring the means by which people are able to find meaning in their lives, particularly through the challenges of illness and at the end of life.

Kava said so eloquently during the bereavement workshop, "As chaplains, we are often at the brink, gazing at something beyond ourselves. We walk a sacred landscape."

After Miguel's death and before his burial in his homeland, the Dominican Republic, Kava spoke with Gabriella by phone. Following the funeral Gabriella would be returning to the United States with their three children. Gabriella thanked Kava for her kindness and her prayers. She told Kava how much her presence and support had meant to them.

At these moments, chaplaincy, drawing from its well of unconditional compassion, is profoundly evocative. I know this, not by reading books such as Aldridge's (though it is quite wonderful!), but

through what I *feel*. I, the seeker, had gleaned the sacred connection of compassion when I joined hands with Kava and the Riveras. I had witnessed healing.

This experience has taught me to understand the tenuous nature of our physical selves. I witnessed, at close range, the fragility of the body and the strength of the spirit. Alone, I believe, medicine is sorely lacking in its ability to truly 'heal.' Yet, I have not given up on academic medicine, for it is here I have seen collaboration between the health and pastoral care communities in education and clinical practice. This work transcends the web of academic disciplines and makes me quite hopeful.

Each day at the medical center, the chaplains traverse the 'sacred landscape' that Kava describes. They share this journey with trainees who are focused primarily on healing the body. Together, I believe, medicine and chaplaincy can bring to patient care what has sadly gone missing in recent decades. I am heartened to have viewed in this hospital moments that can only be described as holy.

Kava tells me that she considers her work a privilege and these intimate moments shared with patients and family members a gift. Many of the encounters that Kava has with patients are brief and intense. Death is swift. She has learned, she tells me, that these are often the times when her compassion is most needed, most embraced.

One family member had written to Kava, "Having you at 'Richard's' memorial service is such a blessing to our family, especially since Richard expressed how much he wanted you there. You touched his life with renewed spirituality. He spoke and you listened. Finding the right words to open his heart is a wonderful gift from God."

While I had been fearful that my unresolved spiritual yearnings might somehow impede Kava's work, she later told me, "You were unobtrusive and invisible in a participatory sense. What I mean," she clarified, "is that you were silent and respectful, yet your silent presence was palpable."

Kava went on to describe her own feelings about having me along on her rounds. "Being shadowed as a chaplain can be a risky undertaking, but you evoked relaxation in me during the process. I think this is because you manifest a deep appreciation and honoring of each person you encounter. This quality is never truly invisible."

What was most meaningful, though, was Kava's validation that "Each person with whom we visited (Remember, each was given the opportunity to say 'no' to your presence) felt your respect and compassion." And I, the shadowing student, also felt the reciprocal warmth of compassion so potent in those rooms and hallways. This was, after all, what I had believed I would find.

Sooner than I could have imagined, the semester was over. As Kava and I assessed the outcomes of my work I found myself believing that this journey was far from over. This feeling was reflected and confirmed when Kava pronounced, "You were a treasured asset to me on my rounds the days that you shadowed me." I knew, then, for certain that the profound lessons born of this experience would continue to grow and flourish.

The semester is over. I have completed my academic program. This time has helped me to lay a truer, more meaningful professional path. Now, more than ever, I seek to convey in my writing the experience of the lightening-quick impulse to reach out to others in pain, the experience of loving and being loved, the sense of feeling whole even when we are broken. This, to me, is internal and external healing.

References

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