

I'm Here to Listen: Reflections of an Interfaith Hospital Chaplain

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OPENING READING

"One evening . . . in a busy emergency room, a woman was brought in about to give birth. When Harry, an emergency physician examined her, Harry realized immediately that her obstetrician would not be able to get there in time and he was going to deliver this baby himself. Harry likes the technical challenge of delivering babies, and he was pleased. . . The baby was born almost immediately.

While the infant was still attached to her mother, Harry laid her along his left forearm. Holding the back of her head in his left hand, he took a suction bulb in his right and began to clear her mouth and nose of mucous. Suddenly, the baby opened her eyes and looked directly at him. In that instant, Harry stepped past all of his training and realized a very simple thing: that he was the first human being this baby girl had ever seen. He felt his heart go out to her in welcome from all people everywhere, and tears came to his eyes.

Harry has delivered hundreds of babies, and has always enjoyed the excitement of making rapid decisions and testing his own competency. But he says that he had never let himself experience the meaning of what he was doing before, or recognize what he was serving with his expertise. In that flash of recognition he felt years of cynicism and fatigue fall away and remembered why he had chosen this work in the first place. All his hard work and personal sacrifice suddenly seemed to him to be worth it.

He feels now that, in a certain sense, this was the first baby he ever delivered. In the past he had been preoccupied with his expertise, assessing and responding to needs and dangers. He had been there many times as an expert, but never before as a human being. He wonders how many other such moments of connection to life he has missed. He suspects there have been many."

(From Rachel Naomi Remen - "Helping, Fixing, or Serving?")

CHILDREN'S STORY

Based on a tale told in the 1700s by the Jewish teacher, Jacob ben Wolf Kranz, Maggid of Dubno. Other versions can be found in The Hungry Clothes and Other Jewish Folktales by Peninah Schram, The Maggid of Dubno and His Parables by Benno Heinemann.

"There was once a very wealthy king who owned many beautiful things. He had cloth tapestries, piles of gold, and statues made by the very best sculptors in the land. Of all of his belongings, his very favorite possession was the most glorious diamond you can imagine. It was huge—as big around as his hand. And it was pure—clear and flawless, without any marks or blemishes. He loved to go and sit with that diamond, gazing at its beauty and perfection.

One day when the king went to look at his diamond, he discovered to his horror that it had a long, deep scratch. He couldn't believe his eyes! What could have happened to his flawless diamond?

Immediately he sent for all of the best stone cutters and diamond cutters in his kingdom. One by one they came to inspect the diamond. Each looked at it closely and then sadly shook his head. The scratch was too deep. If they tried to polish it they might break the diamond into pieces.

Finally one last diamond carver came before the king. He looked at the diamond closely, gazing at it from every angle.

The king watched with bated breath as the diamond carver turned the diamond over and over, pursing his lips and shaking his head.

Suddenly the diamond carver's face broke into a big smile. "I know how to fix this, your majesty!" he exclaimed. "Leave it to me. In two weeks' time I will return your diamond to you, better than ever. However, you may not visit me during this time or check on my progress. You must wait until it is finished."

The king was very excited. Soon his flawless diamond would be back with his other lovely things, perfect again, the scratch removed. It took all the king's willpower to resist the temptation to visit the diamond carver to watch him work.

As for the diamond carver, day after day, night after night, he brought out his tools to fix that diamond. Bit by bit, he worked on that scratch. It was slow, tedious work. He knew he had to work carefully or the diamond could crack into pieces.

Finally the diamond cutter was finished. Carefully he wrapped the diamond in cloth to protect it, and he brought it before the king.

"Here it is, your majesty," he said. With a flourish he opened the cloth and presented the diamond.

The king gasped at what he saw. Where there had once been a scratch, a horrible flaw in his precious diamond, there was now an exquisitely beautiful flower carved into the diamond. Unable to polish the scratch out of the diamond, the diamond carver had instead turned the flaw into something beautiful.

The king loved his diamond more than ever. Now when he went to hold it in his hands and gaze upon it, he was reminded that even something imperfect or ugly or flawed can become something exquisitely beautiful."

SERMON

I'm Here to Listen: Reflections of an Interfaith Hospital Chaplain

I had the good fortune to retire four years ago after practicing law full-time for thirty five years. A few weeks after retiring, I gave a sermon at my congregation in Albany and a few others called "Spirituality in the Second Half of Life." I recounted that towards the end of my legal career, lawyering had become more of a job than a true vocation. And I wondered in that sermon what my next calling would be. Several ministers that I consider mentors- Lynn Ashley, Tom Chulak, and Rev. Sam Trumbore, my minister- had each shared with me how powerful their chaplaincy experiences had been during and after they were in seminary. In my sermon, I announced- largely to myself I think, and without a real clue as to what I we getting into- that I would soon start serving as an interfaith chaplain at Albany Medical Center. I started by

enrolling in a part-time training program- the one that Betty Hurley is in now. I then worked full-time for a year as a resident chaplain. I continue to volunteer at the hospital, on at least a monthly basis.

So what have I learned along the way? Here are some reflections:

So what does a chaplain do, anyways?

Even though most of the patients I saw asked for a chaplain visit, I was often asked, what is that chaplains do? In the book Making Chaplaincy Work, Sister Cecelia Baranowski, a chaplain at a hospital in Massachusetts, explains that the chaplain provides a form of intervention that is radically different than any other forms of care. While doctors and nurses alleviate pain and suffering, and social workers and psychiatrists seek to address the personal, social, and economic problems of patients, chaplains offer themselves. Sister Cecelia says this: "For the chaplain, whose primary task is to respond to [patients'] spiritual and religious needs, the most effective tool is his/her humanity... Sharing in someone's [spiritual] concerns requires the investment and commitment of one's self in the life of another. Only in this kind of relationship will the patient risk confronting the meaning of his or her life, death and suffering."

So that's how I answered patient's questions as to what a chaplain does- we listen. I found this response especially helpful when a teenager would ask me what my role was. Once young patients recognized that I really was there to listen to them (and this often involved asking their parents to leave the room), these teens often opened up to me- sharing why they had attempted suicide, or how their eating disorder was affecting their life, and the like.

And so we return to Harry, the emergency room doctor in the opening reading. As Harry discovered, serving is different from fixing. Fixers trust their own expertise but may not see the wholeness in another person. It wasn't until Harry was able to step back from his work as a professional and appreciate the wonder, the miracle of the baby's birth that he himself felt fully human.

Creating Sacred Space

I have learned that culture plays a critical role in the way people perceive illness, the beliefs they hold in respect to health and healing, and their attitudes and expectations towards health care providers. Interacting with people coming from very different walks of life can be very challenging! One patient interaction immediately comes to mind. Keyshaun, a 33 year old black man, had suffered a massive heart attack. The family asked me to bring a Bible to Keyshaun's room. I was keenly aware that I was entering a different culture- an extended African American family with a strong Baptist faith. When I first arrived at Keyshaun's room, I felt almost like an intruder. They first asked me to read the 23rd Psalm. After I did so, two family members stepped forward to lead the group in prayer. First, the matriarch offered a beautiful spontaneous prayer. Then a teenage niece of the patient asked me if she could sing a prayer. I said 'of course,' after which she sang a hauntingly beautiful song that brought everyone, including me, to tears. From this visit I learned that perhaps the most important thing a chaplain can do is create a spiritual environment- a sacred space- that gives family members permission to pray, to grieve, to hope. I also learned that I don't have to "do it all"- I can rely on family members to do what they need to do, according to their customs and beliefs.

In an article in the most recent UU World magazine entitled “Translating Faith,” UU minister and chaplain Nathan Mesnikoff explains how he tries to bridge the gap between his own faith and the faith of his patients:

“I meet people, to the best of my ability, where *they* are, listening for their values and beliefs as a way of understanding their pain and suffering, and ideally, of connecting them with their strengths and sources of hope. I cannot understand completely, and so perhaps it is enough just to be a compassionate, non-anxious presence.”

Companioning People

Early on in my chaplaincy, I dealt with a particularly tough case. The patient was unconscious, her prognosis was unclear, and family members and friends were struggling with how to comfort and support patient’s spouse. So some of them started trying to “fix” things. Some people felt the need to share (often long) stories about their own or others’ illnesses; several assured patient’s spouse that he and the patient should feel blessed about having spent so many years together; others said that while the patient wasn’t “old,” she had lived a good life.

Serendipitously, right around this time a fellow chaplain shared with me a very powerful reading by grief counselor Dr. Alan Wolfelt, founder of the Center for Loss & Life Transition. Wolfelt offered some guidelines about companioning people who are ill or grieving. Here are a few that especially speak to me:

- Companioning is about being present to another person’s pain; it is not about trying to take away the pain
- Companioning is about going to the wilderness of the soul with another human being; it is not about thinking *you* are responsible for finding the way out
- Companioning is about walking alongside; it is not about leading or being led
- Finally, companioning is about compassionate curiosity; it is not about expertise.

In a sermon entitled “Waiting in the Garden,” UU minister Scott Alexander- who was the keynote speaker at our regional UU gathering 5 or 6 years ago in Round Lake- wrote this about companioning others:

“We find it hard to believe that just to be is the solution. We are disinclined to trust that *the gift of ourselves* is enough, and this insecurity leads us so often in the presence of tragedy to try to rescue others from their suffering. We foolishly think we must offer up concrete technical advice, theological nuggets or philosophical chestnuts, all sorts of unnecessary verbiage and unhelpful fussing that gets in the way of the simple human caring that really needs to occur.”

Both Whole and Healing

I spend a lot of time on the rehabilitation floor at Albany Med. Typically patients there have taken a bad fall, suffered a stroke, been injured in an auto accident- some event that suddenly changed their lives, sometimes forever. Some recover, partly or completely, and some do not. All are freaked out about their future- can they go back to work, can they support their family, can they maintain a relationship. And what can a chaplain do to support these patients and their families?

UU minister Barbara Wells Ten Hove has written about her own chronic pain disorder, and how she learned to live with it. As her condition worsened, she wondered whether her family and

friends would look at her differently. She observed that those who had loved her still loved her. And those for whom her doing was more important than her being struggled. She wrote this about wholeness and healing:

“When we are sick or injured we suffer. . . it is up to us to find a way to accept that pain and suffering are a part of being fully human. . . Each of us will find our own path to healing—a word that comes from the same root as wholeness. Accepting that we are whole even when we are ill or injured is a first step toward healing.”

I think that is one of the learnings to be gleaned from The Time For All Ages story read by Nikki today about the scratched diamond. The diamond worker carved a beautiful flower into the section of the diamond that had been scratched. As a result, the king loved the diamond more than ever. It was different, but no less whole.

The importance of family

When I introduced myself to a patient as a chaplain, sometimes the patient would say “I don’t want to talk about God!” I would then express relief- “phew”- respond that I didn’t want talk about God either, and ask what the patient did want to talk about. Most of the time patients wanted to talk about their families. Marie was an 82 year old Roman Catholic who died several months after I first visited her. Her faith was very important to her, as was evident by various religious icons and get well cards in her room. While she expressed faith that “God will take care of me,” what Marie really wanted to talk about was her extended family, and how much she would miss them. I found this to be the case time and time again with patients, especially older ones. There is a wonderful article that captures this by hospital chaplain Terry Egan. It’s called “My Faith: What People Talk About Before They Die.” Here is a bit of what Egan said in the article:

“What do people who are sick and dying talk about with the chaplain? . . . Mostly, they talk about their families: about their mothers and fathers, their sons and daughters. . . people talk to the chaplain about their families because that is *how* we talk about God. That is *how* we talk about the meaning of our lives. That is *how* we talk about the big spiritual questions of human existence... We don’t live our lives in our heads, in theology and theories. We live our lives in our families: the families we are born into, the families we create, the families we make through the people we choose as friends. This is where we create our lives, this is where we find meaning, this is where our purpose becomes clear.”

And it was a privilege to hear patient’s stories about their loved ones.

Addressing unfinished business

UU minister Forrest Church wrote a sermon entitled “Love and Death” that chronicled the last few months of his life before he succumbed to cancer. He wrote this about ‘unfinished business:’ “ How often I have counseled dying congregants whose death sentence seemed to mark the bitter end of a long, unsuccessful struggle to make peace with themselves. The opportunity had passed, or so it seemed. At times like that, ‘If only’ are the two saddest words in the English language. ‘If only I had done this or not done that.’” Church said his task on such occasions was to remind them that their story was not over, and there still was time. And Church recounted that he had witnessed [quote] “amazing last-minute reconciliations and conversions, truly courageous and successful two-minute drills at life’s close that almost miraculously turned the defeat of death

into a victory. But, in each of these cases, when acceptance came, it came hard. And often it didn't come. There was not world enough or time [enough].”

Forgiveness

In my experience forgiveness is a big part of unfinished business. Some patients need to grant forgiveness, and then there are those who desperately need to be forgiven by others, especially family members. Here is an example.

Ned, dying of cancer, told me he had to get something off his chest, and he needed my help. Like many people I met, he “confessed” that he had not been to church in years, and during his short time left, he needed to make amends. I have learned that while patients sometimes present regrets in religious language (for example, “I don’t go to church anymore,” or “I need to be saved by Jesus”), their distress is most often caused by a breakdown in their relationships with other people. So I asked Ned this: “If you were sitting with God, making an honest accounting of your life, do you think God’s biggest concern would be that you missed church?” He laughed and said he recognized that wasn’t the real issue for him. Then he teared up a bit, and said that what was really eating at him was that he had treated his ex-wife very badly for almost twenty years, and he needed to apologize to her before it was too late. Ned said his ex-wife, with whom he shared adult children, had been very supportive during his lengthy illness. At my suggestion, Ned called his ex-wife that day and asked her to visit him. He recounted to me that she gently said to him “You need to talk to me, don’t you.” They had several meaningful conversations over the next week or so. Ned died shortly thereafter.

There is one big issue that I haven’t talked about yet, and that is the topic of prayer- perhaps the most important gift chaplains are asked to provide to patients. After **we hear some reflective music**, I’ll do so.

Prayer

Unitarian Universalist minister Kate Braestrup is a chaplain with the Warden Service for the state of Maine, working with search and rescue teams in the Maine wilderness. She says this about prayer:

"Chaplaincy brings us into close contact with people whose socioeconomic and religious backgrounds vary widely, and who may share with us little more than birth, illness and death- the common features of human experience. Whatever theological or doctrinal systems a chaplain begins his ministry with, the work itself has a distinctively streamlining effect. A chaplain doesn't have a leisurely hour in which to [reflect on the Holy.] The suffering is right there, and its urgency demands an immediate response. We don't give a lot of sermons out in the field or in the woods or streets. Instead, we are called upon to offer the spiritual equivalent of triage. We're asked to pray."

Prayer is what most patients and family members want from a chaplain- prayer before and after surgery, while in the emergency department, while recovering on the rehab floor. So as a Unitarian Universalist I had to become comfortable saying prayers. And I did become comfortable offering prayers solely to satisfy other peoples’ wishes for prayers to be said. On a daily basis I said the Lord’s Prayer, the 23rd Psalm, and the Serenity Prayer. And I have no doubt that most patients who asked for these prayers were comforted by them.

I struggled the most with prayer when I was visiting- you guessed it- Unitarian Universalist patients and families. I’ve come to realize that how or even whether we believe in the Holy matters little when it comes to prayer. UUs tend to forget that a belief in God is not required for

prayer; indeed, Buddhists have been praying for centuries. All we have to do is be present, Mary Oliver tells us: “Just pay attention, then patch a few words together and don’t try to make them elaborate; this isn’t a contest but the doorway into thanks, and a silence in which another voice may speak.”

And of course there are many types of "prayer," not all of which involve words. Rev. Bill Sinkford, a past president of the Unitarian Universalist Association, recounts an experience during his chaplaincy training while he was a seminary student. Sinkford was directed by hospital staff to calm down Mr. Smith, an unruly patient. When Sinkford went into Mr. Smith’s room, a shoe came flying his way. Sinkford managed to catch the shoe and, though he considered trying to talk the patient back to calmness, something in Sinkford decided that was not the best approach. Sinkford says this: "I threw the shoe, gently, back in his direction. He obviously was not expecting that and missed the catch but recovered the shoe and threw it back at me. It became a calm game of toss and moved then into conversation."

When Sinkford discussed this incident with his chaplaincy supervisor, her response was that it had been a risky move. “[Perhaps] you should have called security," she said. "The situation could have developed very differently." Then she said, “But, I think you were praying with Mr. Smith. You were present to his frustration. By tossing that shoe back to him, you validated his experience. You said 'yes' to that moment of his life. That game of toss was the prayer that he needed.”

Gratitude

Finally, I have come to appreciate that gratitude can be an important message to bring to patients, especially those who are not religious. Virtually every patient and/or family has something to be grateful for, and they are often willing and eager to share about this.

Gratitude is a sacred concept in Unitarian Universalism. In a sermon entitled "Gratitude Should Be the Center of Unitarian Universalist Theology," UU minister Galen Guengerich said this: "Gratitude is a uniquely religious virtue. Why is this so? A sense of awe and a sense of obligation, religion’s basic impulses, are both experiences of *transcendence*, of being part of something much larger than ourselves. . . [Our sense of awe and] obligation lead to an ethic of gratitude. . . ”

When a visit with a patient called for something other than a traditional prayer, I often shared a reading by Roman Catholic Sister Joyce Rupp entitled “Gratitude.” Here are a few lines that especially resonated with patients:

- To be grateful for what is, instead of underscoring what is not.
- To find something to laugh about in every day, even when there seems nothing to laugh about.
- To search for and to see the good in others, rather than remembering their faults and weaknesses.
- To seek to forgive others for their wrongdoings, even immense ones, and to put the past behind.
- [Finally], to be at peace with what cannot be changed.

And so I end this sermon with a deep sense of gratitude - I feel so grateful that hundreds of patients and families- including a number of members of my own congregation- gave me

permission to come into their room and listen to what was on their minds and hearts. I hopefully was able to provide some comfort during some of their darkest hours. I am grateful that I have found this new calling- and the even newer calling of becoming an interfaith seminary minister at this stage of my life.

Thank you for listening, and Amen!

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