

Good morning.

I'd like to thank Anne Vandenhoeck, Ewan Kelly,

and the European Network of Health Care Chaplains

For the invitation to be here with you and to speak today,

And to thank Axel Liegeois and Simon Evers

For their logistical support.

I was intrigued by the title of this talk I was being asked to give,

Because it would help me do some reflective work

and think about things I had not thought about in a while.

Preparing this talk was also a reflexive work,

As I became aware

Of how my experiences shape the

Interpretation and meaning

I give to clinical encounters,

And how they shape me

And my beliefs.

Let me share some of those experiences

to set the context for what follows.

I am the surviving older brother.

And in what is at least ironic,

Or perhaps God's sense of humor,

The first infant I was called to baptize,

When I was a chaplain resident,

Had the same congenital cardiac anomaly

as my brother—

And I now work at the same hospital

Where my brother was cared for

And where he died in 1967.

My undergraduate degree, and my first research experience

Is in astrophysics.

Science was always my favorite class in school,

And I pursued various experiments in a basement laboratory

During the day and with a telescope outside at night.

It's a small miracle that I didn't blow our house up!

I am a priest in the Episcopal Church,

part of the worldwide Anglican Communion.

I have always been affiliated with a congregation where I worship

And been an Assisting Priest,

But I have never been employed in a parish.

I have spent the past 26 years as a pediatric hospital chaplain,

And I was trained, as virtually all American chaplains are,

Through a Clinical Pastoral Education (CPE) program.

With those experiences acknowledged,

I hope that what I have to offer will make a bit more sense.

With my background in both science and theology,

It's probably not surprising that I find my calling as a healthcare chaplain,

And currently work in one of the larger academic research

Hospitals in the United States.

Working in an environment that focuses

On the pursuit of knowledge,

And listening to peoples' stories

As their chaplain,

I've come to learn to love the questions.

There are the theologians we read in seminary,

And then there are those opportunities

To grapple with theology at the bedside.

And it happens there to me far more frequently than in a parish,

Which is why I continue to enjoy being a chaplain.

I can only recall one instance where I have been asked,

As a priest in the parish,

Where someone explicitly started a conversation with me

Because she had a question about God.

But the questions come up much more frequently

At the bedside,

And they seem to arise in the context of distress.

**After listening to those questions, it seems to me that we suffer in part
because we are asking the wrong questions.**

**For some people, asking any question of God,
Or questioning their faith,
Is the wrong question and the source of distress.**

**For other people, the questions they ask have no answer.
The beliefs they have held for years don't have an answer
Or know how to respond to a crisis or tragedy,
And they are in distress because they can't imagine
An alternative, new belief
That might help them understand
What they are going through.**

An analogy that occurred to me,

And perhaps this makes the most sense in a pediatric hospital,

Is that the questions or distress are signs

That the old way of using our beliefs

Isn't working anymore,

We haven't quite figured out new beliefs that work.

I liken the situation to what happens to our bodies:

By the time one is 17 years old,

our body doesn't look like it did

At 17 months, or 7 years.

Our brains are capable of thinking differently

Than they did as infants and children,

So why should we expect our spiritual selves

To remain the same while the rest of who we are

Is changing and growing?

Another aspect of suffering for the wrong reasons

Is suffering because our understanding of God is too small.

I think here of adolescents I have worked with

On inpatient or residential psychiatry units

Who believe that by their suicide attempt,

They have committed “the unforgiveable sin.”

Already depressed enough to attempt suicide,

They are now left without hope,

Having grown up

To believe in a God

Who is a Judge,

And who punishes.

During their hospitalization, we would begin to wonder,

If they could imagine a God who felt sad for them,

Instead of mad at them,

Or a God who could be scared for them or

Even glad for them.

We would wonder how their life

Might be different

If their image of God was bigger.

Sometimes it is our experience of the Church acting in small ways.

When I was interviewing for my first chaplaincy job,

One of the interviewers was the head of psychology at the hospital,

Who explained that her son had died as an infant,

Just a few weeks short of his baptism in the church.

It was to be a big family and church celebration,

The special foods from their ethnic culture

were already in the freezer,

And then he died of Sudden Infant Death Syndrome.

In the hospital's emergency department, she asked to have him baptized.

The priest from her congregation was out of town,

The hospital at that time had no chaplain on staff—

I was interviewing to be their first—

**And they began to call other clergy in the city on the phone
To see if someone would come in.**

**One clergyperson did come in, and told her he would not baptize the child,
Explaining in what the mother remembered
as a very patronizing way,
that the church's sacraments are for the living,
and weren't appropriate for the dead.**

And so her interview question, was, of course:

**“If you had been the chaplain with me in the Emergency Department,
Would you have baptized my son?”**

Can our vision of what it means to be the church

Move outside the narrow rules

So that we do not add to human suffering?

Can the church be big enough

To hold and heal my pain?

Obviously, that interview question made a significant impression on me,

And I carry it with me as a reminder of what I think

Being a chaplain means.

Can we as chaplains be big enough—

Big enough to be a container to hold other people's

Strong emotions?

Big enough to create space for someone

To ask their questions?

Big enough to step outside

The rules

And allow God

To be with us?

Sitting with adolescents and adults in distress from asking,

Why?

Why my child?

Have I committed the unforgivable sin?

Will you offer a prayer or ritual to reconnect me to God?

Has led me to the sense that God is bigger

Than we give God credit for,

And is beyond what we have words for.

And so, beyond the fact that God *is*,

And that God is love,

there is less that I am absolutely certain about.

Bedside questions, for me, are less about finding the

Right Answer,

As they are about exploring possibilities,

And wondering about new aspects of God

That I, or the other person,

Haven't glimpsed before.

I find myself using fewer words when I pray.

The formal, liturgical prayers of the Episcopal Church

Help focus my mind—

Which gets distracted all too easily

If I am simply trying to talk to God—

But more often all I can pray is to

Hold up an image of the other person

And leave them in God's hands.

Like CS Lewis, I think there can be more faith

in an honest doubt or question,

than in complete certainty that one thinks and believes correctly.

And so it has been a wonderful discovery

To find a community grappling with similar issues,

And this year became as Associate member

In the Society of Ordained Scientists.

The Society has been a place to become acquainted with others

Who grapple with many of the same questions,

Who also walk the border between the realms of faith and science.

I am hoping this will also spur me to do

Some new reflecting and writing

In the next few years.

Getting to that point, where I could consider being part of a community

That tries to integrate two differing contexts—

The science of medicine and the work of theological reflection,

Was not an easy path.

I did take my undergraduate degree,

And do my first research in astrophysics.

That can sound impressive,

But it was not a pleasant road to travel,

I very nearly didn't graduate,

And for a long time didn't look up at the sky.

When my wife and I became pregnant, though,

I felt as if I needed to give birth to something also.

Looking around the hospital chapel one day,

I saw the open notebook in which

People were invited to write their prayers,

And I began to wonder who they prayed to—

God? Jesus? Allah?

And what is was that they

Prayed about—

Were these prayers for

Help, thanksgiving,

Or something else?

And from those questions that morning in the chapel

my first chaplaincy research project was born.

And that has led me to my current role,

Where 75% of my effort is research.

My understanding is that most European chaplains

do not prepare for chaplaincy through CPE.

I would imagine that most of you have heard enough to know

The primacy given to feelings and experience

**In reflecting on clinical encounters,
Frequently to the exclusion of asking
Where God is in the experience for you.**

It is as if the biblical injunction about loving God has been rewritten as,

“Love the LORD your God with all you heart,

With all your soul,

And oh, by way, as an afterthought,

You could use your mind.”

Becoming a research chaplain has helped me to heal

From some painful undergraduate years,

And helped make me whole,

Uniting disparate fragments of myself.

It's been liberating to become more of who I am—

One who seeks to learn how people use faith

In their health care—

And to be who I am before God.

Becoming a research chaplain has enabled me to see my work

As an act of prayer, as offering

what I learn through surveys and interviews,

As well what I learn at the bedside,

To God.

I love the quote from Teilhard d'Chardin,

“the pursuit of knowledge is the

Highest form of adoration.”

It has been through pursuing knowledge—through seeking revelation-

Whether that comes in a clinical conversation

With a teenager about what she expects heaven to be like,

Or coming from studying spiritual struggle,

And how chaplains can intervene to decrease it—

It has been through pursuing revelation

That I have come to experience

A sense of awe for God,

And a sense of intimacy with God.

This is not to say that the relationship I experience

Between science and clinical care has always been an easy one.

When I was in training, I was called one day

To the Intensive Care unit by the parents of a young woman

With a serious infection.

I spoke first with the doctors,

Who told me they were quite certain

that this woman was not going to survive.

I then went out to with waiting room then to meet with the family,

Who asked me to pray for her to be cured

And be well enough to return home.

And I did include a request for her cure in my prayer.

Unfortunately, as a young, earnest chaplain

With a very strong trust in the evidence-based

Words of physicians,

The majority of my words in that prayer

Were about

God helping the family cope

with what I believed

was coming.

And my supervisor quite properly called my attention to that encounter

In our weekly supervisory session.

While I would be ashamed to meet that family again,

I did learn from this encounter

about the importance of using prayer to lift up to God

What is genuinely on someone's heart,

Rather than using prayer to remind us

What God thinks.

God already knows what's on our hearts.

That experience has made it possible for me

To be more open and honest with God,

And to tell God everything,

Including those feelings and thoughts

I'd sometimes rather not acknowledge I have.

It's also taught me to talk to God less.

Not to pray any less often,

But to talk and to use words in prayer less

Than I used to.

I've come to a greater appreciation for silence,

Not only at the bedside,

To allow the other person

To reflect on what we have been discussing,

But to simply be quiet before God.

As I pray without words, I find visual images helpful.

I have several icons in my office,

One of which is the icon of the crucifixion.

That icon is the visual metaphor of chaplaincy for me.

Jesus is the central figure, on the cross,

And to one side stands his mother Mary,

And on the other side,

Stands the beloved disciple,

With whom I have been developing

a sense of companionship.

I identify as the chaplain with the beloved disciple,

For he is the one standing with the parent as their child dies

Due to forces beyond their control.

Unable to change the situation,

The beloved disciple, or the chaplain,

Stands to bear witness to their pain,

Absorb their words and tears,

And create a community

Even a temporary one.

On the second night of my chaplaincy training,

I was in the hospital 8 minutes

Before I was called for the first time

To be with a family when there was a death.

Since then I've had many opportunities

To create community with parents

And stand with them at the foot of their crosses.

One of the joys of working in a large, academic, referral hospital

With a significant international patient population,

Is the endless variety of people I get to meet.

And one thing I am sure of is that God delights in variety.

That also means that we are unique,

And that we are all called to be God's child

In different ways.

We are not all called to be 92 years old

When we die.

Some of us have grown to be all we are capable of being,

Or all we are called to be in this life,

In 9 years, or 9 days,

And the only way for us to grow from there,

Is to cross over the line

and be brought fully into God's presence.

Modern society, at least in the West,

And perhaps most clearly in the United States,

Is very skilled at sanitizing death,

Hiding it away in hospitals,

And allowing us to ignore

The reality that children die, too.

Over 200 children died

In 2017

In the hospital

where I serve.

That is my reality.

It doesn't happen every day,

It's not frequent,

But the reality is that children get sick and die, too.

But because we hide from that reality

And don't talk about it,

It seems unnatural and morally wrong.

It leads to asking "Why me?"

Instead of, "why not me?"

And I've come to see that asking "Why?"

Does not make sense in the face of what is a normal,

though uncommon, event in life.

There is a more interesting question to pursue.

Having been with families as children die,

And having that experience,

As well as my experience as a surviving brother

Lead me develop a new theology of death for myself,

That theology circles around to influence

What I ask at the bedside.

The more interesting questions is:

“What now?”

Rather than sit with parents looking backwards asking, “Why?”

And wondering what they did or did not do

That brought them to this place,

I seek to shift the conversation to the future.

Sometimes that's as simple as beginning sentences with,

“When you go home today...”

Or helping them think through

Planning a funeral,

Or helping them understand

That children grieve differently

Than adults,

And preparing them,

And normalize for them,

the behaviors and questions

They might begin to see from their other children

And wonder if there is a problem

When really, the children are simply grieving normally.

Another aspect of the icon of the crucifixion that is important to me

Is that in this scene, the gospel writer gives the command for us

To care for one another,

As Mary the mother of Jesus

Is given to the beloved disciple,

And him to her,

With the injunction

To care for to each other.

It is a scene of action,

And that is certainly not how chaplains in the United States

Have been trained by CPE.

Chaplains are not supposed to do something,

But to simple “be” there with the other person.

Chaplains are not supposed to have an agenda,

Or specific questions to ask,

But are to allow the other person

To control the conversation,

To determine the agenda.

American chaplaincy, up until the past five years to so,

Has taken very seriously the non-directly listening psychology

Of Carl Rogers.

That preparation for chaplaincy has not served us well

As a profession.

To borrow from Canadian psychologist Karl Tomm,

Even asking a question is an action,

Is an intervention.

Wondering aloud, "How do you suppose God feels about

What is happening with you?"

Has opened up deeper, richer conversations

to explore meaning.

Asking these questions go against my training,

But I've experienced how the conversations are more significant

And lead us to a new knowledge

Of how God may be active in someone's life.

Providing care is more than simply being present,

Providing care is an act on my part.

I do love the variety of people I meet

And the diversity of faiths.

In one afternoon I can be with an Anabaptist family

Who shun electricity and modern conveniences in the home,

To bringing a prayer rug and compass

To the father of a patient from United Arab Emirates,

Who's trying to teach me Arabic,

To a 9-year old who doesn't believe in God

But likes company

and loves to talk

while he draws pictures

with the chaplain.

To live out on those edges of experience so different from my own,

I need a spiritual home to go back to.

I need a place that keeps me rooted in worship with mystery

And a strong sense of incarnation—

Of God being right here with us—

And that leaves room for questions.

The glory of the Episcopal Church is that we don't have

A set of beliefs that everyone has to believe in

In order to be one of us.

The problem with the Episcopal Church is,

We don't have a set of beliefs that everyone believes in.

Which means we can spend a lot of time and energy

Arguing over details

Instead of co-creating the world with God.

But it does nurture me by

Giving me the space

Not to have every question

Answered,

And not to be afraid

To voice them.

One the things which being a pediatric hospital chaplain

Has taught me is what strength looks like.

I met the mother of a very prematurely born infant

In our neonatal intensive care unit

When she asked to have him baptized

When he was taken off the ventilator

And allowed to die.

She made that decision, held him, took him outside into the park

In front of the hospital so he could feel the sunshine and wind

On his cheeks

And held him as he died.

Then she brought him back in,

And gave him a bath.

She was 14 years old,

And she was strong.

There was the adolescent woman with leukemia

Who found the strength to poke fun at her chemotherapy treatment

By talking at length about the fluorescent lime green color

Of her stomach contents as she vomited them up.

She was 16, but she had the strength

To live with cancer and laugh with it.

I was visiting a 17-year old woman with cystic fibrosis,

And asked, without denying the badness of this life-shortening disease,

If she had learned anything from it,

She told me that she had different priorities,

And had learned what was really important in her life.

She also learned that she had very little tolerance

For people who complained

About what did not have to be important.

She had absolutely no tolerance for her boyfriend

When he had a simple upper respiratory viral infection,

and was, like many males,

behaving as if was going to be the death of him.

She was 17, and one look from her

Was strong enough to silence his whining.

Listening to these stories has fed and nurtured my resilience,

My ability to keep going after 26 years of listening to them.

If these children and adolescents can figure out

What's truly important and what's not,

If they can find the strength to move through

Life and death,

They have helped me be more aware o

Of what are the priorities in my own life,

And given me the strength

to create a safe place

for them to express

their questions,

feelings and beliefs.

They have helped me find the strength

to keep listening.

To find the strength to be there when others can't.

There was a church women's group who gave a tea one afternoon

To honor the chaplains serving in the diocese.

The church administrator who introduced us began by saying,

"The chaplains, quite frankly, are the ones who go

Where the rest of the church doesn't want to go."

Rather like firefighters who rush into houses on fire,

Chaplains head into situations most people

Would like to ignore or pretend do not happen.

Certainly we head into those situations because it's our job,

But also because it's my belief—

My way to act out God-with-us

As belief influences behavior.

One way I enact the incarnation

Is with the reality that no child should die alone.

An infant in the neonatal intensive care unit

Was going to be taken off the ventilator and allowed to die.

The parents were not going to come into the hospital

And asked that they be called by the doctor afterwards.

And so when the breathing tube was removed,

One of the nurses looked at me

And offered me the chance

To hold that child in a rocking chair.

In another event, we received three children after an automobile accident

That was the result of a shootout with the police.

One child's heart stopped in the intensive care unit,

And the staff began to resuscitate him.

Ultimately they were not successful,

Pronounced him dead,

And began to walk away,

Leaving him laying alone on the bed

While the staff cleaned the room

And did their documentation.

So I stepped up to the bedside,

Took his left hand in mine,

And stroked his forehead and prayed.

I think the strength to do that—to stand in for God

As a tangible reminder of God's presence and love—

Comes through this interplay of spiritual beliefs,

And the experience of being with people

In the midst of dis-ease and suffering.

Not all chaplains, not even all Christian chaplains,

Find any meaning or motivation

In believing about the incarnation,

Or any sense of shared identity with the beloved disciple

At the crucifixion.

We all have some spiritual belief that guides us,

That helps push us forward into situations

That others may try to avoid.

And we have narratives,

From our spiritual traditions

And from the bedside,

That challenge and broaden our beliefs,

And strengthen us to do this work.

May our beliefs and our experiences influence each other,

And help us to grow and care for those we serve.

Thank you.