Chaplains as Midwives to Reorientation

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"We are made not merely of flesh and blood, but of stories." - African Proverb

I am often asked just exactly what is it I do as a hospice chaplain. My answer usually depends on how much time I have to spend with the one asking the question.

My elevator reply is "I work to make a safe place for people to emotionally lose control." When a doctor has just told you you're going to die soon, losing control is a common response. Making sure patients and their families have a safe place to do that without harming themselves or others is my job. That's the short answer.

In the past 11 years, I have companioned with more than 1,300 folks who have died. They, and years of research into the existential issues related to the dying process, have taught me several important lessons. Chief among them is our insatiable need to find meaning for our lives. We do this by creating stories.

Orientation[1]

Two primary elements required for our meaning-making project are our *roles* and *relationships* (Pilch, 2000). By roles I mean our function in society, i.e., teacher, parent, partner, bread-winner, home-maker, priest or priestess. These roles help justify our existence and give us a foothold on where we fit in the greater scheme of things. What gives these roles depth and meaning is their interdependence with our three vital relationships to ourselves, others and God (the transcendent) (Buber & Kaufmann, 1970).

While these elements may appear simple to grasp, crafting them into a deep seated sense of meaning is an incredibly complex and individual process. Furthermore, like quicksilver, a sense of meaning is fluid, fragile and fickle, which can be quite frustrating.

We work to make meaning from our roles and relationships by creating a meta-narrative (big story) about who we are and why we are. It's our attempt to make sense of what are we doing here at this time in this place, where we fit in the vast universe and why. We create this story from four primary ingredients: our lived experiences, our significant relationships, our chosen tribe and our concept of the Divine (Grewe, 2016). In understanding the world and our place in it, we tirelessly try to piece together these four ingredients into something that makes "sense."

By life experiences I simply mean the things that happen to us, whether good or bad, and how we work to make sense of them. Tragic events, such as being raped or the death of a loved one, as well as wonderful occurrences, such as winning a scholarship or falling in love, deeply shape our self concept.

As we work to make sense of such events, we look at them through specific lenses we are often not even aware of. First, there is the lens that was given to us by our nuclear family (Evans, 2011). The very first awakening of our place in the universe was the reflection our embryonic self glimpsed from mother, father, sister, and brother (Nagy, 2008). Were we the family scapegoat, hero, clown, or black sheep? Were we wanted? Were we loved? These questions help form how we interpret the things we experience.

Another interpretive tool we use to make sense of our lives is given to us by the tribe we choose to associate with (Bourdieu, 1989). Are we Democrat or Republican? Catholic or Muslim? Yankee fan? NRA or ACLU member? We all seek out groups that express a worldview we want to be a part of and then work to fit in with that tribe. We seek to understand how what happens to us makes sense within that particular worldview as well as more expansive cultural lenses, such as being North American, male or female, Caucasian or Asian.

Our understanding of God, which goes beyond religious affiliation also plays a part (Gorsuch & Wong-McDonald, 2004). Is our God loving or a stern judge? Is God indifferent? Does God actively help or just watch?

This work creating a meta-narrative for the meaning of our lives is much like printing a photograph by the old color separation process. In order to print a color picture, the photograph had to be separated into four different colored sheets of acetate; cyan, magenta, yellow, and black. Looking at each sheet separately, a person could see only a partial view of the picture. There were many blanks and missing pieces. Only when the four sheets were stacked on top of each other did the whole picture become clear. The combination of those four separate sheets made possible an infinite variety of color for the finished piece. So instead of four different colored acetates, we pull together our personal lived experiences, bits reflected to us from the people in our lives, pieces from our culture, and our personal transcendental beliefs to portray our life story —all for the purpose of making sense (meaning) out of our experiences and existence.

The stories we weave together from these various strands of information create our basic orientation to life and to the way things ought to be. These stories are very fragile and at some point will be assaulted.

Disorientation

As we move through life disorienting things happen to upset our well defined color picture. Divorce, disease, death of a loved one, loss of a job and a myriad of other experiences are apt to assault our emotions and force us to contemplate that great existential question, “Why?” Depending on our worldview, our answer might be “Well that’s life for you, these things happen,” or “I’ve always been a loser what do you expect,” or “The devil did it to me.”

For patients in the throes of this disorientation process, it can feel as though their lives have taken a tragic turn. Dr. Margaret Mohrmann in addressing this experience has

observed tragedies come in all shapes and sizes, minor and major, but they all have three things in common: they are sad stories; they have flawed heroes; and they represent conflicts of good and evil (Mohrmann, 1995).

The patient is the hero in her or his tragic story – we are all tragic heroes trying to figure out why we are alive and what it all means.

I've learned over the years—as both a participant and observer of this disorientation process—is that it can often be fertile soil for incredible spiritual growth. It is also true that these experiences can simply make us mean and bitter. The reason is that the most common response to this disorientation process is *suffering*. This potential for growth was beautifully verbalized by the father of tragedy, the ancient Greek poet Æschylus, who wrote, "He who learns must suffer, and, even in our sleep, pain that cannot forget falls drop by drop upon the heart, and in our own despair, against our will, comes wisdom to us by the awful grace of God" (Hamilton, 1993, p. 61).

Joseph Campbell, who made a career out of studying world religions and mythology, identified this nearly universal belief that suffering can be a doorway to heroic living. Campbell explained to Bill Moyers in their famous PBS interviews, "One thing that comes out in myths, for example, is that at the bottom of the abyss comes the voice of salvation. The black moment is the moment when the real message of transformation is going to come. At the darkest moment comes the light" (Campbell & Moyers, 1988, p. 39).

The biblical author of the letter to the Hebrews seems to agree by stating even Jesus of Nazareth was "made perfect through suffering" (Hebrews 2:10, NIV).

How does suffering transform us? By shattering the illusions we have inherited or created, and enabling us to see life as it really is (Merton, 2003).

Living in reality is heroic living. The manifestation of such a transformation is that the person emerging from this type of emotional ordeal is now less judgmental and more compassionate (Rohr, 2009).

Suffering alone does not provide such an awakening. Suffering provides the environment, the fertile soil, for such spiritual growth. It is also the dangerous ground for depression leading to spiritual death (Grewe, 2014).

Unlike most types of ministry, those whom hospital and hospice chaplains meet are smack dab in the middle of this disorientation process. Therefore, developing skills to help patients work through to a liberating reorientation rather than a soul shriveling experience of bitterness is paramount for those of us called to chaplaincy.

Reorientation

Inspired by philosopher Ronald Dworkin, Atul Gawande in his *Being Mortal* writes, "Whatever the limits and travails we face, we want to retain the autonomy—the

freedom—to be the authors of our own lives. This is the very marrow of being human" (Gawande, 2014, p. 130).

In my years of chaplaincy, I have reluctantly learned that you cannot impose a positive reorientation, i.e., spiritual awakening, onto someone from the outside. The patients must discover it for themselves and rewrite it into their life narratives. It is one of the most significant ways we honor their autonomy, trusting they will have the insight and creative energy to process what is happening to them into a life affirming experience. This requires love, acceptance, prayer and great faith.

A metaphor that has helped me over the years to serve folks in the midst of disorientation is to view chaplaincy as being a *midwife to reorientation*. I like the term *midwife* for several reasons. First of all, a midwife is not the star of the show. All of the focus and attention is on the one giving birth. The midwife is simply a servant with three basic functions: let nature take its course, keep everyone safe and help clean up the mess when it's over.

How do we do this? How do we companion with someone whose life is being radically disoriented and invite them into the heroic task of integrating this experience into their life's narrative in a way that gives birth to new streams of freedom, wisdom and compassion?

Here are a few suggestions:

- **Work to create a safe place where people can express and experience their grief.** Every interaction with a chaplain involves grief and loss of some kind. It may be the loss of autonomy as in no longer being able to drive, or walk, or live alone. It may be the loss of meaning as in "I can't be the mom or dad I used to be." These losses have an emotional pain associated with them that deserve space to be felt and explored. This is pain that cannot be fixed, but it can be held.
- **Understand that healing should include the restoration of roles and relationships.** This is far more expansive than simply cure (Kleinman, 1980). We want to be a supportive presence helping patients explore how to reframe their sense of meaning and continue to thrive in their loving relationships now that they are ill or are at life's end.
- **Act as a mirror, helping people reflect on the deeper meaning of the issues they are facing—but only going where the patient or family member is willing to go (Solomon, 2000).** This means not imposing our agenda on them. It requires the humble understanding that we are not experts. Patients are the experts on their lives, and we must trust they know best what they need.
- **Get to know the patients as human beings.** By really listening to them and honoring who they are and what they are going through, we can help alleviate the isolation of their suffering.
- **Invite patients into the present reality.** *Invite* is a key concept as is *reality*. If we are going to encounter the Divine in this process it will be in reality, not fantasy (Grewe, 2014). We can't force anyone to go there; it must be a free choice. Some

disoriented folks want a break from facing their suffering, and offering a temporary diversion can be equally therapeutic.

- **Consider exercising the prophetic role to challenge a patient's negative or limiting illusions.** This is tricky as it involves challenging detrimental self-narratives in a non-judgmental way and offering loving acceptance at the same time.
- **Realize that we are just one part of the health care team.** Everyone on the care team can provide spiritual care—the doctor, the nurse, the social worker, the aide, the volunteer—everyone. They too are spiritual beings. It is very comforting to know that if patients are unable to receive support from us, for whatever reason, there is still plenty of support available.
- **Give the gifts of encouragement and acceptance.** These gifts are simply grace. The receiving and giving of grace is the most important thing one human being can do for another.
- **Proclaim hope.** We can't give it; we can only proclaim it. Chaplains serve to help patients reorient their stories to whatever is important to themselves, as they move from disorientation to reorientation.

Conclusion

There is an African proverb that states, "We are made, not merely of flesh and blood, but of stories because that is what people are left with when we die – stories we told, stories others told about us, stories of our lives."[2] This wisdom saying captures the great project of being human. It highlights our need to craft a story of our lives imbuing our time on this planet with some sort of meaning. The elements we draw from to create our stories come from our lived experiences, our nuclear family roles, our chosen tribe of relationships and our concept of the Divine. This woven together meta-narrative establishes the basis of our basic worldview – our life orientation.
Throughout our lives, we experience unexpected and often tragic events. This disorientation requires that we reconfigure our meta-narratives. This liminal space is pregnant with opportunity to experience a radical reorientation—opportunity for expansive spiritual growth, or conversely a deep soul wound. As hospital and hospice chaplains, this is the sacred ground where we most often meet our patients and their families.

The metaphor of being a spiritual midwife in this time of disorientation is useful to help us as chaplains intentionally focus on our role in the healing process. The many and varied services we provide to patients and their families can be seen as helping create a safe environment for new discoveries, inviting those involved into the reality of the moment, allowing them to wrestle with Divine on their own terms, offering encouragement when needed, advice when asked and acceptance of the process—all in the hope of the birth of a wiser and more compassionate worldview for those involved.

May it be so.

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[1] This tripartite schema (orientation, disorientation, reorientation) has been identified and explored by Walter Brueggemann (Brueggemann, 2002), by Joseph Campbell (Campbell, 2008), and by Aristotle (Aristotle & Buckley, 1992).
[2] This proverb was shared with the author in a personal conversation with Fr. Freddy Ocun at St. Vincent Hospital in Portland, OR on July 20, 2016.