PART THREE

WELCOMING AND DEVELOPING SPIRITUALITIES

Although it is 6:00 a.m. and still dark, the parking lot of the hospital is already filling up. In an hour only the far lots will be available. People are filing from their cars and meeting up with others who are getting off buses. They are all moving toward the hospital, its many windows spilling light into the last darkness before the day.

Who are these people?

Some are patients on a fourteen-hour fast, hoping to be first in line for blood testing. Some are patients coming for day surgery, believing they will sleep in their own beds to-

night. Some are family and friends of patients—a wife who left the hospital late last night is now returning, a son who, every morning before he goes to work, visits his father in intensive care, a clergy person who was notified an hour ago that one of the parishioners had been admitted last night. Others are medical and nonmedical caregivers—nurses on day shift, doctors who need to fill in charts and visit patients before the rush begins, social workers who couldn't sleep and decided to come in early.

Later in the day they will be joined by others. More social workers, volunteers, and the administrative staff will begin arriving about eight. The CEO has a 8:30 meeting with those who report directly to her. Throughout the day there will be a flow of patients in and out of the hospital and adjacent medical center. Although all the people entering and exiting the buildings are involved in the enterprise of receiving and delivering health care services, they are there for different reasons and are in different mental and emotional states. Throughout the day, these diverse interests and states will be continuously interacting.

Upon entering this intricately structured social environment, these people are immediately assigned roles—patient, visitor, nurse, intake coordinator, doctor, engineer, lab technician, human resource manager, and so on. These roles set boundaries, determining what people expect and how they will relate to one another. Some of the rules of these roles are written down. There are statements of patients' rights, doctors' responsibilities, and job descriptions for everyone from volunteer to CEO. There are also unwritten rules—assumptions about how things are done, tacit agreements about what is appropriate and what is inappropriate, personal limits re-

sulting from previous experiences in a health care environment. These unwritten rules are often the hidden determinants of inner attitudes and outer behavior. No one enters a health care setting without simultaneously taking on a role and playing by some rules.

Today these roles and rules are changing. For example, the patient-doctor relationship is considerably different than it was in the immediate past. The patient has more say in how his or her disease will be treated, and in some cases, insurance plans have more say than either the doctor or the patient. The roles are still there, but the rules and how they are being played out are changing. Health care settings are thick with rules, roles, responsibilities, and system considerations that are in flux, and many think that in the current volatile atmosphere of contemporary health care, change is the only certainty.

Spiritual People

Those people trudging into the hospital also bring with them varying capacities for spiritual awareness, a wide range of abilities to open to the spiritual and to see things from a spiritual point of view. During the course of the day, these capacities will be tapped. They will come into play in the midst of the rules, roles, responsibilities, and systems. The deeply personal will emerge to influence the socially structured relationships. This reflects a core spiritual teaching: people are more than their roles. Their participation in the spiritual dimension makes them transcendent to any roles they may play in various social dramas. This spiritual capacity of being more will eventually and in unforeseeable ways enter into the organized and reorganized delivery of health care.

Of course, the spiritual capacities of people vary greatly. When the spiritual is seen as a dimension of the human, it automatically becomes a human potential. It is not just a "given," but a "given" that can be developed. Just as the physical, psychological, and social are developed differently by different people, so spiritual development is a continuum with some people at the low end and some people at the high end.[1] For example, when Sister Thea Bowman was told she had cancer, she responded, "So now it's my turn." Her life-long spiritual practice had awakened in her a profound sense of solidarity with the human condition. She could see and evaluate suffering and death from the soul space. Contrast this with the often heard response when confronted with the news of cancer, "Why me?" The first response reflects the spiritual awareness of communion; the second response reflects the fantasy of separation and exemption. Sister Thea was able to access her spiritual resources.

Of course, one expects that professional religious, chaplains, and clergy will have developed their capacity to enter the soul space, be open to the spiritual, and reflect the spiritual in what they say and do. Yet, on the whole, social roles are not indicators of spiritual development. The people most in touch with the spiritual dimension and thereby most able to communicate it may not be at the top of the social and organizational ladder. Dawna Markova, for instance, tells a

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1. The fact of spiritual development always raises the question of elitism. Will the more highly developed use this fact as a social advantage to the detriment of others? These are many responses to this "envisioned situation." One of the more interesting is that spiritual development entails relativizing the ego and its insatiable demands for protection and promotion. Those who are highly developed spiritually do not seek power over others. Instead, they offer whatever they have to contribute to the well-being of others. The goal of spiritual development is not social position but spiritual service.

story about a lady who cleaned the floor of the hospital where she was a patient.

One night she reached out and put her hand on the top of my shoulder. I'm not usually comfortable with casual touch, but her hand felt so natural being there. It happened to be one of the few place in my body that didn't hurt. I could have sworn she was saying two words with every breath, one of the inhale, one of the exhale: "As . . . Is . . . As . . . Is . . . "

On her next visit, she looked at me. No evaluation, no trying to figure me out. She just looked and saw me. Then she said simply, "You're more than the sickness in that body." . . . I kept mumbling those words to myself throughout the following day. "I'm more than the sickness in this body. I'm more than the suffering in this body." I remember the voice clearly. It was rich, deep, full, like maple syrup in the spring. . . .

I reached out for her hand. It was cool and dry. I knew she wouldn't let go. She continued, "You're not the fear in that body. You're more than that fear. Float on it. Float above it. You're more than that pain." I began to breathe a little deeper, as I did when I wanted to float in a lake. I remembered floating in Lake George when I was five, floating in the Atlantic Ocean at Coney Island when I was seven, floating in the Indian Ocean off the cost of Africa when I was twenty-eight. Without any instruction from me, this Jamaican guide had led me to a source of comfort that was wider and deeper than pain and fear.[2]

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2. Dawna Markova, *No Enemies Within*, quoted in Frederic and Mary Ann Brussat, *Spiritual Literacy* (New York: Simon & Schuster, 1996), pp. 396–97.

This spiritually developed cleaning lady became an ad hoc spiritual companion to a patient. She instructed her in spiritual practices that brought the woman's consciousness into the soul space where she realized her transcendent spiritual identity—"You're more than the pain in that body." This realization brought great comfort and peace.

From Spiritual Communities

The cleaning lady did not learn that spiritual practice by mopping floors. (Although for someone this spiritually developed, mopping floors is probably spiritual activity.) She had a history of spiritual development, a soul story, that she brought to work that day. So it is with most of the people who enter health care settings day after day. If they have developed spiritual capacities, most probably they have developed and nurtured them outside the health care setting. They may be practicing Muslims, Christians, Jews, Hindus, Buddhists, or so forth, and these religious affiliations may have made them familiar with the reality of soul. Or they may have developed this capacity from participation in psychotherapy, the human potential movement, or any number of other activities and communities. However it has occurred, spiritual awareness is a potential that people have learned to actualize along the way. When they enter health care settings, they bring that ability with them.

From his study of spirituality within organizations, Frederic Craigie concluded "that developing spirituality and spiritual wellness in organizations is primarily a matter of cultivating that which is already there, rather than introduc-

ing or teaching something that is absent."[3] However, "that which is already there" came from someplace. Although organized health care settings are appropriate places for spiritual activity, they are not the home of spiritual activity. The principal places of spiritual nurture are elsewhere. Although each person has his or her own individual spirituality, they usually belong to a spiritual community that supports and legitimates their spiritual interest and sensitivity. These communities and traditions are essential for spiritual development. They provide encouragement for the spiritual search, wisdom about the "ups and downs" of the spiritual path, established leadership and spiritual guidance, and commonly shared experiences of spiritual nurture and renewal. If health care is interested in the spiritual development of both patients and associates, it must help people stay in contact with these communities.

Carrying Spiritualities: Beliefs, Stories, and Practices

Spiritual people from spiritual communities carry with them spiritualities. Spiritualities are composed of beliefs, stories, and practices that focus on the spiritual dimension and its subtle interactions with the physical, psychological, and social dimensions. These beliefs, stories, and practices are not ends in themselves. They are in the service of spiritual consciousness. They are meant to bring awareness into the soul

3. Frederic C. Craigie, Jr., "The Spirit and Work: Observations About Spirituality and Organizational Life," *Journal of Psychology and Christianity* 18 (1999): 43–53.

space, the deepest center of consciousness, and to facilitate seeing and acting from that space. Spiritualities are the creations of spiritual people for the express purpose of staying in touch with the spiritual, both in themselves and in their situations.

This point about the goal of spiritualities is important. Spiritualities do not directly contribute to the repairing or healing of particular situations. However, since spiritualities are often brought forward in pressing circumstances (for example, people often suggest prayer as a last-ditch response after everything else has been tried), an expectation arises that the beliefs, stories, and practices will have an immediate impact on the situation. This expectation is misplaced. Spiritualities directly contribute to the repair and healing of our relationship to the spiritual by helping us consciously attend to it.[4] Once we are in conscious contact with the spiritual, it may become a resource to creatively address whatever is happening in the situation. However, this alleviation of the situation is always mediated by the people who engage the spiritualities and so center themselves in the spiritual and open themselves to its direction. Spiritualities are first <u>for</u> people and then <u>through</u> people for the betterment of situations.

Spiritualities are irreducibly individual. A person may belong to and participate in a Catholic, Hindu, or Islamic religious community, yet this alone cannot predict her or his

4. For a clear presentation of this insight, see "Beyond Ego: An Interview with Hameed Ali," *Common Boundary* (November/December 1999), pp. 18–24.

spirituality.[5] They have probably selected one or two beliefs from these traditions, have a particular sacred story that they prize and consult, and engage in one or another religious practice, although these particular beliefs, stories, and practices may not be the ones the officials of the tradition consider central. Also, they have gathered beliefs, stories, and practices from their individual experiences and blended these with what they have learned from their religious traditions. These collective traditions and personal experience are the two sources that people draw on for the beliefs, stories, and practices that comprise their spiritualities. The result is a unique combination of influences that structure their consciousness in a certain way. Therefore, the only way to discover a person's spirituality and the effect it is having on their consciousness is to listen carefully as they reveal it.

For example, a patient may believe God is present no matter how bad things get. He connects this with a song he always sang in church, "My God is a rock in a weary land, in a weary land, in a weary land. My God is a rock in a weary land, shelter in a time of storm." He remembers his grandmother told him stories about the Depression when they had nothing but faith to keep them going and every morning they prayed for strength. He has taken up that practice. He prays every morning, "Lord, give me the strength to get through the day." The question is, how does this spirituality, this combination of belief, story, and practice, shape his con-

5. See David McCurdy, "Religion and Spirituality in the Clinical Setting: Ethical Challenges and Opportunities," *Insights: Ethics Newsletter* (Winter 1999).

sciousness and open him to the spiritual dimension of human interactions?

Or a nurse may believe that because everybody is related to God and because God is behind it all, everybody is related to everybody else. She had a dream once that reinforced this belief. She dreamt that her sister, who lived two thousand miles away, was sick. In the morning she called and found out her sister had pneumonia and was in the hospital. What she dreamed was actual. She was connected to her sister in a way that was not completely conscious. She concluded, in what she herself admits was a wild leap, that there is an invisible network of communication throughout the universe. She used that network to pray for her sister. Now she prays for all her patients. She does not pray for specific things, like better health or that more people would come and visit. She prays for them in a simple and direct way, asking God to open them to healing. She thinks that is a better way. The question is, how does this spirituality, this combination of belief, story, and practice shape her consciousness and open her to the spiritual dimension of human interactions?

Or an upper-management executive may believe that, down deep, people want to help other people. This is basic. She remembers how she found this out about herself. Her boss turned to her and said half-jokingly and half-seriously, "Face it, Joan, you're a do-gooder." Once she faced it, she was happier. She often begins department meetings with, "Let's see what we can do to make things better for people." Colleagues are not sure whether to take her seriously. She often supports the staff by reminding them how what they do affects other people, even though they do not immediately see

it. Although she says she is not very religious, she considers this her spiritual practice—reminding herself and others that down deep they are driven by a desire to help. The question is, how does this spirituality, this combination of belief, story, and practice, shape her consciousness and open her to the spiritual dimension of human interactions?

Spiritualities are the stethoscopes people possess to hear the pulse of the spiritual in each experience and in every situation. The more people explore spiritual beliefs, tell and retell spiritual stories, and engage in spiritual practices, the more developed their spiritual consciousness becomes. In the language of spiritual traditions, they develop eyes to see and ears to hear. What they see and hear is the spiritual, not as a "thing apart," but as deep activity arising and transforming the social interactions of health care.

A Welcoming Organization

Spiritual people from spiritual communities carrying spiritualities arrive within an organized medical system of health care delivery. Will the medical center be hospitable to this dimension of the people it serves? If the organization is going to welcome spiritualities, it will have to marshall appropriate and convincing reasons for doing so and also work out the practicalities.

A health care organization may welcome spiritualities for many reasons:

- because the majority of patients and employees want it and it may increase employee morale, patient satisfaction, and market share;

- because the organization is committed to holistic care and the spiritual is included in that comprehensive approach;
- because the organization is faith-based, and welcoming the spiritual is a logical extension of its identity and mission;
- because medical and organizational research suggests that the inclusion of the spiritual contributes to the excellence of medical care and organizational well-being.

Big-picture reasons for welcoming the spiritual are needed as a context for the difficult and long-haul organizational effort this welcoming will entail.

The "why" of welcoming always unfolds into more intricate and sensitive practicalities. How will the welcoming go on?

- Will spiritual screening tools be added to intake forms? If they are added, what questions will be asked and what will be done with them?
- Will physicians and nurses inquire about a patient's spirituality and be prepared to respond to what they find?
- Will the organization reconsider its policies around productivity and performance to include spiritual concerns?
- Will staff pray with patients if they are invited to do so?
- How will the spiritualities of different faiths be handled, especially if the health care organization is of one particular faith?
- How will proselytizing and religious bickering be avoided?

- Education in spirituality and health will be needed, but how will it go on and how will it be evaluated?
- How will leadership encourage the spirituality of employees and associates so that they will be able to welcome the spiritualities of patients?
- Does this inclusion of the spiritual involve new responsibilities for chaplains and pastoral care personnel?
- Are all spiritualities welcome? What if a spirituality clashes with the health care organization's values of what is considered the most beneficial medical treatment?

The ultimate test of welcoming spiritualities will come down to how the welcoming is done and who is doing it. In many situations, it is assumed that those who think welcoming spiritualities is a good idea will not be those who actually do it. Therefore, the usual organizational division between those who decide and those who implement will cause the usual problem—the spirit of welcoming will be lost and in its place will be wooden compliance with a new rule sent down from above. The decision to go public and welcome spiritualities leads inevitably to questions about how to change organizational culture and behavior.

Background Spiritualities and Foreground Spiritualities

There is more to say about welcoming spiritualities into health care than noting the difficulties and possibilities of efforts at inclusion. The spiritualities that people bring into health care settings have been developed in other settings, most notably within religious traditions and communities. This means they have been created and amended in communal settings. The beliefs are often convictions that have been hammered out

in the long history of the community. These beliefs usually focus on the spiritual itself, not the spiritual as it relates to health care. They may be beliefs about the nature of the Divine, the dynamics of sin and redemption, what happens at death, the possibility of after life salvation, and the end-of-the-world. The spiritual stories are also community oriented. They may be about the founder—Abraham and Sarah, Moses, Jesus, Mohammed, Gotama—or about key holy people within the history of the tradition. Also, the practices are those of the people gathered together, geared toward a community of believers rather than individuals outside the community in specific settings. These communal practices are rituals that incorporate beliefs and stories and provide the ongoing spiritual nurture for the people.

These community rituals are scheduled for certain times and certain places. These times and places become sacred times and sacred places because the community, in an explicit way, focuses on the spiritual dimension of life and, in most traditions, on its relationship to the Divine Source. For example, there is Sabbath observance in synagogue or temple for Jews or Sunday worship in church for Christians. However, this official community gathering is only one day a week and, then, only for an hour or two. The question that naturally arises is how to allow the deeper consciousness of Sabbath and Sunday time to influence the consciousness of the rest of the week. "The resacralization of the world must finally make a difference in our everyday lives, not just in some split-off part that we define as our spiritual time or space. All space is potentially sacred space, all time is potentially

sacred time."[6] This struggle to extend spiritual consciousness to times and places that are not officially designated as sacred has been called "living the faith" or the "sanctification of everyday life" or "putting faith into practice."

One way of sanctifying everyday life is to create spiritualities around the major stages and landmark transition moments of life—birth, adolescence, leave-taking, marriage, menopause, midlife, aging, and death. This task continues with even greater particularity by shaping spiritualities around the repeatable and essential elements of ordinary life—waking up, eating, working, being with others, words, movements, simple pleasures, going to sleep.[7] These two sets of spiritualities make spiritual consciousness a possible companion to every human experience. As important as the communally shared background spiritualities are, it is often difficult to connect them with the nitty-gritty interactions of daily work and relationships. If the spiritual dimension is to enter consciousness in the ordinary experiences of life, there is a need for foreground spiritualities, for spiritualities geared to what is happening.

This is especially true in health care. Whatever foreground spiritualities people already have and whatever foreground spiritualities will be developed, they must contribute in two

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6. Michael Lerner, *Jewish Renewal: A Path to Healing and Transformation* (New York: Grosset/Putnam, 1994), p. xxxvii.

7. These categories are taken from Philip Zaleski and Paul Kaufman, *Gifts of the Spirit: Living The Wisdom of the Great Religious Traditions* (San Francisco: HarperSanFrancisco, 1997).

ways. First, they must awaken spiritual consciousness in the midst of the social interactions of health care. In other words, they must help the person move interiorly into the soul space. This move is not a way of leaving the outer world. It is a way of finding a luminous space in order to be present to the outer world in a more complete way. Second, foreground spiritualities must help the person flow out from this space. They must help spirit inform behavior. The ultimate goal of foreground spiritualities is to bring the resources of the soul space into the outer world and change that world along lines suggested by the spiritual. To put this another way, the sanctification of the everyday is the place where spiritualities and moral living come together.

Foreground Spiritualities and Values

In this way, foreground spiritualities connect with and support individual and organizational values. Values play an important role in most health care organizations. They occupy a middle ground between convictions and concrete actions. Values—for example, respect, excellence, compassion, and collaboration—are grounded in some convictions. These convictions can be about such things as the nature of the human person, the dynamics of healing, the workings of society, and the role of medicine. However, these convictions are assumed more than they are stated. They are seldom explicitly brought forth, which allows people to "buy into" the values on whatever convictional grounds are comfortable for them. For example, a Christian health care organization may have "respect" as one of its guiding values. The official organizational grounding for it may be the conviction that the human person is made in the image of God. However, a given

employee may espouse the value of respect because without it "society would fall apart" or because he or she follows the golden rule of doing unto others as you would have them do unto you. The middle position of values allows people to embrace them with whatever grounding is convincing to them.

This middle position of values also drives one of health care's most urgent projects: what do these values mean and how do you implement them? It is one thing to state the values and quite another to live them. In fact, because the discrepancy between saying and doing is often so great, many people become cynical. They see values talk as a cover for policies and behaviors that are heedless of the very values that supposedly guide the organization. If values are not operationalized, they become a sham. Therefore, the drive to implement the values is crucial to the identity and integrity of any given health care organization.

One help in the effort to implement values is to spell out behaviors that embody them. For example, consider an organization that characterizes itself as showing respect for all people no matter what their condition or circumstances. Part of the organization is a retirement living community. Concerned people have drawn up some tips on showing respect for the elderly.

1. Use Mr., Mrs., or Miss with last names unless residents invite you to call them by their first name.
2. Try to be the same height as the older person (e.g., if they are in a wheelchair, pull up a chair; if they are in bed, sit down beside them).
3. Address questions directly to them, not indirectly through caregivers.

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The list goes on. Yet, as helpful as these tips are, they are not enough.

It is always a person who acts. Therefore, where they are "at" internally when they engage in these behaviors is important. Even the most objectively respectful action can be undercut by an inner, unmindful or disrespectful attitude. All the tips begin with words such as use, try, start speak, touch, accept; the person is initiating an action. With what consciousness is the action being performed? This is the concern of foreground spiritualities. Their ambition is to evoke an appropriate awareness in the inner world so the actions in the outer world will truly communicate respect. Spiritualities target the whole person who acts.

Also, there are not enough "tips for respect" to cover all the things that could possibly happen. There are always unforeseen situations. In fact, the actual unruly flow of life has more unpredictability than predictability. These unforeseen situations cannot be envisioned and plotted out beforehand. There must be an internalized sense of respect that will surface and find a creative expression in the unforeseen situation. Frederic Craigie tells the story of an oncology nurse who was working with a cancer patient. The patient was experiencing many painful losses and was on the verge of despair. The nurse was not able to get the man to talk at any length. Not knowing what to do, she invited him to go for a walk in the garden outside the facility. On the ground was a dead butterfly. Without comment she picked up the butterfly and gave it to him. This opened the man up and he began to talk about his life. Craigie comments,

> Taking a walk and picking up the butterfly are creative pro-

cesses that are not deduced from a model. Certainly there is no psychotherapy algorithm which says, "go outside, find a dead animal, and give it to the patient." To the extent that what we as would-be healers do is inductive and creative, it places a premium on our ability to be open to inspiration, or in-spiriting. It places a premium on our spiritual well-being, and on our ability to be receptive to the movement of the Spirit in using us in sometimes unforeseen ways as agents of change and healing.[8]

In the last analysis, implementing values is most effectively and consistently done by people who have internalized those values and integrated them into the way they see and act.

Many of the individual and organizational values within health care are words that have spiritual resonance—respect, compassion, empathy, cooperation, responsibility, partnership, equality, excellence. These are intrinsic qualities of people when they are in touch with the deeper level of the spiritual within themselves and in the situation. The ambition of foreground spiritualities is to keep people conscious of spirit as they deal with flesh. The premise is simple: people in touch with the spiritual are more excellent in every way. They embody the values that are essential to medicine and healing in an easy and creative way, a way appropriate to the gracefulness of the spiritual.

I think people in health care settings have intuitively developed foreground spiritualities. Although these spiritualities have beliefs and stories attached to them, the focus is on

8. Craigie, "Spirit and Work," 50.

practices. Practices are a combination of inner and outer actions that bring consciousness into the soul space and out of the soul space into the world. A patient in a waiting room interiorly prays the Lord's Prayer. A doctor washes her hands and recites a Jewish prayer of purification. A nurse pauses before she begins her shift and says, "Each one is brother and sister to me." The executive team uses silence throughout their meeting in order to remember the forest as they plunge into the trees. A chaplain sits with a dead body before it is taken away. He does not know why he does this; but he does this. As he sits there, he does not think. He just sits there. All he knows is that it is a practice of humility before mystery, a mystery easily forgotten. The mystery is not easily forgotten because it is not present, it is easily forgotten because it is so present it becomes routine. The danger is that we steel ourselves against death. So he sits in silence, the noise of the hospital floor surrounding him. It is his practice. For all he knows, people are off in some other spot engaging in their practice. The suspicion is that people in health care settings develop multiple, individual practices to open themselves to the spiritual. They do this to stay spiritually healthy in an environment that paradoxically has ongoing invitations into spiritual depth and also ongoing invitations into soul blindness.

There are three foreground spiritualities that might be especially helpful for the people and situations of health care—a spirituality of self-remembering, a spirituality of knowledge, and a spirituality of compassion. These spiritualities are not meant to replace the background spiritualities with their strong sense of tradition and community. Rather, they are meant to enhance and extend the contact with the

spiritual in the tradition of "living the faith" or "sanctifying daily life." But if they are to do this, they must be related to the dynamics of the particular "daily life" they are trying to sanctify. Therefore, these three foreground spiritualities tap into and explore some of the pervasive features of health care settings.

A Spirituality of Self-Remembering

Health care settings are places of constant activity and, at times, great pressure. Both direct service and support areas have emergency procedures in place. People can be drawn into one high stress situation after another. They also can be in contact with other people who are anxious, angry, or loud. Everyone has expectations, responsibilities, and time lines. Lunch is a luxury. In this rushed and demanding atmosphere, there is also a tendency on the part of patients and staff to reduce people to their sickness. "There's a gallbladder in 205." Even when we know it is Mrs. Smith with the gallbladder, we forget and think in terms of what she is "in" for—gallbladder. With so much to do, many people must act in close coordination to accomplish things. Hence, clear role definitions and minutely spelled out responsibilities are a must. Yet with these comes the option to lose oneself, to lose sight of the person who is acting. In these dynamics of health care, a spirituality of self-remembering may be appropriate.

A story that helps to focus the project of self-remembering is, "What is the world like?"

> God and a man are walking down the road. The man asks God, "What is the world like?"

God replies, "I cannot talk when I am thirsty. If you could get me a drink of cool water, we could discuss what the world is like. There is a village nearby. Go and get me a drink."

The man goes into the village and knocks at the door of the first house. A comely young woman opens the door. His jaw drops, but he manages to say, "I need a glass of cool water."

"Of course," she says, smiling, "but it is midday. Would you care to stay for some food?"

"I *am* hungry," he says, looking over his shoulder. "And your offer of food is a great kindness."

He goes in and the door closes behind him.

Thirty years goes by. The man who wanted to know what the world was like and the woman who offered him food have married and raised five children. He is a respected merchant and she is an honored woman of the community. One day a terrible storm comes in off the ocean and threatens their life. The merchant cries out, "Help me, God."

A voice from the midst of the storm says, "Where is my cup of cold water?"

This story reflects a universal spiritual teaching. We have a tendency to lose ourselves in worldly pursuits. The world is a series of invitations, responsibilities, tasks, and duties. Although we are obliged to engage them, they monopolize our time and consciousness. As we are dealing with them, we forget who we are. The deeper dimensions of ourselves are neglected. The essential mission of acknowledging and serving God has been ignored.

When we become aware we have neglected this important aspect of who we are, we fantasize we must leave the world

in order to attend to God, to bring the long-awaited cup of cool water. A false dichotomy is set up—either God or the world. However, the calling of most people is not to choose between God and the world but to bring the two together, to integrate the spiritual and the social. In the time-honored spiritual proverb, we are meant to be "in the world, but not of it." We have to go about what we have to do without losing sight of who we are. This is the spiritual project of self-remembering.

The spiritual teaching of self-remembrance focuses on the inner space of outer actions. This is not the same as seeking out and exploring motivation. It is not about <u>why</u> we are doing something, but <u>where</u> we are at as we do it. There seems to be an infinite number of inner spaces that become the atmosphere of our words and deeds. For example, often we are simply missing. We are not there as we act. We are remembering something that has happened in the past or are thinking about something that is about to happen in the future. Or we "steel ourselves" and act. We are doing something unpleasant and so we "harden our hearts" and do it. Or we do something because we have said we would do it, only now we wish we had not committed ourselves. We are a hostage to a past promise. And as a hostage we act. Or we do something because we have always done it. We are habituated, and we proceed mindlessly through the day. From this perspective, many actions are mindless, done without attention.[9]

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9. Of course, mindfulness is a spiritual practice that has been applied to every aspect of human life. For example, see Mylas and Jon Kabat-Zinn, *Everyday Blessings: The Inner Work of Mindful Parenting* (New York: Hyperion, 1997).

Spiritual teachers suggest we clear away all this inner debris and center ourselves, deepening consciousness into the soul space. Once it is there and the two eyes of the soul are open, we should go about our work. This inner centering is what makes an action spiritual. In a conventional framework, spiritual actions are words and deeds explicitly directed toward God, for example, prayers, confessions of faith, and religious rituals. In this framework, a spiritual action is one that comes from a spiritual space. The action itself may be diapering a baby, taking a blood pressure, listening to a fellow patient, holding a hand, or inquiring about a condition. But doing it from the soul space imbues the action with certain qualities.

One quality of spiritual actions is that they uncover the soul space in others. Actions from the soul space invite others into their own soul space. In other words, there is a meeting at a deeper level.

> I have a friend, a chemotherapy nurse in a children's cancer ward, whose job is to pry for any available vein in an often emaciated arm to give infusions of chemicals that sometimes last as long as twelve hours and which are often quite discomforting to the child. He is probably the greatest pain-giver the children meet in their stay in the hospital. Because he has worked so much with his own pain, his heart is very open. He works with his responsibilities in the hospital as a "laying on of hands with love and acceptance." There is little in him that causes him to withdraw, that reinforces the painfulness of the experience for the children. He is a warm, open space which encourages them to trust whatever they feel. And it is he whom the children most often ask for at the time they are

dying. Although he is the main pain-giver, he is also the main *love-giver.*[10]

This is a powerful testimony. His inner work with his own pain allows him a way of "working with his responsibilities." He draws blood from the soul space, an inner space of love and acceptance. Therefore, he invites the children into that space, a space that does not reinforce the painfulness and suffering.

Another quality of the soul space is that it invents ways to better situations. I was told a story about an explosive situation in a drug and rehabilitation center that points out the creativity of the soul space. A strong, tall man with a baseball bat entered the reception area. He was drunk and began shouting obscenities and banging the bat on the desks of the secretaries and admitting personnel. They jumped back and tried to get as far away from him as possible. One ran into the back room and phoned the police. As the woman who told me this story put it, "Suddenly the older woman who was the director of the center appeared." She walked right up to the screaming man who was waving the bat. She ducked under his arms and wrapped her arms around his chest. In a heartfelt voice she repeated over and over again, "Oh, you poor man! Oh, you poor man!" They stood together in that strange embrace for a while. Then the man began to sob. The woman led him to a chair. He slumped into it. In a few minutes the police came and took him away.

10. Ram Dass and Paul Gorman, *How Can I Help?* (New York: Knopf, 1985). pp. 86–87.

Perhaps this story is overly dramatic, but it shows the creativity, courage, and comfort of actions that flow from the spiritual center. Actions from this source almost always exhibit engagement instead of fear and avoidance. The outside world does not dictate the terms on which the person will act. The predictable response to violence is flight or countervio-lence. In the story, the woman responds with disarming com-passion. Her inner freedom was greater than the outer coer-cion to violence. Spiritual actions not only come from the soul space, they carry the love of that space into complex, highly charged situations.

Therefore, self-remembering is the ability not to lose touch with soul as you become more in touch with the world. Some spiritual traditions name this ability "contemplation in ac-tion." Adepts strive to master these "twin touches," this dual consciousness. They remain centered in the inner world as they act in the outer world. Obviously, this is an ideal. For most of us, self-remembering is an ongoing process tightly linked with self-forgetting. We lose it and regain it and lose it again. Self-remembering is not something we accomplish. It is a path we are on.

Three practices are helpful along the spiritual path of self-remembering. The first is redoing. When we lose "it" (our sense of ourself and what we are really about) and then later regain "it," it is important to go back to the people and situ-ations where we lost it and redo what happened. "Losing it" takes many forms. Sometimes it is being inattentive, perfunc-tory, even dismissive. At other times, it is internalizing the negative tones of the outer situation and joining in its destruc-tive path. When this happens, we can return and redo. Spiri-tual development means learning the path of repentance and

finding the voice of conversion. But it must be a simple voice, modest in religious rhetoric. It must witness to the fact that the negative past can be reclaimed and reconstructed in a better way.

The second practice is pausing. We live in a fast-paced society and in many situations, especially in health care settings, it is justified, even necessary, to act in haste. However, a steady diet of speed usually means the mind races and we lose the inner concentration of the soul space. At times like these, it is necessary to pause. The pause allows us to go inside, recenter, observe the mind, and, most importantly, choose our words and actions. Pausing is a practice that moves us from reaction to response. The outer situation has not mindlessly triggered our words and deeds. We have moved to the resources of the soul. Within that space and out of that space we formulate a response infused by Spirit. In fast-paced situations pausing is the prerequisite of intentional living.

A third practice is inner listening. This practice takes pausing a step further. It is not only pulling out of the outer world to recenter and choose a response. It is centering and dwelling in such a way that the deeper levels can emerge into consciousness with both their wisdom and folly. Inner listening usually takes a longer time than pausing. However, when insights and actions that were not previously seen and that seem particularly appropriate to the situation at hand arise from the soul space, we have one of the surest experiences of the spiritual as an inner resource. People who make inner listening a consistent part of their life will often confidently remark, "The words and actions will be given." To those of us accustomed to only rational analysis, intervention, and

evaluation, this level of trust seems unwarranted. The people a little further down this particular spiritual path smile and say, "Try it."

A Spirituality of Knowledge

The following story from the Buddhist tradition lays out a problem of the mind. Although this problem is shared by everyone, it becomes particularly evident in health care settings. A spirituality of knowledge alertness begins by noticing this problematic feature of how the mind functions.

A young widower, who loved his five-year-old son very much, was away on business. Bandits came, burned down his whole village, and took away his son. When the man returned, he saw the ruins and panicked. He took the charred corpse of an infant to be his own child, and he began to pull his hair and beat his chest, crying uncontrollably. He organized a cremation ceremony, collected the ashes, and put them in a very beautiful velvet bag. Working, sleeping, eating—he always carried the bag of ashes with him.

One day his real son escaped from the robbers and found his way home. He arrived at his father's new cottage at midnight, and knocked at the door. Inside the young father was still carrying the bag of ashes, and crying.

He asked, "Who is there?"

And the child answered, "It's me, Papa. Open the door. It's your son."

In his agitated state of mind the father thought that some mischievous boy was making fun of him. He shouted at the child to go away, and he continued to cry.

The boy knocked again and again, but the father refused to let him in. Some time passed, and finally the child left.

The Buddha comments on this story, "Sometime, somewhere you take something to be the truth. If you cling to it so much, when the truth comes in person and knocks at your door, you will not open it."[11]

This story points to the dark side of holding knowledge to be true. We may become attached to what we think we know in such a way that it keeps us from knowing more. It is not so much the knowledge as our attachment to it that closes us down rather than opens us up to the actual. This predicament is captured in the Buddhist phrase, "In the mind of the expert there is only one possibility: in the mind of the beginner there are many." We are urged to cultivate beginner's mind. This is not a call to abandon the pursuit of knowledge but an invitation to set up a relationship with the mind and what it knows, to open a space between who we are and what we know.

Setting up a relationship with the mind is the natural consequence of pulling consciousness into the soul space. When the eye of the soul that looks into the world has been opened, the first "thing" that comes into view are the workings of the mind. We are usually surprised by what we see. The immediate discovery is that the mind has a life of its own. Things happen and the mind moves. Things don't happen and the mind moves. Although we may cultivate the illusion that we are controlling our thoughts, most likely our thoughts think

11. Told in Thich Nhat Hanh, *Being Peace* (Parallax Press, 1996).

themselves.[12] Our minds are active independent of our attention to them. In fact, when we try to pay attention to something, we find we are distracted by the noise of the mind. The mind has its own agenda, and it is avidly pursuing it. We "bump" into our minds as obstacles to our deeper desires to attend to something else. This chronic "chatter and cinema" of the mind is often imaged as tapes. The mind is a tape library and when the tapes start playing, they steal consciousness away. When we set up a relationship to the mind, we immediately face the question of how to make its obvious energy serve our deeper purposes.

This spiritual project begins with exercising disindentification.[13] We try not to identify with the contents of the mind, and so we are not taken down paths we have not chosen. In a frustrated voice we may say, "I can't get it out of my mind." On one level, we know it is "my" mind, and so it should be under "my" control. But on another level, we recognize that we are bound to the information or perspective the mind is presenting or the tape it is playing. The fact is that the mind has us more than we have it. It is said that the mind makes a good servant but a bad master. When we are so tightly tied to its automatic firings that we cannot free ourselves, the truth can knock on the door and we will send it away because of our identification with what we already know.

Sebastian Moore, a teacher and theologian, tells about an experience of succumbing, discovering, and finally being

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12. Mark Epstein, *Thoughts Without a Thinker* (New York: Basic Books, 1995).

13. Roberto Assagioli, *Psychosynthesis* (New York: Penquin Books, 1976).

freed from the tapes of the mind.[14] He was teaching a class that he thought was going very well. One day a fellow teacher told him that he had overheard some of Moore's students saying that they hadn't a clue about what was going on. This information flattened Moore. He went back to his room, "dead, destroyed, angry."

However, after a while, he began to ask what was going on here. Slowly he came to realize that it was not the information he had received that was causing him pain. It was the way he was processing the information. He was the victim of an euphoria tape in his mind. This tape programmed him to have "everything going splendidly or else I will resign." But this is not the way of actual life. The real situation is always that this student has understood and that one has not and that other one thinks she has but has understood something else. However, the mental tape will have none of this nuance, none of this actual way-of-things. The conditioning of his mind was blocking his entry into give-and-take of real life. Once he saw this, he refused to go along with the tape and returned to class energized.

This is the barest sketch of how some spiritual wisdom views the mind and its accumulation of knowledge. Perhaps one of the best statements of this overall approach comes from Rais El-Aflak.

> Almost all the men who come to see me have strange imaginings about man. The strangest of these is the belief that

14. Sebastian More, *The Crucified Jesus Is No Stranger* (New York: Seabury Press, 1977).

they can progress only by improvement. Those who will understand me are those who realize that man is just as much in need of stripping off rigid accretions to reveal the knowing essence, as he is of adding anything.

Man thinks always in terms of inclusion into a plan of people, teachings, and ideas. Those who are really the Wise know that the Teaching may be carried out also by exclusion of those things which make man blind and deaf.[15]

This spirituality of mental alertness does not suggest adding anything. It encourages us to become aware of what is in the mind and to loosen our attachment to it. Often, it is our attachment to what we know that makes us "blind and deaf" to what we most deeply desire as it knocks upon our door.

Along every spiritual path, at one point or another, there is a need to set up a relationship with the mind. However, within health care settings a spirituality of knowledge seems particularly appropriate. A spirituality of knowledge would contribute significantly in three areas—issues of uncertainity and trust in doctor-patient relationships, dealing with organizational dialogue on key issues, and relating to the reality of deteriorating health in ourselves or our family or friends.

Daniel Sulmasy has noticed a strong intolerance of uncertainty in both patients and physicians.[16] They want precise knowledge in the present and sure fire prognosis for the future. Yet uncertainty is inherent in the process of diagnosis

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15. Idries Shah, "Sufi Teaching Stories," in *A New Creation: America's Contemporary Spiritual Voices*, ed. Roger S. Gottlieb (New York: Crossroad, 1990), p. 109.

16. Daniel Sulmasy, *The Healer's Calling: A Spirituality for Physicians and Other Health Care Professionals* (New York: Paulist, 1997), pp. 23–36.

and treatment. He quotes Paul Ramsey, who wrote, "The function of medicine is not to relieve the human condition of the human condition." This failure to acknowledge uncertainty obscures the actual situation and undermines the trust that is central to the relationship between physician and patient. Sulmasy suggests a new toleration for uncertainty and with it a new configuration of the doctor-patient relationship.

Part of this new configuration would be that clinicians would begin to prioritize decision making over certitude and process over results. This new openness to not-knowing would naturally lead to a deeper trust, a trust in God, who also does not submit to the panicky human concern for certainty.

> God is the point of our hope, the context of our care, the source of our courage to reach out in uncertainity to love our patients—to care about them, to care for them, to think about them, to talk to them, to touch them, to heal them, to be with them through sickness and death and even, perhaps, beyond the horizon of the human into eternity. We can be certain of none of this. We can only have faith—faith enough to be healers for people broken in body and in spirit who entrust all their uncertainty to our care.[17]

This is an invitation to take seriously the not-knowing context of all our knowing.

If this new vision of medical care is appealing, how will it be accomplished? The drive for certainty in a fundamentally uncertain world is a tape of the mind, born of its fear and

17. Ibid., 36.

anxiety. Once we recognize this tape, we can resist its power to drag us along its unreal path. We can live in the real world, where knowledge is a powerful ally for better living and dying. But this knowledge is always limited and arises within an essential context of not-knowing. This realization keeps us from clinging to what we know and, paradoxically, stimulates our efforts to gain further knowledge. When we resist the tape of absolute certainity, we enter into a world of both knowledge and trust, the proper world for humans to inhabit.

The spirituality of knowledge can also contribute to organizational analysis and decision making. In his book on the learning organization, *The Fifth Discipline*, Peter Senge, following the thought of the physicist David Bohm, makes a distinction between discussion and dialogue.[18] In discussion, different views are presented and defended. The goal is to decide which view is the best and has the greatest chance of success. Most of the thinking is done before the meeting, and the success or failure of the meeting is determined by whether your plan won or lost. In dialogue, this is not the case. Views are presented in order to see something new. There is the expectation that the group may become open to "a flow of larger intelligence" (Bohm). The drive to decision making may have to wait upon a more complex and rich exploration of what is at hand. Senge believes both discussion and dialogue are needed in a learning organization.

However, discussion is "business as usual." This is the mode of communication that most organizations are familiar with and, in many cases, it is the only way people formally

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18. Peter Senge, *The Fifth Discipline: The Art and Practice of the Learning Organization* (New York: Doubleday, 1990). pp. 238–239.

talk to one another. In the complex and ever-changing situation of health care, there may be an urgent need for dialogue. In dialogue, participants do not know the action-outcomes before the conversation. Actions are a by-product of dialogue. Therefore, there is a need to trust the process of talking. Indeed, there is a need to learn how to participate in a dialogue. For those skilled in debate and who always think in terms of winning, this is a new learning.

Bohm suggests that one of the skills associated with dialogue is the ability of participants to suspend their assumptions. People should be able to "hang their assumptions" in front of themselves and the group. It is here that the spirituality of knowledge enters. In order to do this, one has to both know the assumptive level of the mind and resist identification with any of its contents. Assumptions are not on the surface. In order to become aware of them, we have to engage in inner observation, an observation that is attentive and nonjudgmental. Once they are uncovered, we have to keep them "at arm's length" if we are going to suspend them. Any identification of ourselves with our assumptions results in defensiveness and antagonism. If these prerequisites for dialogue are crucial in a time when health care organizations either learn or disappear, then the spirituality of knowledge is a path for all, especially leadership.

The spirituality of knowledge is also important for how we relate to the health limits and losses we and our family and friends experience. Once I was walking into a hospital room to visit my friend, Frank. Another friend of Frank's was walking out. She grabbed my arm and led me away from the door. She whispered, "Wait till you see Frank. It's not him." When I went in and saw him, I knew what she meant. Frank

was drained, in pain from the surgery, and had none of the spark I had always associated with him. But he was still Frank. He was just a Frank unlike the Frank I previously knew.

Part of the spirituality of knowledge is to learn to hold lightly the models we have of each other. The shock of seeing Frank in so un-Franklike a position was a testament to how the mind clings to past models. We cannot imagine a Frank other than the one we have in our minds. So we say, "It's not him." But, of course, it is him. It is the real Frank, not the Frank our mind is clinging to. This tendency of the mind to hold onto past models is also evident when we are the objects of our own observations. After some physical or mental setbacks, we bemoan, "I am not myself." Our minds are clinging to a past rendition of ourselves, and this clinging is keeping us from entering into the only self there is, the one living in this moment. One benefit of the spirituality of knowledge is that it offers a freedom to be in the present. When the mind resists being controlled by past and future tapes, it opens us to what is now.

Receptive meditation, selected memory, and cultivating not-knowing are practices that can keep us in this beneficial relationship to the mind and its knowledge. Receptive meditation is often called the Witness.[19] It means we pull consciousness inside and watch the flow of thoughts. We do not react to them but take up a nonjudgmental stance. This meditative practice reinforces our soul connection and slows the mind. It also gives us knowledge of the mind's content. If we persevere in this meditation, this inner spaciousness becomes part of our consciousness. We become facile at distinguishing who we are from what we are thinking, and we learn how

to use our thinking to serve the deeper purposes of the self. Selective memory focuses on times when we have combined knowing and trusting, or experienced dialogue, or stayed present to a person even when our minds clung to an outmoded model of who they were. These spiritual experiences, like all experiences, had a beginning and an end. They happened and are now over. However, we can recall them and, when we are doing so, the inner space of those times returns to us. Then we know in the present what the proper relationship to knowledge "feels" like. With memory as a guide, we can reinhabit the inner space that proved so beneficial in the past. If we persevere in this process, the spiritual state of fleeting experiences can become a spiritual trait of everyday consciousness.

Not-knowing is a practice of entertaining the dark edges that surround all our luminous circles. It does not glory in what we know. It entertains all we do not know. Elizabeth Lesser tells the story about the North Indian classical singer Pandit Pranath, who would wander around the practice room saying, "Allah knows; I do not."[20] Cultivating not-knowing simultaneously renders what we do know more precious and relativizes it in relationship to what, at the moment, is still unknown. Not-knowing is a particularly helpful practice when dealing with the behaviors and motivations of people. It invites us to inquire rather than to judge. In many spiri-

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19. Scholars often divide meditation into concentrative and receptive. See Michael Washburn, *The Ego & The Dynamic Ground* (Albany: State University of New York, 1988), pp. 141–43. For insights into the Witness, see Ken Wilber, *One Taste* (Boston: Shambhala, 1999), pp. 273–76.

20. Elizabeth Lesser, *The New American Spirituality: A Seeker's Guide* (New York: Random House, 1999), p. 34.

tual traditions, the wise are those who know that they know not.

A Spirituality of Compassion

We all have bodies; yet, at any given moment, some bodies are healthy and some are ill. We all have minds; yet some minds are first in the class and the corporation, and some minds are forever catching up or permanently left behind. We all have relationships and social position; yet some relationships are loving, and some are indifferent, and some social positions are important, and some are menial. We are all souls; yet some souls are conscious of their communion with the Divine Source and living in peaceful action, and other souls are unconscious of their connection to the Divine Source and struggling painfully with life. We are both separate and the same, isolated and connected to one another. Conventional perception stresses the separateness and isolation. Spiritual perception stresses the sameness and connection.

The realization of sameness and connection is the first step to cultivating compassion. When the Catholic Pope gets off an airplane in any country, he kisses the earth. He does this in every land for all the earth is sacred. There is a sameness to the different terrains of every country. Although many may think the earth of their country is sacred in a way the earth of other countries is not, this gesture tries to awaken another perception. When the Dalai Lama arrives in a country, he announces to all who are there, "Everyone wants happiness and doesn't want suffering."[21] This is true of all, so all are

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21. Jeffrey Hopkins, "Equality: The First Step in Cultivating Compassion," *Tricycle* (Summer, 1999): 26–29.

bound together. Both the Pope's gesture and the Dalai Lama's sentence could be turned into profound spiritual practices. Although one may seem to be politically inspired and the other to be a throw-away line of a banal philosophy, they are both strenuous efforts to reverse separatist thinking. If you kiss with mindfulness the floor of every house you enter and say internally to every person you meet, "Everyone wants happiness and doesn't want suffering," you will be on a path of realizing your neighbor is yourself.

Some spiritualities see this perception of sameness and connection as a gradual deepening of consciousness. In the Middle Ages, Christians were encouraged to meditate on the mystical rose. The meditation began at the top of the rose where the tips of the petals do not touch. At this point they would realize the truth of separateness. Then their eyes would glide down the rose and rest on the overlapping sections of the petals. This sight would encourage consciousness to realize similarities and commonalities among what appeared as separate. When the eyes reached the base of the rose, all the petals came from the same stem. This was the deepest realization of the one source of all things and therefore a fundamental communion among all things.

Spiritual consciousness recognizes a fundamental communion within which separateness exists. When we are aware of this communion, it overflows into the experience of compassion. In the Christian gospels, compassion is the "engine" of three of Jesus' greatest stories. The prodigal father, seeing his son while still a long way off, is moved with compassion and runs to him (Lk. 15: 11–32). The Samaritan, seeing the robbed and beaten man in the ditch, is moved with compassion and goes down into the ditch to help him (Lk.10:25–37).

The master, hearing the plea of his servant, is moved with compassion and forgives him (Mt.18:21–35). Compassion is the inner energy of action—a welcoming action, a helping action, a forgiving action. In other words, in recognizing deeper communion, compassion overcomes separateness by embracing others in their needs.

Being in the presence of suffering is the classic experience that pushes perception along the continuum of sameness and difference, connection and separateness. To state the possibilities in terms of stark contrasts, the suffering will cause us to recoil or reach out, to become isolated or connected. In the presence of suffering—our own and that of others—we may become afraid, basically for our own life and well-being. Stephen Levine lays out the path of this fear: "When your fear touches someone's pain, it becomes pity." We pity ourselves and others. On the one hand, we wallow in "Why is this happening to me?" On the other hand, we shrink back and say with misplaced piety, "There but for the grace of God go I." Our suffering or the suffering of others does not bring us into the consciousness of connection and open the path of compassion. It pushes us into a heightened sense of separateness.

Although this may be the instinctive reaction to suffering, spiritual teachers point out that there is another invitation in the experience. The second half of Stephen Levine's observation is "When your love touches someone's pain, it becomes compassion."[22] In spiritual teaching, love is a meta-

22. Quoted in Sogyal Rinpoche, *The Tibetan Book of Living and Dying* (San Francisco: HarperSanFrancisco, 1994), p. 200.

physical condition before it is an act of the human will. When, through the experience of suffering and pain, we recognize the metaphysical conditions of our essential communion with one another, this realization moves us to compassion and we reach out. We find the love that is the grounding for compassion.

Sogyal Rinpoche has constructed a script out of many requests, a script we probably know only too well. "My friend's or my relative's suffering is disturbing me very much, and I really want to help. But I cannot feel enough love actually to be able to help. The compassion I want to show is blocked. What can I do?" Sogyal Rinpoche suggests a number of exercises to awaken love and compassion. All of them tap into, in one way or another, the connective flow of love that is the ultimate structure of reality.[23]

Recently, I was present at an event when suffering became the path to the realization of connection and compassion. I was working with elders on the possibility of late-life spiritual development. Every Tuesday for four weeks, eight people between the ages of eighty-two and ninety-two gathered around a table in the recreation room of a retirement living facility. The gender mix was seven women and one man. (Men are not long-distance runners in the game of life.)

The gathering was a sea of suffering. Walkers were parked next to a number of the chairs. The people began sentences with, "After my third operation . . . ." Strokes, heart attacks,

23. Ibid., 193–208.

diabetes, arthritis, and various other maladies were part of the group.

These elderly folks came together at my invitation to explore the possibility of their spiritual development. They were interested, but occasionally I could catch a glint in their eyes or a shared look that made me suspect they were humoring me.

The background theory was that old age is a time of physical, psychological, and social losses. The body declines, aspects of the mind's functioning are not as sharp, and many relationships have been broken by sickness, death, and confinement. However, it may also be a time of spiritual growth. It may be possible to develop spiritually even while there is decline in other areas of life. So it says here.

I have always felt a major piece of spiritual development is wisdom. People realize certain spiritual truths. They see through the surfaces of life and into a deeper wisdom that frees them from various debilitating obsessions. Yet these spiritual realizations are fleeting. The point is to hold them in awareness long enough for healing to have a chance. I use stories from spiritual traditions to help this happen. The hope is that people will see and talk about their experience through the wisdom the story provides.

I tried a story from the Hindu tradition about the toughness of the human desire to heal suffering. It did not catalyze the group into conversation. I told a Christian story about God's presence in time of suffering. They smiled, but they did not talk.

The final story was a tale of a woman who lost her husband. She was inconsolable. The grief had lasted so long she felt she would never love and live again. Finally, she went to

see a holy man. She entered his hut and told her tale. The holy man said he would like to help her but he is cold. Could she go around to the neighboring houses and gather some wood? They could make a fire and warm his old bones. Then they could address her grief. She agrees, but as she is leaving, he says to her, "Only take wood from a house that has lost no one."

Three women in the group said in unison. "She didn't get any wood."

I paused and finally said, "That's what the story says."

"But her grief lifted." This line, the actual last line of the story, came from a frail woman who earlier had asked us to pray for her husband. Recently, they had to be separated because his Alzheimer's had progressed to a point where he was uncontrollable.

Never at a loss for words, I said, "That's what the story says."

Then they talked. They all talked.

I sat back and listened.

I did not listen to one thing or for one thing. I listened to it as a whole. It had many notes, but a single piece of music was being played. It came to me slowly. When I saw it, it was obvious.

Suffering wasn't a problem for them. It was just what was. It was not an offense to be railed against, not was it an insult to who they were or something they feared and fought every waking minute. It was just what was there. And it opened them to one another in genuine compassion. Their common suffering made them one. And in a strange way, as in the story, they were healed. Their suffering did not go away, but their grief was lifted.

On the way home from this session I remembered a story Stephen Levine tells in *Healing into Life and Death*.[24] A woman by the name of Hazel was suffering with cancer and came into the hospital in "a very contracted state." She was angry and nasty with everyone. The nurses called her "a real bitch on wheels." Then one night when she was in fierce pain, she just let it all go. A series of profound realizations followed. She joined with what she later called "the ten thousand in pain." She joined with "a brown-skinned woman, breast slack from malnutrition, lying on her side, a starving child sucking at her empty breast . . . an Eskimo woman lying on her side dying during childbirth . . . the body of a woman dying by the side of the road after a car accident." Later she said she saw that her pain "wasn't just *my* pain. It was *the* pain." It is a terrible truth to tell—suffering often cracks our hardened heart and releases us into the world of suffering where all people at one time or another live.

This spiritual belief about a dimension of life where we are all in communion, and these stories that tell of times when people realize this truth need to be reinforced by practices. In general, practices should bring into consciousness the truth of our connection rather the surface condition of our separateness. I am always impressed by how spiritually developed people, who to outside eyes are holy and exceptional, always stress how they are just part of it all. For example, Bede Griffiths, a Benedictine monk who lived and worked in India for many years, always prayed the Jesus prayer, repeating at every chance, "Lord, Jesus Christ, Son of God, have

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24. Stephen Levine, *Healing into Life and Death* (New York: Doubleday, 1987), pp. 11–13.

mercy on me, a sinner." He reveals his inner consciousness as he prays, "have mercy on me, a sinner."

> I unite myself with all human beings from the beginning of the world who have experienced separation from God, or from the eternal truth. I realize that, as human beings, we are all separated from God, from the source of our being. We are wandering in a world of shadows, mistaking the outward appearance of people and things for reality. But at all times something is pressing us to reach out beyond the shadows, to face the reality, the truth, the inner meaning of our lives, and so to find God, or whatever name we give to the mystery which enfolds us.[25]

His prayer reminds him, despite a lifetime of spiritual development, that he is one with everyone else, wandering in a world of shadows.

Another example of this sense of connection can be found in a remarkable reflection of Stephen Levine and others on their experience of working with a "cancer" patient named Katherine. She contacted their Dying Project and told them she had cancer. Over a period of time, she met with many of them and attended their retreats. Finally, people became suspicious, and it was discovered that she was "faking it." She was not ill. In fact, she had a history of faking sickness and abusing morphine. Eventually, she disappeared. Levine and his associates reflect:

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25. Father Bede Griffiths, "Going Out of Oneself," *Parabola* (Summer 1999): 24–25.

> Clearly, our work with Katherine as with all such beings is work on ourselves. Another teaching in helplessness, another opportunity to let go of ourselves, to be no one special, to gently watch the constant changes of the mind—going beyond hope and doubt until at last fear dissolves in the sense of endless being, in the connectedness that joins us all. Katherine's mind is no different from the minds of any of us. It was just that she held in fiery pain to her suffering. We can only wish mercy for such beings and for those parts of ourselves too that scream out for attention and in confusion rail against the way of things. Her suffering is as real as anyone's we have worked with. We wish her Godspeed.[26]

There are many profound observations in this reflection. But the recognition of sameness is one of the most startling. "Katherine's mind is no different from the minds of any of us. It was just that she held in fiery pain to her suffering. We can only wish mercy for such beings and for those parts of ourselves too that scream out for attention and in confusion rail against the way of things." It is this recognition of sameness that is the wellspring of their compassion. The title of the episode is "A Deeper Pain Than Dying."

How does the spirituality of compassion relate to health care?

From one point of view, human suffering is the center and foundation of the vast enterprise of health care. Every facet of medical knowledge and care is, in one way or another, geared to the fragility and vulnerability of our bodies and

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26. Stephen Levine, *Meetings at the Edge* (New York: Doubleday, 1984), p. 189.

minds. Insurance coverage is built on a careful mapping of how we break down. Even the upper level organizational structures are concerned with patient satisfaction and so are continually reminded of the suffering at the center. Therefore, the whole health care enterprise lives and works in the presence of suffering.

This fact can be ignored by our fearful minds. But when it is faced, an invitation is issued. Either consciousness will harden into separateness or awaken into communion. If it awakens into communion, we will be moved by compassion. And if compassion flows, all the issues and situations of health care—universal coverage, allocation of resources, truth telling in diagnosis and treatment, participation in clinical trials, compassion fatigue, unions, pain management, mergers, access to medicines, and more—will look different. How these situations will be specifically addressed in the future and how these issues will be concretely resolved cannot be foreseen. But the fundamental vision of connection and compassion is infinitely creative. It is infinitely creative because it is grounded in the infinite creativity of the Divine Source. Once we know we belong to one another in an essential way, we will not dismiss the challenge. We will find a way to walk each other home.

Conclusion

Although it is 6:00 a.m. and still dark, the parking lot of the hospital is already filling up. In an hour only the far lots will be available. People are filing from their cars and meeting up with others who are getting off buses. They are all moving toward the hospital, its many windows spilling light into the last darkness before the day.

Who are these people?

They are spiritual people who have come from spiritual communities with beliefs, stories, and practices that help them stay conscious of their spiritual depth and the spiritual depth of the situation. Although health care is a socially structured enterprise geared for the effective delivery of service, it welcomes the diverse spiritualities of people. It has many reasons for doing this, and the concrete procedures of spiritual hospitality are still being worked out. However, besides these background spiritualities, there are foreground spiritualities that connect to individual and organizational values and help implement them. They are beliefs, stories, and practices around the recurring health care experiences of self-remembering, knowledge, and compassion. These spiritualities are welcomed because they can increase the quality of human interactions. The hospital-medical center complex, spilling light through its windows, realizes the complementarity of the spiritual with the socially structured delivery of health care. It welcomes these people out of the darkness.