Almost every morning of his life, Pierre got up with the early light of dawn, dressed quickly, walked out the front door, and crossed the street, entering the wide clearing into the fields of a nearby farm. Down to the river he would go, in one season feeling the soft tickle of the dew at his ankles, and in another season crunching the hardened crust of snow covering the now flattened stalks underfoot.

Each step of the way he took in everything. The sounds of the birds; he knew each species by color, shape, habit and chirp. The sight of a critter's tracks; he marveled at their tenacity surviving in their quest to be the fittest. The smell of the flowers; he breathed deeply, filling his lungs, and his spirit, with a nectar that could only be produced by the gods.

"Father, that's how I pray," he would tell me. "That's my way," he would continue. "I just look around and feel so much gratitude." Then his smile would ripple through his body, and in a shaking laugh he would add, "You know me, Father, I'm for the birds!" And indeed he was for the birds. The birds were his friends, his retinue, really, as he walked each day into his place of prayer.

Pierre taught me the asceticism of open spaces and quiet places. He showed me the way of contemplation.

But only after I failed him in my fumbling conversations about prayer. Young and tripping over my well-thought-out constructs of theology, I gave a polite nod to his morning exercises but gently tried to talk about the necessity of scripture-based prayer, meditation and the value of recitation and regularity of rote prayers. Many years later, after studying spirituality in a graduate program, and even more importantly, after acquiring the humility of experience in life's graduate program, I thought back and realized that this man was at what the tradition describes as the highest form of union with God, contemplatio.

Tad Dunne, in his book Spiritual Mentoring, defines contemplation as "realizing and appreciating the concrete meaning of love." Contemplation is "a higher form of knowing than meditation." He describes it further as "a quality of resting" which "does not ask questions and does not give answers."
Stop and think about it. The highest form of prayer is a quality of resting. What more could any one of us want in the midst of life's travails and, at times, nagging suffering, than to have a place to rest? And when are we most wearied than at times of illness, crisis, worry and fear? Could it not be argued that the primary role of the spiritual caregiver, then, is to lead the patient, client, inmate or parishioner from the place of dis-ease to the place of rest within the concrete meaning of love in their life?

Two problems follow chaplains around these days like a dreaded stalker. These could be described as role identity and role effectiveness.

First, with regard to role identity, the concern is raised in asking what makes the role of the chaplain different than that of the nurse or social worker with their listening skills, intervention skills, etc., or even, some would challenge, that of the volunteer with some basic training. In other words, our profession is being challenged to further distinguish what is it that we do that cannot be done just as effectively by others.

If we were to drop our defensiveness for just a moment, we could admit that much of our pastoral practice - crisis intervention, family work, advance directives, patient visitation, ethical consultation, etc. - could be done by another professional on the team. So what is distinctive about our work? Somehow it narrows down to a focus on what is distinctly a spiritual intervention - i.e., questions of meaning, theology, prayer, ritual.

It is true, however, that these questions arise out of a context of listening empathically, intervening with calm and compassion, and in the variety of opportunities presented in the work that others could do equally well, or in some instances, even better than ourselves. But we need to be drawn back to our distinctiveness, as professionals, or we could be lost in our own role identity. If this happens - have no doubt about it - others will gladly move in and define that role for us.

Thus, the current marketplace does us a service in pushing us to further clarify the role that is ours as professional spiritual caregivers. Now the next push must come from ourselves, it would seem. In my interactions with patients, clients, inmates, parishioners and their families - and the staffs of the institutions - am I sufficiently focused on enabling conversation and care around the meaning of the event (illness, emotional crisis, punishment for a crime, etc.). Am I helping people to make the connection between this event and whatever belies a conscious or unconscious spiritual part of their world?
In Tad Dunne's language, am I companioning others toward "realizing and appreciating the concrete meaning of love?" For many of the people who invite us into their lives, this concrete meaning of love is God. For others, it may be some other concrete expression of love for which God is not the name they have known.

In the healthcare world of observable outcomes - like it or not - what is it that we do that can effect a change in a person's (or community's) health status, presumably toward greater wholeness and healing?

This question leads us to our second problem of role effectiveness. The critical issue here is what is that we do after listening in conversation. Though we know good, skilled listening does in and of itself often bring healing, the system is asking, yes, but what next?

Is it that we can bring the conversation to the connecting point of theological reflection (in the broadest sense of the word)? Is it that we can teach others the "quality of resting" in the spirit world? Is it that we can point toward the efficacy of finding or creating open spaces and quiet places in the person's world? Is it teaching prayer and meditation? Is it referencing faith communities, individual spiritual directors, and/or community-based resources that can support this person in her or his journey toward health?

All that we do for the individual person can be transferred over to what we can do for communities. In fact, therein lies perhaps our most effective contribution toward the future direction of health care in creating and providing for healthier communities. Put simply, what we do for the individual, we need do for the group. Group conversation leading to theological reflection, teaching the group (today an often frenzied group) the "quality of resting" in the spirit world, offering group experiences of learning methods of prayer and meditation and other such spiritual activities.

In the end, a morning walk in the field and down to the river is much more cost-effective than surgery or pharmaceuticals. Similarly, a conversation with a chaplain costs less than a conversation with a psychiatrist. Attending an eight-session weekly meeting on meditation and relaxation is far cheaper than increasing an already high monthly prescription bill. Obviously, surgery and pharmaceuticals are necessary and in many instances a cherished blessing. But you and I know, and the public increasingly knows, that many times these interventions are taken as a quick fix, often masking the deeper and more holistic look into the question of adjusting or changing life styles.

The effectiveness of our interventions needs serious trial, research and documentation. And when the results are in, the insurers and providers will take notice, especially when such interventions are less invasive, less costly and equally or even more effective.
The truth I continue to learn is that contemplatio is for the everyday woman and man. The door to a place of resting is most often as close as the front door of one's house. The walk into the place of prayer is as concrete as the sights, sounds and smells across the street. The meaning of love is captured in the tiny tracks of the lone critter in the dead of winter or, equally so, in the broad swatches of color emblazoned on a sunset before a transfixed crowd at the beach on a summer evening.

Our weary world needs spiritual caregivers whose distinct role is to companion individuals and communities to explore meaning, theology, prayer and ritual in the broadest sense. The context for doing so will often be in crisis intervention, family work, advance directives, patient visitation and ethical consultation. But when we are doing what we do, it seems more and more that we need to tighten our own understanding of our role identity, while seeking to utilize methods for demonstrating our own role effectiveness in the health care system.

Finally, we need to realize that these traditional places of intervention are still institution dependent. In what one may argue is the continuing move out of institutions, then it is imperative that we explore new entry points for spiritual care. In a community-based spiritual care setting, we are in fact closer to people's front doors and the ordinary life that houses the "concrete meaning of love" in their lives.

Some might say that all of this is for the birds, and surely it is. 

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