

An Ear for the Therapeutic in Stories of Religious Experience

Georgia Gojmerac-Leiner

INTRODUCTION

As professional caregivers, we are steeped in the stories of patients. Nurses, doctors, social workers, and especially chaplains hear and detect religious experiences in the stories of clients. The stories the patients tell us are actually stories within stories, desires within desires within the cultural, social, and spiritual history of humankind. There is the simple outline of our lives:

- we are born
- we grow and learn
- we work
- we procreate and care for others
- if we are lucky, we grow old
- and if we are fortunate, we die a good death

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Upon this basic outline we superimpose what we think we control, though we also learn that we are not always—if ever—in control. We embrace the course of our lives, pursuing what we think life should be like. Societal norms draw us into desires for professional achievement and material wealth. Culturally, we are expected to be gregarious, happy, healthy, and successful, where material success often obscures the need to take care of our spiritual needs. Material wealth is useful, but it is not all we need to lead happy and healthy lives. An illness can bring about a new awareness of what is necessary to have a good life and of the challenges to our coping well. An illness can be a time of coming back to the simple plot of life, which for many includes faith, where we appreciate the things that we have previously taken for granted.

During a change in our lives due to a crisis or illness, we may have experiences of a religious or spiritual nature. It is during times such as illness, loss, pain, or grief that people turn to chaplains and spiritual mentors. To meet the needs of our clients, we as chaplains continue to learn how best to be able to hear and interpret the clients' experiences, especially their religious experiences.

In this paper I will refer to Alister Hardy's work *The Spiritual Nature of Man*.¹ Hardy (1896-1985) is one of the less well-known researchers who has studied the spiritual nature of being human. Hardy was a professor of zoology at Oxford University from 1946-1961, but his books include *The Biology of God* and *The Spiritual Nature of Man* (note that Hardy's usage of the term "man" should be understood in the context of the time in which he lived).

Hardy is an interesting contributor to the study of religious experience because, although he was not devoutly religious, he had a *natural* curiosity about God and things spiritual. His interest in the spiritual nature of being human led him to found the Religious Experience Research Unit at Oxford University. He was the Research Unit's director for seven years, from 1969-1976, during which time he collected some 3,000 testimonies about religious experience. Hardy collected data in several different ways, but articles about his work and appeals for testimonies published in English newspapers such as the *Observer*, *The Times*, and the *Daily Mail* produced the best responses.²

The respondents chose their own stories of what they considered religious experience. As a classifier of religious experience, Hardy was interested in pinpointing how religious experience emanates from human beings. Upon examining his data, he created "a provisional classification of the vari-

ous elements found in the accounts of religious experience." Hardy's classification list consists of twelve categories of experience:

1. Sensory or quasi-sensory experience: visual
2. Sensory or quasi-sensory experience: auditory
3. Sensory or quasi-sensory experience: touch
4. Sensory or quasi-sensory experience: smell
5. Supposed extra-sensory perception
6. Behavioral changes: enhanced or 'superhuman' power
7. Cognitive and affective elements
8. Development of experience
9. Dynamic patterns in experience
10. Dream experience
11. Antecedents or 'triggers' of experience
12. Consequences of experience³

Under each of these categories, Hardy listed terminology descriptive of the patterns of religious experience based on the person's inner state of being and on the outside influences upon the person. While sensory, behavioral, dynamic, and dream experiences arise in the internal self, antecedents and consequences of experience may have a logical external precedent.

In discussing the above list, Hardy gives many examples of number eleven, the antecedents or 'triggers' of experience. These include such triggers of religious experiences as "natural beauty, sacred places, participation in religious worship, prayer, meditation, music, visual arts, literature, drama, film, creative work, physical activity, relaxation, sexual relations, happiness, depression, illness, childbirth, the prospect of death, the death of others, crisis in personal relations, silence, solitude, drugs anesthetic and drugs psychedelic."⁴

In the class of sensory experiences, Hardy enumerates and attributes experiences to all of the senses except taste. Yet I believe that food can also trigger a spiritual or religious experience. The Eucharist is an example of spiritual food. Receiving the Eucharist moves people to tears. Receiving the Eucharist during an illness is especially important to faithful Roman Catholics. "Taste and see, taste and see," we sing, "that the Lord is good, the Lord is good."⁵ Likewise, the taste of good wine or sweet fruit that melts in the mouth can taste just heavenly. Abraham Maslow called the heightened sense of experience 'peak experience,' which he explained can feel illuminating, transcendent, and mystical.⁶ As William Carlos Williams wrote in his poem "This Is Just To Say":

I have eaten
the plums
that were in
the icebox

and which
you were probably
saving
for breakfast

Forgive me
they were delicious
so sweet
and so cold⁷

That deep desire for eating the plums was about the plums' taste as well as nourishment. The desire to eat the fruit, and the apology for eating it, bear the marks of spiritual and relational experience. It is no less exciting for a patient who has been 'fasting' for tests or surgery to enjoy what patients refer to as their "first meal." As with any heightened awareness through our senses, the heightened sense of taste is of a spiritual and religious nature.

While all of the triggers on the list above, and those I have added, contribute to our understanding of what accounts for religious experience, certain ones, such as depression, illness, childbirth, the prospect of death, the deaths of others, crises in personal relations, and the effects of drugs, are crucial to highlight for chaplains and others in the helping professions. Of course, the list of triggers can probably never be complete. For example, the story "A Veteran of the Second World War," which I will present later, has to do with one man's experience of war and how it affected his belief in God. Hardy might place the experience of war under his classification of "dynamic patterns in experience, 'Negative or destructive.'" Or, he might place it under "consequences of experience, changes in religious belief."⁸ But first, I will begin with "The Story of Mrs. S."

STORIES OF RELIGIOUS EXPERIENCE

The Story of Mrs. S

The evidence of religious experience, which Hardy called testimonies, is what we might call stories. The stories we hear are not necessarily long narratives. In fact, they may seem like mere fragments of information to the untrained ear. But to the trained ear, brief testimonies, stories, and anecdotes hold a key or keys to a larger story. Sometimes the stories will be given to us as monologues to which we listen patiently and affirm the teller of the story. For example, Mrs. S told me the story of her life in her later years as she gazed out the window of her hospital room, from which she could see a busy highway with cars zooming past each other in opposite directions. I summarized her story into a 'lay,' meaning a narrative poem, as follows:

She tells me about the busy world
 we live in, where
 no one has time to listen, nor
 does she want to burden anyone. As I listen,
 shyly at first
 but then eagerly, she tells me
 of her pains
 and losses.

Like a miner
 she pores over
 her eighty-seven years of life
 looking for the events of gold,
 things to be grateful for.
 Alone, lonely
 with all her friends and family gone,
 she remains feeling
 like a singular tree
 in a felled forest.
 She takes a deep breath
 when she is all done getting things
 off her chest,
 and smiles,
 relieved that she
 has gotten God's ear
 through my listening.

It was Mrs. S who said that she had finally gotten God's ear. Her anger at God for her illness and losses kept her from speaking directly to God on her own. It was a gift to me to receive her story and to witness her relief. She was affirmed and "felt better" after she spoke her grievances. She found the metaphor of one tree left standing in what had once been a forest descriptive of her feelings. It's how she felt when she was the oldest survivor among her friends and family. She was frustrated because she had not found anyone who cared about the things she cared about in the later years of her life—that is, not until she came to the hospital.

Religious experience, while spiritual (i.e., Mrs. S had a problem with God), is also *natural* because the aging process is natural, and feelings and thoughts emanate from us as human beings spiritual and biological. Mrs. S was able to organize her own story, but in other cases we might need to guide a person to construct her or his own story as we converse with them. In this case we employ the literary form of play writing. During chaplaincy training we often use role-playing for didactic purposes. In fact, the writing of verbatims enables role-playing. But it is also theater in the sincerest sort of way, as the dialogue between a trained helper and a patient is based on a deep connection to the meaning a person finds in life. The dialogue is respectful, complementary and complimentary, supportive and engaging. The chaplain asks questions that may help the patient to get to the heart of the matter, to the crux of his or her concerns, or to give responses appropriate for him or herself.

In the next story, "The Crown Princess," a patient takes on the role of a princess as she faces her death. We can also see the evidence of religious experience emanating from her biology, through her five senses in particular and through cognitive and affective elements. The story is of a woman of faith and a woman with a sixth sense, the spiritual sense or imagination. In Hardy's terminology, her story represents the class of "antecedents or 'triggers' of experience" such as prayer and meditation, the prospect of death, and the consequences of experience.

The Crown Princess

Mrs. JP was a seventy-seven-year-old woman who came to the hospital with a diagnosis of an advanced-stage cancer. She was a Catholic of deep faith who felt relieved once she had made her confession and received the Sacrament of the Sick and the Eucharist. I continued to see her to help her process her thoughts and feelings about the rather sudden discovery of her illness.

She had been a single parent during a time when it was not easy for a woman to be on her own. Her husband had left her to raise their son alone. But she adjusted well to her problems, and her grown son was a source of pride for her. She lived alone in a supportive community, and her son had moved across the country where he was enjoying a successful career. Now that she was nearing the end of her life, her son came to stay with her for as long as she might survive.

Mrs. JP seemed to handle the “big” events of life better than the “little” things. A practical woman, she worried about the appointments that needed to be cancelled, the bills that needed to be paid at the bank, and which gas station would give her son the best price for gasoline. After her retirement and up to the time of her admission to the hospital, she had been a nanny for three young children. She shared how she would read to them, and she had a wonderful imagination in how she dealt with the children. Something she said inspired me to ask her to be a “princess” and not worry about doing anything. As a princess, she could ask to have something done and it would be done!

Mrs. JP’s son immediately used the idea to encourage his mother to let go of her worries. Gradually, she relaxed and accepted that she was dying. She agreed to go home and be under the care of hospice. But first, Mrs. JP grew so fond of the idea of being a princess while she was at the hospital that she asked for a crown to be bought for her so that she could leave as a princess. This was done for her.

I went to see her at home on the very day that she passed, but I was too late to see her. “The undertakers have already taken her away,” her son said. I joined the circle of hospice workers and Mrs. JP’s friends as they reminisced about her. As I got ready to leave, I hugged the son. “There is just one more thing before you go,” the son said, disappearing into what used to be Mrs. JP’s bedroom. “I want you to have this,” he said, handing me the crown. I said rhetorically, “How could I ever forget meeting you and your mom?” He said, “You won’t,” and continued, “I don’t know how you came up with the idea [of the crown], whether unintentionally or on purpose, but it worked.” I did not answer, but I had suggested the crown on purpose. All I said in reply was, “The Holy Spirit.” I did not want to take away from his wonder, nor from his grieving. He seemed like a little boy who had let go of his mother’s hand in the Mall of America and gotten lost.

I went away from Mrs. JP’s house reflecting on what had just transpired. Carrying the crown as a precious object, I felt fulfilled and grateful to

God for the healing power of faith and imagination. I felt gratitude for my ministry, gratitude for Mrs. JP and her openness to me, and gratitude for her son. In my reflection, the words from the Prayer of Saint Francis came to mind: "It is in giving that we receive and in dying we are born to eternal life." Mrs. JP will live as long her son lives and as long as I live. When we go into the "eternal" we will all be together in a way unknown to us, to me, at this time.

While professional writers employ literary devices to begin their stories or poems, patients speak from where they are directly from their experience. The opening sentence is important to writers, just as the questions we ask patients are important in order to assess what they need. The opening sentence of a story can be the watershed sentence of a novel or a short story. That first sentence can trigger the author's imagination in very productive ways, just as a thoughtful question will trigger a thoughtful response from a patient.

Fables, for instance, start with the words "once upon a time" and open the way for saying practically anything the author wishes to say. We are also familiar with the beginning of the Judeo-Christian creation story, "In the beginning when God created the heavens and the earth . . ." A patient might start with, "It happened suddenly," or, "It came out of the blue," or "I have always been healthy until now," or, "Why me?"

When the patient told me her story in the next piece I present, I assigned to it the literary device of a parable.

The Parable of a Mouse

"The Parable of a Mouse," which I took down as told to me by a person with the initials of MC, is an example of a story triggered by anticipation of a surgery, an event that carries risks and concerns. This falls in Hardy's category of "triggered" religious experiences. But the parable encompasses sensory experience as well, which in this case entails vision and imagination and the sense of being comforted or touched. The story also encompasses the cognitive affective elements of healing and new strength and growth. The religious experience in the story was meant for MC, and she did not have to share it, but the trigger for sharing the story was the mere presence of a chaplain. Sharing the story added something to the meaning of the experience for MC.

I first met MC, a medical professional and colleague, and now a patient, on the post-operative unit of the hospital. She was recovering from hip replacement surgery. Though relatively young, her hip was “bone on bone,” her orthopedic surgeon had told her. And MC, a critical care nurse, found that she had difficulty gaining speed as she rushed from patient to patient.

MC was a Catholic woman with a wonderful relationship with her church, her God, and her spiritual director. On the hospital units she had the reputation of being a very “spiritual person.” There was an innocence about her; she utterly trusted in God. And the same vulnerability predisposed her to having wonderful, helpful religious experiences.

Shortly after I arrived at MC’s bedside and sat down, she began to tell me what I would call her “little parable.” She had already gleaned a message from it, but more was added as she shared it with me, including seeing her story as a parable, which delighted her. My role as MC’s chaplain was mainly to listen to her. She would find what she needed from hearing herself telling me the story. She began,

It was early morning on the day before my surgery and I was sitting in the backyard by the pool thinking about it, still in my night gown. As I looked around, I saw a little mouse beyond the pool—we live in the country—run toward the pool and fall in. Then I saw it paddling, paddling for dear life, its little ears and face barely staying above the water level. It would turn this way and that way, and often it swam toward the edge of the pool, but instead of trying to climb out, it hit the side and then turned around and swam back to the deepest part of the pool. I watched it and then walked over to the edge of the pool. I pulled it out of the water by its tail, which was rather long, and set it on dry land. It shook to spray the water off its fur, pointing its little nose into the air, and then wanted to get back in. As often as I shooed it away, it wanted to go back toward the pool as if to avoid a worse fate. Finally it got the idea and went back into the field. It was a little field mouse. Afterwards, I felt that I would be okay going for surgery, that He [God] would take care of me as I took care of the mouse.

When MC was done telling me the story, I reflected back to her what I heard in the story based on my knowing that she derives meaning from the Scriptures. This is why I offered to her the suggestion that her experience was a “little parable.” This elevation of her humble story touched her, and she became teary-eyed.

What I retell here is what took place in the form of a dialogue with MC. I asked her whether what I was offering resonated with her, and she

said it did. Mainly, she has been feeling vulnerable and helpless as she faced surgery. But God, through her call as a nurse, through her very senses, and through her imagination, had sent her a message in which she saw herself “rescued,” meaning that God would work through the staff and that she could trust that her caregivers would take good care of her, that she would be okay. By “okay,” she meant that she would not die, and that even if she resisted help, as the mouse did, “they” (the caregivers at the hospital) would not give up on her. She told me that a medication caused her to behave in contrary ways with some of the caregivers, but they were patient with her and worked with her until she found her comfort, just as MC had been patient and compassionate with the mouse.

MC’s parable prepared her to allow others to take care of her. Again I offered a scriptural image, that of Jesus asking Peter to allow him to “wash his feet.”⁹ In our encounter, MC allowed me to minister to her and said, “You are the first person who understood my story.” I do not know how many people she had told the story to, but I felt gratitude for being the recipient of the beautiful story. MC had received a communication from God in response to her fears around her surgery. God showed her that she would be alright. It was a special gift ahead of the procedure as her trust was deeply established now in God and in the caregivers. And it was a special gift to me as her minister to receive and to reflect back to MC her own wonderful story.

The most meaningful encounters between a chaplain and a client include a story. The story can pour forth from the person, triggered by the mere presence of the chaplain, or the story can be fostered by intuitive or skilled questions posed by the chaplain as an active listener. What makes a story meaningful is the story’s specificity to the person telling it. The specific content of the story that is related to the teller is like a seed’s relationship to a flower or a root to a tree. Just as zinnia seeds propagate zinnias and a tree root produces saplings of the same tree, so the result of seeing the meaning of one’s own story becomes evident through the scattering of the seeds of one’s story as one tells and hears one’s own story in the presence of an attentive listener, chaplain, or spiritual guide.

In this sense, clients’ stories are like personal parables. Sometimes the client can interpret their meaning and sometimes a chaplain or another helping professional can help shed light on what the story might mean to the client, how it can be therapeutic to them. We can bring many sources to our reflection process, such as the sacred Scriptures and the work of theologians and multidisciplinary scholars.

Assessing MC's religious experience in the "Parable of a Mouse" according to Hardy's classification of religious experience, what the patient has gained through her experience and the telling of it fits into the natural classification of "cognitive and affective elements" such as

- Sense of security, protection, peace
- Sense of new strength in one's self
- Sense of guidance, vocation, inspiration
- Awe, reverence, wonder
- Sense of certainty, clarity, enlightenment¹⁰

From his perspective as a scientist, Hardy brings a natural way of looking at religious and spiritual experience. For Hardy, religious and spiritual experiences emanate from the biology of the human being rather than necessarily from a mystical source. At the same time, his natural classifications are in harmony with the theological and spiritual insights that I bring to the stories.

The experience of loss of faith in God is religious and also natural when our expectations of how human beings should behave are shattered in the face of a great evil. As a result of our religious and spiritual formation, we may assign human nature to God. When something evil happens, we may imagine that a detached God is watching what is happening and not doing anything about it. Theodicy is one of theology's most difficult stories, one of the most difficult discussions. Yet we must devise helpful ways of imagining God in order to deal with the most difficult experiences in our lives. The story of JU, below, illustrates how we grapple with evil in the world.

A Veteran of the Second World War

JU was an eighty-three-year-old man diagnosed with Parkinson's disease and admitted to the hospital for atrial fibrillation or atrial flutter. This is a condition in which the blood is not pumped fast enough to the heart, and as a result the heart beats irregularly. The condition can be dangerous if untreated and can lead to heart failure.

JU asked to see the chaplain, but when I arrived he was not forthcoming about why he had requested a visit. He had given his religion as "none stated," a category devised by the hospital registration for those who either have no religious affiliation or do not wish to share their affiliation. But when I was in the process of verifying with JU whether he had intended to

say “none stated” for his religious preference, he told me that he was a Catholic. Perhaps he wanted to receive communion? But he said, “If I received communion the hospital would fall down!” When I asked why, he said, “Because I haven’t practiced my religion for many years.” This did not mean that he had no religious experience but rather that his war experience had made him lose faith in God.

JU explained how he had lost his faith in God after witnessing, as a rescue soldier, the atrocities of the Jewish Holocaust in Nazi Germany. He shared his memories. “There were rows of people stacked on top of each other, some dead and some barely alive.” JU asked, “What kind of a God could let this happen?” This experience had led him to reject God. I asked him whether he had some way, other than through faith, of moving on with his life, and he affirmed that he had. He said, “I just tried not to dwell on the past.” But clearly he had not been able to just move on.

I could only imagine the relationship between JU’s traumatic experience and his present heart condition from an emotional and spiritual perspective. When I asked him if he had ever tried to do anything but move beyond the past, he said “No” and added, “What kind of a God would allow such evil things to happen?” When I asked what made him think that God was responsible for the atrocities committed, he reasoned that the atrocities could not have happened without “Him.”

I suggested that the question might be, “What kind of people could have done such terrible things?” At this, JU’s eyes widened as he looked straight at me and into my eyes. I held his gaze. I offered that as humans we cannot understand how human beings could behave in such atrocious, inhuman ways. We think that God must have made people commit atrocities. How about the influence of Evil upon people? Or, what if people act out of their own free will to do what is evil?

These questions seemed to strike JU to the core. I could sense how intently he was listening. I perceived a movement within him as if he were seeing something new, seeing something for the first time. I offered that if God gives each person his or her own will, they can use the will to do what they want; they can even do things against God’s will. Images of God are of our own making. This too made sense to him. He said, “It is good of you to have come to talk to me. This is very enlightening.” He explained how he had said to the admitting staff that he did not want to see a priest but a that chaplain would be okay. The staff had explained the difference between a healthcare chaplain and an ordained clergy serving a parish. At the closing

of our visit, JU accepted a blessing of healing that I asked in God's name. He said, "Thank you." I said "Peace" as we shook hands in farewell.

JU's life story was written and rewritten by his experiences. From what he shared, it seemed that he had grown up believing that people are good and that God keeps the world safe. But JU's beliefs were shattered when he encountered an unspeakable evil. Interestingly, JU did not share with me his concerns about dealing with his Parkinson's disease. The doctors were taking care of the disease. He also did not share his concerns about his atrial fibrillation. His cardiologist was taking care of that. He shared a long-buried trauma of the atrocity of war. Sharing his story would help JU gain at least a new way of thinking about God. JU's religious experience in his story was triggered by what Hardy classified as the "consequences of experience," whose results he identified as "changes in religious belief" and "changes in attitudes to others."¹¹

In the next section I explore how we can work with narratives, including poems, with patients who are unable to express what they feel.

WORKING WITH NARRATIVES AND POEMS

Blessed are the patients who can express themselves because they can gain a healing from sharing their story and receiving reflective responses from their attentive listeners. When patients are depressed, for instance, they are often unable to find the words to express what they feel. We may then provide them with words to ponder. A poem that I have found always works well with groups of patients hospitalized for a variety of reasons, including for depression, is a brief poem by May Sarton called "Love"¹²:

Fragile as a spider's web
 Hanging in space
 Between tall grasses,
 It is torn again and again.
 A passing dog
 Or simply the wind can do it.
 Several times a day
 I gather myself together
 And spin it again.

Spiders are patient weavers.
 They never give up.
 And who knows
 What keeps them at it?
 Hunger, no doubt,
 And hope.

The speaker in Sarton's poem identifies with nature, with a spider. A story is to us what a web is to the spider. A spider repairs his or her web over and over. How beautiful is the spider web when it is whole and the sunlight shines upon it! How beautiful are our lives when we are healthy and reasonably happy! When things don't go well, we create and recreate ourselves, which changes the narratives of our lives. What keeps *us* at it? "Hunger, no doubt, / And hope." I would add that faith keeps us at it, too. We hope to survive, and if a spider can continue to try and try again, so can we. We are fragile, the poet tells us, and patients identify with that truth. The stories and poems we use in our work need to be truthful, and the truth needs to resonate with our clients.

SUMMARY

For chaplains and spiritual mentors, it is a given that in our ministry we will hear our beloved patients' or directees' stories. We may choose how to listen to their stories based on our knowledge of them. We always must verify our assumptions in discreet ways so as to not distract the clients from their train of thought and to give due respect for their condition. When our clients are persons of faith, it is fruitful to listen to their stories with an ear for religious experience.

In this paper I have presented patients' stories with commentary on how I have used their stories in ministering to them, supplementing my own insights with the research of Alister Hardy. I focused on people of faith or open to faith and on how we use stories together to bolster that faith or hope. In my own pastoral and spiritual formation I presented my life story and was taught and trained how to reflect theologically. Hardy has a different perspective and takes a different approach to religious and spiritual experience. I connected my discussion of Hardy's "accounting" for religious and spiritual experiences to my own cases and my interpretations of them.

I believe that Hardy's natural classifications help us understand the nature of religious experience in our day. My own contribution is in the claim that there is therapeutic potential in the stories patients tell us.

NOTES

1. Alister Hardy, *The Spiritual Nature of Man: Study of Contemporary Religious Experience* (Oxford, England: Clarendon Press, 1979).
2. *Ibid.*, 17–19.
3. *Ibid.*, 25–30.
4. *Ibid.*, 28–29.
5. James E. Moore, "Taste and See" (Chicago: GIA Publications, 1983).
6. Abraham H. Maslow, *The Farther Reaches of Human Nature* (New York: Penguin Books, 1993), 168–70.
7. William Carlos Williams, *Collected Poems*, Vol. 1, 1909–1938 (New York: New Directions Publishing Corp. 1938).
8. Hardy, *The Spiritual Nature of Man*, 29.
9. John 13:1–17 (NABRE).
10. Hardy, *The Spiritual Nature of Man*, 27.
11. *Ibid.*, 29.
12. May Sarton, *Halfway to Silence* (New York: W.W. Norton and Co., 1980), 43.