Abstract
The focus of my work as a teacher and Episcopal priest has been pastoral. In my work of chaplaincy, spiritual director, and trainer of spiritual directors, I have been powerfully aware of the importance of presence. Furthermore, I have concentrated on the significance of healing—physical, emotional, and spiritual—as distinguished from curing. This article is a reflection, based on my decades of experience, as contrasted with an academic exploration of the history, various traditions, or the methodology of healing. J Pain Symptom Manage 2011;41:650–654. © 2011 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words
Sacred listening, healing, suffering, palliative care, hospice

I have titled this article “A Reflection” because it can in no way be viewed as a scholarly, academically respectable article. Rather, I am writing from my experience of nearly three decades as an Episcopal priest. My original call to ordination was a call to work with the dying: I envisioned myself perhaps as a hospice or nursing home chaplain, possibly as a pastoral presence in a large congregation, but not as the rector of a parish and most certainly not as a seminary professor. As an example of life’s irony, for a number of years at the General Theological Seminary in New York, I led a program in spiritual direction—a formidable term that boils down essentially to the practice of sacred compassionate listening. At the same time, I did considerable clinical work as a part-time chaplain in a major inner-city teaching hospital, as well as several years chaplaincy in a 300-bed nursing home. There, I encountered all sorts and conditions of people—patients and their families, a variety of caregivers, the highly privileged and impoverished, the variously devout of all traditions, and the atheists. It was a gift to be with them as their bodily health was restored or as they accepted their physical (and frequently mental) diminishment. It was the greatest honor to accompany the dying.

My years of sacred listening have given me respect for our major religious traditions and, more broadly, respect for the sanctity of all human life. There is room in the tent of compassionate presence also for those who would claim affiliation with no recognized tradition.

So in this reflection, I contemplate a readership of those who are concerned with healing—physicians, nurses, chaplains, clergy of all kinds, psychotherapists, social workers, and just ordinary folk who are, as professionals or amateurs, involved in the mystery and miracle of healing. We cannot avoid facing our own suffering and
mortality if we live long enough, but for some of us, our work calls us to be present to others as they face the suffering that is an inevitable part of the human condition.

Suffering is a mystery. I recall hours spent in seminary hearing lectures, reading books, and writing quite forgettable papers. Why, in our human vulnerability, is suffering inevitable? Surely not punishment from an angry God? Maybe even a sign of the deity’s favor—God must really love us to send us such a challenge? Our own fault for no apparent reason? Or maybe just the result of our own carelessness?

I never found a good answer or a feasible way to attach blame to anyone, divine or human. Rather, we face our vulnerability as a mark of the human condition.

For our wondrous bodies are vulnerable. They often have the power to heal themselves if we just let well enough alone and trust time to do its work. But they can suffer accidents, illness, and the results of neglect and abuse. And, inevitably, they wear out. After birth, death is the second great and inevitable threshold.

But it is a mistake to concentrate solely on physical suffering. All too often, it is accompanied by emotional and spiritual suffering. For these can undermine our well-being, even when physical symptoms are absent. And, sadly, they are often unrecognized or unacknowledged. Yet for health professionals and spiritual companions of all stripes, the work of healing almost always embraces this triad.

So—what is healing? Just a glance at the dictionary reveals its wonderful complexity, that it has a vast root system. I have tracked down a few of them—heal, whole, health, and hale. Basic to all is the concept of wholeness, which for me is shalom. I have still to find a better word to plumb its depths, but I find in this word a sense of deep peace that is more than the absence of conflict. Rather, it suggests balance, sufficiency, and completion. One can relax gratefully into its embrace.

Too often, we confuse healing with curing because they can and often do go hand in hand. To effect cures, we have many options. Basically, though, we do something: there are so many resources, steadily increasing, at hand. Just to name a few: all sorts of medical procedures from surgery to radiation, pharmaceuticals of all sorts from the lowly aspirin to the $1000 pill, changes in diet, physical therapy, exercise or bed rest, or maybe just applying a sterile Band-Aid to a cut finger. The results of cure are apparent, measurable, and by no means to be underestimated or denigrated.

But healing, although related to curing, is something else. There is a certain passivity in healing. It calls for a kind of surrender that is not defeat, but a willing letting go. Ultimately, it can, will end in bodily death.

Hope—not the same as foolish optimism—is present in healing. I still struggle to find a useful definition of this mysterious word. I recall my time working with very frail, very sick people in the nursing home. They knew that death was near, but many greeted each day with hope, not for some miraculous restoration of their worn-out bodies but for an indefinable something—the comfortable awareness that their lives had not been without meaning, that somehow it all made sense, that they were safe and ready to move on.

But hope is not always apparent or available to the suffering person. Fear can take over. I know nothing of the physiologic effects of fear, but I know that fear is powerful and can be crippling, even deadly. Religious faith can assuage it, but not always. Various meditation techniques also can be helpful. But not always. Too often, the patient may feel betrayed and abandoned, without hope. Emotionally, spiritually, and often physically, the hands are clenched. It feels too dangerous to let go, although letting go should be a sign of release, not defeat. The unclenched hand is a powerful symbol.

I have focused on physical healing: it is readily recognized and often has clear causes. But there are other wounds that are less apparent and less definable. There is the healing of memories. The oldest adult child of an alcoholic with whom I have worked was 93. She struggled with her memories of a neglectful, emotionally abusive mother. She had refused to be defeated by these memories, yet they had lingered throughout her long creative life. As death approached, she found comfort in recalling her childhood. The wound was still there, but she refused to be daunted by it.

Even older at 100 years was a patient in the nursing home where I worked. Strong and self-reliant, she nevertheless lived with vivid
painful memories of her mother’s death. In one of our conversations, she recalled herself at six in a Czechoslovakian village, hearing the wails of her neighbors as her mother’s body was carried from the house. She was still grieving. It was a great privilege for me to hear her story. Outwardly, she was stoic. People trusted her and relied on her. She had been able to accept—with gratitude—what life had brought to her. But within there was a wound that never quite healed. Telling the story brought relief, but not a cure.

And there is the healing of relationships. In my daily work, I meet people who hide their wounds well despite the pain of abuse and betrayal, physical and psychological, along with their disappointment and anger at misplaced trust. Healing here can be impossible, or it can move at a snail’s pace. In my role of listener, I am mostly passive despite an urge to snap, “Just get over it!” Their pain is not my pain. My task is to honor it and treat it gently.

Even less obvious and definable is the healing that takes place when one is able to forgive oneself. Like all healing, this especially cannot be hurried or forced. Occasionally, I have received a referral from a mental health professional: their client is stuck in memories of misplaced guilt. Frequently, she—and in my experience, it is almost always a woman who has suffered abuse—has confused guilt with shame. Guilt is the result of some action or inaction. Shame is much deeper and cuts to the core of the soul. It involves an inherent belief that the person is bad, broken, or defective in some way. In my tradition, the rite of confession is available if rarely used. So I listen very carefully, take even the seemingly trivial very seriously, try to avoid outrage at the shame and abuse my visitor has suffered, then—theological fingers crossed—solemnly pronounce absolution. Sometimes it helps lift the burden. So far as I know, it never hurts.

So what is the role, work, calling of those of us who find ourselves drawn to the work of accompanying others in their yearning for healing? Some of us are professionals. Physicians who are spiritually attuned to their patients combine healing and curing. I recall a surgeon who worked in a major New York Hospital. I knew him as a friend, not a doctor. When I asked him once about his work, he told me, “I always pray for my patients.” Silently, not obtrusively—the patients probably never knew! But his gift shone through him. He was clinically skilled, but more than that.

And I would never discount the great gift of psychotherapy as a support to this hard inner work. When I am asked to make a referral, I am careful to suggest only someone who honors the spiritual dimension of mental and emotional distress. Faith tradition does not matter here; it is a matter of awareness of depths that cannot be explained scientifically—at least not at the present time. Similarly, spiritual directors can offer a place of healing as can pastors, rabbis, and priests. And then there are just the “ordinary” folk who have an often unrecognized gift of presence.

But I am wary of self-proclaimed “healers.” I have indeed met a few who seem to have a special inexplicable gift. They are usually quite modest folk who accept their strange gift quite humbly. Too often, though, this is a tempting field for charlatans. Their work—their performances—make for spectacular TV shows and mass rather hysterical “religious” gatherings. To watch them is rather like watching a magician. I would much prefer to speak of the gift of healing presence, rarely named, open to all, and quite unspectacular.

So how would I define the gift and work of the healing presence? You do not carry a business card advertising your work and fee schedule. You may not even recognize the gift in yourself. In a sense, you work with no agenda. A friend once commented on my work in the nursing home, “It must be wonderful to go around cheering those people up.” That, of course, was the very last thing I would have attempted. Rather, I tried to meet each resident where he or she was. It was not my job to “fix” them. It was my job to listen, perhaps to hold a hand, to sit together in silence. These patients were my teachers.

Presence, presence, presence! That is what our work is about. We may be paid lavishly, or we may give our work—and ourselves—away. We may have a string of professional degrees and an impressive resume, or we may be just ordinary folk. In any case, we are ultimately amateurs, if we remember to trace that word to its roots. To assist in healing, we must be lovers, not in a sentimental or erotic way, but deeply caring for those with whom we work. We manage to love even the unlovable. This is
a distanced kind of love, for we want nothing in
return from its recipient. We accept our gifts
and skills humbly, indeed maybe not even rec-
ognizing them. But if we do not see the beauty
and sanctity of each person whom we touch,
we are in the wrong business.

So what is the job description for a healing
presence? First of all, and perhaps most impor-
tantly, we listen, listen, listen. I am occasionally
surprised at how hard this work can be. I have
a pleasant office, a comfortable chair, and have
chosen to be present to the person sitting op-
posite me. Yet, at the end of the day, I realize
the toll that this work has taken. I am fit only
to watch the latest Netflix.

In this kind of listening, we simply absorb. I
have to banish the temptation to offer advice
and solve problems. I have to banish the temp-
tation to bring in my own experience in a kind
of one-upmanship; any kind of self-disclosure
must be judiciously chosen. I must be pre-
pared for repetition and able to discern:
when is the person in the other chair stuck
and needs a gentle jolt to move on? Or when
are we in a place that is not repetitious at all
but rather we are moving in a spiral, going
ever deeper in our exploration of the story?

That is because telling the story often lies at
the heart of healing. The safety that we can of-
fer as compassionate yet distanced listeners is
possibly a relief that our partner in the conver-
sation has never experienced. My aged friend
who recalled the death of her mother—94
years in the past!—seemed relieved of a bur-
den. She smiled, patted my hand, and said,
“But now I have new friends.” We never visited
the topic again.

There is an element of confession in the tell-
ing of the story. I have already mentioned my
conversation with the young woman, referred
to me by her psychotherapist. She had been
abused and betrayed by her family. She was
sure that it had been “her fault,” that somehow
she had brought her tragic childhood on
herself and that her suffering was deserved.
Another of my strong memories goes back to
the time of my chaplaincy training—obligatory
and a kind of theological boot camp required
for ordination in my denomination. It was
night. I was conscientiously visiting those
patients scheduled for major surgery in the
morning. I looked in on a middle-aged woman
who invited me to come in for a visit. Almost
immediately she told me that she was burdened
by her past sins and feared that she would die in
the morning. She was Roman Catholic, so I of-
fered to call the priest on duty. I knew him as
a kind, compassionate man, but somehow the
suggestion frightened her. “You’ll do,” she
said and invited me to sit on the bed. This was
a no-no, but I sat there anyway. She told me
about something that had happened long ago: she
was divorced and had married again. Her pres-
ent marriage had been long and happy. So I re-
minded her of God’s love and—breaking all the
rules—assured her that she was forgiven. I left
her room in the hope, indeed fairly sure, that
she would not pass the night in terror.

This informal unauthorized act of taking on
a “priestly” role combined story telling with rit-
ual. I am convinced that ritual cannot be im-
possed but that it can be vastly healing when
it is welcomed by the patient. (I have not yet
found a satisfactory word for the person in
need of healing. Although the word “patient”
suggests someone in need of medical healing,
I have fallen back on it in the absence of a bet-
ter term. After all, the root of the word is suf-
ferring, and “patience” does not suggest the
possibility of a quick fix for almost anything,
from the trivial to the life changing.)

For many, ritual includes prayer. There are
so many traditions, all demanding our respect.
For some, even the suggestion of prayer is of-
fensive. For others, there is the assumption
that this is central to the conversation. Healing
presence calls for sensitivity to each situation:
the patient takes the lead. Often I have asked,
“What shall we pray for?” One rather feisty
patient, who had indeed asked for prayer,
replied, “Get me out of here!” I hoped that
she was not asking for a magical solution but
had grasped that healing is often slow work.
But hers was indeed a prayer from the heart!

Listening, though, is the heart of our work,
but we learn to accept the comfort of silence.
Healing presence does not require words—just
being there is enough. I have learned always to
sit down, no matter how brief the visit. Hover-
ing can be menacing or at least oppressive.
And I always ask for permission; this may be
the only bit of control left to the patient.
And a few minutes are frequently better than
an hour! Touch is important—a gentle hold-
ing of a hand, or perhaps placing my own
hand where it can be held. All too often with
the very ill, touch can be painful, impersonal, part of a “procedure.” The healing touch is never imposed, even if it part of a religious ritual; it is soft and caring.

I have found that many who are suffering, physically or spiritually, welcome the gift of candor. Especially, when death is imminent, they know and resist being “cheered up.” I have never forgotten a moment, when my 86-year-old mother was within days, hours of her death. She had told me that she was ready, that she wanted to die. The next day her physician of many years remarked brightly, “Well, Mrs. Beltz, you’re looking much better.” She was not, and she knew it. It would have brought true comfort if he had simply assured her that he would continue to care for her.

In the right circumstances, candor is healing. I have been many times with the dying who want to talk about the impending great transition. Some of our conversations are cautious and somber, but some are almost light-hearted. The work of healing presence is to be aware, to go where we are led. This can be a time for story telling, planning a funeral, or simply imagining. I had a memorable conversation with a woman who loved beautiful rooms: she did a complete decorating job on heaven—I only hope it is that comfortable!

Tears can be important, too. We live in a society that encourages the stiff upper lip—boys do not cry! And the same message is impressed on little girls at a very early age. I claim no special knowledge of ophthalmology, but I know that we need tears physically, but more importantly spiritually. Some of the early Christian mystics spoke of “the gift of tears” as a path to restoration and healing. To be a healing presence demands that we let go of our discomfort and accept this gift. By training and temperament, I do not cry easily so was surprised and humbled when decades after the occasion, a woman whom I had been seeing for spiritual direction said, “You were the first person who ever cried with me.” As I looked back, I could indeed remember a time, when hearing her extraordinarily painful story, I had surreptitiously, I thought whisked away a tear.

Finally and perhaps most importantly, the work of healing demands that we let ourselves be touched. We, too, are vulnerable to being healed by the encounter. Regardless of any professional skills, we are not technicians. It would be morbid work to be a “collector of souls.” Lovers of souls—yes! But we give ourselves in compassionate presence and then let go.