16

That Vulnerable Place Called Illness

Rev. Dr. Gerald FitzGerald

Gerald transforms his own experience of illness into a self-education in caring for others. In the section on self-compassion we address transforming the humiliating impact of illness into an invigorating humility and in the section about compassion for others we explore sympathetic sorrow. Gerald's story illuminates what it is to find "blessing in the wound."

As a Catholic chaplain I have a doctoral qualification in pastoral counseling which was awarded in the course of my Clinical Pastoral internship at UCLA Medical Center in the early nineties. Since then I've practiced mostly in hospitals, parishes, and prisons. I am a married man and a Permanent Deacon.

I have also been a monk and more recently a family man, having left the monastery in 1978. I've been engaged with the dynamics of bringing and receiving compassion within a broad world of people in need, where I functioned as teacher and counselor, as benefactor and beneficiary. In the more circumscribed world of personal nuclear family, my wife and I found raising our 27 birth and foster/adopt children over the last 30 years called for a deeply personalized compassion. This we experienced

sometimes in the management of crises, but more often in living a life that has been somewhat scheduled and predictable, and a good place to practice the equanimity that compassion-making requires.

Then, within my art-accenting parish work with youth, I've found it useful to have a working definition of the art of living: "Causing compassion in the world", a world that "miserable-izes" as often as it edifies. Daily life routinely does not work for all as it could and should. A compassionate way of living requires a capacity for artfully inspiring others in the co-creation of feelings that are palpably shared, received, and experienced without judgment. The actual arts involved, of music or conversation for example, are thereby fully self-expressed from whoever one is and are interdependent with the participating others.

The rapport that provides context for causing such compassion comes within self-disclosure, which isn't always available in the circumstances that life brings. Circumstances that are charged with emergency or miscommunication or misunderstanding are often marred further by overall failures in listening. Whereas in shared compassion, born of a non-reactive listening equanimity, an after-taste of satisfaction accompanies outcomes in artful living for all players.

The hospital is and always has been part of my personal life as I have many medical issues—mainly congenital thoracic and skeletal challenges. And so I've always been embedded in the hospital scene. In the early nineties I had an artificial valve replacement. One of the inspirations I had around that was to actually craft a career

change from it. During the course of working with my surgeon I was inspired to become a pastoral counselor.

And so I was drawn to work in the hospital setting. I was now a patient and a health-care practitioner, having been on "both sides of the bed" and facilitating a new kind of spiritual care marked by mutuality. I later worked to replace the patriarchal term "Pastoral Care" with "Spiritual Care" in general usage. Back then in 1993, we were beginning to understand that if practitioners aren't experiencing themselves as also "under ongoing construction" by virtue of being patient confidants in that vulnerable place called "sickness," then an old paradigm of patriarchal intervention was in play. Patient as mere beneficiary of our intervention rather than equal partner and collaborator lives in that prior model. In fact the final authority on his or her own healing rests with the patient. Given what we know about negative and positive placebo, not to mention the collaborative power of patients fully enrolled in auto-therapeutic thinking, true interdisiciplinarians coach their patients out of becoming defined by a diagnosis that only curative interventions can address. In fact, one moves as a practitioner, on the premise of also being sick, as in priest and writer Henri Nouwen's work on wounded healer.

Some of the most dramatic discoveries as a wounded healer I made were at UCLA, and specifically on 10 West in the area of experimental cancer treatments. There I became a science-based practitioner of healthcare on an interdisciplinary team of social workers, surgeons, oncologists, interns, radiographers, and psychologists etc.. There, my early applications of dream analysis aligned nicely with my counseling role as chaplain. I had always considered dream analysis as airy-fairy and touchy-feely until I met with

psychiatrist Dr. Genevieve May, widow of the renowned expert on schizophrenia Dr. Phillip May. We had worked on a suicide case together and before I knew it she had apprenticed me to inheriting her 40 years of masterful use of the patient's psyche as a primary driver for her of diagnoses and treatments. Without her coaching I could not have become a studied practitioner. In fact, as I began to step into this territory, skill in "brief counseling" which is the nature of dream itself, began to show up.

One breakthrough event occurred when a young mother of 2, whom I'll call Kathy, joined our experimental chemotherapy and radiation program. Her body was cratered with open wounds. During my midmorning rounds she shared in great detail a curious dream with enthusiasm and excitement. In the early days I didn't quite know what to therapeutically do with dream content, though I had been studying dream analysis and specifically the work of Dr. May and more recently, Jeremy Taylor. But by the time of my encounter with Kathy I had learned to simply hang such dream fragments in the gallery of my own mind and allow them interpret me over a few days before I began to invite co-creation of any kind with the patient.

Kathy's actual circumstances included a certain amount of patient and family resignation to the likelihood of a very poor outcome. The story of the dream was very simple. Kathy found herself at sunset in an empty beach home she had just bought. She was transfixed by the beauty of the scene which she was silently sharing with her sister. When I charted the mood, storyline, and even the coloration of the dream, everything was being managed from within her own psyche as a cameo of great beauty that had a healing charge to it. She was palpably in touch with this charge and seemed to poetically transport us both to the sunset location in the telling.

In the past I had been timid in crafting anything of such material, since ancillary staff were all beholden to the world of measurable sciences and titrated medications and measurables in general, all so sacred to materialist science. Hence there was no real listening for the subtleties of the patient's body in conversation with the self.

But now I was undeterred. Kathy's dream was what Jung would call a "big dream." By then I had learned if I were to take a big dream's ingredients and simply hang them in the gallery of my own mind, they would unpack me as readily as an attentive patient. I had already done this over and over again.

I was overcome with deep waves of personal healing. Before long a guided meditation had asserted itself. By then I knew Kathy would live. I returned bedside, taught her a simple relaxation technique and with her permission invited her into a first-person narrative that chronicled her new beach home as a new lease on life and restoration to her family. Within a few weeks she was discharged in full remission and a year later invited me to a celebratory party. In all of this the abiding felt knowledge between us was of participation in a rotation of compassionate energies that had material form but were also informed by some downward causation from a greater consciousness.

As for self-compassion, many of us in the caring professions experience our own self as casualty. In my case, I was often burdened by congenital disease and bacterial sicknesses. And so I was never far from recognizing how vulnerable and broken I, myself am. In response I have always approached my own illnesses very casually. It's not the

same as carelessness about oneself. Rather, there was a temptation too often to make illness and disease my way of life, that my diagnoses would define me.

What I did was parlay it into an inspired fitness that empowered me to live a very full life. And so it wasn't in "fighting" my illness, but in experiencing it and working with it that inspired my path to wellbeing, if not always material health. There wasn't a divided self around my illness. I function in a place called gratitude as much as possible. I was comfortable in being near my wound. I was always finding a blessing in that woundedness.

In my own psychological woundedness—depression and anything you might mention, paranoia and all those things that happen to us aside from physical maladies—there were also never-ending opportunities to have eyes opened and reopened such that my biases and prejudices never had the last word. When my eyes were made more acute in terms of seeing reality the way it is, rather than how I might have liked, I was refreshed. I was never withdrawing. I was always going forth, impelled to be engaged and in action. Retreat into solitude, prayer, and fasting, yes, but it was never a retreat in the sense of hiding. It was a going away in order to come back. There was a lovely rhythm in the coming and going of my doing and being.

Like night and day, in my dark nights of the soul were replenishment even when they were very difficult. Like negotiating a long fever, I knew then and still know how to find a compassionate shimmering in every darkness.