Role reversal: Pastor as patient

by Martin B. Copenhaver in the August 25, 2009 issue

When I began in ministry, I would enter a hospital room with a bit of trepidation, as if entering a strange and alien land, because I was not sure what I would encounter there and how I might respond. I wasn't yet used to the sights and sounds and smells of this land—the sight of someone hooked up to every manner of tube, the occasional snoring or groaning of a roommate, the antiseptic smell that sometimes barely conceals the various human smells that infuse the air. I didn't know the customs of this land either—for instance, whether I should stop praying when a doctor entered the room, or whether I should introduce myself to the doctor, or whether I should leave the room when the doctor begins the consultation (the answers are no, yes, no, and sometimes yes, no, yes).

But after 25 years as a pastor I have been in hundreds of hospital rooms, and by now they all look familiar. Even if I have not been in a particular room before, it still feels as though I have. Each seems to have the same linoleum floor in a muted color, the same adjustable beds, the same tables that extend over the beds for patients to eat their meals, the same television set bolted to the wall, the same chairs, upholstered in washable plastic, where visitors can perch at the bedside. Outside the window, there is usually a view of another part of the hospital or the parking lot.

I learned to love hospital visitation, one of the true privileges of pastoral ministry. In visiting someone in the hospital, I am representing the community of people who are bound together in the church. By the nature of my role, I get privileged access to someone's life at a time of need, and I am able to offer a reminder of the presence of God through prayer and perhaps other words of comfort. In such a setting we tend not to wade in the shallows of life. We are more likely to venture forth into something closer to the depths. A hospital room is one of the places where I am reminded why I went into the ministry in the first place.

But one day I found myself in a hospital room that once again seemed like a strange and alien land. Everything around me was familiar, and yet it looked different and unsettling. Once again, I didn't know what to expect or how to behave. Almost

everything I had learned and experienced had to be thrown out the window. This hospital room was different for one simple reason: it was the first one I had ever been wheeled into. I was a patient, and for the first time in my life I was seeing a hospital room from the vantage point of the bed.

I had woken up in the middle of the night with the oddest sensation. It felt like my heart was trying to jump out of my chest. I sat up in bed and felt my pulse. My heart was beating very rapidly and irregularly. If a regular heartbeat resembles the strong and steady beat of a Sousa march, this was a reggae beat. I woke up my wife, Karen, and asked her to check my pulse. I said, “Well, I’m so glad I already have a check-up scheduled with my doctor for later this afternoon.” She replied, “Are you kidding? We’re going to the emergency room right now.” We got in the car and for once I let her drive.

Within minutes I was an intersection of monitors and intravenous tubes. The immediate and focused attention from so many doctors and nurses was both comforting and disconcerting. I was grateful that they took my condition seriously, but the way they responded brought home the realization that what I was experiencing was, indeed, serious.

They kept me in the emergency room much of the day, doing a variety of tests. Karen sat at my bedside, listening intently to the doctors, taking notes on what they said. Most people would say that she was the picture of calm. But I knew better. I have learned that the more she is churning inside, the more placid her demeanor becomes.

The telltale sign is the nail on her right index finger. It is always the first to go.

One doctor after another parted the curtains around my bed and stood over me, asking questions. I felt small all of a sudden. This was an unusual position for me to be in. Usually I am the one who stands over people, either in a pulpit, or as I teach people who are seated, or as I enter a hospital room. Even when I sit down beside someone’s hospital bed, I am perched a bit higher. But not as a patient. Feeling small was a new experience.

My condition was atrial fibrillation, which I learned is quite common and eminently treatable. The doctors expected that the drugs would bring my heart back into rhythm, but they would monitor me closely until then. Karen went home to get a few things—my iPod, the book I was reading, some comfortable clothes.

It was then that Kathy, my pastoral colleague of over a decade, appeared at my bedside. I had always heard members of our congregation say that Kathy's very presence is calming, and now I knew what they meant. We chatted easily. Then Kathy said, "I have pretty much decided to postpone my trip to France." I knew how much she was looking forward to that trip, so I said, "Well, let's see. We can talk about that, but I don't think that's going to be necessary." She was looking out for me—and for the congregation, because she knew they would be anxious. It was best not to have both of us gone at such a time. But I wasn't ready to hear it. "It's up to you, of course," I said, stating the obvious, "but I feel quite sure I will be back in the pulpit on Sunday and that you will be going to France." This was Thursday afternoon. "They say that they are planning to release me tomorrow, if my clicker kicks in."

"Well," replied Kathy, "you don't need to decide that now. In either case, I'm quite sure that I will be staying." I prepared to object, but Kathy came back with words that were as firm as they were gently delivered: "I don't know quite how to say this, Martin, but this is not your decision to make."

We talked about what to say to the congregation. "Tell them I have had an unfortunate little episode with an irregular heartbeat, but that the condition is common and treatable, and it's nothing that will prevent me from taking up my duties soon." As I had seen in so many of my parishioners over the years, I was trying not to make a big deal out of my illness. As a pastor, in such instances, I would try to help them move beyond their attempts to shrug off what had happened to them. But now I wanted nothing more than to be able to try a little shrugging off of my own.

Torrential memories came surging back of my father's fierce determination to get back into the pulpit as soon as he could after his leg was amputated. I was a teenager at the time. Those of us in his family knew that he was still in great pain, but you wouldn't have known that from the way he hobbled into the church on crutches with his game face on. And he didn't want to come in any side door, either. He insisted on being part of the procession down the center aisle. When it came time for the sermon, with considerable effort, which he tried to hide, he lifted himself into the pulpit and sat on a barstool. After looking out over the congregation, he began his sermon by saying, "Surely this is not the first sermon ever to be preached from a barstool, but, to my knowledge, it is the first time in this place." The congregation laughed. The relief was palpable.

Why do pastors, who spend so much of their time ministering to people in their vulnerability, have such a hard time letting themselves appear vulnerable to others?

I told Kathy that I would like her to let the congregation know that I would welcome prayers and cards, but would prefer that they not stop by or call. I wasn't ready for a sudden reversal of roles in which I was not the minister, but the one ministered to. I also suspected that in some instances, the roles would not be reversed enough and I would end up ministering to the one who came to visit me. I wasn't prepared for that either, especially since, in this setting, my clerical garb would consist of one of those hospital johnnies with an open seam in the back.

Kathy assured me that she understood why I would make such a request, but still I felt a bit guilty in making it. Why can't I let myself be on the receiving end of the kind of care I have offered to others? Is it pride? In part, I am sure. But I was also sure that visits and calls from parishioners were not what I needed at that time.

Kathy then offered a prayer and left. It occurred to me that in the ten years we had worked together, I had observed virtually every aspect of Kathy's ministry—except hospital visitation. Now I was given a chance not only to observe her gifts, but to receive them as well.

Sometime that afternoon my heart resumed its normal rhythm. Soon after that they wheeled me out of the emergency room and into one of the regular hospital rooms where they could keep an eye on me and do a few more tests. The attending nurse explained that my roommate was a man with developmental disabilities who could neither see nor hear. "Perfect," I thought. "The last thing I want right now is a chatty roommate." The nurse went on to explain that my roommate, not understanding his situation, would occasionally try to slap the nurse or attendant when they tried to give him some form of treatment. OK, not so perfect.

In the middle of the night, I was awakened by the sound of commotion on the other side of the curtain. The curtain was bulging with the press of bodies. It was as if a rugby game had broken out and the push and shove of the scrum was taking place on the other side of the curtain. Then I heard the sound of a slap. "Ouch!" I heard one voice exclaim. "Don't do that!" Another voice said to the man who could not hear, "You've got to stop doing that! We are trying to help you."

Finally, a nurse came to my side of the curtain. She said, a bit out of breath, "I'm so sorry. He is terribly bloated and we are trying to give him a barium enema. He will

be much more comfortable, but it is going to smell pretty bad in here for a while. I mean, really bad, actually. We could move you . . .”

“No, no,” I said, “I’ll be fine.” I should not have been so quick to turn down the offer. Sometime during the procedure that I could not see but experienced acutely in other ways, I began to laugh. Not wanting anyone to hear me laughing, I laughed all the more. I don’t think I was laughing at my roommate. In a way I was laughing at myself—at how I could start the day as a healthy pastor, used to striding into hospital rooms, and end the day draped in a hospital johnny, trapped in a hospital bed, chained to tubes and monitors.

Early the next morning my friend Gregory Groover stood at the foot of my bed. Greg, pastor of Boston’s Charles Street African Methodist Episcopal Church, was someone I wanted to see. Greg did not sit down, but he did not seem to be standing over me either. In his presence I did not feel small. We chatted a bit, and then he offered a prayer. He listened as I explained what atrial fibrillation is, and when I finished he said, “Yeah, I’ve had the same thing.”

“Really?” He had never told me. I was beginning to wonder if silence concerning health issues is a characteristic of pastors.

Studies have revealed that the ministry used to be among the healthiest professions, but now it is one of the unhealthiest. Is that because we don’t know how to talk about health issues? Or because ministry today has unique stresses? Or because ministers’ full schedules don’t allow much time for exercise? Or because focusing attention on health seems contrary to our image of ministry as self-sacrificial? Or because, of all the seven deadly sins, the one that is not only overlooked in clergy but actually encouraged is gluttony? (Let’s have my doctor plied with coffee cake at every consultation, and then let’s see how long he remains thin.) Do many of us pastors eat too much because it is a socially acceptable way of self-medicating? (“No, two beers is my limit, but could you pass the chips?”) Or do we get ill because we have figured out that it is one of the circumstances in which we will allow ourselves to receive care? (One pastor’s wife told me that for her overworked husband, “illness has become his Sabbath.”)

Later that day I was released from the hospital, but I did not preach the next Sunday after all. I was exhausted, as everyone but me seemed to know I would be. My mailbox was full of cards from parishioners. Many of them wrote notes saying that they were praying for me, and some even wrote out their prayers for me, which I

found almost unspeakably touching. For a number of years our congregation had placed increased focus on prayer. It had never occurred to me that I would benefit personally from the congregation's increased fluency in the language of prayer.

The next week I went for a follow-up appointment with my doctor of ten years. He's competent and thorough, and as a charming bonus, he has a delightful Irish brogue.

After checking my blood pressure, he sat down and began to look through the thick stack of records that had been taken in the hospital, chronicling my unfortunate little episode. Without looking up from those records, he asked me questions about my eating, drinking and exercise habits, which I rather awkwardly answered, knowing that my answers were not in every instance what he would want to hear.

He explained to me that the cause of atrial fibrillation is a malfunction in the part of the heart that sends the "electrical" signal to the heart muscle to beat at regular intervals, and that there are some common triggers. Speaking deliberately, he enumerated them: "There's fatigue . . . stress . . . alcohol . . . caffeine . . . cocaine . . ."

"No!" I said, with a little too much vehemence, to the last one. I was just relieved that at least there was one trigger I could take off the list. Then, just for emphasis, I added, "Decidedly not. No cocaine."

So he asked, "Do you experience stress in your life?" and I responded, "Well, sure." (I wanted to add, "Doesn't everybody?") He followed up, "At home or in your work?" "Not so much at home. Home is my haven. But in my work, sure." Then he asked, "How can caring for souls be stressful?"

What a lovely description of ministry. If I could only spend my day caring for souls, as he put it, that would be wonderful. If I could devote myself to visiting people in their homes or in the hospital, praying with them, leading Bible studies, preaching, conducting funerals and those other pastoral duties that I imagine he had in mind, then I could understand what might prompt his question. If only that were the complete list of my responsibilities. But what sometimes keeps me up at night, wrestling with angels (or with demons), are all of the things that don't fit so neatly under the category of caring for souls: the board meeting that didn't go well, the budget shortfall, the parishioner who is angry with me, the church leaders who are in conflict, the upcoming review of a staff member at which I need to bring up some difficult issues.

Of course, I know how to interpret all of those things—and, indeed, everything I do as a pastor—as caring for souls, at least indirectly. But sometimes it doesn't feel that way, and I was quite sure this is not what my doctor had in mind when he asked the question. I didn't think this was the time to educate him about pastoral ministry, however, so I just said, "Well, there's a lot involved in my work that doesn't always seem like caring for souls."

After a few more questions, he finally closed my thick file. With his elbows on the file in his lap, he leaned forward and, for the first time that visit, looked me straight in the eye. He said, "Here's the most important question. Are you praying?" At last, here was a question I could answer without feeling self-conscious or inadequate. "Why, yes, I pray every day." But he was not finished with this line of questioning: "Half an hour every day, uninterrupted, no distractions?"

I felt like I was looking for a place to hide. "Uh . . . well, uh . . . hmm . . . not exactly. Not every day, at least." Without shifting his gaze—he wasn't about to give me any wiggle room—he went on to say, "It's the most important thing. For some people I might suggest meditation, but for you it's prayer."

This was not the prescription I'm used to getting from a doctor. But then I thought: "Half an hour a day, uninterrupted, no distractions? Does he have any idea what my life is like?"

I remembered the spiritual adviser who said we should each spend a half hour a day in prayer, with this exception: if the day is really jam packed with too many things to do, then half an hour is unrealistic. On such days it should be a full hour devoted to prayer. I used to love to quote that statement. Now my doctor was saying something like that to me. "Hey, that's my line!" is what I thought. What I said was, "I'll try."

The following Sunday, feeling strengthened by rest and buoyed by prayers, I led worship. At the beginning of the service, during the time of welcome, I stood at the top of the chancel steps and took a moment to look out at the congregation, trying to meet as many eyes as I could. "Good morning," I said. Then I put my hand on my chest, patted it, and said, "Truly, it does my heart good to see you."

In that moment, I saw the reason why my father was so eager to get back into the pulpit after his surgery. He wanted to see the faces. All those beloved faces. And to get back to caring for souls.

This article will be part of the book This Odd and Wondrous Calling: The Public and

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