Paging God, by Wendy Cadge

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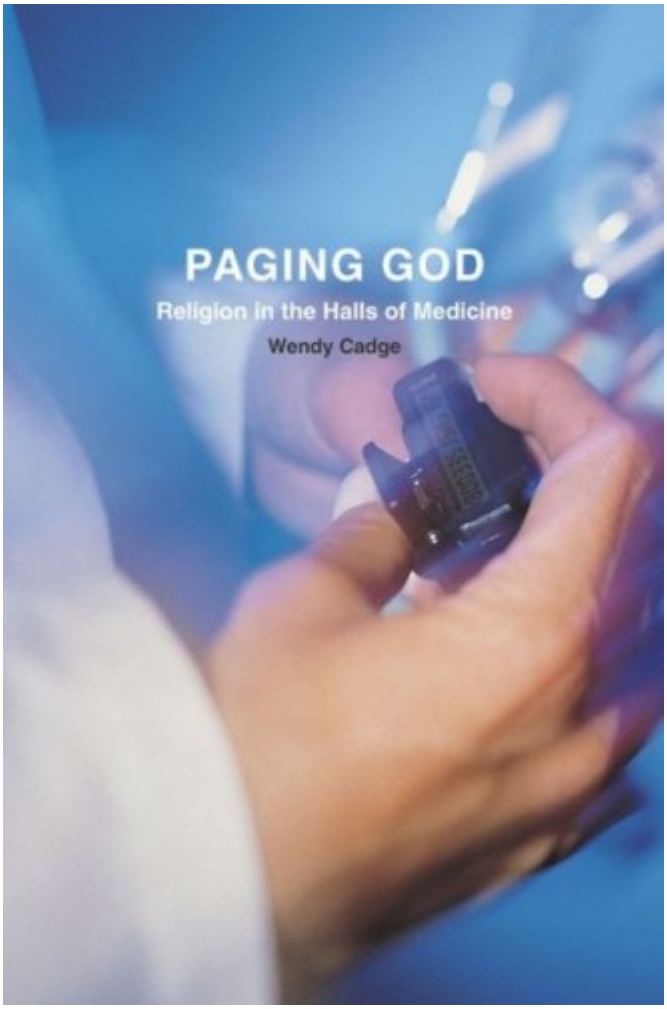
In Review



Paging God

By Wendy Cadge
University of Chicago Press

In today’s politicized climate, the mention of religion and medicine in the same title might suggest a focus on insurance requirements under Obamacare. But the topic of Wendy Cadge’s important book is both broader and deeper, longer term and more

complicated: What happens to religion when hospitals, many of them founded by religious orders and denominations, are formally secularized or otherwise constrained to cater to patients beyond their founding communities?

Cadge's findings are based on surveys of 17 nationally ranked teaching hospitals and on intensive interviews and observations at two such hospitals located in an unnamed northeastern city. Cadge and her associates visited all of the hospitals' chapels. In one of the primary hospitals, which she calls Overbrook, she interviewed chaplains and shadowed them on their rounds. In the other ("City Hospital"), she interviewed and shadowed nurses and physicians in intensive care units.

One of the research team's first discoveries was a book of prayers of petition and thanksgiving in the lobby of one hospital. For a decade, prayer books had been placed at the base of a turn-of-the-century statue of Christ that in previous years had been informally adorned with messages written on scraps of paper. The researchers read hundreds of these prayers and saw that those who wrote them thought of God as accessible, listening, and sometimes answering prayer. But the very profusion of prayers gave a first unprompted glimpse of the importance of what we might think of as conventional religious expression on the part of those who frequent hospitals.

Such a background makes all the more dramatic the conclusion that Cadge draws from the "messy story" of these institutions. "Paradoxically, religion and spirituality seem to be most present in these hospitals when they are visibly absent and most absent when they are visibly present." The visible presence that stood in front of substantive absence was primarily that of chaplains and the chapels they oversee, while religion and spirituality seemed most present among nurses in the ICUs, where religiosity was visibly absent.

Cadge begins the narrative of her research with a look at chapels. Each of the 17 institutions surveyed had at least one chapel or meditation room; more than half had two or more. The chapels varied along a continuum from those that reflected the religious tradition out of which the particular hospital emerged, through those that had been refashioned as multifaith spaces, to those that aspired to be religiously neutral. The trend seems to be in the direction of religious neutrality, symbolized by images of nature, such as the play of water and light, and an absence of overt religious references. Unmoved by such efforts at inclusion by subtraction, Cadge suggests that the purported neutrality is only skin-deep. It is most suited to

those—often liberal Protestants—for whom religion is itself abstract and private.

The chaplains interviewed by the research team were of mixed mind about religious neutrality. One chaplain-in-training complained that their theological language has to be “so watered down . . . you could find it in the telephone book.” Cadge presents the chaplaincy as at the forefront of the substitution of spirituality for religion, and spiritual care for pastoral care. The leaders of chaplaincy departments understood spirituality to be more inclusive than religion, but they had difficulty defining or communicating what they meant by *spiritual*, while their certification as chaplains depended on credentials conferred by a conventional religious body. The concept of spirituality is at best a work in progress. Indeed, Cadge interprets the very vagueness of the rubric as an aspect of a “jurisdictional expansion strategy” for chaplaincy as a profession.

At least one of the chaplains Cadge followed was sufficiently skilled to offer prayers that satisfied both her own understanding of spirituality and the religious needs of patients. But few in the hospitals understood what the chaplains’ spiritual language meant—least of all the physicians, who increasingly come from Jewish, Hindu, Muslim, and nonreligious backgrounds.

It was in the intensive care units at City Hospital, especially the neonatal Intensive Care Unit, that Cadge perceived the presence of religion. Although the conditions attached to her research precluded her from interviewing patients or their families, she, along with nurses, sensed their need for religious care. That may be because nurses have the most sustained contact with patients and because the majority of both nurses and patients at City Hospital were Catholic and attuned to the Catholic language of prayer and ritual.

But nurses who were not Catholic also attended to religious needs. A Jewish nurse told Cadge that early in her time in the NICU she had learned the rule, “If a baby is dying, . . . you have to baptize the baby.” A respiratory therapist explained further that this is a default rule that applies when the staff doesn’t know the family’s intentions. “We do it by sprinkling water on the child’s head and saying a short prayer. If [it turns out that the family] didn’t want it, we don’t have to mention it.”

In the penultimate chapter, “Managing Death,” Cadge explains that chaplains are put to work when the physicians have done their best, only to see their patients die. An Overbrook chaplain was called whenever a patient passed away—three times a

day on average. Chaplains help families deal with death: naming it, conducting last rites, seeing to the preparation of the body, and working with the morgue. The chaplains saw sacredness in the limits of life and willingly took on responsibility for what the hospitals defined as failure and indisputably a matter for religious workers. Nevertheless Cadge found the understanding that chaplains are uniquely qualified to deal with death served to undercut a broader understanding of spiritual care—the promotion of wholeness and healing—that their professional interest calls for.

Cadge is not recommending a return to an old-fashioned sectarian religious presence in hospitals, let alone a specifically Christian presence. A prolific and influential scholar in the sociology of religion and a professor at Brandeis University, she has made significant contributions to the understanding of LGBTQ-friendly churches and Buddhist temples. Indeed, this book begins with a vignette that signals her ease with Theravada Buddhist ritual. She is a sought-after speaker at chaplains' professional meetings and does not reject their attempt to define their purview as broader than conventional religion. But she challenges chaplains to be more systematic in defining and communicating what they mean by spirituality and not to take for granted the meaning that spirituality may have for the populations they serve or the other professionals with whom they work.