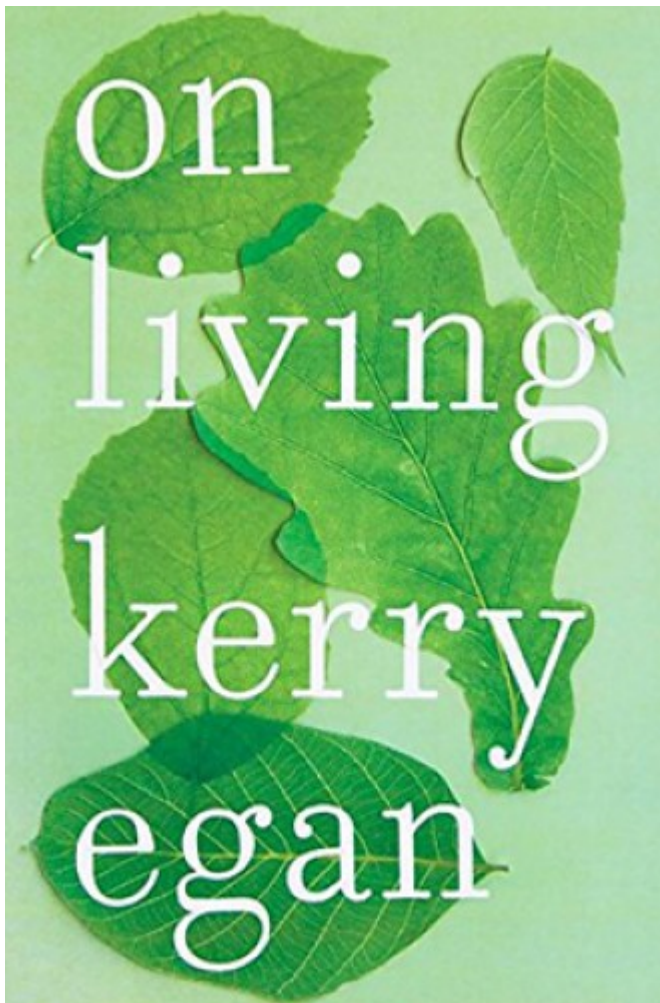


Living in the gray

## **A hospice chaplain writes about facing pain without flinching.**

by [Jera Brown](#) in the [February 15, 2017](#) issue

### **In Review**



### **On Living**

By Kerry Egan  
Riverhead Books

Hospice chaplain Kerry Egan asks, “What could hope possibly look like to someone who is dying?” She then answers, “It can mean anything. It could look like everything.” In Egan’s narrative, hope takes many shapes: stories that matter enough to be retold after the storyteller’s death, lives that have meaning and purpose even in suffering, and redemption from shame and regrets.

Amid anecdotes and insights from 15 years of ministry with the dying, Egan recounts multiple scenarios in which people ask her what a chaplain actually does. The book is filled with partial answers: a chaplain creates sacred space, offers spiritual guidance, talks to patients about their families, and surrounds patients with love. “Some chaplains might also be priests and pastors, but in their roles as chaplains, they don’t preach or teach. Instead they create a space—a sacred time and place—in which people can look at the lives they’ve led and try to figure out what it all means to them.” Egan’s book, too, creates such a space for its readers.

This space asks its inhabitants to find a perspective that ends in love rather than critical theories. Egan’s prose is not ideologically heavy. It’s the kind of wisdom that might comfort someone experiencing a pain, suffering loss, or facing death. While belief systems may be filled with arguments and theories, Egan’s perspective is more forgiving, softer, and grayer.

Such a space is important, because people are naturally inclined to turn away from death. Sitting with death means facing it. By showing how she sits with death, Egan helps reveal what we might be afraid to face.

Louise, for example, does not want to die before her children are “saved.” Egan admits that she wants to say there are various ways to understand salvation, but “that’s not what a chaplain does,” she writes. “A chaplain is there to help you figure out what you believe, what gives you comfort, the meaning of your life, who God is to you. Not to [the chaplain].” Instead of critiquing Louise’s theology, she asks, “What was it like? The day you were saved?” For many patients, reflecting on their own salvation replaces fear with comforting awe. The hope Egan draws out in these encounters is relational. It relies on the question “How have you experienced God?”

When one of Egan’s divinity school professors once asked what she did as a student chaplain, she responded that she talked to patients about their families. He retorted, “If I was ever sick in a hospital, if I was ever dying . . . the last person I would want to see is some student chaplain wanting to talk to me about my family.”

But Egan stands by her answer. “The meaning of our lives cannot be found in books or lecture halls or even churches or synagogues. It’s discovered through acts of love. . . . We learn about God when we learn about love. The first, and usually the last, classroom of love is the family.” Talking about one’s family can be a profoundly theological task.

The chaplain also guides patients and their families toward comfort and self-acceptance. This is accomplished through the difficult practice of facing suffering head-on without judging it. Egan tells the story of Gloria, who is afraid her son won’t understand why she almost gave him up as a baby. Another lonely patient, Reggie, regrets much of the violence he caused in his life and worries about dying without making amends.

Egan regards flinching—turning away from suffering—as a form of judging. And she admits that at times in her hospice work she has flinched. “If you think it’s not work to stay steady, to remain present, to not pull back in the face of terrible suffering, then you have never been in the face of terrible suffering. It’s something I’ve failed at . . . I try not to run away. But I have.”

But countless other times, she hasn’t. To live unflinchingly is to see that in the face of pain there’s always hope—for redemption, forgiveness, acceptance, or the existence of something beyond the pain. This practice is a way of life, an ethos that she calls “living in the gray.” It involves choosing to view others’ actions and identities with empathy. “It is understanding that we never know all the layers in a life.” Living in the gray is not weak or gullible; it is forgiving and brave.

Egan also finds healing for herself. She writes about her own emergency C-section for her first child. The operation led to a drug-induced psychotic disorder that lasted for seven months. She struggled with the shame of not being present during much of her child’s first year and with the lasting effects of the terror, isolation, and misunderstanding she endured during that time. Egan writes that facing her patients’ guilt and shame without flinching has helped her learn to do the same for herself.

This book is modestly written. Egan’s prose is not particularly aphoristic or lyrical. The book’s strengths are its characters, and the vulnerability and wisdom of the author.