

Learning How to Pray

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I have never had a prayer practice. When I was a child my parents did not say grace or have us do daily prayers. I do remember the grace that my grandfather would say at Sunday dinner. I remember that there was praying in the Baptist church that my parents drove me to (and picked me up after). I remember the fervent prayers at my grandfather's Assembly of God church. But I always felt very apart from prayer because I did not feel a connection to God and I thought that's what prayers were about – praying to god.

As a child I felt very distant from God. There was much difficulty in my life, and I couldn't reconcile this God or Jesus of the church as someone who gave a whit about me. So I couldn't see the point of prayer.

Now in my 5th decade and as a new UU minister I have a deeper appreciation for prayer. As we heard in the readings UUs practice many forms of prayer or none at all. Here at UUSS we have call prayer on most Sundays and on occasion it has been my privilege to offer these prayers. I appreciate these prayers as a time to step outside ourselves, a time for reflection, for gratitude, a time to seek of deeper meaning and greater connection with all beings.

However, before seminary I had no experience or even appreciation for prayer. My most challenging and profound experience with prayer came in my internship as a hospital chaplain. Let me tell you a bit out how the CPE internships work. As part of the training for UU ministry you are required to complete one unit of clinical Pastoral Education – 1 unit is full time for 11 weeks. There are three CPE programs in the Sacramento area and at least 25 in the Bay area. Each program has its own flavor and style but the approach is similar. Interns are assigned particular units in the hospital and are responsible for the spiritual needs of the patients in your units. My program was at Sutter Memorial Hospital. I was assigned high risk maternity, pediatrics and general medical/surgical. For the first week interns learn about the hospital meet the nurses and staff on your units and shadow another chaplain to experience patient visits. And then in the second week, they give you a pager, a binder full of materials, a brochure about chaplain services and off you go –out and be a chaplain with the patients.

Each program may have different expectations, some require you to visit a minimum number of patients each day, or see each patient within 24 hours of their admittance to the hospital. My hospital did not have any specific requirements for patient visits. You were to go and be a chaplain to the patients on your assigned units; whatever that meant to you. The chaplain program at Sutter Hospital was interfaith –we were instructed to respond to the spiritual needs of the patient regardless of their religion. This suited me just fine as a UU. However I knew that I would be expected to pray as a hospital chaplain, pray for and with patients and that made me a little nervous. I had no experience with prayer.

Most folks that I met as a chaplain were what I came to call, “vaguely Christian.” Their main exposure to religion was Christianity, they had limited church attendance, and a loose connection to a God as the big guy in the sky who looked over things. And now at a scary and difficult time in their life the idea of God and faith was more present for them. Of course there were exceptions, but this profile was fairly common. The more religious patients had their own pastor or church to support them and they had little need of the hospital chaplain. A friendly hello was all they required. Some of them offered to pray for other patients.

Interns also spend a considerable amount of time with the other students in the program. Learning about how to be a chaplain, sharing verbatim reports of patient visits, creating worship services, and in a form of group process called ministry group. My student cohort of 8 included 4 Catholics, a priest, a priest in training a former priest and a lay brother, an assembly of god minister, a Christian metaphysic, a yoga practitioner, and me, a Unitarian Universalist.

For most seminary students, their CPE experience is first true opportunity to develop themselves as a minister. The programs take this development very seriously. Early on you are required to prepare a ministry statement and share it with the other students. The statement summarizes your theological approach to chaplaincy. Here was the gist of my ministry statement:

I draw on both the Unitarian and the Universalist theologies to define my approach to chaplaincy. I strive to be present and open for each individual and their ways of relating to issues of faith.

My faith tells me that love is not limited, and that it is our fears and belief in limitations that hold us back from truly experiencing love and connection. We are all connected by an interdependent web all existence. This is the faith that I strive to live out every day. I believe that when I am with someone and we are connected – then God is present.

So there I was, brand new chaplain, armed with my ministry statement and precious few instructions, staring at the door of the hospital room I am about to enter. Where do I start? One of my goals for the unit was to **Learn to ground myself in my theology as I engage with patients.** I found it was really easy to get lost in patient encounters – lost between who you are and what they expected of you. In some ways when you first start out you are playing a role – fake it until you make it. I wanted to be as authentic as possible, recognizing that patients would have all sort of projections who I was based on their own experience. The supervisors told the interns that for many patients we were seen as “representatives of God”. Yikes! Which God am I representing – their God or mine? The role was also tricky because I am not a Christian, and most patients assumed that I was. So before I entered each room I tried to ground myself in my theology – what I believe, what I can offer, my connection to the spirit of life. We were required to apply hand sanitizer foam before we entered each room. I used that time as a mindfulness moment – almost as if I am imbuing myself with spirit along with the foam. And finding my courage.

I learned that the most critical part of chaplain work was to listen. By listening and asking gentle questions I would learn about their fears and their wishes, I would appreciate whether the idea of a God had any meaning for them. When they would express a fear or worry I would ask where they found support in their life when they struggled, I would ask if they had a faith tradition. These answers would give me the clues I needed to respond to them, and to sense whether prayer would be helpful. The questions would open doors to deeper connection.

Many patients I saw were in the period I came to call “the waiting time” essentially waiting for a diagnoses. They had had surgery or tests, or both and were waiting for the results. When I walked into their room I entered their state of anxiety and hope. I tried to project a calm, comforting energy, letting them express what they needed to express, companionship in whatever feelings state they were in for the time that we were together.

One of my units was high risk maternity. Many women stayed there until their babies were born, sometimes as many as 60 days. Their stay was a swirl of fear, hope, boredom, and endless tests and decisions. They were just lying there doing the hardest work of their lives. Friends and family were keen on always focusing on the positive. But I learned that the fear of negative outcomes was very present for them and that I could serve them best by letting them express these fears and honor that these outcomes were indeed possibilities. And help them to know that they and their babies were loved and held in love.

It took me a while before I felt comfortable with the idea of praying with a patient. Remember that I had limited experience with prayer. Mostly patients did not ask me to pray for them, but would accept the offer if I extended it. So I began my tentative attempts at prayer. I faced a couple of challenges - was it OK that I didn't believe in the same god that they did? Did it really matter? In my prayers with patients I used the word Lord, and God and I would offer my prayers to Jesus. I don't believe that Jesus was divine, but the patient did. Was that OK? These questions felt very important to me. One of the catholic students in my group accused me of lying. If I prayed to god or Jesus and I didn't believe in them I was lying. My prayers did not feel like lies. They were the genuine expression of my care for the patient, bringing a loving and healing presence to them. However I was uncomfortable praying for outcomes. Since I didn't believe in an omnipotent God who had a separate consciousness and would answer prayers – I felt like it would have been wrong for me to pray for a particular outcome like a positive diagnoses.

It turns out that I had been listening to all those prayer as a child, and the rhythm and energy of the prayers came to flow easily. I used to laugh with the other students that I prayed like a Baptist. But the truth is that I prayed like a Universalist. Our Universalist theology tells us that there is a love that holds us, that each of us can access this love. Our seventh principle speaks to the Interdependent web that what binds us together. For me love is in the strands of the web. My prayers became richer and more confident as I let my theology meld with the needs of the patient.

I took my “representative of God” job seriously – “this is what I bring”, I would say to myself before entering the room – I bring this love that holds us all, I bring this web of spirit that connects us. This web is big enough to hold their fears and hopes, big enough, strong enough to comfort them whatever their need. “ And that web held me as well, as I listened to the patient and created a safe and loving place for them to express their hopes and fears. I was often deeply moved after praying with a patient.

I learned that patients didn’t need me to pray for outcomes- they needed to know that someone was listening. I found what most people want out of prayer is to know that they are not alone, that they are held, seen, valued, worthy. That their fears could be spoken aloud. They wanted a sense of safety, a sense of home. And I learned that I could bring that quality to them, for the time that we were together, for the time that we prayed. Instead of praying for a healing of their sickness, I prayed for their spirit.

Let me tell you about a patient that I will remember for a long time. Sometimes we would visit patients on our units without specific awareness of their needs – this was called rounding you would just go door to door and be with whatever came –up. Other times we had referrals from doctors or nurses who thought that a patient had a particular need. This referral was for a patient who had just received a cancer diagnoses, a reoccurrence of cancer. The nurse said that the patient was very upset, and that the doctor had not been particularly comforting in his presentation of the news. The patient, a female in her mid sixties had no family that they could find. It was not an easy visit to initiate. It took me a few hours to find her alone without some technician or medical staff. When I finally entered the room, there were visitors for the other patient and several pieces of equipment around the bed of the patient I was there to see. She seemed to be asleep. I noticed that she had an oxygen tube going into her nose and an IV going into her arm – you get used to noticing these things to determine their condition. I had to step over some equipment to settle into the chair next to the bed, and pulled the chair closer trying to create a sense of intimacy, even though there are others in the room.

I saw that her eyes are open – I leaned into speak with her.

“Hello Mrs. S? I am Lucy, the chaplain on the unit. Do you mind if I visit with you for a minute? I understand that the doctor was in to see you this morning. “

Yes. I am really very tired right now. I don’t think that I want to talk.”

“That’s fine.” I just sat there for a while. Not saying anything. She spoke so quietly that I have to lean in even further to hear her

“I didn’t think it was going to come back, you know, the cancer. I didn’t think it was going to come back”

“No? “ I said.

“And now here it is. It’s really unfair. I know I should have stopped smoking, I tried but it was too hard. I don’t want to talk about it right now, I’m too upset.”

(She is teary, there is a long pause, I just sat there, keeping my head fairly close to hers so I can hear her in case she speaks again). “I’m angry. I didn’t think it was going to come back. The doctor just comes in here and tells me like it was nothing”

“It must be very upsetting for you. “

“ I am very tired. I just want to rest”. *(long pause, I can tell that she is still a bit agitated and not likely to sleep, I sit quietly).* “I’m not afraid, you know.”

“ No?” *(the conversation feels very fragile to me and I don’t want to disrupt her process, so I keep my responses to a minimum).*

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“No I am not afraid. I know that God loves me. I know that. I haven’t always done the right things, but I know that God loves me. “ *(I felt a sense of connection welling up in side of me.)*

“Yes, God does love you. You hold on to that, you hold on to God’s love. Know that God is there for you” *(another long pause)*

“God has always been there for me, even when it seems like he isn’t” she said *(another long pause)*

“Would you like to pray?”

“ yes I would like that. “

(I take her hands and lean forward even further) “Heavenly father, please hold Beverly in your loving arms, give her strength through this difficult time. Lord, Beverly is not afraid, for she knows that you love her, that your love and strength are there for her. Be with her, lend her your strong arm, fill her heart with your love. In Jesus’ name we pray, Amen. “

(we are quiet for a few minutes) She said “I think I want to sleep now.”

“It was very nice to be with you. I will stop by again.”

You probably noticed that during this encounter the patient did most of the talking. I listened and tried to weave what I’d heard into that prayer. That visit was a profound experience for me. I learned that I could be a vessel of divine love and presence, and that presence was enough. I learned that I didn’t need to have the right words or the right answers, that the words would come.

I was changed by my experience with prayer at the hospital. Through prayer with the patients I became very aware of the power of the interdependent web, the power of the

spirit of life to hold and connect us. This power became very real to me, I could feel it in my body. My theology moved from my head, to my heart.

A few weeks after the end of the CPE program I went on a three day silent retreat at a Christian retreat center. The first night we spent time talking with each and sharing a bit of ourselves with each participant. There were 30 women on the retreat. We were to tell each person why we were there – what question we were trying to answer, so that we could all pray for each other. Oh my, I thought, I can't really get away from this prayer business now can I? I had prayed for others all summer, but it was hard to ask people to pray for me. Some women in the group took notes about what each woman had said. I was really struck by this – she was going to pray a specific prayer for each person. I felt poorly prepared. I wasn't taking any notes – I was just being present with each woman as she shared. We were going to be silent for the next three days, how would I remember who these women were and what I was supposed to pray for? What was my responsibility to these other women?

But I knew, my summer of living my theology gave me what I needed to know. My responsibility was to hold up my end of the web – to hold them in love and honor their individual quest. To see them as fellow humans on a journey of discovery. To hold each of them in my heart as our paths crossed during the day. At dinner the next evening I felt a surge of caring for one of the women in front of me in the dinner line, I reached out and touched her on the arm and smiled as I passed. Later (when we could speak again) she said that she had been feeling a bit lost at the time and my touch felt like an anchor to her.

I knew what to do. I knew to keep my heart open, to stay connected, to offer that connection to others. This was my prayer.

So maybe I do have a prayer practice after all.